

Editorial

Prostate Enlargement and Surgery

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Editor

The prostate is a walnut-sized gland located between the bladder and the penis. The prostate is just in front of the rectum. The urethra runs through the center of the prostate, from the bladder to the penis, letting urine flow out of the body. The prostate helps make some of the fluid in semen, which carries sperm from your testicles when you ejaculate.

By the time you reach age 40, your prostate might have gone from the size of a walnut to the size of an apricot. By the time you reach 60, it might be the size of a lemon. Because it surrounds part of the urethra, the enlarged prostate can squeeze that tube. This causes problems when you try to pee. Typically, you won't see these problems until you're 50 or older, but they can start earlier. You might hear a doctor or nurse call this condition benign prostatic hyperplasia, or BPH for short. Rest assured, it is not cancerous.

Who Might Get an Enlarged Prostate?

BPH is common and cannot be prevented. Age and a family history of BPH are two things that increase the chances you might get it. A few stats on that:

- Some 8 out of every 10 men eventually develop an enlarged prostate.
- About 90% of men over age of 85 will have BPH.
- About 30% of men will find their symptoms bothersome.

The signs and symptoms include:

- Your bladder doesn't empty completely after you pee
- You feel the need to go out of the blue with no sensation of build-up
- You may stop and start several times
- You have to strain to get any flow going

It's important that you see your doctor if you have early symptoms of BPH. Although rare, it can lead to serious problems such as kidney or bladder damage.

A larger prostate doesn't mean you'll have more or worse symptoms. It's different for each person. In fact, some men with very large prostates have few, if any, issues. But your doctor should be aware either way.

The main treatments are:

- lifestyle changes
- medication
- catheters
- surgery and other procedures

Lifestyle changes:

Drink fewer fizzy drinks and less alcohol, caffeine and artificial sweeteners. Drinking less in the evening

Remember to empty your bladder

Double voiding: Double voiding involves waiting a few moments after you have finished passing urine before trying to go again. It can help you empty your bladder properly. But take care not to strain or push.

Checking your medicines: Check with your doctor whether any medicines you take, such as

antidepressants or decongestants, may be making your urinary symptoms worse.

Eating more fruit and fibre. Using pads or a sheath

Bladder training: Bladder training is an exercise programme that aims to help you go for longer without peeing and hold more pee in your bladder.

Medicines: If lifestyle changes don't help or aren't suitable for you, you may be offered medicine.

Alpha-blockers: Alpha blockers relax the muscle in the prostate gland and at the base of the bladder, making it easier to pass urine. Commonly used alpha-blockers are tamsulosin and alfuzosin.

Anticholinergics: Anticholinergics relax the bladder muscle if it's overactive.

Alpha reductase inhibitors: 5-alpha reductase inhibitors shrink the prostate gland if it's enlarged. Finasteride and dutasteride are the two 5-alpha reductase inhibitors available.

Diuretics: Diuretics speed up urine production. If taken during the day, they reduce the amount of urine produced overnight.

Desmopressins: Desmopressins slow down urine production so less urine is produced at night.

Alternative treatments: Your doctor shouldn't offer you homeopathy, herbal treatments or acupuncture to treat urinary symptoms.

This is because there isn't enough reliable evidence about how well they work or how safe they are.

Herbal treatments may also cause side effects or interact with other medicines.

Catheters: If you continually have trouble peeing, a condition called chronic urine retention, you may need a catheter to drain your bladder.

A catheter is a soft tube that carries urine out of the body from the bladder. It can be passed through your penis, or through a small hole made in your tummy above the pubic bone. You may be recommended a removable catheter or a catheter that stays in your bladder for a longer period of time.

Surgery and other procedures: Most men with urinary symptoms don't need to have surgery, but it may be an option if other treatments haven't worked.

Transurethral resection of the prostate (TURP):

Open prostatectomy

Prostatic urethral lift (PUL) implants, Cystoplasty

Prostate artery embolisation, Botulinum toxin

Implanted sacral nerve root stimulation,

Urinary diversion, Water ablation

Now, keeping in mind, we might not be seeing some of these latest treatments in Pakistan for some time, we still have a lot of options over here for the successful treatment of BPH. And, that being said, most of the times lifestyle changes are more than sufficient for successful management of BPH.