

Prostate Artery Embolisation (PAE)

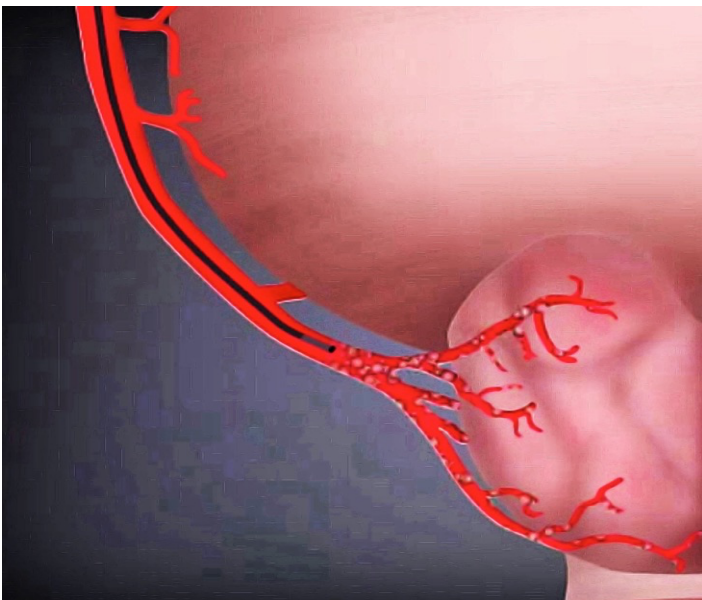
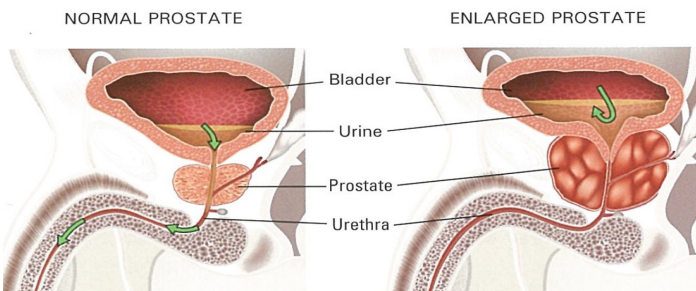
Prostate Artery Embolisation (PAE)

PAE is a modern, innovative and minimally invasive treatment for Benign Prostate Hypertrophy (BPH). BPH is a prevalent condition in males that results in Lower Urinary Tract Symptoms (LUTS).

BPH is present in 50% of males at 50yrs of age and increases to 90% of males at 90 years of age. The gradual increase in size of the prostate compresses the urethra (the outflow conduit of the bladder).

This compression results in a diminishing urine stream when voiding and men experience urgency, frequency and nocturia (LUTS).

As the BPH progresses, men become governed by their frequent need for bladder emptying and begin to plan their lives around this condition which is debilitating.



BPH Treatment.

Traditionally BPH is initially treated conservatively, then medications are used to improve symptoms. These medications can be very efficacious but do have side effects which render this treatment intolerable to some.

Many surgical options are available. These are effective but also have not uncommon side effects like retrograde ejaculation and incontinence which make these options unattractive to some. Recovery time is also longer. PAE offers a revolutionary treatment methodology performed by expert Interventional Radiologists.

The PAE procedure.

PAE is an embolisation procedure. It is a new application of a longstanding tried and tested technology. Embolisation is the deliberate occlusion of vessels in the body, in this case the arteries to the prostate. The equipment - catheters, guidewires and particles - are used routinely by credentialed Interventional Radiologists everyday.

The objective of PAE is to stem the blood flow to the prostate, targeting the enlarging tissue and rendering it ischaemic (reduced oxygenated blood). This induces shrinkage or atrophy of the prostate gland.

As the central gland shrinks the LUTS symptoms are reduced substantially in most men treated.

The entire procedure is usually performed as a day only treatment with patients requiring minimal sedation and effective local anaesthesia - essentially a painless procedure.

The PAE catheters are placed from the arm or groin and expertly guided to the embolisation position as predicted by the specialised CT and MRI scans performed at Spectrum in preparation for the PAE procedure. A few days rest and recovery after the procedure is usually all that is required.



ENDOVASCULAR

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PAE Workup & Treatment

Tel 08 9284 2900 Fax 08 9381 7346

For Additional Information please email : admin@virc.com.au

Prostate Artery Embolisation (PAE)

Possible Adverse Events

- Dysuria
- Urinary urgency or frequency
- Lower abdominal spasm
- Fever
- Blood in urine, stool or ejaculate
- Fatigue –Will persist 5-7 days after procedure
- Urinary Tract Infection (UTI) –Higher-risk patients include: those with indwelling catheters or self-catheterizing, have undergone recent instrumentation procedure, and have had prostatitis, urinary retention or previous UTI – Baseline urine culture a must
- Non-targeted embolization –Bladder, penile, or rectal
- Urethral obstruction after PAE caused by sloughing prostate tissue

MEDICATIONS TO COMBAT ADVERSE EVENTS:

- Phenazopyridine (Pyridium®) - 100-200mg/2-3 days. Relieves pain, burning and discomfort. Will cause urine to be dark or turn orange. Can cause dizziness, headache, indigestion, itchy stomach, cramps or pain.
- Solifenacin (Vesicare®) or Oxybutynin (Ditropan®) – 5mg/day. Can help reduce urinary urgency and bladder spasms. Can cause dry mouth and constipation. Not recommended for patients older than 85 years old, as it can cause confusion.
- Bisacodyl (Dulcolex®) – 20mg. Laxative to help prevent constipation.
- Uribel® – also for urinary burning and urgency. Can turn urine blue/bluish-green.
- Azo® – over the counter medication for urinary pain relief.
- URINARY RETENTION
- Need to catheterize patients who can't urinate after more than 4 hours after PAE – Leave indwelling catheter in place for 1 week and wait for inflammation to decrease •Predictors of Urinary Retention– Higher PVR and/or IPSS at baseline– Self-catheterization– Bigger prostate glands– Stopping Flomax® –Recommended to double dose first 3 days after procedure

Patient Declaration and Acknowledgment;

I have read all of the information about Prostate Artery Embolisation. I understand the information and have had the opportunity to ask any questions that I may have about the procedure, the reasons it is being performed and the associated risks. I understand that no guarantee has been made that the procedure will be technically successful or improve my condition.

Patient Signature: _____ Patient Name: _____

Witness Signature: _____ Witness Name: _____

Date: _____

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