

# Pee with Ease

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Benign Prostatic Hypertrophy (BPH) increases in frequency and severity with age with moderate to severe lower urinary tract symptoms (LUTS) in about a quarter of men in their 50s and half of men over 80. Medical therapy may be the first line treatment but successful long term management is often not effective and limited by side effects of dizziness, sexual dysfunction and depression. Transurethral resection of the prostate (TURP) offered treatment for those failing medical therapy but was complicated by an incidence of incontinence, impotence and retrograde ejaculation. Minimally invasive techniques (MIT) have been introduced aiming to reduce complications and costs while trying to maintain the functional outcomes of conventional TURP and data on these techniques is emerging. Prostate artery embolisation (PAE) has come of age as a treatment for patients with BPH who do not find relief from medical therapy and are looking for a non-surgical alternative to standard therapy.

PAE is a day procedure performed by Interventional Radiologists and is analogous to uterine artery embolisation for symptomatic uterine fibroids. Arteries to the prostate are small and high level IR techniques are required to successfully occlude these vessels with 300 micron particles. With any embolisation procedure non target embolisation is a concern and for this reason angiographic facility having CT capacity is essential to test every vessel before embolisation. Short and midterm outcomes are promising with substantial relief of symptoms and improvements in quality of life. Sexual function is unchanged or improved and there are few complications. PAE may be especially helpful in managing catheter dependent patients and those with giant prostates.

Centres trained to perform the procedure have been set up in Brisbane, Sydney and Melbourne and will emerge in other centres. Canberra Imaging Group has recently upgraded their Angiography and Interventional Suite to the latest available and is ready for this intervention. Urologist participation in management of patients suitable for this technique is essential in patient selection, urodynamic assessment and exclusion of prostate cancer. It is planned that patients treated in Canberra will join a database of Australian cases to assess its long term efficacy and its place in the algorithm of management of BPH.

