

UROLOGY

BENIGN PROSTATIC HYPERPLASIA

THE prostate is a chestnut-sized gland that is part of the male reproductive system. It is located in front of the rectum, below the bladder and surrounds the urethra.

Benign prostatic hyperplasia (BPH) consists of an enlargement of the prostate resulting in the compression of the urethra. This pathology of BPH increases with age and affects approximately 25% of men over the age of 40 and about 75% over the age of 65.

Since the urethra is surrounded by the prostate, an increase in the size of the prostate will cause compression and, consequently, bladder obstruction. If left untreated, it can cause irreversible alterations to the bladder as well as the kidneys and may even lead to kidney failure.

Symptoms of BPH are:

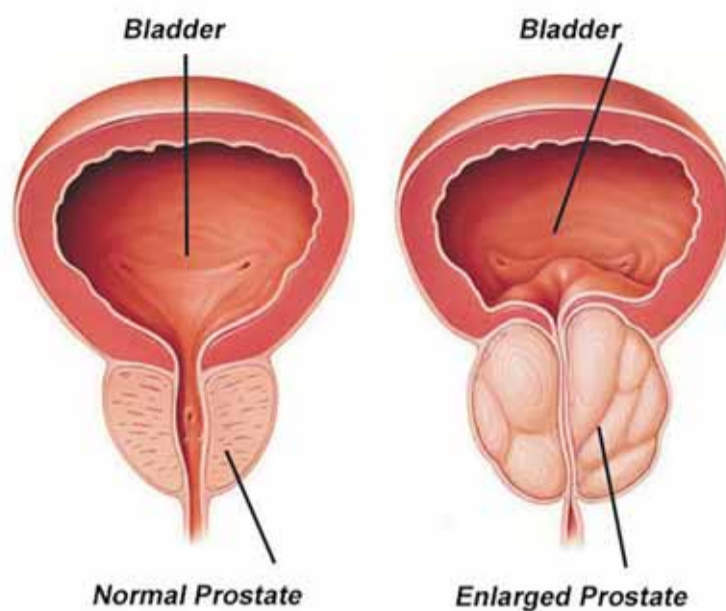
- An increased frequency of urination, both during the day and during the night
- A sudden and urgent need to urinate
- Incontinence
- Dribbling at the end of urination
- Difficulty starting to urinate
- Inability to completely empty the bladder.

These symptoms affect daily activity and sleep patterns, dramatically altering the quality of life of the patient.

However, there is no good correlation between symptoms and the size of the prostate. Some men with large prostates (over 100g) may have few symptoms that do not interfere with their quality of life and yet others with smaller prostates (30-40g) may have urinary obstruction causing severe urinary problems.

Therapeutic treatment includes several options

The object of the treatment is not to cure BPH but to reduce the symptoms and avoid complications caused by this disease. Treatment can be divided into three stages: surveillance, medication and surgery.



Surveillance is indicated if symptoms are mild and have no significant interference with the quality of life of the patient. When symptoms are more pronounced, therapeutic options and surgical treatment are needed.

Phytotherapy consists of plant extract therapy and can be useful in patients with mild or moderate symptoms, with the advantage that it has practically no significant side effects.

Medication includes several groups of drugs. There is a group of medications (α 1-adrenergic receptor blockers) that relaxes the prostate muscles, the bladder neck and the proximal urethra. These drugs rapidly reduce the symptoms.

5α -reductase inhibitors block the transformation of male hormones in the prostate, testosterone, into dihydrotestosterone, which partially decreases the volume of the prostate and subsequently urinary problems,

although it takes a few weeks to work and is only effective in very large prostates.

Tadalafil is a new drug for the treatment of erectile dysfunction. Recently, there is consensus on the use of this drug that is now a new trend. It has advantages for patients who have BPH symptoms associated with erection problems.

Surgery is another very effective treatment option and includes transurethral procedures and open or laparoscopic surgery. Usually, transurethral procedures are reserved for smaller prostates (up to 70/80g). These procedures can be performed either using a loop wire with electric current or using different types of lasers.

For larger prostates, the option is open prostatectomy. More recently, this procedure has been replaced by laparoscopy with equally good results.

The object of any one of

these surgeries is the same: the removal of the tissue that is causing the obstruction, responsible for the symptoms. The risk of urinary incontinence and erectile dysfunction is minimal.

Article submitted by HPA Health Group



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