

Prostate treatment lasts, preserves fertility

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Shrinking the prostate without surgery can provide long-term relief to men with this common condition that causes annoying symptoms, such as frequent trips to the bathroom, suggests a study of nearly 500 men. According to research being presented at the Society of Interventional Radiology's 39th Annual Scientific Meeting, 72 percent of men experienced symptom improvement three years after having a new, minimally invasive, image-guided treatment performed by interventional radiologists called prostate artery embolization (PAE).

"The results of [prostate](#) artery embolization (PAE) are similar to surgery but with fewer complications," said Martins Pisco, M.D., Ph.D., lead author of the study and director of radiology at Saint Louis Hospital, Lisbon, Portugal. "Patients are discharged three to six hours after the treatment with most of the individuals we've treated noting almost immediate symptom relief," he said, adding, "I believe PAE could eventually become standard treatment for [enlarged prostate](#)."

As a man ages, the [prostate gland](#) slowly grows bigger (or enlarges) and may press on the urethra and cause the flow of urine to be slower and less forceful. Enlarged prostates cause urinary frequency, urgency, passing urine more often (particularly at night), weakened stream and incomplete bladder emptying.

"Such symptoms can have significant negative impact in quality of life, leading many men to seek treatment," said Pisco, noting that this condition affects more than half of men by age 60. The standard treatment for [benign prostatic hyperplasia](#) or BPH, which is the medical

name for enlarged prostate, is surgery, which requires general anesthesia and can cause complications, such as urinary incontinence, sexual dysfunction, impotence and retrograde ejaculation, in which semen enters into the bladder. PAE, which can be performed under local anesthesia, involves temporarily blocking [blood flow](#) to the arteries that supply the prostate, a treatment called embolization, explained Pisco.

"Our study confirmed that PAE does not cause [sexual dysfunction](#) and preserves fertility," said Pisco, who indicated that this is the largest study of its kind. In fact, 148 (31.6 percent) of our treated patients reported improved sexual function, he noted. "We also found that the larger the prostate and the more severe the symptoms are, the better the results of PAE," said Pisco.

Success rates in 469 patients (ages 45–89) treated with PAE were as follows: 87.2 percent at three months, 80.2 percent at 18 months and 72.3 percent at three years. One patient suffered from lack of blood flow to the bladder wall that was corrected by surgery, and one patient had pain that lasted three months. In cases where the problem recurred, it often could be re-treated with PAE, Pisco said.

With PAE, an interventional radiologist makes a tiny incision in the groin and advances a small tube, called a catheter, to the prostate artery. Microscopic beads are released into the artery, where they lodge and temporarily block blood flow to the prostate, causing it to shrink. PAE currently is the focus of several U.S. trials.

"These results are very promising for American men," said SIR President-elect James B. Spies, M.D., MPH, FSIR. Spies, who is a principal investigator on one of the ongoing U.S. PAE trials, noted that this treatment is an advanced embolization procedure requiring rigorous training and a detailed knowledge of the prostate anatomy and surrounding vessels. "Interventional radiologists are leaders in bringing

forth new treatments such as these responsibly," said Spies, chair of the radiology department at Medstar Georgetown University Hospital and professor of radiology at Georgetown University Medical Center in Washington, D.C. He noted that additional study is needed to further establish the safety, efficacy and durability of this treatment before it will become broadly available in clinical practice.

More information: Abstract 108: "Prostate Arterial Embolization as an Alternative to Surgery for Patients With Benign Prostatic Hyperplasia Refractory to Medical Therapy: Results in 500 Cases," J.M. Pisco, M.D.; T. Bilhim, M.D.; L. Campos Pinheiro, M.D.; H. Rio Tinto, M.D.; L.C. Fernandes, M.D.; J. Pereira, M.D.; M. Duarte, M.D.; A. Oliveira, M.D., Ph.D.; Saint Louis Hospital, Lisbon, Portugal, SIR Annual Scientific Meeting, March 22-27. This abstract can be found at www.SIRmeeting.org

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