

Treatment options

These will depend on what the doctor/urologist finds on diagnosis and can vary from a course of medication to surgery or a combination of both. Each case is different, so the best treatment needs to be selected on an individual case basis.

It is important to discuss in detail the treatment, any possible side effects and long-term outcomes and to understand which particular treatment has been chosen and what can be done to ensure it is successful.

Medical Treatment

A number of medicines are available to treat BPH. Some of the medicines can lower blood pressure but there are options for men with low blood pressure too.

Some of the medicines are not generally funded but could be funded with a special authority application.

Surgical Treatment

Surgery may be necessary for those who don't respond to medications or for those with severe symptoms.

A transurethral resection of the prostate (TURP) may be recommended. This is not regarded as major surgery and involves removing some of the prostate tissue to improve urine flow through the urethra.

There are also different options for laser prostatectomy which also improve urine flow. Newer minimally invasive options are also being developed but not all are available in New Zealand as yet.

Lifestyle Changes

Some changes in lifestyle may help improve some BPH symptoms, including:

- Reducing fluid intake, particularly before going to bed
- Limit tea coffee and alcohol
- Use a voiding plan
- Avoiding other medications that can affect BPH

BPH and prostate cancer

There is an important distinction:
BPH is NOT prostate cancer.
However, it is possible for a man to have both BPH and prostate cancer.

Prostate cancer typically has no symptoms in the early stages, but if symptoms do develop they are often similar to those of BPH, which is why it is important to have regular prostate checks.

If you are over 50 then consider an annual prostate check of part of your annual health WoF, that includes both a PSA blood test and a digital rectal examination (DRE).

The prostate cancer risk increases for anyone with a first-degree relative (such as a father or brother) who has had prostate cancer, and if there is a strong family history of breast cancer.

Prostate checks should start from 45 for anyone with a known family history, or 40 if known to have the BRCA gene mutation.

Prostate cancer is very treatable if diagnosed in the early stages when confined to the prostate gland. Men are encouraged to discuss having regular tests with their doctor.

Key Facts - prostate cancer in Aotearoa New Zealand

- Prostate cancer is the most commonly diagnosed cancer in men - more than 4000 every year
- Prostate cancer is the second highest cause of cancer death in men (after lung cancer) - over 700 every year
- Māori men are 50 per cent more likely to die of prostate cancer once they are diagnosed than non-Māori men

Contact Us



Information Service **0800 66 0800**
infoservice@prostate.org.nz

Office Phone **0800 477 678 or 09 415 2405**

Email **info@prostate.org.nz**

Websites **www.prostate.org.nz**
www.testicular.org.nz
www.fundraise4prostate.org.nz

Postal **P0 Box 301313, Albany, Auckland 0752**

Location **42 Tawa Drive, Building B**
Albany, Auckland 0632

Registered NZ Charity No CC30635

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Understanding BPH

(Benign Prostatic Hyperplasia)



Prostate Cancer Foundation NZ
Te Kāhui Mate Pukupuku Repe Tātea o Aotearoa Manatōpū

What is the Prostate Gland?

1 IN 8 MEN WILL GET PROSTATE CANCER IN THEIR LIFETIME

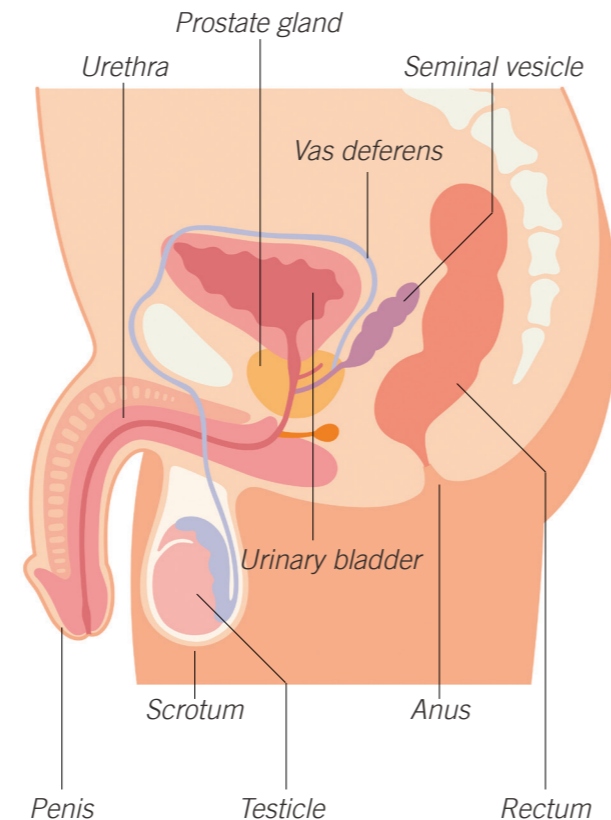
Anyone assigned male at birth will have a prostate, a small gland that sits below the bladder near the rectum. It surrounds the urethra, the passage in the penis through which urine and semen pass.

The prostate gland is part of the male reproductive system. It is made up of muscular and glandular tissues and its main function is to produce most of the fluid that makes up semen that enriches sperm. The prostate needs the male hormone testosterone to grow and develop.

The prostate is often described as being the size of a walnut in young men but is typically more like a plum by the time men are middle-aged.

From about the age of 40 a man's prostate begins to enlarge and create a condition called Benign Prostatic Hyperplasia (BPH). The likelihood of developing BPH increases with age and eventually 80% of men have enlarged prostates but many will never have symptoms.

Sometimes, however, this can cause problems, such as difficulty urinating but are not always symptoms or signs of cancer.



What is BPH?

Quite simply it is enlargement of the prostate gland but the reasons for it are not fully understood.

Typical symptoms of BPH are:

- A weak urinary stream
- Difficulty starting urination
- Frequent urination
- Difficulty postponing urination
- Waking frequently at night to urinate
- Stopping and starting while urinating
- Blood in urine
- Pain or burning on urination.

Taking action

Anyone experiencing any of these symptoms should consult their doctor. It helps to make a list of symptoms experienced, noting down the ones that are evident and also details such as the number of times for urination during the night.

BENIGN

PROSTATIC

HYPERPLASIA

NOT MALIGNANT OR CANCEROUS

TO DO WITH THE PROSTATE

ENLARGEMENT OR SWELLING

What will the doctor do?

To confirm a diagnosis of BPH a doctor will assess the symptoms and also conduct a digital rectal examination (DRE) to feel if the prostate is enlarged or has any other abnormality.

They will also order a PSA blood test which is a useful indicator about what might be happening with the prostate gland.

They may also make a referral for a consultation with a urologist, a specialist in diagnosing and treating prostate problems.

If a DRE indicates possible BPH several other tests may be carried out by a urologist, such as a urine flow test to determine if the kidneys and bladder are functioning properly.

