

Your Big Prostate (BPH)

CONTENTS

| | |
|---|----|
| What men want to know about their big prostate | 2 |
| Big prostate, big problem? | 3 |
| What to watch out for | 4 |
| What causes it? | 5 |
| Diagnosis | 6 |
| What can go wrong without early treatment? | 7 |
| Treatment | 8 |
| From the fingertips of men with BPH: www.yourprostate.eu | 11 |
| Doctor language translated | 16 |

(076-12597)

© Ian Banks 2012

Revision date: November 2015

Cartoons by Jim Campbell

ISBN: 978 0 85761 038 6

All rights reserved. You must not reproduce or transmit any part of this booklet in any form or in any way without written permission from the copyright holder. This includes photocopying or scanning it.

Printed in the UK.

Haynes Publishing, Sparkford, Yeovil, Somerset BA22 7JJ, England

Haynes North America, Inc, 861 Lawrence Drive, Newbury Park, California 91320, USA

Haynes Publishing Nordiska AB, Box 1504, 751 45 Uppsala, Sweden

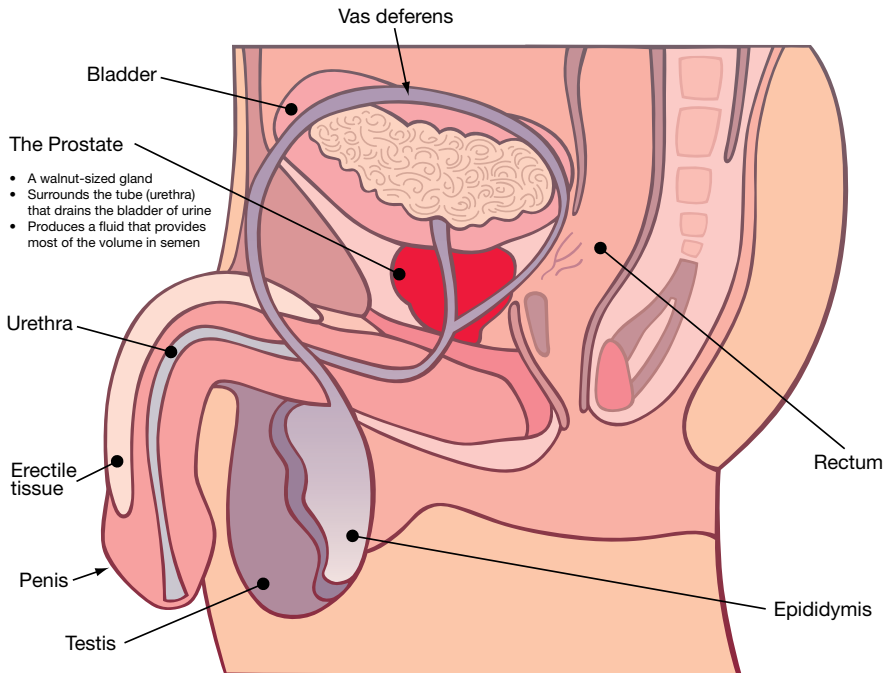
The author and the publisher have taken care to make sure that the advice given in this edition is right at the time of publication. We advise you to read and understand the instructions and information included with all medicines we recommend, and to carefully consider whether a treatment is worth taking. The author and the publisher have no legal responsibility for the results of treatments, misuse or over-use of the remedies in this book or their level of success in individual cases.

The author and the publisher do not intend this book to be used instead of advice from a medical practitioner, which you should always get for any symptom or illness.

What men want to know about their big prostate

Enlarged prostates are making themselves felt, not least by a rubber glove. But for many men benign prostatic hypertrophy (BPH) is no joke, especially if it causes problems with peeing (also known as lower urinary tract symptoms / LUTs). Worse still, there is no shortage of myth and misconception so it's not really surprising many men simply put up with the nuisance until it gets so bad even their partners can't stand it any longer. This is your Big Prostate workshop manual. No prostate porkies here. Just good advice and explanations based on what you, the proud owner, asked www.yourprostate.eu (see back cover for details). Keep it in your glovebox of life.

Where is the prostate?



Big prostate, big problem?

An enlarged prostate is common, particularly in older men. The prostate sits at the neck of the bladder, straddling the tube (urethra) which carries urine and semen. Normally walnut sized, it provides nutrients and protection for the sperm about to make the long journey to the womb. Should it enlarge too much, there can be obstruction and even complete blockage of urine from the bladder to the penis.

Though the prostate continues to grow during most of a man's life, enlargement doesn't usually cause problems until later on. BPH rarely causes symptoms before age 40, but more than half of men in their sixties and as many as 90% in their seventies and eighties have some symptoms of BPH.

As the prostate enlarges it can press on the urethra like a clamp on a garden hose. If this goes on too long the bladder wall becomes thicker and irritable, contracting even when it is only partly filled. This is the 'urge' to pee. Eventually, the bladder weakens and loses the ability to completely empty. So prostate size alone is not the only thing determining how bad the symptoms are.



What to watch out for

- Needing to pee more often, especially during the night
- Urgent need to pee
- Taking longer to pee
- ‘Unfinished’ feeling
- Trouble getting started
- Dribbling after passing urine
- Weak stream

Prostate Porkie

BPH is an old man’s disease.

Prostate Pointer

BPH usually affects men from their 50s. This is because as a man ages, his prostate naturally enlarges due to hormonal changes.



What causes it?

We don't know why the prostate enlarges, but there are certain triggers such as the levels of hormones in the body, age, and possibly the Western diet.

Even though the causes of BPH are not entirely clear, early diagnosis and treatment make good sense. Also, some of the symptoms could be due to other diseases such as diabetes or prostate cancer, making it even more important to get an early diagnosis.

Your doctor will listen to your problems and offer you some ways forward so be honest and don't play it down or exaggerate. To help with this you might be asked to fill in a short questionnaire (IPSS – International Prostate Symptom Score) about your problems with peeing.

Getting the best from your doctor

- Take a complete list of all your medications including any herbal/complementary treatments.
- List any allergies.
- Most importantly, don't be afraid or embarrassed to disclose personal information. BPH is very common and its symptoms will come as no surprise to your doctor.
- Don't forget to mention your family medical history.
- Take along a fresh urine sample along with any record you have made about how often or when you need to pee most.



Diagnosis

Possible tests include:

Digital Rectal Examination (DRE, the dreaded gloved finger)

Checking the prostate's size is important and this simple test of using a gloved finger up the backside can give valuable information. So OK, nobody pretends it is a good day out, but it's not painful. Doctors perform this test all their working lives so there is no possible cause for any embarrassment.

Prostate Specific Antigen (PSA)

Blood Test

PSA is a protein produced only by prostate cells. Basically the bigger the prostate the higher the level of PSA. Prostate cancer can also make levels rise so it is a good idea to chat this through with your doctor before the test is done.

Rectal ultrasound

An ultrasound probe inserted painlessly into the rectum produces a picture of the prostate – a bit like checking an unborn baby.

Urine flow studies

Help show just how bad things are for your peeing. You pee into a measuring device which records how quickly you can empty your bladder.

Cystoscopy

A very thin telescope is passed into the bladder under local anaesthetic to show the state of the bladder wall.



Prostate Porkie

BPH can lead to prostate cancer.

Prostate Pointer

Although early symptoms can be confused with cancer, there is absolutely no link with an enlarged prostate.

Prostate Porkie

Too much or too little sex makes the prostate enlarge or shrink.

Prostate Pointer

Sex might be responsible for many things, not least babies, but has no known effect on prostate size.

What can go wrong without early treatment?

- Increasing problems with peeing and incontinence (peeing when you do not want to)
- Lower urinary tract symptoms (LUTS) may get worse over time to the point where you just can't control your peeing much at all. You need to get sorted **before** you get to this position
- Not being able to pee at all (Acute urinary retention / AUR). This is serious stuff and you need to get to an A&E department straight away. Once again you need to get sorted **before** this happens
- Bladder stones or weaknesses in the bladder wall
- Urinary tract infections (UTI): Infections involving the kidneys or bladder are not uncommon with untreated LUTS
- Kidney damage: Back-pressure from the bladder can cause kidney problems and even permanent damage

Treatment



Self-care

Avoid drinking before going to bed, especially tea or coffee. Alcohol can also increase night time trips to the loo.

Medicines

Some herbal remedies (e.g. saw palmetto) are available, but of doubtful value compared to the two main groups of 'conventional' medicines.

Alpha-blockers

These work by relaxing the muscle surrounding the bladder neck just in front of the prostate, increasing urine flow. Alpha-blockers act quickly but can become less effective as the prostate continues

to enlarge. Understandably they are very popular with men suffering from the symptoms linked to an enlarged prostate. As some of these drugs were initially developed to treat high blood pressure it is not surprising that side effects can include slight dizziness in a small number of men.

5-alpha reductase inhibitors (5-ARIs)

Keeping the symptoms at bay for the long term is the role of 5-ARIs, which may prevent an AUR (acute retention of urine). Side effects include erectile dysfunction (impotence) in a small number of men (around 3 to 5 men in one hundred). For more information talk to your doctor.

Combination therapy: Better than the sum of its parts?

The British Association of Urological Surgeons (BAUS) recommend that for certain men this may be more effective than single-drug therapy (although you may get side effects from both drugs).

Surgery and new treatments

Not all men will find sufficient relief using drugs alone. Also, the medicines may become less effective with time, in which case surgery or new treatments such as laser or microwave procedures may be required. Most doctors recommend removal of the enlarged part of the prostate as the best long-term solution for patients with BPH. Relief is usually immediate following recovery and long lasting.

Transurethral resection of the prostate (TURP)

Still the most effective and commonly used surgical treatment for BPH. It is carried out under general anaesthetic. An instrument called a resectoscope is inserted through the penis. During the 90-minute operation, the surgeon uses the resectoscope's wire loop to remove the obstructing tissue one piece at a time. Most doctors suggest using TURP whenever possible as it is relatively simple and causes fewer problems with quicker recovery compared to 'open' surgery where the abdomen (belly) is cut to gain access to the prostate between the hips.

Advances in surgery

Cutting back the prostate is now possible with microwave probes and laser therapy. Some centres even use robots to perform the operation once it has been set up.



Prostate Porkie

Men with problems caused by BPH should cut back on their fluid intake.

Prostate Pointer

Men with LUTS should take more non-alcoholic drinks to prevent infection caused by urine not being moved through the bladder. Even so, not drinking too much just before bed makes sense, not least for the person lying next to you who's trying to sleep while you keep going to the toilet.



From the fingertips of men with BPH: www.yourprostate.eu

Sex matters?

Q Will regular ejaculation help keep my prostate from getting bigger?

A Unfortunately no, it will not. The only way to stop the prostate from growing is to take a medication called 5 alpha-reductase inhibitors (5ARIs). This blocks the hormone (a form of testosterone) which stimulates the prostate growth. On the plus side, regular ejaculation may help reduce infection in the prostate gland.

Q Does an enlarged prostate decrease the pleasure of orgasm?

A No. The intensity of your orgasm usually depends on your libido and how stimulated you are.

Q. The prostate gland is involved in reproduction, so can BPH cause infertility?

A. Nope. This is not the case – BPH does not cause infertility.

Q. I have recently had serious erection problems. I was diagnosed with a weak bladder neck several years ago (at the time my prostate appeared fine) which I think explains my frequent urination. Could weak bladder neck explain the erection problems too or could it be prostate related or something else?

A. Bladder neck instability is not linked to erection issues. Firstly you should see your GP for some routine blood tests as poor erections can be a sign of early heart disease (raised untreated blood pressure or cholesterol), reduced testosterone levels or just simply stress-related. Your GP should be your first point of call.

In your hands

Q. What can I do to make my prostate symptoms better?

A: The symptoms may be improved by taking your recommended prescription medications regularly. Also, pelvic floor exercises, altering fluid intake and changes to your diet may also help.



How to do pelvic floor exercises

You can feel your pelvic floor muscles if you try to stop the flow of urine when you are peeing.

To strengthen these muscles, sit comfortably and squeeze the muscles several times. Avoid holding your breath, or tightening your stomach, buttock, or leg muscles, at the same time.

Repeat frequently. With practice you should be able to hold the 'squeezed' position for a few seconds at a time.

Get the Massage?

Q What can you say about prostate massage – is it good for BPH?

A Although there is some evidence that prostate massage is good for relieving the symptoms of prostatitis (inflammation of the prostate), the same cannot be said for the Big Prostate.



Treatments

Q. Will I need to have a catheter because I've got BPH?

A. Catheters are not routinely used to treat BPH. The only reason you'd need one is if you undergo any prostate operation or suddenly can't pee at all and your bladder becomes painfully full and needs to be emptied (acute urinary retention).

Q. Are there any other places that I could go other than my GP for an assessment, as I would find it quite embarrassing. Are there places that would specialise in this assessment?

A. If you are seeking NHS treatment than you have to see your GP or you can make an appointment at a genito-urinary clinic. If you are able to go private you may be able to make a self-referral. Please don't be embarrassed, as your GP is very used to dealing with these sensitive cases.

Symptoms

Q. I find that I am going to the toilet more often and only weeing for a short time. I have been told this could be prostate problem by workmates. Is this true? Thanks.

A. You have wise mates. As you get older your prostate increases in size, which can reduce your ability to empty your bladder fully. However, you should also make sure that you do not have a urine infection, as this can have similar symptoms. I would recommend making an appointment to see your GP for an assessment to determine if you are suffering from enlargement of the prostate gland or a urine infection.

Q. Over 3 years ago I had my GP check on my prostate as I was experiencing difficulty with the 'flow' of my urine. It was getting increasingly slow and I couldn't enable any muscle pressure to increase the flow. He did a rectal examination and suggested I had a slightly enlarged prostate but didn't propose any further action unless I was particularly worried. I'm not one for pestering doctors so have done nothing more about it. Should I be concerned?

A. Many men have very similar symptoms to you. If you can live

Prostate Porkie

BPH wrecks your sex life

Prostate Pointer

On its own, BPH does not directly affect the sex drive. Even so, some men find lack of sleep and having to pee too often a real turn off. It's worth talking these issues through with your partner and your GP if you're worried about your relationship suffering.



with a poor flow or difficulty passing urine I would continue as you are. I would however make sure you have a 6/12 month check-up, as if your prostate starts to become too enlarged this can lead to kidney pain and recurrent infections. My advice would be, just be sensible – have a regular check-up and if you notice significant changes then seek advice from your GP sooner.

Q. As a 47 year old man I find I need to urinate very frequently during the day – about every hour. I have a weak stream when passing urine. I gave up drinking alcohol about 2 years ago and the problem seems to have evolved since then. Do you think I should see my GP?

A. I do think you should make an appointment to see your GP as this has been happening for a while now. It may be bladder or prostate or an infection causing your symptoms. Book an appointment to see your GP for a more in-depth assessment.

Infections

Q. When I sit down my bottom aches and my penis hurts after having a wee. I also feel sick sometimes. It has come and gone and started with a pain in the groin. Also had middle back pain. Any advice?

A. It sounds like you are suffering from a urine infection which may have back tracked to your kidneys, causing you pain in the back, groin and penis. I would recommend seeing your GP for another assessment and a repeat urine test.

Q. On occasions I pass blood in my urine. It appears to be more frequent when I am stressed - is it related to a prostate problem? I have had antibiotics before but they are not helping.

A. Blood in the urine can be caused from an infection of the kidneys, the bladder or the prostate. Firstly since you have been treated for an infection you need to see your GP to make sure the infection has gone. If it has not gone, this will be the cause. If your infection has gone you should have an ultrasound scan of your bladder, kidneys and prostate, and you may be referred to a urologist who specialises in this.

Q. Should I be concerned because I am urinating more frequently? I do not have any difficulty urinating. I do have some occasional stiffness and aching in my lower back, but it is not very painful. I do not have any specific health problems and feel quite healthy.

A. You first should see your GP who can perform a simple examination and do some blood and urine tests, as it sounds like you may be suffering from a urinary infection. It is very common to have an infection with few symptoms.

Doctor Language Translated

Dribbling: Towards the end of passing urine, the flow becomes a slow dribble.

Frequency: Passing urine more often than normal. This can be most irritating if it happens at night. Getting up several times a night is a common symptom (nocturia).

Haematuria: blood in the pee.

Hesitancy: Having to wait at the toilet for a while before urine starts to flow.

Hyperplasia: An increase in the number of cells, resulting in an enlargement of the prostate.

Incontinence: Not being able to control when you pee.

IPSS: International Prostate Symptom Score - a questionnaire used by doctors to assess a man's symptoms and how much they bother him. It can also be used by a man for his own self-assessment.

Micturition, urination, voiding: Peeing.

Nocturnal enuresis: Bedwetting.

Non-malignant: Not cancerous.

Poor emptying, incomplete voiding: A feeling of not quite emptying your bladder.

Poor stream: The flow of urine is weak and it takes longer to empty the bladder.

Testosterone: The male hormone. It triggers the growth of sperm and is responsible for male characteristics such as hair on the face and body and increased muscle strength.

Urgency: A sudden powerful urge to pee.

Urinary retention: When you can't pee so the bladder becomes very full, swollen and painful.

Urologist: A healthcare professional who specialises in bladder and urine problems and other conditions of the urinary system.

UTI, urinary tract infection: An infection of the urinary tract, any part of the urinary system.