

Patient information from BMJ

Last published: Aug 16, 2021

Enlarged prostate: what treatments are there?

As men get older their prostate can get bigger. This can cause problems, such as having to get up at night to urinate. But an enlarged prostate isn't usually a serious health problem. So after talking with your doctor you might choose to wait before deciding to have any treatment.

You can use our information to talk to your doctor and decide which treatments are right for you.

What treatments work?

When men have an enlarged prostate doctors sometimes call it 'benign prostatic hyperplasia', or BPH for short. You might also hear it called 'lower urinary tract symptoms', or LUTS for short.

There are several treatments for BPH, including medicines and surgery. The treatments your doctor suggests will usually depend on how much your symptoms bother you.

If your symptoms don't bother you too much, your doctor may suggest that you try 'watchful waiting'. This means that you and your doctor keep a close eye on your symptoms, but you don't have any treatment for the time being.

You can decide to have treatment for BPH at any time.

Medicines

There are several types of medicines for treating BPH. If one type doesn't help you, you may be treated with more than one.

- **Alpha-blockers** work by relaxing the muscles in your prostate and bladder. This makes it easier for you to urinate. Your symptoms should start to get better after about two to three weeks.

But alpha-blockers can cause side effects, including tiredness, headaches, and feeling light-headed when you stand up. This light-headedness can cause some people to fall and injure themselves.

Enlarged prostate: what treatments are there?

Alpha-blockers can also cause dry climax during sex (you don't ejaculate when you have an orgasm), although this may be temporary.

- **5-alpha reductase inhibitors** work by blocking hormones that help the prostate grow. But they take a few months to work. They may help reduce the size of your prostate by about one third. This should make it easier to pass urine.

They can also reduce your chances of suddenly being unable to pass urine, a condition that needs to be treated urgently, usually with surgery. But these drugs probably won't help if you only have mild symptoms to begin with.

Side effects of these drugs can include problems getting an erection, premature ejaculation, and dry climax. Men who are planning to father a child shouldn't take these drugs, as they can cause birth defects.

Women who are breastfeeding or pregnant shouldn't handle the tablets. Sexually active men should use condoms if there is a chance their partner could become pregnant.

- **Phosphodiesterase-5 (PDE-5) inhibitors.** You may have heard of these drugs, especially one called sildenafil (Viagra) being used for treating erection problems.

But they can also help with BPH symptoms. Doctors might suggest these medicines for people whose symptoms include erection problems.

Common side effects include headaches, upset stomach, or flushing (redness) in the face. More serious side effects include blurred vision or sudden loss of vision, sudden loss of hearing, chest pain, and shortness of breath. Seek medical attention straight away if you have any of these symptoms.

- **Anticholinergics** can help relax the bladder muscle and reduce the feeling of needing to urinate frequently.

Side effects of these drugs can include dizziness and a dry mouth.

Things you can do for yourself

Your doctor might suggest some changes to your lifestyle to help relieve your symptoms.

- Avoid drinking large amounts of liquid at any one time.
- Avoid drinks altogether before going to bed.
- Get plenty of exercise.
- Reduce the amount of alcohol you drink (alcohol can stimulate your bladder).
- Cut back on coffee, tea, cola, or any other drinks that contain caffeine (caffeine can stimulate your bladder).
- Check any medicines you are taking. Some antihistamines (drugs used to treat allergies) and some drugs used to treat depression can make your problems with urinating worse.

You may have seen herbal treatments for an enlarged prostate. You can buy these without a prescription. They include things like rye grass pollen, *Pygeum africanum*, and saw palmetto.

Enlarged prostate: what treatments are there?

But there isn't much good evidence that any of them help much, if at all, with prostate symptoms. And, like medicines, they can have side effects.

You should always talk to your doctor before trying a herbal extract for an enlarged prostate. Herbal products are not regulated in the same way as medicines.

Surgery

The most common operation used to cut away part of the prostate is called **transurethral resection of the prostate, or TURP**. It removes the blockage caused by your enlarged prostate so that you can urinate more quickly and easily.

You may have heavy bleeding into your urine immediately after surgery. But this should pass after a few days.

Some men get TURP syndrome for a few days after this operation. This can make you feel slightly confused or queasy, and you might vomit. TURP syndrome can also raise your blood pressure or cause temporary problems with your sight.

TURP can also cause some other side effects:

- About 70 in 100 men get dry climax during sex
- Doctors used to think that TURP caused erection problems, but more recent research has suggested that this isn't the case. If there is a risk of erection problems with TURP it is probably a small one
- Some men need another operation in the future because their prostate gets bigger again.

Other types of surgery

There are several other surgical procedures used to treat symptoms of BPH. Some of them are less invasive than TURP, which means that your stay in hospital will probably be shorter and there is less chance of complications.

Some of these treatments are fairly new compared with TURP. Some people might choose them because they are less invasive. But we're still not sure about how well they relieve symptoms in the longer term compared with TURP.

It's also worth remembering that these treatments are not available everywhere. Your choice of available treatments is likely to vary between hospitals.

Transurethral microwave thermotherapy (TUMT) uses microwaves to destroy prostate tissue without damaging other tissues. A tube called a catheter is passed up through the opening of the penis (urethra). Then a small antenna at the end of the catheter emits microwaves that attack the prostate.

This procedure can be done as an outpatient treatment and usually takes between one and two hours.

Several treatments use lasers to remove some of the prostate tissue that is causing problems. They include **transurethral holmium laser enucleation of the prostate**

Enlarged prostate: what treatments are there?

(HoLEP), photoselective vaporisation (PVP), and thulium laser enucleation (ThuLEP). These can all usually done under local anaesthetic without an overnight stay in hospital.

Transurethral vaporisation of the prostate (TUVP) also involves passing an instrument through the urethra. This instrument is moved over the surface of your prostate. It uses an electric current to heat the tissue and burn it away. This current also seals the blood vessels and stops bleeding.

Transurethral needle ablation (TUNA) involves a pair of needles being inserted into the urethra. Radio waves are passed through the needles, which heats them up. This shrinks the prostate tissue that is getting in the way.

How do I decide which treatment is right for me?

You may want to ask yourself some questions:

- How bad are my symptoms? If they are affecting your life then you may want to consider treatment. But men with mild symptoms often don't get any worse for many years and prefer to wait to see what happens.
- Do I want to take tablets every day? You may need to take these for a while before you get any results, and after a few years you may need surgery anyway.
- Do I want a permanent and quick solution? If you're not happy to wait a few months to see if a drug treatment helps, then you may be better off opting for surgery. Also, remember that some men who take drug treatment end up needing surgery. But surgery also has side effects.

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