

Problems with the Prostate

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Topics

- ▶ BPH risk factors
- ▶ TURP or Laser
- ▶ PSA (good or bad)
- ▶ Prostate cancer and choice

BPH risk factors

- ▶ Age
- ▶ Symptoms (High IPS Score)
 - 0–7 mild
 - 8–19 mod
 - 20–35 severe
- ▶ Prostate size $>20\text{cc}$
- ▶ Post void residual $>200\text{--}300$
- ▶ Raised PSA >1.4
- ▶ Flow rates $<10\text{--}15$

- ▶ Bladder wall thickness $>2\text{mm}$

Indications for surgery

- ▶ AUR
- ▶ Chronic retention
- ▶ Recurrent UTIs/haematuria
- ▶ Bladder stones
- ▶ Renal failure, secondary to BPH
- ▶ Medical treatment failure

But what surgery?

- ▶ TURP is the gold standard
but 16% complicated by bleeding or
clot retention
- ▶ Green light
- ▶ Holmium holap/ holep
- ▶ Lasers cause less bleeding, no TURP
syndrome

PSA

- ▶ 25% of men with a raised PSA ($>4\text{ng/mL}$) will have prostate cancer
- ▶ Increases to 60% if PSA is $>10\text{ng/mL}$
- ▶ So.....
- ▶ PSA will allow you to place men in a high risk or low group for having prostate cancer

Age specific PSA

- ▶ 40–49 yrs 2.5 ng/mL
- ▶ 50–59 yrs 3.0
- ▶ 60–69 yrs 4.0
- ▶ 70–79 yrs 5.0

PSA

- ▶ Free:Total PSA ratio (<0.15)
- ▶ Pca3 mrna urine test,
Improves PSA sensitivity and helps to predict significant (>50) vs insignificant disease (<20)
- ▶ PSA density
($\text{PSA} \div \text{prostate volume}$, if <0.15 increased risk)
- ▶ PSA velocity
(if $>0.35-0.4\text{ng/ml/yr}$, increased risk)

Prostate cancer choices

- ▶ For localized disease
- ▶ Active surveillance vs
- ▶ Radical prostatectomy
(open, laparoscopic, robotic) vs
- ▶ Brachytherapy vs
- ▶ EB radiotherapy vs
- ▶ Hifu
- ▶ Patients don't like choice