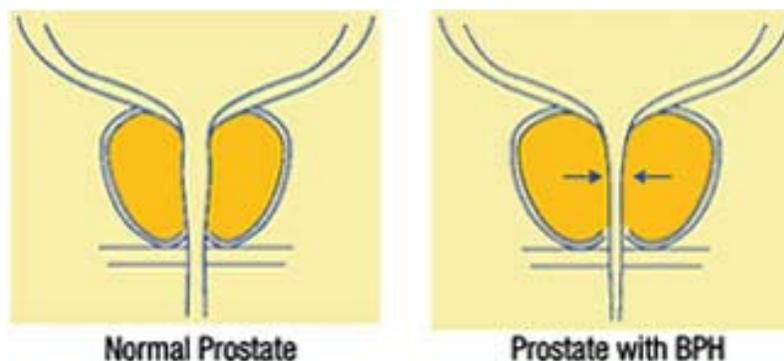


Benign Prostatic Hyperplasia (Enlarged Prostate)

What is benign prostatic hyperplasia?

Usually after a man reaches age 40, his prostate gland starts to enlarge. This condition is called benign prostatic hyperplasia (BPH). As the prostate grows larger, it may press on the urethra. The urethra is the tube that carries urine from the bladder out through the tip of the penis. The pressure on the urethra can cause some men with BPH to have trouble passing urine.

BPH is one of the most common health problems in men over age 60.



How does it occur?

The prostate gland, about the size and shape of a walnut, surrounds the middle part of the urethra. In the early stage of prostate enlargement, the bladder muscle forces urine through the narrowed urethra by contracting more powerfully. As a result, the bladder muscle often becomes thicker and more sensitive, causing a need to urinate more often.

Sometimes as the prostate grows larger and the urethra is squeezed more tightly, the bladder cannot overcome the problem and cannot empty completely. Rarely, blockage from BPH may cause repeated urinary tract infections and gradual bladder or kidney damage. It may also cause a sudden inability to urinate (acute urinary retention), a medical emergency.

What are the symptoms?

Symptoms of BPH may include the following:

- ◆ a weak stream of urine
- ◆ stopping and starting of the stream of urine
- ◆ leaking of urine
- ◆ dribbling of urine, especially after urinating
- ◆ a sense of not emptying the bladder
- ◆ difficulty starting urination
- ◆ more frequent urination, especially at night
- ◆ a strong and sudden desire to urinate
- ◆ blood in the urine.

If you have a urinary tract infection, you may have burning or pain during urination.

Many men with enlarged prostates have no symptoms.

How is it diagnosed?

Your health care provider will ask you questions about your medical history and about any symptoms, particularly problems with urination. Your provider will do a physical exam to see if other medical problems may be causing your symptoms.

Your provider will give you a rectal exam. He or she can feel the prostate by inserting a gloved, lubricated finger into the rectum. This procedure allows your provider to estimate the size and condition of the prostate.

Your provider may check your urine (urinalysis) for blood or signs of infection. Your blood may be tested for kidney problems or prostate-specific antigen (PSA).



Your provider may refer you to a urologist for further tests. Urologists specialize in diseases of the male and female urinary tracts and of the male genital tract. Before you are treated for BPH, it is important to rule out other diagnoses, such as cancer.

What is the treatment?

If you have BPH but your symptoms are mild, your provider may not recommend treatment other than one or more exams a year to be sure that you are not developing complications from BPH. This program of care is called **watchful waiting**. In some cases, symptoms lessen without treatment.

If your symptoms are moderate, you may prefer to try medication. Two types of medication have been approved for treatment of BPH:

Alpha blockers, such as terazosin (Hytrin), prazosin, or doxazosin, relax the muscles in the prostate and may thus relieve symptoms. These medications often work well and are commonly used.

Finasteride (Proscar) can cause the prostate to shrink. As a result the urinary symptoms may get better. However, Proscar doesn't work for everyone.



If you have complications or your symptoms are severe, your provider may recommend surgery. The common surgical procedure for BPH is transurethral resection of the prostate (TURP). In this procedure, the surgeon scrapes away the innermost core of the prostate through a small telescope inserted in the urethra. The surgery reduces pressure on the urethra and generally gives relief from symptoms.



A more limited surgical procedure called transurethral incision of the prostate (TUIP) may be an option for some men. In this procedure, instead of removing prostate tissue, the surgeon passes an instrument through the urethra to make one or two small cuts in the prostate. These cuts reduce the prostate's pressure on the urethra, making it easier to urinate.

Other new surgical options are being developed. Ask your provider about the potential risks and benefits of medication and surgery. It is important to remember that surgery for BPH does not eliminate your risk of prostate cancer.

How long will the effects last?

Your condition may improve, remain the same, or become worse. Serious urinary problems from BPH affect one in 10 older men. If the bladder is permanently damaged from BPH, treatment for BPH may not be as effective. BPH is not cancer nor does it seem to increase the chances of getting prostate cancer. You can, however, have both BPH and prostate cancer at the same time.

What can be done to help prevent BPH?

There is no known way to prevent BPH. It is a common part of aging.

Developed by McKesson Health Solutions LLC.

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