THE UROLOGY GROUP

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BPH – WHAT'S MY TREATMENT?

As inevitable as gray hair, the prostate enlarges in all men, and causes urinary bother (see the details in the Benign Prostatic Hyperplasia – BPH newsletter)

At The Urology Group, we have an organized, systematic approach to treating men with BPH.

At the initial visit, we check the following:

- Symptom sheet – patient questionnaire about voiding symptoms; allows assessment of the severity of symptoms and provides tool for tracking progress over time
- Urinalysis (UA) – check for urinary infection, sugar in urine (may be seen in diabetes), blood in urine (known as hematuria)
- PSA – blood test which may help determine if prostate cancer may be present
- Bladder scan (PVR) – ultrasound to look at bladder to see how much urine is left behind after voiding
- Digital rectal exam (DRE) – manual exam of the prostate by the healthcare provider

Indications for initial treatment of voiding bother associated with BPH include:

- Bothersome urinary symptoms
- Recurrent urinary tract infection
- Hematuria
- High postvoid residual
- Urinary retention (unable to void at all)

Initial treatment starts with:

- Voiding diary – patient records time and amount of voids for period of several days
- Start treatment with one of the following alpha blockers:
  - Flomax (tamsulosin)
  - Uroxatral (alfuzosin)
  - Rapaflo (silodosin)
  - Hytrin (terazosin)
  - Cardura (doxazosin)
- Repeat voiding diary once on alpha blocker treatment

After one month, patient returns for reevaluation by one of our nurse practitioners with particular expertise in BPH evaluation and management. Assessment at the follow-up visit includes:

- Symptom sheet
- Review of voiding diary
- Urinary flow study – patient voids into device that measures force of urinary flow (provides information about degree of obstruction)
- Bladder scan (PVR)
- Transrectal ultrasound (TRUS) – ultrasound exam of prostate (feels same as DRE); allows assessment of prostate size which can help make subsequent treatment decisions

At the one-month visit, the following treatment decisions may be made:

Findings consistent with BPH

- Voiding improved, continue alpha blocker, increase dose if needed
- Voiding not improved
  - Prostate size greater than 40 cc, start Proscar (finasteride) or Avodart (dutasteride)
  - Prostate size less than 40 cc, consider urodynamic studies (more detailed studies of bladder)

Findings consistent with increased urinary output, especially at night

- Take measures to decrease urinary output (see Nocturia newsletter)

Patients are then reevaluated again at six months, or sooner if symptoms warrant.

If patients do not respond to treatments with pills, then consideration is given to one of the different types of surgical intervention (see GreenLight newsletter).

This orderly approach, which uses the concept of a “clinical pathway”, bases treatment on each individual patient’s circumstance, and provides men the opportunity for an organized, comprehensive care plan for management of voiding bother associated with the enlarged prostate.