

**A NEW AND LESS INVASIVE
ALTERNATIVE FOR TREATING BPH**
**PROSTATE ARTERY
EMBOLIZATION:**

- » About 1/3 the cost of a TURP procedure³
- » High success rate (75-95%)
- » No hospitalization required
- » Few reported side effects
- » No anesthesia needed
- » Shorter recovery
- » Minimal pain

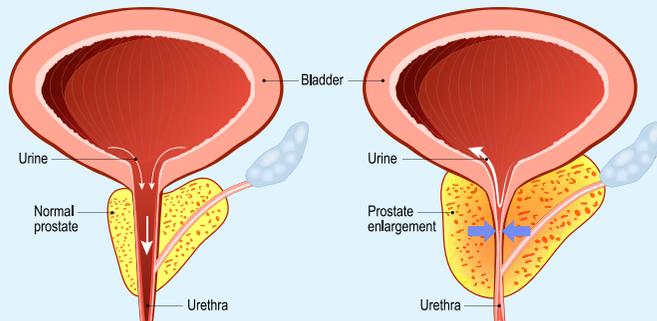


PROSTATE ARTERY
embolization

WHAT HAPPENS *as the prostate gland enlarges?*

The prostate is a gland that is normally the size of a walnut. With BPH, it can grow as large as a tennis ball. The enlarging prostate can put pressure on the urethra, which carries urine out of the body. This can restrict the flow of urine or, in extreme cases, cut it off completely.

BENIGN PROSTATIC HYPERPLASIA



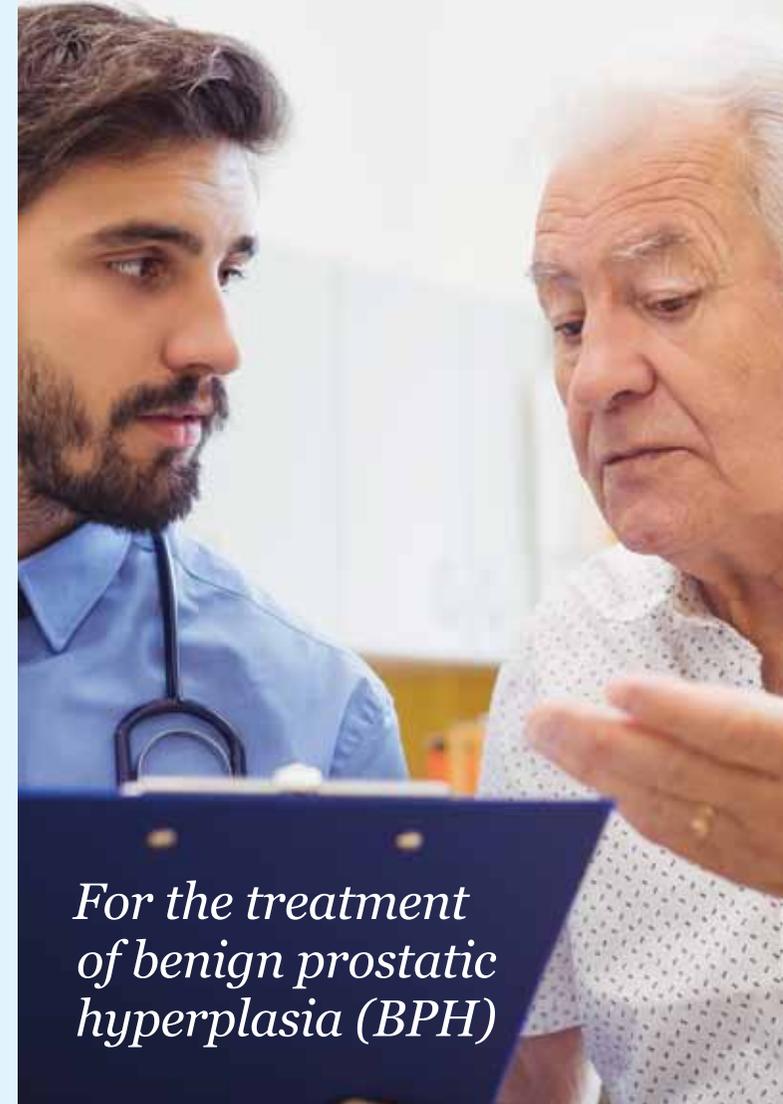
RMG *Minimally Invasive*

Thanks to advances in technology, the specially trained doctors at RMG are able to deliver more highly targeted therapies without open surgery and anesthesia...resulting in a faster recovery, fewer complications and an improved quality of life.

RMG is Santa Cruz County's leading team of radiologists for both diagnostic imaging and minimally invasive treatments for spine fractures, vascular disease, uterine fibroids, certain cancers and many other conditions or diseases. These are meant to give you and your doctor important, additional options to help restore you to optimal health.



RMG centers are accredited by the American College of Radiology.



For the treatment of benign prostatic hyperplasia (BPH)



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please call (831) 462-7716**



A NEW AND EFFECTIVE, MINIMALLY INVASIVE *treatment for BPH*

BENIGN PROSTATIC HYPERPLASIA (BPH)—also known as an enlarged prostate gland—is common as men age.

It is a non-cancerous condition that affects half of all men between 51 and 60 years of age and up to 90% of men older than 80.¹ An estimated 14 million men in the U.S. have symptoms of BPH, such as a frequent or urgent need to urinate and an increased need to urinate at night. BPH is also linked to erectile dysfunction and reduced sex drive.

The prostate gland is located right beneath your bladder. As it grows, it pushes against the urethra and can block urine flow. Most men with BPH are unhappy with the condition and do not wish to live the rest of their lives with its symptoms, which typically include:

- A frequent or urgent need to urinate (especially at night)
- A weak urine stream
- Difficulty beginning urination or dribbling at the end
- Inability to completely empty the bladder

Left untreated, BPH can lead to urinary tract infections (UTIs), bladder damage, bladder stones, kidney damage (or chronic renal failure) and urinary retention (the inability to urinate).

1. Barry M, Roehrborn C. Management of benign prostatic hyperplasia. *Annu Rev Med.* 1997;48:77-189 2. Rassweiler J1, Teber D, Kuntz R, Hofmann R. *Eur Urol.* 2006 Nov;50(5):969-79, discussion 980. Epub 2006 Jan 30 3. Cardiovasc Intervent Radiol. 2017 Nov;40(11):1694-1697. doi: 10.1007/s00270-017-1700-7. Epub 2017 May 30. Cost Analysis of Prostate Artery Embolization (PAE) and Transurethral Resection of the Prostate (TURP) in the Treatment of Benign Prostatic Hyperplasia. Bagla S1,2, Smirniotopoulos J3, Orlando J4, Piechowiak R4.

Left untreated, BPH CAN LEAD TO COMPLICATIONS including infection, renal failure and urinary, bladder or kidney stones¹



It affects **50% OF ALL MEN**
51-60 YEARS OLD



TREATMENT *Options*

Men with mild BPH symptoms can be effectively treated with lifestyle changes, supplements and/or medication. Your doctor may also ask you to avoid taking certain medications like decongestants or certain antihistamines that can affect your prostate.

Severe BPH symptoms can be treated with transurethral resection of the prostate (TURP), a surgical procedure that required anesthesia. Unfortunately, side effects are common with TURP procedures and include infection, sexual dysfunction and retrograde ejaculation.

Up to 14.5% of men who have the TURP procedure will REQUIRE FURTHER SURGERY WITHIN 5 YEARS²



A NEW PROCEDURE approved by the FDA in 2018, known as PROSTATE ARTERY EMBOLIZATION (PAE),

is a less invasive treatment option for men with severe BPH symptoms. This convenient outpatient procedure may alleviate BPH symptoms for most men without the need for surgery.

and **90% OF MEN**
OLDER THAN 80¹



THE PAE PROCEDURE

PAE is performed by an interventional radiologist who, using imaging guidance, inserts a tiny catheter into an artery in the patient's upper thigh or wrist, and then guides it through the body's blood vessels to the arteries supplying blood to the prostate. Tiny beads called 'microspheres' are released through the catheter and into the arteries, blocking blood flow to the prostate. With reduced blood flow, the prostate shrinks and symptoms are relieved.

Unlike TURP, PAE is an outpatient procedure that requires no anesthesia. It has a high success rate (75-95%), a faster recovery, fewer complications and a lower risk of sexual side effects.

Prostate artery embolization is recommended for patients who:

- » **Have an enlarged prostate (greater than 50 grams)**
- » **Have not been able to control their BPH symptoms with medication**
- » **Have refractory hematuria**
- » **Do not wish to have surgery**
- » **Have chronic kidney disease**
- » **Are on anticoagulation medications**
- » **Smoke cigarettes**



Complications of PAE

PAE should only be performed by a trained and experienced interventional radiologist. Complications with this procedure are rare, and can include infection at the catheter insertion site, nausea, vomiting, fever, pelvic pain, and frequent or painful urination.

Talk to your doctor about PAE

PAE is a new and less invasive option to treat BPH. If you have been diagnosed with BPH or enlarged prostate, talk with your doctor and share this brochure with them. If you have questions, call us! We are happy to help provide the information that you need to make an informed decision with your doctor.

