

Prostate Health

Patient Education



Welcome to Advanced Urology Associates Center for Prostate Health

You have taken a **big step in the direction of a better you** by coming in for an evaluation today!

You are likely experiencing one or more of the following symptoms:

- Urinary hesitancy
- Urinary frequency
- Urinary incontinence
- Bladder pain
- Bladder over activity
- Frequent nighttime voiding

These symptoms are called Lower Urinary Tract Symptoms (LUTS).

Now that you have come in for help, there will be some additional tests your provider will need to further evaluate and diagnose the cause of your symptoms.

Baseline Tests and Diagnosis

Once the baseline tests below have been performed, your provider will provide you with a working diagnosis as a likely cause of your symptoms.



IPSS Symptom Score

A questionnaire developed by the American Urological Association (AUA) to help men determine how bothersome their urinary symptoms are and to check how effective their treatment is. It is also seen with a Quality of Life Scale at the end of the questionnaire. You will be asked to fill this out at the beginning of your treatment for a baseline as well as several times throughout treatment so your progress may be monitored.

International Prostate Symptom Score (IPSS)

Patient Name: _____ Date: _____

Circle your answers and add up your scores at the bottom.

	Not at all	Less than once a week	Once a week	2-3 times a week	More than 3 times a week	Almost every day
Frequency - How often have you had the sensation of not emptying your bladder completely after you finished urinating?	0	1	2	3	4	5
Urgency - How often have you had to urinate again less than two hours after you finished urinating?	0	1	2	3	4	5
Intermittency - How often have you found you stopped and started again several times when you urinated?	0	1	2	3	4	5
Weak stream - How often have you found it difficult to urinate without?	0	1	2	3	4	5
Straining - How often have you had to push or strain to begin urination?	0	1	2	3	4	5
Sleeping - 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?	None 0	Once 1	Two 2	Three 3	Four 4	Five or more 5

Add Symptom Scores: + + + + + +

Total International Prostate Symptom Score = _____

Regardless of the score, if your symptoms are bothersome you should notify your doctor.

1-7 mild symptoms | 8-19 moderate symptoms | 20-35 severe symptoms

Quality of Life (QoL)	Original	Revised	Revised	Revised	Revised	Revised	Revised	Revised	Revised
0	1	2	3	4	5	6	7	8	9

How often have you had to urinate again less than two hours after you finished urinating?

Did these medications help your symptoms? (circle)

Yes No

Would you be interested in learning about a minimally invasive option to help treat your urinary symptoms?

Yes No

Post Void Residual (PVR)

An ultrasound measurement of the amount of urine remaining in the bladder after an attempt at voiding. Ideally, the volume should be less than 60cc (2oz) after urination.



BPH

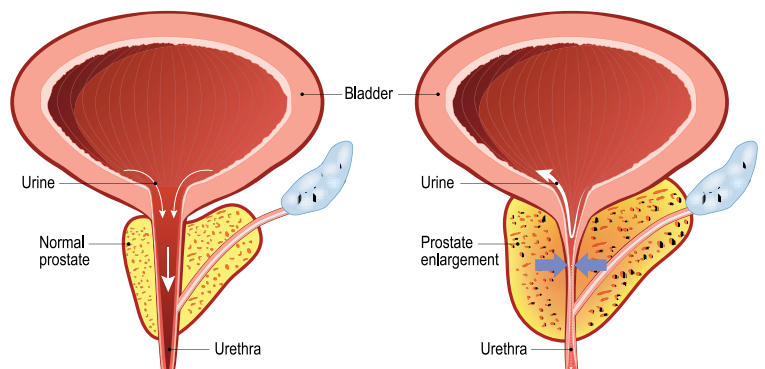
Possible Diagnosis

The outcome of your IPSS Symptom Score and the Post Void Residual (PVR) tests will help to determine whether your Lower Urinary Tract Symptoms (LUTS) is due to urinary retention or Benign Prostatic Hyperplasia (BPH).

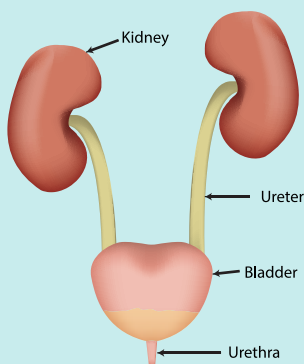
Benign Prostatic Hyperplasia (BPH)

A normal, non-cancerous growth of the middle lobes of the prostate. Growth typically results in symptoms of one or more of the following symptoms:

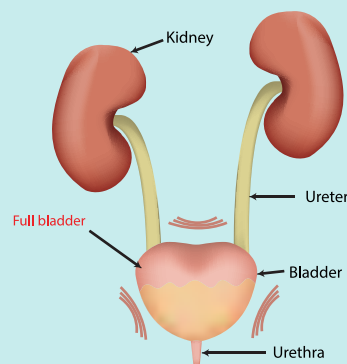
- Decreased force of urine stream
- Increased daytime and nighttime urinary frequency
- A feeling of incomplete bladder emptying
- Suprapubic pressure
- Urinary urgency



Healthy Bladder



Bladder in Retention



Urinary Retention

Urinary retention is the inability to voluntarily urinate. Acute urinary retention is the sudden and often painful inability to void despite having a full bladder. Chronic urinary retention is painless retention associated with an increased volume of residual urine. Urinary retention can present with complete lack of voiding, incomplete bladder emptying, or overflow incontinence. Complications include infection and renal failure.



Treatment Options

Now that you have a diagnosis, let's talk about treatment options.

Conservative Management or Behavior Modification

- Reduce caffeine consumption to no more than 16oz a day
- Reduce carbonation and alcohol
- Cut out nocturnal fluid intake 3 hours before bedtime

Medical Management

- **Alpha Blockers**

Medications designed to relax the urinary sphincter and increase the flow of urination.

Side effects: Lowered blood pressure with position changes (orthostatic hypotension), stuffy nose, headache, retrograde ejaculation (semen falls into the bladder during ejaculation).

- **5 Alpha-Reductase Inhibitor**

Medications designed to shrink the size of the prostate. These can take up to 6 months for maximum effect and may be prescribed in conjunction with an alpha blocker.

Side effects: Possible sexual dysfunction, loss of libido, breast enlargement/tenderness and lack of energy.

- **PDE5 Inhibitor**

When prescribed daily in low doses has been shown to increase smooth muscle relaxation and tissue perfusion of the prostate and bladder thus decreasing symptoms associated with BPH.

Side effects: Facial flushing, stuffy nose, sore throat or nausea.

Diagnostic Studies

UroCuff

A test designed to help your provider evaluate how your bladder contracting and bladder emptying abilities are functioning. The test usually takes about 10 minutes to complete. You will be asked to drink 24oz of water 30 minutes prior to arriving to the clinic. When you have an uncomfortably full bladder, you will be brought to a treatment room for the test. A small cuff, similar to a blood pressure cuff, will be placed around your penis. Small electrodes will be placed on your abdomen and next to your anus. While you void, the cuff will slowly inflate and deflate a series of times until you have completely emptied your bladder.

This exam may be completed more than once throughout your treatment in order to track the progress of your symptoms and recovery.

Appt. Date: _____

Appt. Time: _____

Patient Name: _____

Physician: _____



How to prepare for a successful UroCuff™ Test

- Drink 24oz of water 30 minutes before your appointment to ensure you arrive with a **comfortably full bladder**. If you arrive and are not quite full, please ask our receptionist for water to drink and have a seat in the waiting room.
- Notify the receptionist when your bladder is full and you feel like the **Orange** face to the right on the Bladder Urgency Scale.
- Thank you and please let us know if you have any questions.

Bladder Urgency Scale



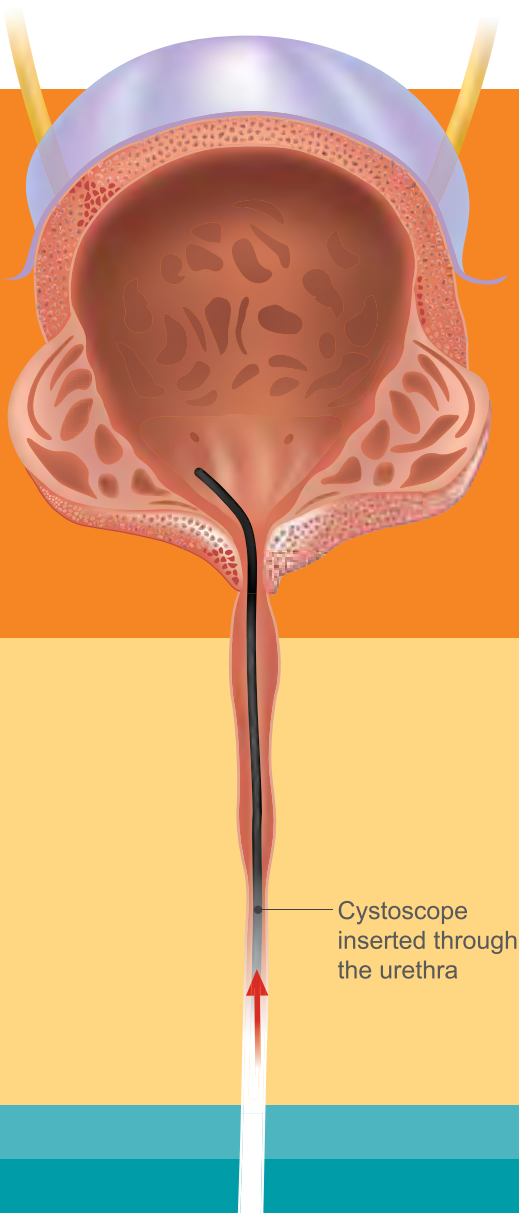
No Urge

Mild Urge To Go

Want To Go

Need To Go

Can't Wait



Urodynamic Study

A test designed to help your provider understand how well your bladder stores and empties urine along with functional capacity. During the test, a small catheter will be inserted into both the bladder and the rectum. The bladder will slowly be filled with water and you will be asked a series of questions about your sensation as this occurs. During the filling, you will also be asked to cough and bear down so leakage can be assessed. After your bladder has been filled, you will be asked to urinate.

Cystoscopy

A flexible tube inserted through the penis, past the prostate and into the bladder. This will give the provider valuable information regarding the urethra, any obstruction being caused by the prostate gland and the health of the bladder.

Minimally Invasive Treatment

UROLIFT®

BPH Relief. In Sight.™

OPEN UP TO A WHOLE NEW APPROACH TO BPH

UROLIFT is an approach to treating an enlarged prostate that does not require any cutting, heating or removal of prostate tissue. A specialized delivery device permanently places implants onto the side lobes of the prostate to lift the tissue away. This creates a larger opening in the urethra and an increased urinary flow.

UROLIFT

- Minimally invasive procedure
- Rapid symptom relief
- Minimal downtime
- urolift_points Preserves sexual function
- Does not preclude other treatment options

The UroLift Delivery Device is inserted transurethrally through a rigid sheath under cystoscopic visualization in order to reach the targeted area of obstruction.

Urolift Procedure The UroLift Implant is deployed through a needle that comes out of the delivery device to retract the obstructing lobes.

Each UroLift Delivery Device contains one UroLift Implant. Typically, 4-5 UroLift Implants are placed into the prostate.

Benefits

- Endoscopic results can be immediately confirmed post-procedure
- Patients may experience symptom relief as early as 2 weeks post-procedure
- There have been no reports of new onset of sexual dysfunction, retrograde ejaculation or permanent erectile dysfunction
- UroLift System treatment does not preclude the option for future UroLift, TURP, or laser procedures should one be indicated

Advanced Treatment Therapies

GreenLight Laser PVP

A therapy where a laser is used to heat and vaporize the blocking tissue of the prostate. This procedure is done under anesthesia and is an outpatient procedure done either in the office or at the hospital. A catheter may be required for a short period of recovery following the procedure.



Benefits

- Rapid urine flow improvement
- Quick return to normal activities
- Virtually bloodless procedure
- Less than 1% reported cases of erectile dysfunction
- Short to sometimes no catheterization (less than 24 hours in most cases)
- Outpatient procedure in otherwise healthy patients
- Long lasting symptom relief
- Over 375,000 procedures worldwide

Holmium Laser Enucleation (HoLep)

A therapy where a high energy laser is used to cut away obstructing prostate tissue. The procedure is done under anesthesia and does require a night's stay in the hospital.

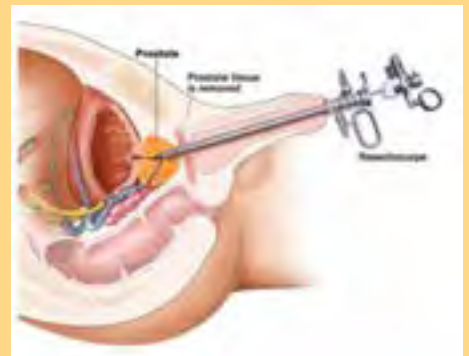


Benefits

- Ability to treat any size prostate gland with minimal bleeding
- A re-treatment rate of less than 2 percent
- Early, immediate relief of symptoms and fast return to normal activity. Patients usually go back to work within two to three days and can resume their physical exercise within two weeks.
- Next-day catheter removal in most of the cases with less than 24 hours hospital stay.
- Minimal pain, requiring only oral pain control
- Fewer potential complications. The holmium laser technology offers a low-depth of penetration of less than half of 1 mm, which causes less damage to the underlying healthy tissue and lowers the risk for excessive bleeding.

Transurethral Resection of the Prostate (TURP)

Surgical removal of obstructing prostate tissue. This procedure is done under anesthesia in the hospital and does require a night's stay in the hospital. A catheter is required for a short period of recovery following the procedure.



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