

Enlarged prostate? Don't cut it out - just gently move it aside... Op for faulty waterworks that won't risk a man's virility



'An enlarged prostate is a common problem as men age. A minimally invasive procedure, now available to private patients in West Sussex, may be the answer,' - Mr Barnaby Chappell, Consultant Urological

Surgeon.

'When the prostate becomes enlarged it can obstruct the flow of urine out of the bladder, leading to difficulty urinating, being unable to empty the bladder fully, increased need to urinate at night and concerns over control and incontinence. Doctors may initially recommend lifestyle changes, such as avoiding drinks that irritate the bladder, for example alcohol and caffeine, and make you want to go to the loo more.

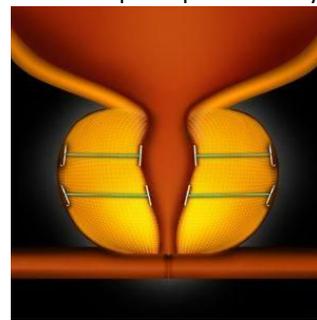
We can also prescribe alpha blockers which relax the muscle in the prostate and the neck of the bladder, making it easier to pass urine. But these can cause headaches, dizziness and dry ejaculations. Drug treatment can shrink the prostate; other drugs may stop the bladder contracting, reducing the sense of urgency. Side-effects include loss of libido and impotence, and some are linked with dry mouth and constipation.

With TURP, surgeons operate through the urethra and trim away parts of the prostate, creating a wide channel through which urine passes more freely. There is a risk of severe bleeding and a 5 per cent risk of nerve damage, so it can cause impotence and urinary incontinence. In 50 to 70 per cent of patients it can cause a loss of normal ejaculation and change in sensation of climax. It is a very

effective treatment but patients can take up to three months to recover.

Another option is a UroLift device. It involves moving part of the enlarged prostate aside. First I slide a plastic sheath or tube, about 7mm in diameter, gently into the urethra into the area blocked by the enlarged prostate. This has a telescope so I can see the obstructing prostate tissue.

Then I insert another piece of equipment into the sheath to push the prostate out of the way. Using a 'trigger' on the handle, I then fire tiny implants to anchor the prostate gland in place. How many implants are needed depends on the size of the prostate and the extent of the obstruction, but it's typically two to four. They remain in place permanently.



The operation takes about 20 minutes.

Patients don't need a catheter afterwards and can go home a few hours later, after passing

urine. This treatment is probably not suitable for all men but it's an exciting new option for those who have severe bother from their waterworks.

The risks include blood in urine from irritation caused by the procedure and moderate discomfort for a week, as well as irritation to waterworks for three or four days. The improvement in symptoms and flow rate is not quite as good as for conventional surgery but there is complete preservation of sexual function and a return to normal activities in just a few days.'



The operation is available for Private Patients at
Goring Hall Hospital.
For more information visit
www.westsussexurology.co.uk