Benign Prostatic Hyperplasia (BPH) What You Should Know



Benign prostatic hyperplasia (BPH), also known as an enlarged prostate, is a common condition for men as they age. In fact, about half of all men between ages 51 and 60 have BPH. Up to 90 percent of men over age 80 have it.

BPH itself may not require any treatment, but if it begins to cause symptoms, treatment may help. BPH is not cancerous, and it doesn't lead to cancer. Still, BPH and cancer can happen at the same time. If you have symptoms, talk to your doctor to learn what you can do to get relief.

What is BPH?

While the prostate is usually the size of a walnut or golf ball in adult men, it can grow larger than an orange. As the gland enlarges, it can squeeze the urethra, the tube through which urine leaves the body. If you are not able to pass urine at all or if you have kidney failure, you need immediate medical attention. But other symptoms like weak urine stream or the need to push or strain can often just be monitored.

The causes of BPH aren't clear, but hormone changes as men age are thought to play a role.

Who is at Risk for BPH?

- Men over the age of 50 -- the risk for BPH rises with age
- Men whose fathers had BPH
- Men who are overweight or obese
- Men who don't stay active
- Some men with erectile dysfunction (ED)

What are the Symptoms of BPH?

When the prostate is enlarged, it can bother or block the bladder. Symptoms include:

- Feeling your bladder is full, even after passing urine
- The need to pass urine often, about every one to two hours
- The need to stop and start several times when passing urine
- Feeling the urgent need to pass urine as if you can't wait
- A weak urine flow
- Trouble starting to pass urine or the need to push or strain to pass urine
- The need to wake up at night more than two times to pass urine

How is BPH Diagnosed?

There are many tests for BPH. These include:

Symptom Score Index: This is a test to assess urinary symptoms, from mild to severe.

Digital Rectal Exam: The doctor examines the prostate gland to look for enlargement, tenderness, lumps or hard spots.

Urine tests: These tests are done to measure how well you release urine. This shows the doctor if the urethra is blocked or obstructed.

Scans: Imaging tests such as ultrasound, MRI, CT or cytoscopy show the size and shape of the prostate.



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Blood test: The prostate-specific antigen (PSA) blood test checks the level of PSA, a protein made only by the prostate gland. A rapid rise in PSA may be a sign that something is wrong. A rise in PSA levels can indicate a number of conditions including benign (non-cancer) enlargement of the prostate, inflammation of the prostate (prostatitis), or cancer.

How is BPH Treated?

There are many treatments for BPH. These include:

- Active Surveillance. Your BPH will be closely watched but not actively treated. You may be monitored with regular visits to your urologist.
- Prescription drugs
- Less invasive surgery or minimally invasive surgical treatments. These are often done as an outpatient.
- In severe cases of BPH or when other options fail, more invasive surgery is recommended.

How Can You Prevent a Recurrence of BPH?

Once you have been treated with surgery for BPH, taking medicine may sometimes be needed to control residual or new symptoms. Sometimes men need repeated treatment to get rid of symptoms. In older men, it may be possible to control the symptoms of BPH until the end of life.

Preventing BPH

There is no sure way to prevent BPH. Losing weight and eating a well balanced diet, rich in fruits and vegetables, may help. Too much body fat may increase hormone levels and other factors in the blood, and stimulate the growth of prostate cells. Staying active also helps control weight and hormone levels.

About the Urology Care Foundation

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