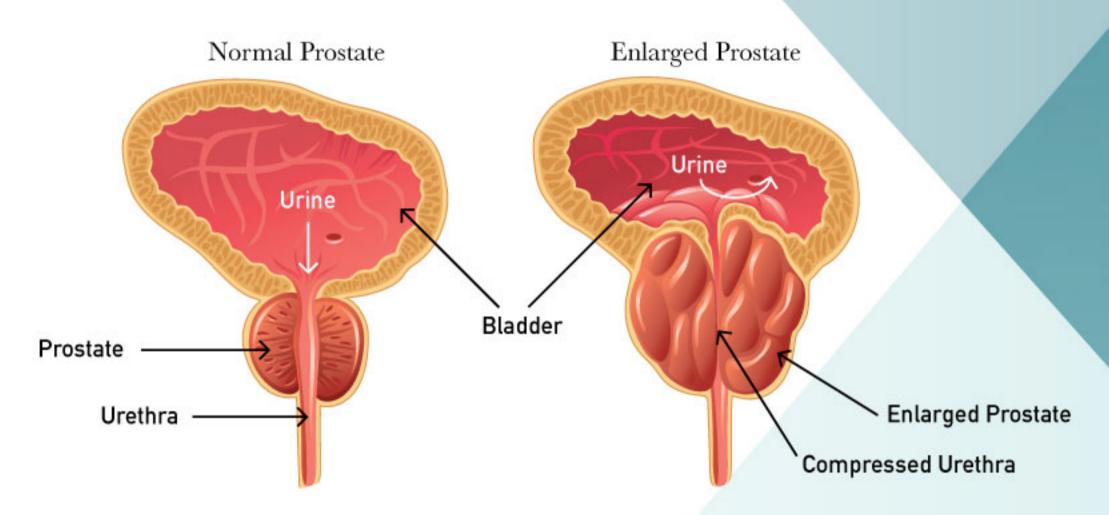
Benign Prostatic Hyperplasia



Why Urology of Indiana?

Our physicians have significant experience treating men with BPH using the latest medical and surgical advances. They are highly specialized in urologic care and perform hundreds of state-of-the-art Benign Prostatic Hyperplasia procedures each year.

Our team members will closely monitor your progress and provide the consistency of guideline-based care. This means we follow the recommendations established by the American Urological Association, the gold standard in urologic care.

How to Reach Us

If you have questions or concerns and need to speak to a member of the BPH Team and have already visited a UOI provider, you may contact his/her Triage Nurse.

If you do not know your nurse's phone number or are new to the practice, call us at 877.362.2778, and follow the prompts for your provider's triage nurse or to schedule an appointment.



Over 130 Years of History

Urology of Indiana Benign Prostatic Hyperplasia (BPH) Clinic

Dedicated to Your Care





What Is Benign Prostatic Hyperplasia?

Benign Prostatic Hyperplasia (BPH), also known as enlarged prostate, refers to noncancerous growth of the prostate. BPH is a normal part of aging in men starting around the age of 40. If left untreated, this condition can cause uncomfortable symptoms and negatively affect your quality of life. There are many treatment options for BPH, ranging from medication to surgical procedures.

The prostate gland sits below the bladder and naturally enlarges with age. (See diagram on the back panel.) The prostate surrounds the urethra, the tube that carries urine. An enlarged prostate compresses the bladder outlet (urethra), which in turn, affects urine flow and bladder function.

BPH Treatment Procedure Comparison

Your treatment option will depend on factors such as your overall health, your age, the size of your prostate and your symptoms. The following chart compares different types of procedures we perform at Urology of Indiana.

Procedure

BPH Symptoms

Obstructive

- · Weak urinary stream
- · Pushing or straining to urinate
- · Hesitancy (trouble initiating urinary stream)
- · Feeling that the bladder is constantly full or has not emptied completely after urination

Mechanism

Irritative

- Frequent urination
- Urgency (difficulty postponing urination)
- · Waking to urinate at night (nocturia)

Ejaculatory

Other

- Dribbling after urination
- · Recurring urinary tract infections

Hospitalization

· Blood in the urine (hematuria)

| Minimally Invasive Procedures | Location | Duration | Mechanism | Dysfunction | Hospitalization |
|--|-------------------------|--|---------------------------------------|--------------|--------------------|
| PAE (Prostate Artery Embolization)* | Surgery Center | 45-60 minutes | Endovascular Microbeads | No | No |
| Rezum | Office | 15 minutes | Steam | Rare | No |
| Urolift | Office/Surgery Center | 15-30 minutes | Implant | No | No |
| Surgical Procedures | | | | | |
| PVP (Greenlight) | Surgery Center/Hospital | 60-90 minutes (varies depending on prostate size) | Laser Vaporization | Common** | Rare |
| HoLEP | Surgery Center/Hospital | 1.5-2.5 hours | Holmium Laser | Common** | Outpatient/1 Night |
| Aquablation | Hospital | 1 hour | Tissue Resection w/ Water Pressure | 15%-20% Risk | 1-2 Nights |
| TURP (Transurethral Resection of the Prostate) | Surgery Center/Hospital | 60-90 minutes (varies depending on prostate size) | Tissue Resection | Common** | 1-2 Nights |
| Single Port Transvesical Prostatectomy | Hospital | 2-4 hours | Robotic Surgery | Common** | Outpatient/1 Night |

Procedure

^{*} Nothing inserted into the penis; no risk of E.D.

^{**} Retrograde ejaculation is permanent. (normal orgasm, but no ejaculation)