

Could Your Frequent Urination be Caused by BPH?

Answer these simple questions and share them with your doctor.
American Urological Association BPH Symptom Score Index Questionnaire

Not at all	Less than 1 time in 5	Less than half the time	About half the time	More than half the time	Almost always
0	1	2	3	4	5

INCOMPLETE EMPTYING123456

Over the last month, how often have you had a sensation of not emptying your bladder completely after you finish urinating?

FREQUENCY123456

Over the last month, how often have you had to urinate again less than two hours after you finished urinating?

INTERMITTENCY123456

During the last month, how often have you stopped and started again several times when you urinated?

URGENCY123456

During the last month, how often have you found it difficult to postpone urination?

WEAK STREAM123456

During the last month, how often have you had a weak urinary stream?

STRAINING123456

During the last month, how often have you had to push or strain to begin urination?

NOCTURIA123456

During the last month, how many times did you most typically get up to urinate from the time you went to bed at night until the time you got up in the morning?

Now add up your Symptom Score (1–7 Mild, 8–19 Moderate, 20–35 Severe):

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Minimally Invasive Prostate Therapy By Robert S. Hollabaugh, Jr. MD

As men grow older, urinary difficulties can develop related to an enlarged prostate. This condition, called Benign Prostatic Hyperplasia or BPH, can affects up to half of men over the age of 50 years. Initially the size of a walnut, the prostate gland grows over time and can obstruct urinary flow. BPH is NOT cancer, but can have an aggravating or bothersome effect on daily living. As the condition progresses, a variety of symptoms will become evident:

- » frequent, urgent urination
- » problems starting or maintaining the urine stream
- » slow or weak stream
- » frequent nighttime visits to the bathroom
- » dribbling of urine after completion
- » sensation of incomplete emptying of the bladder

In severe cases, a man cannot urinate at all, and a catheter has to be placed thru the penis into the bladder to drain it. Management of BPH hopes to avoid getting to this dire extreme.

Treatments for BPH vary from watchful waiting for mild symptoms to medications or surgery for more severe situations. Your physician may assess the severity of your symptoms by having you fill out a questionnaire, consisting of questions related to patterns of urination. There is no absolute criteria for when treatment is warranted. In general, men who have minimal symptoms will be advised to simply watch and wait

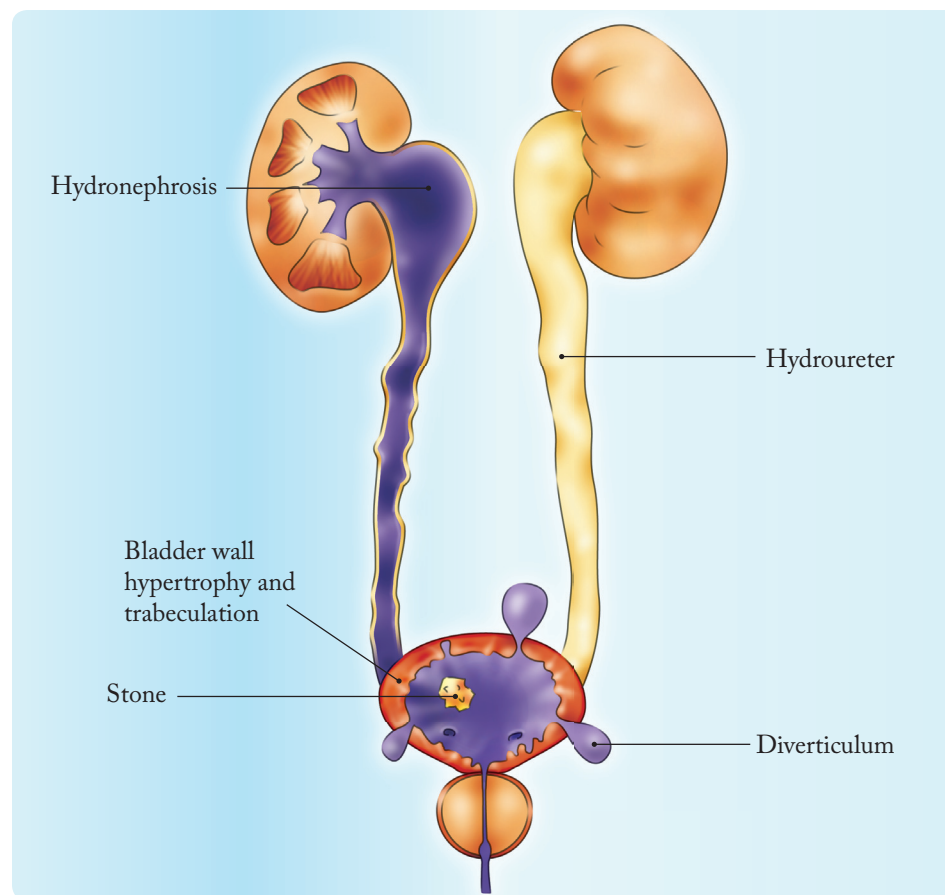
to see if things worsen over time. For those who have a significant amount of bother from their BPH symptoms, initial therapy usually involves medication. Two classes of medication are commonly used. **Alpha-blocker** medications (Flomax, Uroxatral, and Doxazocin) relax the muscle tone of the prostate and relieve the blockage of BPH. **5-alpha-reductase inhibitors** (Proscar, Finasteride, and Avodart) can physically shrink the prostate and thus help to reduce obstruction of urine flow. These medications can be used alone or in combination.

In some cases, BPH can outgrow what medications can control. For patients who have worsening urinary difficulties or for those who cannot urinate at all, more aggressive management with surgery is usually required. Transurethral resection of the prostate, or **TURP**, has long been the standard surgical treatment for BPH. For TURP, full anesthesia and a several day hospitalization are required. A scope is inserted thru the penis and guided to the level of the prostate gland where the blocking portion of the prostate gland is trimmed out. Patients commonly refer to this process as a “ream job” or “roto-rooter.” For many years, this was the only real option for patients who were not adequately managed on BPH medications. In recent years, technological advances have introduced many new, less invasive options for patients.

Minimally invasive therapies for BPH use controlled heat in the form of lasers and

microwave energy to treat the enlarged prostate. Lasers can effectively vaporize and disintegrate prostate tissue to immediately open the urinary channel for better flow. Similarly, microwaves “cook” the prostate gland and cause the inner portion of the gland to wither or “melt away”, reducing blockage. At the Conrad Pearson Clinic, physicians offer the latest BPH technology, both laser and microwave. Each technology, **LASER (Evolve laser, Green Light Laser), TUMT (transurethral microwave thermotherapy) and TUNA (transurethral needle ablation)** may be recommended for particular sets of circumstances, but all are available for BPH treatment. While all patients with BPH are candidates for these types of therapy, it is most commonly used in patients who fail or do not wish to remain on longterm medical therapy. In some instances, medical management is working but may cause some undesirable side effects. In other cases, medication is working, but patients either do not like to take it or it costs too much. In any event, minimally invasive technology is very appealing to many BPH patients.

Urologic **LASERs**, like the Evolve LASER or the Green Light LASER, can be used to treat BPH. The specific physics of these lasers make them ideal for treating enlarged prostate tissue. When the laser’s beam comes into contact with tissue, it disintegrates and vaporizes the tissue. The procedure is usually performed in the outpatient surgery center under anesthesia and takes 30- 60 minutes. The physician looks into the bladder thru



Severe BPH, if left untreated, can lead to bladder deterioration, kidney trouble, stones, and infection.

the penis with a scope and then positions the laser touching the prostate tissue. Under direct vision, the physician then destroys the portion of the prostate that is blocking the urinary channel. Laser energy is very precise and is under direct control. As such, there is very little risk of complication. The major advantage of Laser over traditional TURP is less bleeding. Because, the laser vaporizes tissue as well as blood during the case, there is very little bleeding. After the procedure, patients go home with a foley catheter, which is then removed in the office after 1-3 days. As soon as the catheter is removed, patients usually experience immediate improvement in urinary flow. The side effects are usually very mild: for a period of several days, there may be a sensation of frequency and urgency with urination; there may also be a sensation of stinging with urination.

Transurethral Needle Ablation (**TUNA**) is an office procedure performed under local

anesthesia with mild sedation. Using a special scope to look into the water channel, the doctor positions two radio frequency antennae into the prostate. High energy radio waves are then activated and the prostate tissue is heated. This results in localized damage to that tissue and its blood supply, and ultimately, disappearance of that portion of the prostate gland. Multiple areas can be treated which allows for completion of therapy in one session. Afterwards a catheter is usually left in place while the prostate swelling subsides, commonly for 3-7 days. Certain architectural configurations of prostate growth are well suited for TUNA. Side effects are usually mild and include blood in the urine, urgency and frequency of urination, retention of urine or, rarely, scar tissue or erectile problems. TUNA takes approximately 30 to 60 minutes and provides excellent relief of prostate symptoms within several weeks.

Transurethral microwave thermotherapy (**TUMT**) is another minimally invasive BPH treatment that uses heat to destroy the obstructing prostate tissue (thermotherapy). TUMT is performed in the office under light sedation. The size and shape of the prostate determine if TUMT is an option. To perform TUMT, a specialized microwave catheter is placed in the urethra. Microwave circuitry within the catheter generates energy that heats the prostate. A temperature probe in the catheter focusses therapy. Additional safety probes monitor rectal and penile temperatures. Treatment lasts from 15 to 60 minutes, depending on the prostate size and temperature readings. Afterwards a catheter is left in place for 3-7 days. Most patients see a significant improvement in urination in a few weeks, but the prostate continues to shrink for several months after the procedure. Mild urinary irritation is common for several days, but severe complications such as damage to the rectum, penis, or urethra are extremely rare.

These newer, less invasive procedures represent true advancements in the treatment of BPH, but clearly they are not for everyone. BPH is not the only cause of urinary difficulties, and careful evaluation by your doctor can determine whether your symptoms are caused by BPH or something else. Once the diagnosis of BPH has been made, physicians at the Conrad Pearson Clinic can decide which treatment option is best for you. Considerations for treatment will depend upon other health problems, as well as the specific size and architectural pattern of your prostate gland. Several office tests are performed to gather this needed information. A **PSA** test, a cystoscopy, and a prostate ultrasound are routine. It is very important for the PSA blood test to be done before any treatment for BPH is begun. Abnormal PSA results raise the question of prostate cancer, and must be further evaluated. If prostate cancer is found, cancer treatment is more important and very different than BPH treatment. **Cystoscopy** identifies the extent of blockage by the prostate as well as other anatomic details of the urinary tract that might complicate matters. Cystoscopy involves using a lighted flexible scope to look in thru the tip of the penis to the bladder. There is minimal discomfort as this

is performed with numbing jelly or mild sedation. Finally, the prostate's exact size will be measured by **ultrasound** imaging. This is critical as the safety and effectiveness all microwave technology is based on giving accurate measurement to the computer program that generates microwave energy for treatment. Not all prostate glands are the same size and shape, and only with specific information can the computer generate a treatment sequence that is both safe and effective for each individual case. Minimally invasive treatments work well and are easily tolerated as office procedures. If BPH is continuing to bother you, contact the Conrad Pearson Clinic for an appointment to see if **LASER** or Microwave Therapy for the Prostate can help you.

drink less fluids in the evenings. It is true that if you drink a lot before bedtime, you may have to get up more frequently thru the night. Controlling intake may help with symptoms, but it doesn't fix the underlying problem.

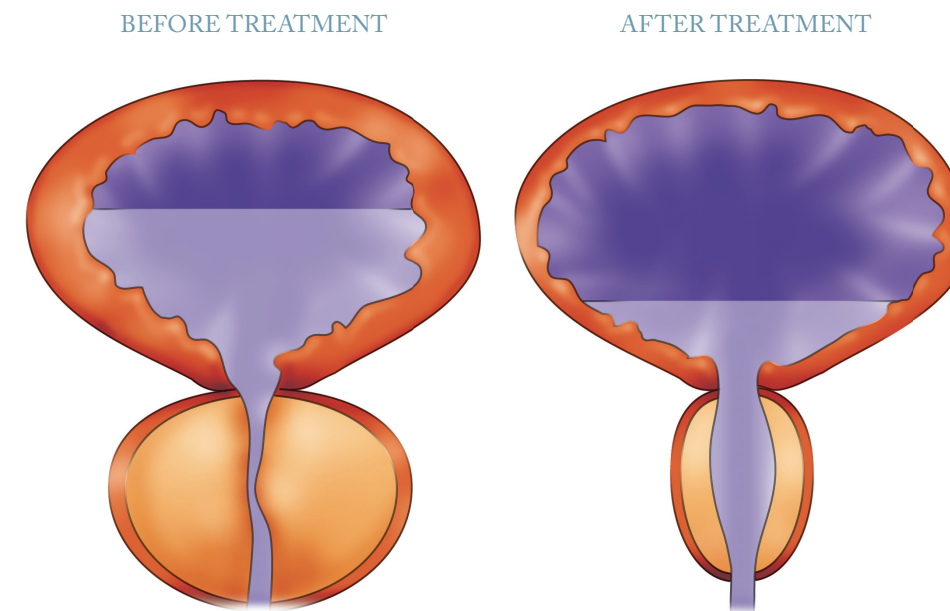
In treating hypertension, many people take blood pressure medications. Some classes of medication are called diuretics (Hydrochlorothiazide, Lasix, Furosemide). These medications function by pulling excess fluid out of your body tissues. The body then gets rid of the fluid by urination, and thus many people experience frequent urination. Depending on when you take this type of pill, you may notice frequent urination for several hours. This is the normal effect of the pill; however, if it acts at night it can be

During wintertime men often experience a flare-up of prostate trouble. The reason is because otherwise silent prostate trouble often becomes unmasked during winter. It has nothing to do with the weather per se; however, it does have to do with how people manage winter's "common cold" or "runny nose." Most Over-the-counter "cold" medications have a decongestant in them. While decongestants dry up runny noses, they also will "swell" the prostate. Common decongestants include pseudoephedrine. For many men who teter on the edge of having problems with an enlarged prostate, taking a dose of a decongestant can push them over the edge and bring on a major aggravation of urination. If you have a lot of BPH symptoms, it is best to avoid decongestants. This same concept applies to men who have "hay fever" and sinus allergies and use decongestants to control their problems.

Certain aspects of a person's diet may also aggravate BPH. Here are some general guidelines:

- » Avoid **CAFFEINE** (Coffee, Tea, Colas, Chocolate)
- » Avoid **ALCOHOL** (Beer, Wine, or Liquor)
- » **LOSE WEIGHT** as extra weight places extra pressure on your bladder
- » **STOP SMOKING** as Smoking causes bladder muscle irritability

While it is not critical to strictly follow all of these guidelines, you may be amazed to see the improvement in your urinary pattern if you can adopt a few lifestyle changes.



Prostate Helpful Hints: Fact and Fiction

As the prostate gland enlarges, the worsening symptoms of BPH can be a terrible nuisance. Here are some commonly held beliefs or recommendations that you may have heard.

One of the biggest nuisances is having to wake up from your sleep to urinate (Nocturia). Urinating once or twice thru the course of a night is common; however, more than 3-4 times per night is a nuisance. One common household remedy for nocturia is to

a nuisance. Ask your doctor if the timing of the pill is critical, and adjust when you take it to control the symptoms. Never start, stop, or adjust blood pressure medication without your doctor's approval.

Many other diseases can affect the patterns of urination in a similar fashion. Depending on a person's medical history, the results of urinalysis, and physical examination, your doctor may conclude that something other than BPH is the cause of the problem. Other common diagnoses that can affect the bladder include Urinary Infection, Diabetes, Urinary Stones, Urethral Stricture (scar), and Neurogenic Bladder (paralysis).

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