

# Prostate Diseases



**AASHRAY**  
Urology Institute

## The Prostate Gland

The prostate gland is a gland the size and shape of a walnut. It is situated around the urethra, at the base of the bladder and is present in all males. It produces part of the semen in which sperms travel. With advancing age, as the hair grows white and the eyes develop cataract, so too does the prostate gland enlarge.

### What are common prostate problems?

#### (a) BPH (Enlargement)

Benign prostatic hyperplasia (enlarged prostate) is a condition that men after the age of 40-45 years are prone to, due to hormonal changes. If the prostate swells in an inward direction, it may put pressure on the urethra, causing problems and discomfort while urinating.

#### (b) Prostatitis (Infection and Inflammation)

A burning sensation while urinating may be a symptom of infection or inflammation of the prostate.

#### (c) Carcinoma Prostate (Cancer)

A cancerous tumour can develop in the external tissue of the prostate. It many times does not cause any symptoms until it is advanced.

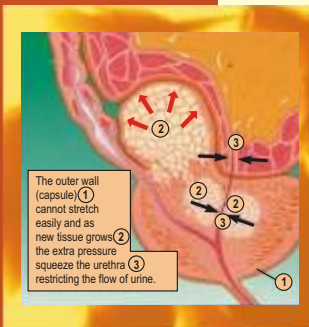
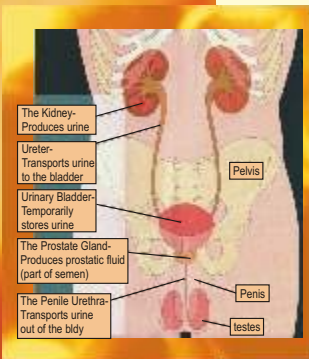
## Benign Prostatic Hyperplasia (BPH)

### What is BPH?

(Benign- non-malignant, hyperplasia- enlarged)

After the age of forty, the prostate gland gradually enlarges due to hormonal changes. This is called Benign Prostatic Hyperplasia. It affects over 50% of men over 60 and 80% of those over 80.

When the prostate swells in an inward direction, it puts pressure on the urethra, causing problems and discomfort while urinating.



Untreated, it can lead to urinary tract infections, urinary retention, bladder damage, bladder stones, incontinence and even kidney damage. Unfortunately, this is a slow process, and as it is painless, a person many a time doesn't realize until his kidneys start getting damaged.

### ***What are the symptoms?***

BPH has symptoms like-

- A slow, interrupted or weak urine stream
- Difficulty in starting urine flow
- Need to strain while urinating
- Urgency in the need to urinate
- Frequent urination, especially at night
- “Leaking” or “Dribbling” before or after urination

In extreme cases, a man might not be able to urinate at all, which is an emergency that requires prompt attention.

### ***Tests to be taken***

To arrive at a diagnosis, the following tests may be taken-

- A history of symptoms and Prostate Symptom Score
- A digital rectal examination to know the size and condition of the gland
- Sonography to know the volume of prostate gland and the status of kidneys
- A urine flow study (Uroflowmetry) which measures how fast the urine flows when a person urinates
- A urine test to detect infection
- A prostate-specific antigen (PSA) test to rule out cancer.

### ***Treatment***

Not all men with enlarged prostate need surgical removal. Some may be candidates for medical management while some may require no treatment at all even if their prostate is enlarged.





Let us understand further. Just because sonography shows that the prostate is enlarged doesn't mean that it needs to be removed. What is important to know is not merely whether the prostate is enlarged, but whether it's an obstructive enlargement. Only if the prostate is obstructive, it needs surgical treatment. Sonography can not tell you whether prostate is obstructive or not, it can only tell whether it is enlarged. Obstructiveness is assessed by Uroflowmetry test by which a person's urine flow pattern and rates are compared with the normal values at his age. Thus, a combination of sonography and uroflowmetry will help the urologist in deciding the management.

A person with an enlarged prostate without much symptoms needs no active treatment (“Watchful Waiting”).

If he has an enlarged prostate which is not obstructive but has bothersome symptoms, he is a candidate for medical management.

If his prostate is obstructive, he needs surgical treatment.

### **Medical Management:-**

In non-obstructive enlarged prostate, the patient is prescribed medicines which help reduce his symptoms and improve his urine flow. However, it should be borne in mind that these drugs do not remove the prostate and they have to be taken for a long time (sometimes life-long) as symptoms may recur once medicines are stopped.

### **Surgical Options-**

#### **Open Surgery:-**

Traditionally, prostate was removed by open surgery which required hospital stay of 7-10 days and had considerable morbidity in the form of pain, bleeding, infection etc. and a

higher mortality rate. Open surgery is nowadays indicated only in cases of huge gland (> 120 grams) or when the bladder requires repair simultaneously.

### Trans-urethral Resection of Prostate (TURP):-

Nowadays, prostate is removed endoscopically by a procedure called T.U.R.P. which is painless, without incision, with much less morbidity and mortality and requiring a shorter hospital stay. TURP is the most commonly performed and preferred surgery for prostate worldwide. In fact, it is internationally considered as the GOLD STANDARD surgery for prostate. In the hands of a competent endo-urologist, this is a safe procedure even in patients with Heart disease, Diabetes, Blood Pressure etc.

### LASER Surgery

Many laser surgical options have been tried for prostate but none has been successful. Nowadays, Holmium Laser is being promoted as a standard therapy for B.P.H. but is not internationally accepted as its efficacy does not match that of T.U.R.P. Holmium Laser surgery is definitely NOT an alternative to the standard T.U.R.P. operation. It may be of use in a select group of patients.

### TUNA, TMT etc.

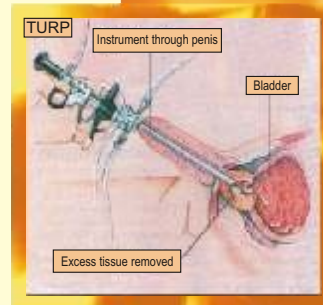
Other minimal invasive surgical options like TUNA, Prostate Stent, TMT, HIFU etc. have not been able to replace T.U.R.P.

## **BEFORE SURGERY**

You will be admitted on the day of surgery.

You may be asked not to eat or drink a few hours before surgery.

You will be administered regional anesthesia, so that you do not feel any pain during the procedure, which takes around 30-60 minutes.



## **AFTER SURGERY**

It's natural to be concerned about how you'll feel and what your physical limitations might be after surgery.

You can eat and drink after 4-6 hours.

Catheter will be removed after 2-5 days.

You may have to take stool softeners to avoid strain and risk dislodging scabs from your healing prostate.

The colour of urine may be red. Drink a lot of water to prevent clots/ to wash them away.

You may also continue to see blood in your urine later as scabs break off from the wound.

Initially, for a few days, you may find difficulty in holding urine and it may take a while before you can control your bladder entirely.

Your prostate is likely to be sore, limiting your normal activities for a while. Do not strain or lift anything.

Eat normally, limit your activity to walking and avoid having sex for 6-8 weeks, till the wound heals.

### **Visit your doctor immediately**

If you have excessive bleeding,

If you have fever or chills

If you have trouble while urinating

If you have to strain even after taking stool softener/laxatives.

### **Side Effects,Risks and Complications**

With any surgical procedure, there are risks and possible complications. One side effect is retrograde ejaculation. After procedure, you may notice a difference in the way you ejaculate. During surgery, a muscle that is involved in ejaculation may be cut causing semen to travel backward into the bladder during orgasm, instead of traveling out of the body through the urethra. However, the feeling of orgasm is the same as is during normal ejaculation.



Semen  
backs up  
into  
bladder

## BPH CHECK LIST

Before undergoing prostate surgery at any place, you should check the following:

1. Are you advised surgery merely because the prostate is enlarged on sonography? Or is it actually proved with tests like Uroflowmetry that your prostate is obstructive and can damage kidneys if not removed? If not than, you may be undergoing surgery which is not really essential and hence you may continue having symptoms for which you got operated upon!
2. Are you offered the “GOLD STANDARD” procedure T.U.R.P.? Or are you lured into spending more money for experimental procedures like HOLMIUM Laser, which is not yet accepted worldwide and is basically good for a selected few cases?
3. Is your treating surgeon himself going to operate or is somebody else going to come at his place and operate? In that case, will he be there to take your care in the post-operative period?
4. Will your Urologist attempt complete removal of prostate tissue or will he just remove some bit of it and come out?
5. What is the “morbidity and mortality rate” of your Urologist? In other words, what percentage of his operated patients require blood transfusion, have complications like incontinence, infection, recurrence, repeated urethral dilatations etc.?

**IF you are not happy with answer to any of these questions, you need to have a rethink.....**





To enjoy life's little treats, treat yourself well.

## We, at Aashray, offer.....

1. Accurate diagnosis of prostate disorders with real time Uroflowmetry and, if necessary, urodynamic study. Thus, we offer surgery only to obstructed cases, ensuring excellent post-operative results.
2. We offer the international GOLD STANDARD "T.U.R.P." procedure to our patients and are able to give world-class results as we use WEDGE loop and better diathermy machine.
3. Minimal morbidity and no mortality in the large number of TURP procedures that have been carried out at our centre.
4. We attempt complete resection of the prostate so that it need not be repeated after a few years.
5. 24 hours (round-the-clock) post-operative care by qualified doctors focused on urology.

### Taking care of yourself...

These lifestyle changes may prove helpful in patients of BPH-

- Avoid caffeine, which irritates the bladder, and alcohol, which increases urine production.
- Stay active and warm so as not to retain urine.
- Over-the-counter antihistamines and decongestants tighten the muscles that control urine flow making urination difficult.
- Avoid drinking liquids after 7 pm.
- Try to empty your bladder completely every time you urinate.
- Urinate as soon as you feel the urge and don't force the urine.
- Try to urinate regularly throughout the day.



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