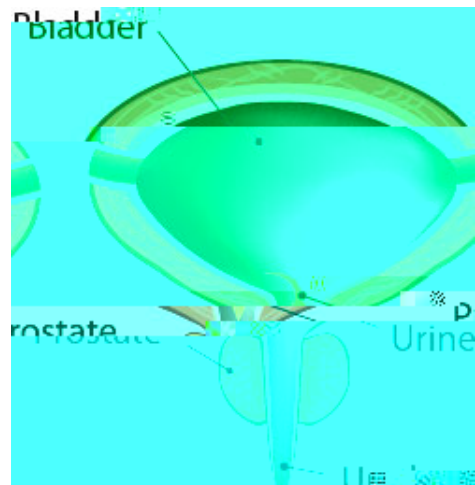


Other formats

If you need this information in another format such as audio CD, Braille, large print, high contrast, British Sign Language or translated into another language, please contact the PALS desk on 01271 314090 or at ndht.pals@nhs.net.

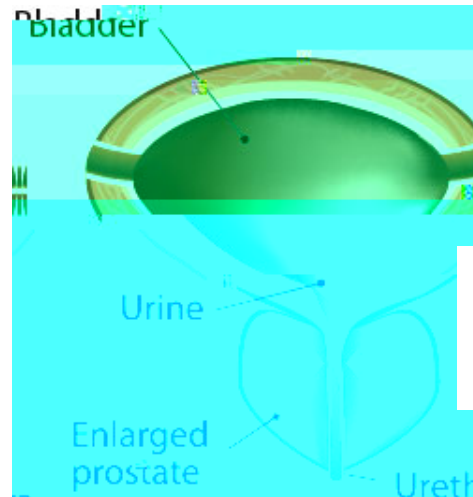
~~The prostate is a walnut sized gland (about the size of a walnut) situated below the bladder.~~

The outlet tube (urethra), which runs through the middle of the gland, carries urine and semen. The prostate provides nutrients and fluid to carry sperm.



Benign prostatic hyperplasia (BPH)

Throughout a man's life the prostate continues to grow. It does not usually cause problems until after the age of 40, when a significant amount of men are affected by some bladder symptoms due to an enlarged prostate obstructing the flow of urine out of the bladder. This is often referred to as benign prostatic hyperplasia (BPH).



Pressure at the bladder neck and in the prostate can obstruct the flow of urine.

Chronic urinary residual

As the prostate grows, it starts to squeeze the outlet tube, slowing the flow of urine from the bladder.

The larger the prostate becomes, the more it squeezes the outlet tube. The bladder has to work harder to push the urine through the narrowed outlet tube.

This leads to the muscular bladder wall becoming thicker. Over a long period of time the bladder wall will weaken and will be unable to fully empty (known as underactive bladder), leaving some urine in the bladder after urine is passed. This is known as a chronic urinary residual.

Other issues

A chronic residual can lead to episodes of acute urinary retention, when the bladder will not empty even when there is a strong desire to pass urine. This is very painful and is treated with the insertion of a tube (urinary catheter) to drain the bladder.

The bladder can also become more irritable, causing an increased desire or need to pass urine more frequently day and night (bladder overactivity and nocturia). Assessment is required to determine the cause of LUTS and diagnose BPH.

Men and women can experience bladder over or under activity as a result of bladder dysfunction which does not relate to an enlarged prostate gland but is possibly due to an underlying, pre-existing medical condition.

Symptoms of BPH

Symptoms can include difficulty in starting to pass urine (hesitancy), passing small frequent amounts of urine (frequency) and a long slow flow which may stop and start (intermittency). Some men find they need to push or strain to empty their bladder.

Treatment of BPH

The treatment will depend on how badly the symptoms are affecting your quality of life. Conservative measures (lifestyle changes) usually form part of any treatment pathway.

Lifestyle changes

- x Weight reduction (where appropriate) is shown to improve symptoms
- x Stop smoking; smoking increases the incidence of urinary incontinence
- x Avoid over or under drinking; 1.5-2 litres daily intake is recommended
- x Avoid/treat constipation
- x Avoid using the toilet 'just in case'
- x Reduce caffeine intake and avoid artificial sweeteners; both are bladder stimulants.

Your specialist nurse will also advise regarding other bladder irritants and how to 'hold on' if you have urgency.

If lifestyle changes do not help, or are not suitable for you, you may be offered medication treatment.

Uroselective alpha blocker

It relaxes the prostate and the bladder neck, thereby easing the flow of urine from the bladder.

Examples of medicines and doses: Tamsulosin 400mcg once daily, Alfuzosin 2.5mg 3 times daily or modified release 10mg once daily.

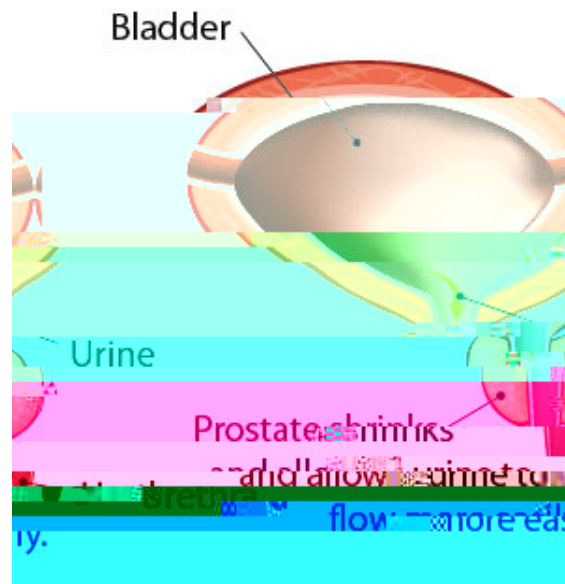
These medications can lower blood pressure, or cause a postural drop in blood pressure (sudden drop in blood pressure on standing) in a few people.

5-alpha reductase inhibitor

It shrinks the prostate gland over a longer time period, thereby reducing symptoms. This is suitable for a prostate that is 30gram or more in size. Often used in combination with an alpha blocker which is then stopped after 9-12 months when the prostate will be smaller and causing less obstruction.

Examples of medicines and doses: Finasteride 5mg daily or Dutasteride 500mcg daily.

These medications can reduce sexual function in some people, however this normally resolves on stopping medication if it becomes an issue.



Medications may not be totally effective or tolerable for some men, in which case surgery to reduce prostate size may be the best form of management. If this is the case, you will be referred to urology who will advise on the surgical options available.

Have your say

Northern Devon Healthcare NHS Trust aims to provide high quality services. However, please tell us when something could be improved. If you have a comment or compliment about a service or treatment, please raise your comments with a member of staff or the PALS team in the first instance.

'Care Opinion' comments forms are on all wards or online at www.careopinion.org.uk.

Northern Devon Healthcare NHS Trust
Raleigh Park, Barnstaple
Devon EX31 4JB
Tel. 01271 322577
www.northdevonhealth.nhs.uk

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Email: ndht.contactus@nhs.net