ADVANCED UROLOGY

PATIENT GUIDE

Understanding and treating an enlarged prostate (BPH)

A plain-language guide from Advanced Urology. Learn what BPH is — and is not — how it is evaluated, and how to compare choices with your care team.

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A guide for a conversation with your care team

Understanding BPH

Benign prostatic hyperplasia (BPH) is a non-cancerous enlargement of the prostate that becomes more common with age. **BPH is not prostate cancer and does not cause prostate cancer.** The prostate sits below the bladder and surrounds the urethra, the tube that carries urine out of the body. As the prostate grows, it can squeeze that tube and make it harder for the bladder to empty.

Common symptoms

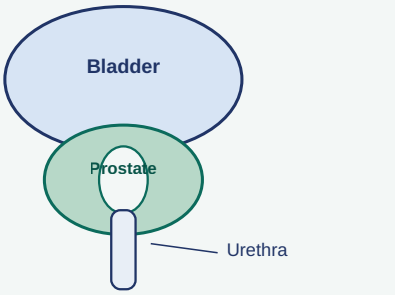
Symptoms do not always match prostate size. Some men with a larger prostate have mild symptoms. Others with a smaller enlargement feel quite bothered.

- A weak, slow, or stop-and-start stream
- Trouble starting to urinate
- A feeling that the bladder does not empty
- Urinating often, including at night
- A sudden, hard-to-delay urge to urinate
- Dribbling at the end of urination
- Urinary tract infections or blood in the urine

Why evaluation matters

For many men, BPH is mainly a quality-of-life problem: lost sleep, planning the day around bathrooms, or stepping back from activities. If it is not evaluated, BPH can sometimes lead to more serious problems, including sudden inability to urinate (urinary retention), bladder stones, repeated infections, blood in the urine, long-term bladder strain, and, rarely, kidney problems.

Other conditions can look like BPH, including infection, narrowing of the urethra, bladder problems, medicines (including some cold and allergy products), and prostate cancer. An evaluation helps sort this out.



An enlarged prostate can squeeze the urine channel. Educational illustration

Seek urgent care now

Go to an emergency room or call 911 if you:

- Cannot urinate at all and your lower belly is full and painful
- Have fever or shaking chills with trouble urinating
- Have heavy blood in the urine or clots that block flow
- Feel faint, confused, or severely ill

A note before you read on

There is no single “best” BPH treatment for every person. The better fit depends on your symptoms, the size and shape of your prostate, how well your bladder empties, your other health conditions, and what matters most to you — such as recovery time, a catheter, or sexual function. Results vary, and no treatment can be counted on to relieve every symptom or last for life.

Your evaluation

The right next step depends on more than one number. Your visit is a conversation about your symptoms, your tests, and your goals. Not everyone needs every test.

What may be done	Why it helps
Symptom score	A short questionnaire (often called the IPSS) measures how much urinary symptoms affect daily life.
Urine test	Looks for infection or blood, which can mimic or accompany BPH.
Prostate exam	A gloved exam of the prostate can provide information about size and texture.
PSA blood test, when appropriate	PSA can be higher for many reasons, including BPH, infection, inflammation, or prostate cancer. There is no single “normal” PSA number that fits every person. Your team interprets your result with your age, prostate size, exam, and history.
Urine flow test	You urinate into a special toilet or device that measures the strength of your stream.
Bladder scan	A quick ultrasound after you urinate shows how much urine is left behind (post-void residual).
Prostate ultrasound	Helps estimate prostate size, which is one factor in choosing among procedures.
Cystoscopy, when needed	A thin camera looks inside the urethra and bladder to see prostate shape, including whether a middle lobe pushes up into the bladder. Shape matters for some treatments, such as UroLift.
Imaging, when needed	Prostate MRI may be used if your PSA or exam raises concern for cancer. Imaging is also used to map the prostate arteries before prostatic artery embolization (PAE).

What to bring

- A list of every medicine, supplement, and over-the-counter product you take, including cold or allergy medicines
- Recent PSA results or imaging reports, if you have them
- Notes about your symptoms for a few days: how often you go, night trips, urgency, and how bothersome it feels

If you can, come with a comfortably full bladder in case a flow test is planned. Ask when you schedule.

About medicines you already take

Bring your full list to every visit. **Do not stop blood thinners or any other prescribed medicine on your own.** If a procedure is planned, your surgical and prescribing teams will make a plan that fits you.

Lifestyle steps that often help

- Limit large amounts of fluid in the 2 to 3 hours before bed
- Cut back on caffeine and alcohol, which can irritate the bladder
- Try double voiding: urinate, wait a moment, then try again
- Ask whether cold or allergy medicines are making flow worse
- Stay active and keep bowels regular; constipation can worsen urinary symptoms

Compare your options

If medicine isn't helping, or you would rather not take it long term, three procedures our team discusses often are UroLift, PAE, and HoLEP or ThuLEP. They work in different ways. The recommendation should be about your prostate and your priorities, not about the one procedure someone happens to offer.

At Advanced Urology, our urologists do UroLift, HoLEP and ThuLEP, and our interventional radiologists do PAE, all in one practice. Other procedures, such as Aquablation, TURP, or robotic simple prostatectomy, may also be discussed when they fit.

Option	How it works	Often considered when	Catheter and recovery notes
Lifestyle care and medicines	Everyday changes, plus medicines that relax the prostate and bladder neck or slowly shrink the prostate.	Mild to moderate symptoms, or while you decide about a procedure.	No catheter. Medicines work only while you take them. Some can cause dizziness, lower blood pressure, or ejaculation changes. Medicines that shrink the prostate can also lower PSA, so tell any clinician checking your PSA.
UroLift	UroLift works like tiebacks on a curtain. Through the urethra, our urologists place small implants that hold the enlarged tissue out of the way. No prostate tissue is cut, heated or removed.	Often considered when size and shape are a good fit. Our comparison education describes a usual fit for many men with glands under about 50 grams; that is a starting point, not a device rule for every man.	The channel often opens right away, and most men go home the same day. Many do not need a catheter; if one is used, it is often brief. This is not a promise that no one will need a catheter. Burning and frequent urination for about two weeks are common. Some men later need another treatment.
PAE	Our interventional radiologists perform PAE, often through a tiny access point in the wrist artery. A thin tube reaches the arteries that feed the prostate, and tiny particles reduce blood flow so the gland can shrink over time.	Often considered for men who want a less invasive option, including some with larger prostates. A urologist evaluates you first.	Many men have light sedation, or none at all — not every procedure uses the same anesthesia. Many men do not need a urinary catheter, but that is not guaranteed, especially after retention. Improvement may begin within about a week and can continue for months. On average the prostate may shrink by about 25 to 30 percent; results vary.
HoLEP or ThuLEP	A holmium or thulium laser, used through the urethra with no skin incisions, separates the enlarged inner tissue from the outer prostate shell (enucleation). The tissue is broken up (morcellation), removed, and sent to the lab. This is not removal of the entire prostate and is not a prostate cancer treatment.	May fit men with retention or bothersome blockage, or when PAE has not given enough relief. A large prostate does not automatically mean surgery.	Done under anesthesia chosen for you. A temporary catheter is used afterward; how long it stays and whether you go home that day depend on your procedure and recovery. Burning, blood in the urine, urgency, and temporary leakage can occur.

This table is a starting point, not a personal recommendation. Aquablation, TURP, or robotic simple prostatectomy may also be discussed when they fit. Your team will explain which choices apply to you.

Risks, recovery, and what to weigh

Every treatment has benefits and risks. Choosing one is a shared decision. Any procedure, sedation, or anesthesia carries some risk, including bleeding, infection, blood clots, heart or lung problems, injury to nearby structures, and, rarely, disability or death. Your team reviews your health history and medicines beforehand.

Sexual and urinary effects

- **UroLift and PAE:** They are known for preserving ejaculation and sexual function in most men, but this is not a promise. Blood in the urine, discomfort, urgency, and infection can occur. PAE risks also include bruising or a hematoma at the access site and, rarely, off-target embolization.
- **HoLEP and ThuLEP:** Ejaculation often changes (little or no semen may come out), which can affect fertility. Erection problems can also occur. Temporary leakage is common; lasting leakage is less common. Other risks include infection, bleeding, scar tissue, injury to nearby structures, and needing another procedure.

After a procedure

- Burning, frequency, urgency, and some blood in the urine are common at first
- If you go home with a catheter, your team will show you how to care for it and when it should come out
- Follow instructions on lifting, driving, and sexual activity, and plan a ride home if you will have sedation or anesthesia
- Keep your follow-up visit so your team can check your progress

Retreatment and selection

Procedures that remove more tissue may last longer for some men. Less invasive options may offer a quicker recovery or a better chance of keeping ejaculation, and some men later need another treatment. Prostate size and shape, retention, and your priorities all guide the choice.

Medicines, in brief

Alpha-blockers (such as tamsulosin, alfuzosin, or silodosin) can relax muscle in the prostate and bladder neck. Medicines that shrink the prostate (finasteride or dutasteride) can change sex drive or erections and lower PSA, so tell any clinician checking your PSA. Daily tadalafil may be used for some men and cannot be taken with nitrates.

Call your team or seek emergency care if

- Fever of 100.4°F (38°C) or higher, or shaking chills
- You cannot urinate, or a catheter stops draining even after you check for kinks
- Bleeding gets heavier or you pass large clots
- Pain is not controlled by the medicine you were told to use
- After PAE, a bruise grows quickly, or a hand or leg becomes cold, pale, numb, or very painful
- Call 911 for chest pain, trouble breathing, sudden weakness, or confusion

Shared decisions and next steps

Bring a trusted person if you would like help remembering the discussion. Rank what matters most to you — fastest recovery, keeping ejaculation, longest-lasting relief, a shorter catheter time, or the type of anesthesia — and share that ranking with your urologist.

Care at Advanced Urology

At Advanced Urology, our urologists do UroLift, HoLEP and ThuLEP, and our interventional radiologists do PAE, all in one practice. Many procedures are done in our own state-of-the-art outpatient surgery centers. Anesthesia and comfort options are chosen for the procedure and for you — not every procedure uses general anesthesia or requires you to be asleep. Our urologists can usually see you fast and schedule your procedure quickly.

Questions to take to your visit

- ☐ Are my symptoms from BPH, or could something else be contributing?
- ☐ How large is my prostate, and does its shape (such as a middle lobe) matter?
- ☐ Which options fit my prostate, my health, and my goals?
- ☐ How might each option affect ejaculation, erections, and urine control?
- ☐ Will I need a catheter? For about how long?
- ☐ What anesthesia would I have, and where would the procedure be done?
- ☐ How long until I might notice a change, and when would I see you again?
- ☐ If I need another treatment later, what would still be available?
- ☐ Which medicines should I continue, and who will advise me about blood thinners?

Explore care at Advanced Urology

Learn more about enlarged prostate (BPH) and how our team approaches evaluation and treatment:

advancedurology.com/conditions/enlarged-prostate-bph

You may also visit advancedurology.com or use the contact number published on the practice website to ask about an appointment. Care is individualized; this guide is not an offer of a specific procedure, schedule, or result.

Before you decide

Ask your urologist to walk through the options that actually fit you, including the choice to watch and treat symptoms without a procedure. A recommendation should be based on your evaluation, not on a single “standard” treatment for every man.

This guide is for general patient education. It is not personal medical advice and does not replace a visit with your own clinician. It does not list every possible test, treatment, benefit, or risk. Treatment choices depend on your symptoms, test results, other health conditions, and goals. Medicine changes — including any change to blood thinners — require a plan from your prescribing team. Do not start, stop, or change a medicine on your own. If you think you have an emergency, call 911 or go to the nearest emergency department.