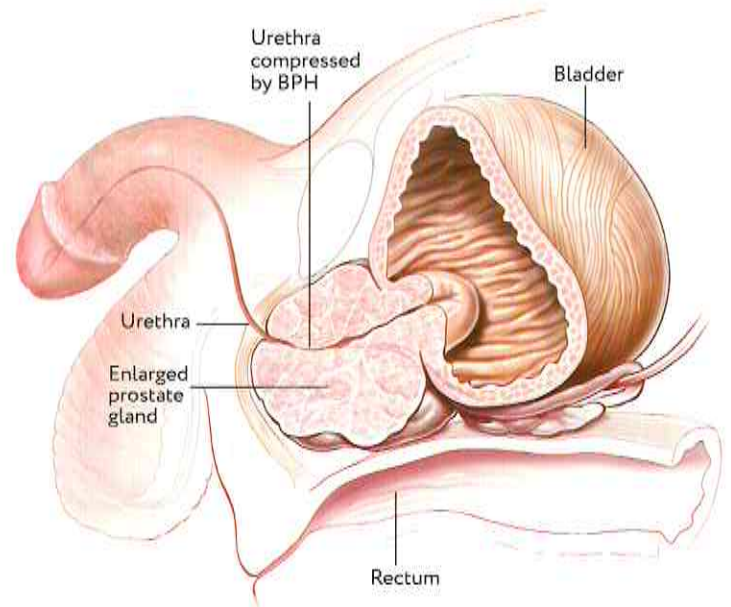




The prostate is a gland of the male reproductive tract. As shown in the illustration, it surrounds the urethra (the thin tube that carries urine or semen out of the body) like a collar. When a man ejaculates, fluid from the prostate passes through pores in the urethra and is added to the sperm. The milky fluid nourishes and energises sperm cells.

The prostate enlarges with age. This condition is known as benign prostatic hyperplasia (BPH). BPH is a common cause of urinary problems in older men. An enlarged prostate can pinch the urethra and hamper the flow of urine. This obstruction to the flow of urine can cause thickening of the wall of the bladder. The thickened wall of the bladder can increase the urge to urinate even when only a small amount of urine is in the bladder.

Most urinary symptoms due to BPH are caused by pressure on the urethra and altered function of the bladder. The Society's pamphlet "Lower urinary tract symptoms – a guide for men" has further information and may be helpful. It is available from your urologist.



The symptoms of BPH increase with age. Symptoms distressing enough to need prompt medical or surgical treatment include:

- repeated urinary tract infections
- bleeding from the urethra
- over-stretched bladder and weakened bladder muscles
- bladder stones
- kidney damage caused by back pressure of urine
- inability to pass urine. This is a medical emergency. Seek medical help urgently if this occurs.

The severity of urinary symptoms is not directly caused by the overall size of the prostate. For example, it is possible for a man with a very large prostate to have mild symptoms, while a man with a

smaller prostate enlargement may have severe urinary problems.

DIAGNOSIS OF BPH

Tests used in the diagnosis of BPH may include:

- digital rectal examination (DRE) – the prostate gland's size, shape and texture can be felt through the front wall of the rectum. The doctor performs DRE using a gloved and lubricated finger inserted through the anus.
- urine tests – to check for the presence of a urinary tract infection and blood in the urine.
- blood tests – to check how well the kidneys are functioning.
- urinary tract imaging – this may include an X-ray exam of the prostate

gland, abdominal ultrasound, rectal ultrasound and intravenous pyelogram (IVP). An IVP tracks the formation and passage of urine from the kidneys, bladder and urethra using a special dye that shows up on X-ray examination.

- a urine flow study – the strength and speed of the urine flow is measured when the patient urinates into a special device.
- Urodynamic studies – tests to check the pressure inside the bladder, the amount of urine left behind after urination, how much urine is passed in a single urination, and other factors.
- Cystoscopy – a thin fibre-optic device, fitted with a lense, is guided up the urethra to allow the doctor to look at the inside of the urethra and bladder.
- PSA test – your doctor may want to know the blood level of prostate specific antigen (PSA). For more information, see the Society's patient education pamphlet on PSA, available from your urologist.

IMPORTANT: FILL IN ALL DETAILS ON THE STICKER

DEAR SURGEON: When you discuss this pamphlet with your patient, remove this sticker and put it on the patient's medical history or card. This will remind you and your patient that this pamphlet has been provided. Some surgeons ask their patients to sign the sticker to confirm receipt of the pamphlet.

YOUR UROLOGIST

The aim of this pamphlet is to provide general information. It is not a substitute for advice from your doctor and does not contain all the known facts about surgery for BPH. Read this pamphlet carefully. Some terms are used that may

INTERPRETER SERVICE

If you have trouble reading English, telephone the translating and interpreting service.

Australia: Translating and Interpreting Service (T.I.S.) 13 14 50 (national number).
New Zealand: Interpreting and Translation Services 09 276 0014 (Auckland). A fee may be charged.

ARABIC إذا وجدت صعوبة في قراءة الإنجليزية اتصلوا بخدمة الترجمة الخطية والشفوية على الرقم 13 14 50 في أستراليا و 09 276 0014 في نيوزيلاندا

CHINESE 如果您閱讀英語有困難，請致電口筆譯服務處。澳大利亞：13 14 50 新西蘭：09 276 0014

GREEK Αν δυσκολεύεστε να διαβάσετε αγγλικά, τηλεφωνήστε στην υπηρεσία διερμηνέων μεταφραστών.
Αυστραλία: 13 14 50 Νέα Ζηλανδία: 09 276 0014

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Australia: 13 14 50 Nuova Zelanda: 09 276 0014

MAORI Mehe raruraru ana koe ki te riiti i nga korero-pukapuka i roto i te reo Paakeha, me waea atu koe ki te tari kai whakamaori i nga kupu korero pukapuka me te reo. Te naama hei waea - tangaatu mou i Ahitereiria (Australia) ko: 13 14 50. Te naama waea i Aotearoa (New Zealand) ko: 09 276 0014.

SAMOAN Afai e faaletonu lau faitau i le Gagana Peretania, telefoni le tautua faaliliu ma faamatala upu.
Ausetalia 13 14 50 Niu Sila 09 276 0014

TONGAN Kapau 'oku 'ikai ke mahino ho'o lau he lea fakapapalangi, telefoni ki he kautaha liliulea mo fakatonulea. 'Aositelelia: 13 14 50 Nu'usila: 09 276 0014

TURKISH İngilizce okumakta zorluk çekiyorsanız, tercümanlık servisini arayınız. Avustralya: 13 14 50 Yeni Zelanda: 09 276 0014

VIETNAMESE Nếu quý vị gặp khó khăn khi đọc tiếng Anh, điện thoại cho dịch vụ thông ngôn và phiên dịch. Tại Úc: 13 14 50 tại Tân tây lan: 09 276 0014.

TALK TO YOUR DOCTOR

require explanation by your surgeon. If you are not sure about the benefits, risks and limitations of treatment, the terms used in

this pamphlet, or anything else, ask your surgeon. Write down questions that you want to ask, and discuss them with your surgeon. This pamphlet should only be used in consultation with your doctor.

Principles of Surgical Treatment

The objective of surgery is to ease or eliminate the urinary symptoms by surgically removing the obstruction to the flow of urine caused by the enlarged prostate compressing the urethra. Your doctor will advise which type of operation would be most suitable given the size of your prostate and other medical conditions you may have.

Surgery is almost always recommended if the patient:

- cannot pass urine
- has signs of kidney damage
- suffers from frequent urinary tract infections
- bleeds from the urethra
- has bladder stones.

Before Surgery

Your surgeon needs to know your medical history to plan the best treatment. Fully disclose any health problems you may have had. Some may interfere with surgery, anaesthesia or aftercare.

Before surgery, tell your surgeon if you have had:

- an allergy or bad reaction to antibiotics, anaesthetic drugs or other medicines, surgical tapes or dressings
- prolonged bleeding or excessive bruising when injured
- previous problems with blood clots in the legs or lungs
- recent or long-term illness.

Give the surgeon a list of ALL medicines you are taking or have recently taken. Include medicines prescribed by your family doctor and those bought "over the counter", without prescription. Also include medicines that are taken for long-term treatments, such as insulin or warfarin.

Some drugs can increase the risk of

bleeding during and after surgery, and your surgeon may or may not advise you to stop taking them for awhile. Tell your surgeon if you take:

- aspirin or medicines containing aspirin (such as cough syrups)
- large amounts of vitamins (particularly vitamin E) or Ginkgo
- anti-inflammatory medicines
- anti-platelet drugs such as Plavix, Persantin, Asasantin, Iscover or Ticlid.

Talk to your doctor or medical staff if you have any questions about instructions before surgery.

Smoking: Stop smoking at least two weeks before surgery. Smoking increases surgical and anaesthetic risk and impairs healing. It is best to quit.

Consent form: If you need surgery, your surgeon may ask you to sign a consent form. Read it carefully. If you have any questions about the consent form, surgery, risks or anything else, ask your surgeon.

Anaesthesia

Depending on the surgical procedure and your general health, you will be given local, spinal, epidural or general anaesthesia. Modern anaesthetic drugs and techniques are safe with few risks. However, a few people may have a serious reaction to them. Issues to discuss with your anaesthetist include:

- if you have ever had a reaction to an anaesthetic drug
- if you are allergic to antibiotics or other medicines
- all medicines you are currently taking or have recently taken.

Your anaesthetist can explain more about the type of anaesthetic that is best for you and the associated benefits and risks.

COSTS OF TREATMENT

Your doctor 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 doctor before treatment rather than afterwards.

SURGERY FOR BENIGN PROSTATIC HYPERPLASIA (BPH)

The aim of surgery is to remove the central glandular part of the prostate. This relieves obstruction of the urethra and therefore relieves urinary symptoms. The prostate gland is not completely removed. Surgery for BPH

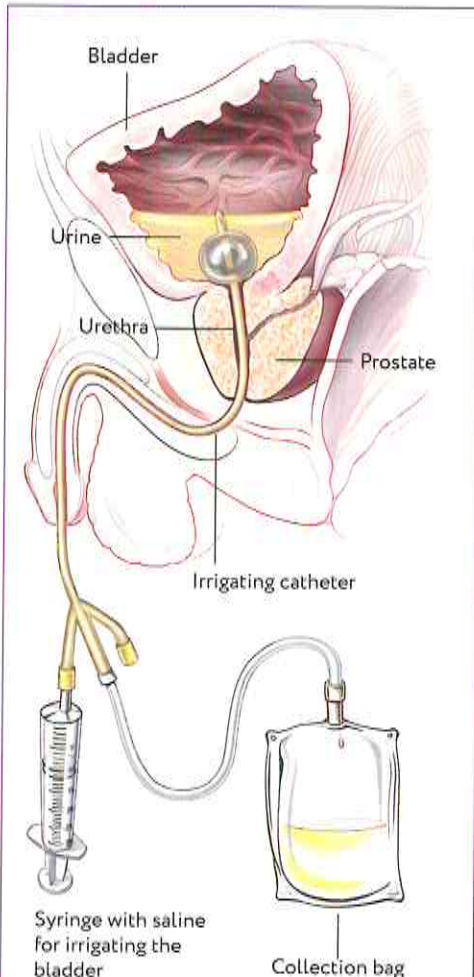
usually takes from 40 to 60 minutes.

If symptoms are controlled by medications, then surgery may not be needed. However, in many cases, surgery is the only option that can relieve symptoms.

Your surgeon cannot guarantee that

all of your urinary symptoms will improve following surgery, or predict how much your symptoms will improve if the operation is successful.

Most men have good surgical results, although some symptoms may remain.

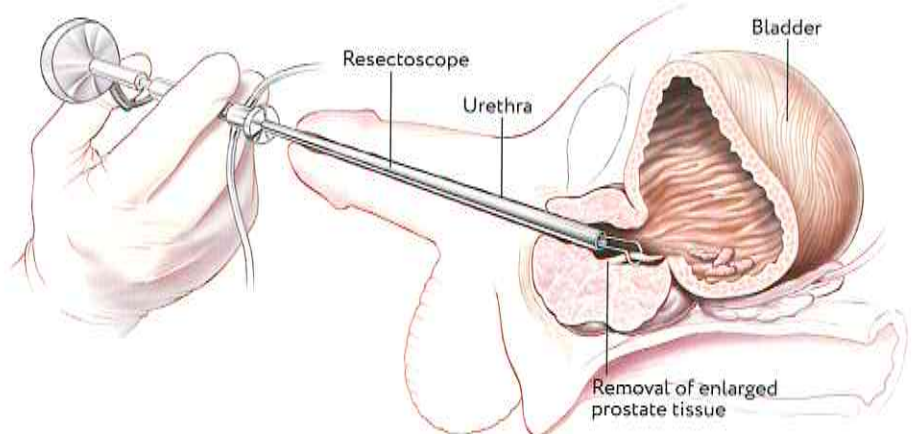


Placement of a urinary catheter

After the procedure, an irrigating catheter is placed into the urethra to drain urine from the bladder during the initial healing period. The catheter also allows the bladder to be irrigated and cleaned with saline. The irrigating catheter usually stays in place for one to seven days, depending on how long it takes for the blood in the urine to clear and general health of the patient.

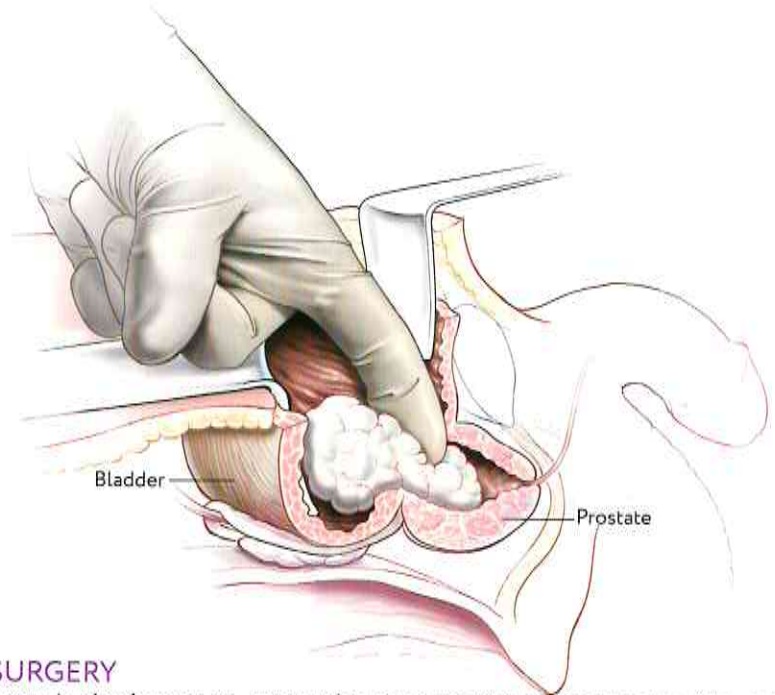
OTHER SURGICAL OPTIONS

Laser surgery: A laser fibre is guided up the urethra using a slender instrument called a cystoscope. Pulses of laser energy vaporise the enlarged prostate tissue. A related procedure is "laser enucleation" of the prostate, which can retrieve prostate tissue for examination under a microscope.



TRANSURETHRAL RESECTION OF THE PROSTATE (TURP)

A slender instrument (resectoscope) is inserted up the urethra. An electrical current is passed through the resectoscope's wire loop to shave away sections of enlarged prostate. Shaved prostate tissue is flushed into the bladder and removed through the resectoscope. TURP is the most common surgery, accounting for nine out of every 10 procedures for BPH.



OPEN SURGERY

Open surgery is also known as suprapubic or retropubic prostatectomy. The enlarged sections of prostate are removed via an abdominal incision. This operation is suitable only for men with a very large prostate, or in cases where the bladder needs to be surgically repaired at the same time.

Transurethral incision of the prostate (TUIP):

The resectoscope is used to make small incisions around the prostate and neck of the bladder. This releases the narrowing at the bladder neck and enlarges the urethra. No prostate tissue is removed. TUIP is suitable for men with smaller prostate enlargements.

Transurethral needle ablation (TUNA):

A catheter containing special needles is guided up the urethra.

The needles emit pulses of radiofrequency energy that destroy prostate tissue.

Shields prevent heat damage to the urethra.

RECOVERY AFTER SURGERY

Expect to stay in hospital for two to three days following TURP. Your doctor will prescribe pain-relieving medicine. Arrange for a friend to drive you home once you are discharged. Time away from work usually varies from two to six weeks, depending on the job.

Some men have uncomfortable bladder spasms or a constant urge to urinate while wearing a catheter. Your doctor can treat these side effects with medication. After a TURP, the catheter is usually left in for one or two days. After an open procedure, it may be in place for five to seven days.

Once the catheter is removed, you may find it painful to urinate for the first few times. Ural sachets (available in most pharmacies) may help to relieve this irritation. In most cases, the catheter is removed before the patient is discharged from hospital.

Urine may be slightly bloody during the first few days after surgery. Mild bleeding from the wound site is normal. Urinary symptoms may seem to be no better in the first days or weeks after surgery. Recovery may take from two weeks to three months, depending on how long you had urinary symptoms before surgery and the type of surgery you had. By six to eight weeks, you should be urinating less often. You may still need to get up in the night.

Self-care suggestions

- Drink plenty of water (about eight glasses per day) to increase urine output and reduce the risk of a blood clot in the urethra.
- Avoid constipation. Straining on the toilet puts pressure on healing tissue and may cause bleeding. Eat high-fibre foods including whole grain cereals, fresh fruits and vegetables.

- Your doctor may prescribe a course of antibiotics to reduce the risk of infection while the operated area heals.
- Do not drive or operate heavy machinery for at least two weeks.
- Do not have sexual intercourse until advised by your surgeon. Most men can resume sex when comfortable.
- Some men lose interest in sex for a few weeks following the operation. This is a normal reaction. Your sex drive should return once your body recovers from surgery.
- Avoid heavy lifting or strenuous exercise for up to six weeks.
- See your doctor urgently if you have trouble urinating, or if your urine turns bright red or contains one or more blood clots.
- You must continue to see your doctor for regular prostate examinations.

POSSIBLE COMPLICATIONS OF SURGERY FOR BENIGN PROSTATIC HYPERPLASIA

All surgery carries some degree of risk. It is not usual for a surgeon to outline every possible complication of a surgical procedure. However, it is important that you have enough information about side effects and complications to fully weigh up the risks and benefits of surgery.

If you have particular concerns about possible complications, discuss them with your surgeon. You may find it helpful to prepare a written list of issues and questions before meeting with your surgeon.

These risks are listed to inform you, not to alarm you. There may be other risks that are not listed.

General risks of surgery

- Allergic reaction to anaesthesia.
- Short-term nausea or vomiting.
- Infection of the wound that may require treatment with antibiotics occurs in one or two men in 100.
- After a general anaesthetic, side effects can include deep venous thrombosis, stroke or heart attack, any of which may be life threatening and require urgent treatment.

Specific risks of BPH surgery

- Painful urination, which usually resolves in a few weeks.
- Temporary inability to pass urine occurs in about one patient in 20. Long-term retention is uncommon.
- Urge incontinence may occur soon after surgery but typically resolves

quickly. (Urge incontinence is the sudden urge to urinate followed quickly by an involuntary leakage of urine.)

- Stress incontinence due to sphincter damage is very uncommon. (Stress incontinence is the involuntary loss of urine during sneezing, laughing, coughing or sudden physical activity.)
- Over time, scar tissue may obstruct the urethra, and more surgery may be needed.
- Due to excessive bleeding, about two men in 100 may require a transfusion.
- Further surgery to treat complications or worsened symptoms.
- Repeat surgery if the prostate grows large enough to once again cause urinary symptoms. Surgery is not a cure for BPH. Of 100 patients, about five will need another operation within eight years.
- TURP Syndrome – During TURP procedures that are especially prolonged due to difficult cases, the fluid that is used to irrigate the operative site can be absorbed excessively. About one in 200 patients may require treatment for the syndrome. Deaths have been reported but are very rare.

Risks of sexual dysfunction

Prostate surgery often results in side effects on sexual function. These are usually temporary. Most men can expect a full recovery of their sexual function within several weeks to 12 months of surgery. Common side effects include:

- retrograde ejaculation (also known as dry orgasm) – The neck of the bladder does not shut properly during ejaculation, and semen is directed into the bladder instead of out through the penis. This may cause infertility. About eight of 10 TURP patients have some degree of retrograde ejaculation which is usually permanent. Retrograde ejaculation is NOT a form of contraception or sterilisation.
- impotence – The nerves that control a man's ability to get and maintain an erection are untouched by BPH surgery. However, TURP patients have reported trouble with getting or maintaining an erection. Impotence appears to be linked to the man's pre-operative condition. If the man had no problem with impotence prior to surgery, the frequency of impotence is between five and 10 patients in every 100.

The surgery will not improve potency.

Minimally invasive treatments

- TUNA is not a commonly performed procedure. It is classified as a minimally invasive treatment. The long-term risks and benefits are not yet fully known.
- Swelling may prevent urination, so a catheter may be required for at least one week after TUNA.
- Painful urination is common. Destroyed prostate tissue may pass down the urethra for about four months following TUNA.