

BPH

What is BPH?

Benign Prostatic Hyperplasia (BPH) is a non-cancerous enlargement of the prostate that obstructs the flow of urine through the urethra. There are two growth periods that cause the prostate to enlarge. The first occurs early in puberty, when the prostate doubles in size. The second begins around age 25 and often results years later in BPH. As the prostate enlarges, it presses against the urethra like a clamp on a water hose. The bladder wall becomes thicker and irritable and begins to contract even when it contains only small amounts of urine. These contractions cause the bladder to weaken, so it doesn't empty completely.

Symptoms of BPH:

- Sudden need to urinate
- Pain or burning during urination
- More frequent urination, especially at night
- Need to strain or push bladder when beginning to urinate
- Sensation of incomplete emptying of the bladder
- Weak, variable or dribbling urination

How is BPH diagnosed?

- Urine Flow Study: Urinating into a device that measures urine flow rates. A slow flow may suggest BPH.
- Cystoscopy: A small tube is inserted through the opening of the penis that will allow the doctor to view the urethra and bladder and evaluate any obstruction.
- AUA BPH Symptom Score Index: A series of questions rate the extent to which urinary symptoms are bothersome
- Rectal Exam: The doctor will insert a lubricated, gloved finger into the rectum to determine the size and condition of the prostate.
- Rectal Ultrasound: The doctor may recommend a rectal ultrasound be done at a radiology facility. A probe is inserted into the rectum, which creates sound waves and forms an image of the prostate on a display screen.

How is BPH treated?

- Drug Therapy – medication used to treat the symptoms of BPH
 - Alpha blockers – relaxes smooth muscle tissue in the prostate and outlet of the bladder, making urination easier
 - 5-Alpha Reductase Inhibitors – suppresses blood flow and the accompanying hormones that stimulate prostate growth.

- Minimally Invasive Treatments – minor procedures, usually done in the office
 - Radio Frequency (RF) Therapy – delivers low-level radio frequency energy into the prostate, which destroys the prostate tissue. This, in turn, allows more normal urination.
 - Transurethral Microwave Therapy (TUMT) – uses microwave energy to heat and destroy excess prostate tissue.

- Invasive Surgery – surgical procedure performed in a hospital setting
 - Transurethral Resection of Prostate (TURP) – a thin tube is passed through the urethra into the center of the gland. An instrument is inserted through the tube and is used to scrape away prostate tissue.