



About four in every 10 men older than 45 years have problems with passing urine. These problems tend to worsen with age. Symptoms and signs include:

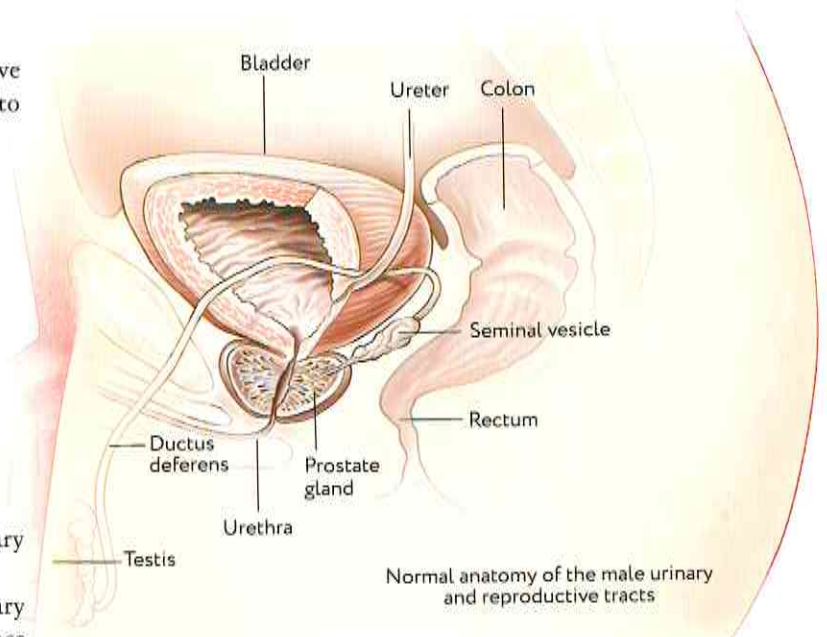
- waiting for the urine to start flowing
- thinner and weaker urine stream
- interrupted voiding (stopping and starting)
- dribbling at the end of voiding
- straining to keep up the flow
- leakage of urine onto clothes
- urinating often
- getting up during the night to urinate
- urgency followed by accidental leaks (urge incontinence)
- feeling that the bladder is not empty
- burning or pain when urinating.

Some of these symptoms suggest an obstruction to urinary flow while others suggest an irritable bladder.

Urologists refer to all of these symptoms as “lower urinary tract symptoms” or LUTS. LUTS can affect a man’s confidence and quality of life, and cause anxiety about possible diseases such as prostate cancer. However, LUTS is rarely caused by cancer and rarely leads to a life-threatening health problem.

A common cause of LUTS is the non-cancerous enlargement of the prostate called benign prostatic hyperplasia (BPH). As shown on page 2, an enlarged prostate can squeeze the urethra and hamper or stop the flow of urine.

It was once believed that BPH was the only cause of LUTS. However, doctors now know that the severity and type of LUTS is not related solely to BPH because:



Normal anatomy of the male urinary and reproductive tracts

The bladder is a muscular bag that increases in size to store urine. Urine leaves the bladder through the urethra. Where the urethra joins the bladder is a muscular ring (sphincter) that keeps the urine inside the bladder. When you start to urinate, the sphincter relaxes and the bladder squeezes urine into the urethra. The male urethra passes through the prostate, which is a gland of the male reproductive system.

- a man with a normal-sized prostate can still have LUTS
- other age-related changes to the bladder, sphincter muscles, prostate muscles and urethra may cause dysfunction leading to LUTS.

## Diagnosis of LUTS

The following information and tests are often necessary to provide the best opportunity for an accurate diagnosis:

- your medical history, including any physical or psychological problem, any urinary problem now or in the past, previous surgery, or allergy.
- your history of smoking
- a list of all medicines that you take, such as prescription and over-the-counter drugs, and herbal remedies
- a physical examination to check your abdomen, genitals and prostate; a digital rectal examination (DRE) allows the doctor to feel the prostate’s size, shape and texture using a gloved finger inserted into the rectum
- urine tests for infection, protein, sugar and blood cells to determine whether symptoms may be caused by an undiagnosed medical problem
- a “voiding diary” for the next few days; record details such as the amount of

fluid you drink and how often you urinate

- a fasting blood-sugar level may be required to exclude diabetes
- a “full blood count” to quantitate red blood cells, white blood cells, platelets and other blood factors
- a blood test for prostate specific antigen (PSA) to assist in the diagnosis of prostate cancer and to assess risk factors in association with LUTS. See the Society’s patient education pamphlet on the PSA test, available from your urologist.

These screening tests are important so that serious conditions (such as bladder stones, bladder cancer, kidney disease or prostate cancer) have a greater chance of being detected, if present.

## Other tests and conditions

A health condition other than LUTS may be suspected if you have symptoms such as bloody urine, urinary incontinence, very painful urination or any genital pain. Your doctor may decide that other tests are worthwhile because of your symp-

toms, medical history or examination results. Tests may include:

- urinary tract imaging, including an intravenous pyelogram (X-ray examination of the kidneys and bladder) or an ultrasound study
- a PVR (postvoid residual urine) to check the amount of urine left in the bladder after voiding
- cystoscopy: a thin telescope is guided up the urethra so the doctor can look at the bladder and prostate
- urodynamic studies to check the pressure inside your bladder and the speed of urination; this test is reserved for difficult cases.

## YOUR UROLOGIST



The aim of this pamphlet is to provide general information about LUTS. It is not a substitute for advice from your doctor and does not contain all the known facts about LUTS or its treatment. Use this pamphlet only in consultation with your doctor.

Read all the information in this pamphlet.

## TALK TO YOUR DOCTOR

Technical terms are used that may require explanation by your doctor. Write down questions that you want to ask, and discuss them with your doctor. Discuss with your doctor:

- the results you want

- the treatment to be done and why
- the outcome you can expect.

If you are not sure about the benefits, risks and limitations of treatment, ask your doctor.

You may wish to seek the opinion of another doctor before you make any decisions about treatment.

## TREATMENT OPTIONS

Doctors have no single preferred treatment for LUTS. A range of treatment options is available. Your doctor can tell you about the risks, benefits, limitations and possible complications of each treatment option.

Urologists use the term “degree of bother” to rate how a man feels about the severity of his urinary symptoms. For example, do your symptoms cause you little concern (yet, you would like reassurance), or do they cause more severe problems that you feel may require treatment?

**Lifestyle changes:** If, after initial assessment, you decide that you can put up with your symptoms, no medical treatment is needed. Lifestyle changes that may help to better manage your symptoms include the following:

- Drink less fluids in the evening. Make up for this by drinking more fluids during the day.
- Avoid or limit drinks that are dehydrating and irritants to the bladder, such as coffee, tea and alcohol.
- Some medications increase the amount of urine you make. Your doctor can advise you on changes to your medication schedule.
- After urinating, run your finger from behind your scrotum to the tip of your penis. This pushes out remaining dribbles. Dab with toilet paper to remove the last drops.
- Your doctor can teach you how to perform pelvic floor exercises. These exercises strengthen the muscles that support your bladder and bowel.
- “Bladder training” can teach your bladder to store more urine so that it can eventually hold about 400 millilitres. You will need to discuss this technique with your urologist.
- Some over-the-counter medicines may be helpful.
- See your doctor if your urinary symptoms change or worsen.

**Medications:** If you are moderately bothered by your symptoms, you may like to try medications that treat LUTS. Drugs called alpha-adrenergic blocking agents block the nerves to the muscles of the prostate. This relaxes the prostate and

removes some pressure from the urethra. A few weeks may be needed for symptoms to improve.

■ In a few men with LUTS, the drug finasteride may reduce the activities of testosterone (male hormone) inside the prostate and help to shrink the prostate. Finasteride is suitable only for men with an enlarged prostate. Finasteride is not commonly used in Australia and New Zealand.

■ Drugs called anti-cholinergics relax the bladder muscles and allow more urine to be stored. It may take two to three weeks for symptoms to improve.

■ For information on what to expect from drug treatment, including side effects, risks and possible complications, read the consumer medicine information leaflet that comes with the medication. If the medication does not have a leaflet, ask your pharmacist to provide one.

**Surgery:** If you are moderately or severely bothered by urinary symptoms, or if lifestyle changes and medications have not helped, you may want to

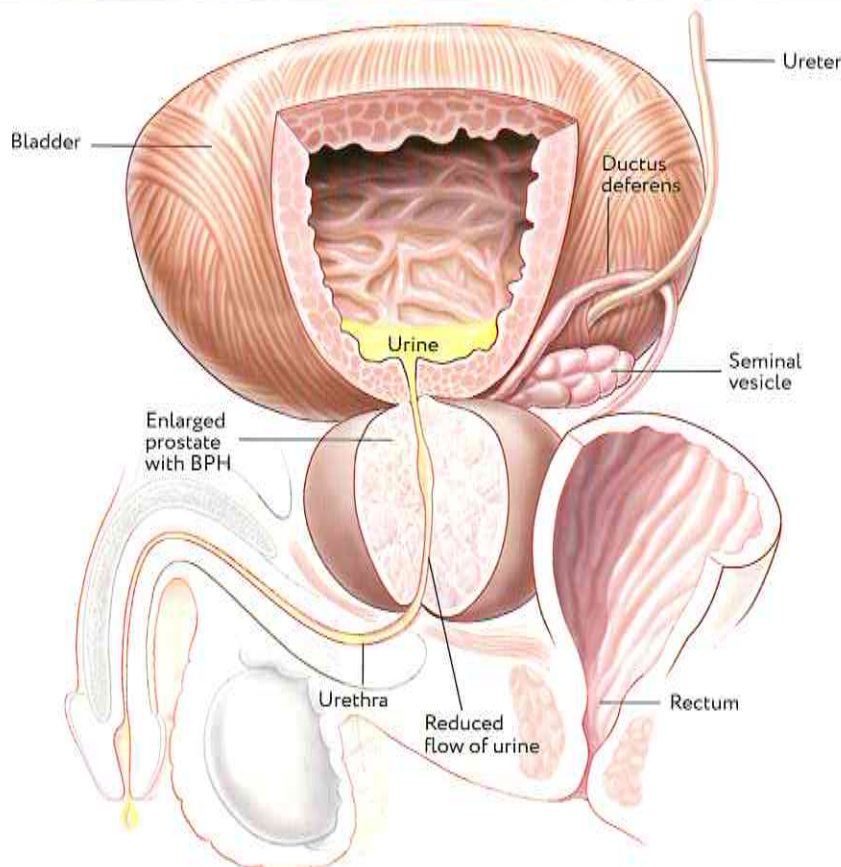
consider surgery. Your doctor will advise which type of operation would be most suitable given the size of your prostate and any other medical conditions you may have.

### Acute urinary retention

If a man finds that he cannot urinate, he must seek treatment urgently. A doctor will pass a catheter up the urethra to empty the bladder. Surgery may be needed to prevent a recurrence of acute urinary retention.

## COSTS OF TREATMENT

Your urologist can advise you about coverage by public health insurance, private health insurance and out-of-pocket costs. You may want to ask for an estimate that lists the likely costs. This includes medical and hospital fees, and other items. Ask which costs can be claimed on public or private health insurance. As the actual treatment may differ from the proposed treatment, the final account may vary from the estimate. It is better to discuss costs with your urologist before treatment rather than afterwards.



An increase in the size of the prostate due to BPH can cause pressure on the urethra, leading to LUTS.