

Studying a new treatment for a common men's condition

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Left is Dr Martin Krauss, with glasses and headband. Right is Dr Frank Kueppers. They are pictured in an interventional radiology suite at Christchurch Hospital. Credit: University of Otago



A New Zealand-first research study happening in Canterbury could make treatment of a common male condition easier and less painful.

Up to half of 50-year-old men have an <u>enlarged prostate</u> (benign <u>prostate</u> hyperplasia or BPH), with rates rising to 75 per cent by age 80. The condition involves enlarged prostate tissue affecting the urinary tube, blocking the flow of urine.

When medications fail, the current 'gold-standard' <u>treatment</u> for BPH involves an operation under general anaesthetic and a 1 to 3 day <u>hospital</u> <u>stay</u>.

University of Otago, Christchurch, researcher and consultant radiologist Martin Krauss is studying the effectiveness of a new, less-invasive treatment for enlarged prostates called prostate artery embolisation (PAE). The procedure is relatively new to clinical use internationally, and can be done by an interventional radiologist during a day stay. Dr Krauss says with PAE, <u>patients</u> are given a local anaesthetic in the groin and a probe inserted into a small incision.

"We hope this interventional radiology procedure will make it easier, less invasive for patients, and save the hospital system money as people are not required to stay in hospital for several days."

Christchurch urologist Frank Kueppers is involved in the research project, which will compare the safety and effectiveness of both treatments.

He says the procedure should be beneficial for patients with a large prostate and patients needing treatment with blood thinners or conditions that would make a general anaesthesia difficult.

As part of the study, 60 Christchurch men will have either of the two



treatments, and be checked over five years. It will be the first time the PAE procedure is offered in New Zealand and will add to the international body of evidence.

Provided by University of Otago

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