Prostate Gland Enlargement
Management Options

Brief Decision Aid

There are three options for the management of Prostate Gland enlargement:

- **Watchful waiting** (also known as ‘monitoring’ or ‘self-help’) - when you decide not to use drugs or have surgery and may make some lifestyle changes.
- **Medication** - taking tablets - there are two different types.
- **Surgery** - there are several types but the most common operations are trans-urethral resection of prostate (TURP) and laser techniques.

In making a decision you need to ask yourself - what is important to me? This leaflet and your health professional can tell you the evidence and give their suggestions but you need to make a decision that is right for you. What do you want to get from treatment?

You might like to think about:

- Do I want to wait for a while or am I keen to have something which will improve things quickly?
- Can I make the lifestyle changes recommended?
- Do I want to take tablets?
- What do I feel about side effects?
- Do I want an operation?

### Benefits and risks of watchful waiting

<table>
<thead>
<tr>
<th>Treatment Option</th>
<th>Benefits</th>
<th>Risks or Consequences</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Watchful waiting - including self help measures such as:</strong> Avoiding alcohol and caffeine (particularly in the two hours before bed). Avoid getting constipated. Training your bladder to hold on longer - see <a href="http://www.patient.co.uk">www.patient.co.uk</a> for more details.</td>
<td>There are no serious side effects. You can decide to have treatment later, if the symptoms worsen. You can improve mild symptoms by changing your lifestyle. For 100 men with severe symptoms, after four years of watchful waiting:  - 2 men had mild symptoms  - 21 had improved to moderate symptoms  - 38 still had severe symptoms  - 39 had chosen surgery</td>
<td>Your symptoms may be severe enough that they are starting to affect your lifestyle and wellbeing. For 100 men with moderate symptoms, after four years of watchful waiting:  - 13 had improved and had mild symptoms  - 46 still had moderate symptoms  - 17 had developed severe symptoms  - 24 had chosen to have surgery</td>
</tr>
</tbody>
</table>
## Benefits and risks of medication

<table>
<thead>
<tr>
<th>Treatment Option</th>
<th>Benefits</th>
<th>Risks or Consequences</th>
</tr>
</thead>
</table>
| **Medication: alpha blockers**  
These medicines relax the smooth muscle at the outlet of the bladder. | 60 men every in 100 taking the treatment for three months will notice improvement.  
Symptoms can improve within a week or so.  
Generally the more severe the symptoms the more you will notice improvement.  
Out of 100 men taking this medication for four years, 80 will have little or no side effects. | 40 men in every 100 taking the medication will not improve.  
Symptoms can take up to six weeks to improve.  
Possible side effects include:  
- Slight drowsiness  
- Headaches  
- Dizziness (due to drop in blood pressure)  
- Lack of energy  
- Ejaculation problems  
- Nasal congestion (a blocked nose)  
- Stomach upset  
Out of 100 men, about 20 stop taking the drug within four years because of side effects or lack of benefit. |
| **Medication: 5 alpha reductase inhibitors**  
These medicines reduce the level of the hormone dihydrotestosterone -one in the prostate.  
This hormone causes the prostate to grow.  
Reducing the amount, will cause the prostate to shrink by about 20% of its volume. | Can reduce the symptoms of an enlarged prostate if taken for two years or more.  
About 60 in 100 men taking this medication for at least two years will notice an improvement.  
Unwanted side effects usually reverse if you stop the medication.  
It tends to be most effective in men with a large prostate and is usually only offered to those with a large prostate. | It may take many months to reach maximum effect.  
40 men in 100 will not improve.  
Side effects are uncommon but about 5 in 100 men experience sexual problems including:  
- Problems getting and keeping an erection  
- Less semen when you ejaculate  
- A lower sex drive  
Of 100 men taking the drug about 20 stop it within four years because of side effects or lack of benefit. |
| **Medication: combination therapy (taking alpha blockers AND 5 alpha reductase inhibitors together)** | About 70 of 100 men taking the combination of both tablets for at least two years will notice an improvement.  
Taking both types of tablets in combination for at least four years can reduce the risk of developing complications such as acute urinary retention (suddenly not being able to pass water). This means you may be less likely to need surgery in the future. | 30 men in 100 will not improve on the combination.  
You may experience side effects of both tablets. In general, more men experience side effects when taking the combination of both drugs. Fewer men experience side effects when taking just one drug.  
Of 100 men taking the combination of |
The greatest benefit is seen in men with severe symptoms, large prostates, and those who do not fully empty their bladders.

A few studies show that 80 in 100 men with moderate symptoms taking the combination for at least two years can stop the alpha-blocker without getting worse symptoms afterwards. Those with severe symptoms or low flow rates need to keep taking both tablets.

Experts and the NHS only recommend men to consider taking the combination of both drugs if they have a significantly enlarged prostate gland.

Many people will opt to try medication before embarking on surgery and some surgeons are not keen to start on surgery unless medications have been tried.

### Medication:
- Plant extracts such as Saw Palmetto
  - Few side effects.
  - The balance of evidence suggests that these drugs are not effective. They cannot be prescribed on the NHS.

### Benefits and risks of surgery

<table>
<thead>
<tr>
<th>Treatment Option</th>
<th>Benefits</th>
<th>Risks or Consequences</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Surgery</strong></td>
<td>It can improve your symptoms significantly. Of 100 men having surgery about 80 will be very satisfied with the results of the operation.</td>
<td>20 men in 100 will not be very satisfied.</td>
</tr>
<tr>
<td>This means removing the inner part of the prostate gland. There are a number of ways of doing this and which one is offered may vary depending on the size of the prostate and local services.</td>
<td>This is the most effective treatment for BPH.</td>
<td>This option has the highest risk of complications. Risks vary depending on the type of procedure.</td>
</tr>
<tr>
<td>Transurethral resection of prostate TURP.</td>
<td>TURP is the most common operation available.</td>
<td>Possible (reversible) side effects include:</td>
</tr>
<tr>
<td>Transurethral incision of prostate TUIP.</td>
<td>TUIP is used when the prostate gland is only a little enlarged. There is less risk of retrograde ejaculation with this operation.</td>
<td>- About 2 in 100 men having TURP will need a blood transfusion. The risk is much lower for laser procedures.</td>
</tr>
<tr>
<td>Laser prostatectomy.</td>
<td>Laser can offer fewer side effects, less time in hospital (one night) and less time with a catheter (tube up the penis and into the bladder). However it is felt to be only a small improvement and is not always</td>
<td>- 5 in 100 men will get urinary retention (suddenly not being able to pass urine).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- 1 in 100 men having a TURP will get TUR syndrome (low sodium in the blood).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Urine infection: 4 in 100.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Some side effects are irreversible:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Retrograde ejaculation (when your orgasms are dry or there is less semen than usual, because the semen is forced back into your bladder). Out of 100 men having TURP 80-90 of them</td>
</tr>
</tbody>
</table>
available. It is usually reserved for those with very large prostate glands.

will have this side effect.

- Urinary incontinence (not being able to control your bladder): between 2 and 7 men in 100 although some may have continence problems before surgery.
- Impotence or erection problems: between 5 and 10 in 100.
- Needing more surgery: about 5 in 100 after five years, 10 in 100 after 10 years.
- Death: this is very rare: about 1 in 1000 men having surgery.

**Brief Decision Aids** are designed to help you answer three questions: **Do I have options?** What are the benefits and risks of these options, (and how likely are they)? How can we make a decision together that is right for me?