

How Do I Prepare for PAE?

Patients must fast from midnight before the procedure. If taking blood thinners, they should inform their doctor beforehand. Specific instructions will be provided based on each patient's medical condition and needs.

How Do I Recover from PAE?

After the procedure, patients are observed for two hours to allow sedation to wear off. Most individuals can return home the same day. Driving should be avoided for 24 hours, and strenuous activities should be limited for two days. It is common to experience bladder irritation and increased urinary frequency for about a week following the procedure. Any pelvic discomfort can usually be managed with over-the-counter pain medications such as Panadol or Nurofen.

When Will I See Results from PAE?

Most patients notice an improvement in urinary symptoms within the first month after the procedure. As the prostate continues to shrink over the following months, further improvement may be observed.

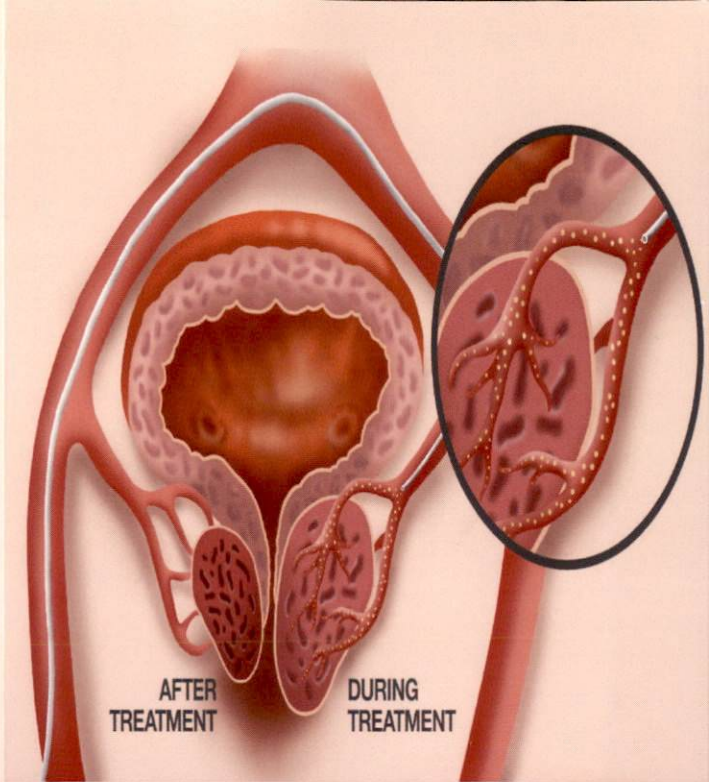
Are There Risks Associated with PAE?

Although PAE is a low-risk procedure, minor bruising or haematoma may occur at the puncture site but usually resolves without treatment. In some cases, acute urinary retention may occur, requiring temporary bladder catheterisation. Bladder or prostate infections may also develop, requiring antibiotic treatment. In rare instances, unintended injection of particles into other pelvic organs may occur.

Who Are Good Candidates for PAE?

PAE is an appropriate option for patients experiencing BPH symptoms who wish to avoid TURP surgery. It is particularly beneficial for those who want to preserve sexual function and continence, have very large prostates (greater than 80cc) that are unsuitable for TURP, suffer from recurrent bleeding from the prostate, or experience acute urinary retention requiring a catheter. Additionally, PAE is an ideal alternative for patients with other medical conditions that make traditional surgery high-risk, as well as those who need to remain on blood thinners. If you are interested in PAE, please book an appointment to discuss your options with one of our interventional radiologists.

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Prostate Artery Embolisation

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Patient information

What is Benign Prostatic Hyperplasia (BPH)?

Benign Prostatic Hyperplasia (BPH) is a non-cancerous enlargement of the prostate gland that can cause urinary symptoms such as a slow stream, straining to urinate, intermittent flow, hesitancy, dribbling, and a sensation of incomplete bladder emptying. Additional symptoms may include increased urinary frequency, urgency, and waking up at night to urinate (nocturia). BPH can significantly impact one's quality of life and may lead to complications such as infections, kidney damage, and bladder stones.

How is BPH Diagnosed?

The diagnosis of BPH is based on clinical history and physical examination. Additional tests that may be required include an ultrasound to assess the bladder and prostate, a PSA blood test to rule out prostate cancer, and a urine flow study to evaluate the strength of the urinary stream. In selected cases, an MRI may be performed to further assess the prostate for potential cancer.

How Can BPH Be Treated?

Medication is typically the first-line treatment and is usually trialed for six months. If the medication is ineffective or causes significant side effects, surgical options are considered. The standard surgical procedure for BPH is Transurethral Resection of the Prostate (TURP). Some less invasive alternatives, such as Rezum and Urolift, may also be available. Prostate Artery Embolisation (PAE) is a newer, minimally invasive procedure that effectively reduces prostate size without requiring surgery.

What is Prostate Artery Embolisation (PAE)?

PAE is a non-surgical procedure performed by an interventional radiologist as a day procedure under local anaesthesia. It works by reducing the prostate's blood supply, which leads to gradual shrinkage of the prostate and improvement in urinary symptoms.

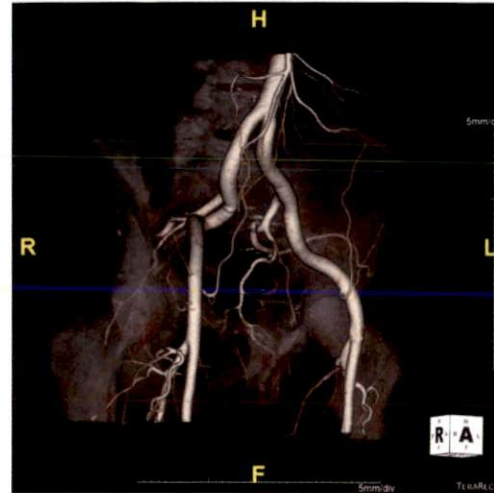


Image: CT angiogram - used for planning

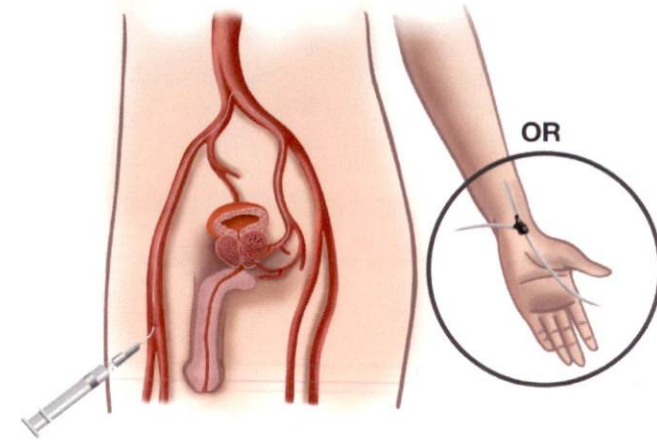
Why Would My Doctor Refer Me for PAE?

PAE is recommended as a minimally invasive alternative to surgery. It reduces the size of the prostate and improves urinary symptoms without requiring general anesthesia. The procedure does not necessitate the use of a bladder catheter during or after the treatment. Additionally, PAE does not cause retrograde ejaculation or incontinence. It has a low risk profile and allows for a quick recovery period.

What Are the Benefits of PAE?

Compared to medication, PAE is more effective at improving urinary flow and has fewer sexual side effects. Compared to TURP, PAE has a shorter recovery time, fewer complications, and no adverse effects on sexual function or continence. Patients often report high satisfaction due to its minimally invasive nature.

ACCESS TO THE PROSTATE



How is PAE Performed?

The procedure begins with numbing the skin, after which the radiologist inserts a small catheter into an artery in the thigh or wrist. Using X-ray guidance, the catheter is directed to the arteries supplying blood to the prostate. Tiny plastic beads are then injected to block the blood flow to the prostate. The procedure typically takes one to two hours. Light sedation is provided to ensure patient comfort throughout the process.



Image: Pelvic Angiogram - the prostate arteries are identified and selectively accessed