

Benign Prostatic Hyperplasia (BPH)

Treatment



Benign prostatic hyperplasia (BPH), also known as an enlarged prostate, is common 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 need any treatment, but if it starts to cause problems, treatment may help. BPH is not cancerous, and it doesn't lead to cancer. Still, BPH and cancer can happen at the same time. Here are the treatments that you may want to discuss with your doctor if you have BPH.

Active Surveillance

Often, BPH may only call for active surveillance. This means your BPH will be closely watched but not actively treated and may be checked with routine visits to your urologist. A yearly exam is common. Your health care provider will look for worse or new issues before making suggestions. Behavior changes like limiting fluid, mainly at night, food changes and workout changes are often urged as a way to prevent or handle symptoms. Active surveillance is best for men with mild to moderate symptoms. It is also a choice for men who are not bothered by the effects of BPH.

Prescription Drugs

Prescription drugs may also be a choice for men with BPH.

- **Alpha blockers** are pills used to relax the muscles of the prostate and bladder to reduce BPH symptoms. They do not shrink the prostate, but they may help urine flow if there is a blockage.
- **5-Alpha reductase inhibitors** are pills that can help urine flow and shrink the prostate by blocking DHT. DHT is a male hormone that can build up in the prostate and may cause prostate growth. This type of drug can take months before you see changes in symptoms.

- **Combined therapy** uses both an alpha blocker and a 5-alpha reductase inhibitor. They may work better together than either drug does alone to stop BPH from getting worse.
- **Antimuscarinics and Beta-3 agonists** relax the bladder muscles. These drugs are useful only if the bladder has been known to empty fairly well before starting these medications.

Less Invasive Surgery

Less invasive surgery or minimally invasive surgical treatments (MIST) can often be done in the urologist's office or as an outpatient, without a stay in the hospital.

- **Prostatic urethral lift (PUL)** uses a needle to place tiny implants in the prostate. These implants lift and compress the enlarged prostate so that it no longer blocks the urethra.
- **Water vapor thermal therapy** uses water vapor (steam) to destroy prostate cells squeezing the urethra. This treatment can be done in a doctor's office with local anesthesia.
- **Temporary Implanted Prostatic Devices (TIPD)** are placed in the prostatic urethra through a cystoscope and remain there for a period of about a week after which it is removed by the urologist.
- **Prostate Artery Embolization (PAE)** is a radiologic procedure done by radiologists to block blood flow to the prostate to try to shrink the entire gland to improve symptoms.
- **Catheterization** uses a tube called a catheter in the bladder to drain urine. This is most often only a short-term way to help men who cannot empty the bladder (urinary retention).



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In severe cases of BPH or when other choices fail, more invasive surgery is urged. Options include:

- **Transurethral incision of the prostate (TUIP)** is used to widen the urethra if the prostate gland is small but causes a major blockage.
- **Photoselective vaporization (PVP)** is a way to vaporize prostate tissue with a high-powered laser.
- **Transurethral resection of the prostate (TURP)** uses electric current or laser light to cut and remove prostate tissue.
- **Holmium laser enucleation of prostate (HoLEP)** is when a surgeon places a tool called a resectoscope through the penis into the urethra. A laser inserted into the resectoscope destroys excess prostate tissue.
- **Thulium laser enucleation of the prostate (ThuLEP)** is similar to HoLEP but uses a different type of laser.
- **Transurethral vaporization of the prostate (TUVP)** is when the surgeon inserts a resectoscope into the urethra with a lens, a light, and a tool that sends out an electrical current to destroy prostate tissue. Heat from the electrical current seals small blood vessels, which reduces the risk of bleeding.
- **Transurethral water-jet ablation (TWJA)** uses high-pressure water jets to destroy excess prostate tissue.
- **Simple prostatectomy** removes the whole prostate gland with laparoscopic or robotic-assisted surgery.

What to Expect After Surgery

For most men, symptoms of BPH improve after treatment. After surgery, it can take time for sexual function to return fully. Infection, bleeding and sometimes incontinence may also happen after some BPH treatments. In some cases, scar tissue may form. Side effects vary with the type of treatment you choose. Most side effects are temporary.

About the Urology Care Foundation

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