

## Enlarged prostate? Don't cut it out - just gently move it aside... Op for faulty waterworks that won't risk a man's virility

By OONA MASHTA

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**An enlarged prostate is a common problem as men age. A minimally invasive procedure, now available on the NHS, can help. Tony Quinn, 59, who runs his own leisure company in Newbury, Berkshire, underwent the treatment, as he tells OONA MASHTA.**

### THE PATIENT

My problems crept up on me slowly over the years. But from about the age of 57, I'd feel the urge to go to the loo, only to find when I got there that I had difficulty starting. Also, when I stopped I never felt my bladder was completely empty. I just put up with it until about a year ago, when I noticed blood in my urine. Frightened, I went straight for a check-up with my GP and was referred to a urologist.

Tests revealed I didn't have cancer, which was a relief. But I did have an enlarged prostate that was pressing on my urethra, restricting my flow. I was told the prostate was squeezing the urethra so tightly it caused spotty bleeding.

I was put on Tabphyn, a drug that relaxes the muscles around the bladder and prostate to help you urinate more easily. I also tried not to drink after 8pm. Even so, I still had to get up two or three times at night - less often than before, but not ideal.

I was worried it might get worse. Also, as a volunteer in the ambulance service I'd seen patients on 999 call-outs who were suffering full retention - when the bladder is full but you can't go to the loo. The pain is excruciating and they need a catheter.

My father also had an enlarged prostate. When he was 58 he had an operation called trans-urethral resection of the prostate (TURP), where they cut away a section of the gland.

But even after this he suffered full retention twice - he was told the prostate eventually starts pressing on the urethra again and only complete removal can prevent it.

Both TURP and full removal can result in nerve damage, leading to incontinence and impotence, so I was determined to avoid TURP if possible.

I read an article in the Mail about a new procedure called UroLift, which didn't involve cutting.



Tony Quinn suffered from an enlarged prostate which has been fixed with a new procedure



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Surgeons move the prostate so it isn't pressing against the urethra and use implants to keep it in place

Instead surgeons move the prostate so it isn't pressing against the urethra and use implants to keep it in place I wrote to the consultant, Neil Barber, who gave me tests to check that I was a suitable candidate. Thankfully my prostate had not expanded into my bladder, which would have ruled me out.

The procedure wasn't available on the NHS at the time, so I had it done privately.

I was sedated rather than under general anaesthetic, but didn't feel anything during the procedure. Later in the day when I went to the loo my urine flow was strong again. I felt a little discomfort in my groin but was given painkillers.

For the next two days I still didn't want to wander too far from the loo because as soon as I needed to go I couldn't hold on - the operation must have irritated my bladder.

But I was soon back at my desk and over the past few months my flow has improved even further. Now it's as if I'm 30 again. I can drink what I like in the evenings and don't need to worry about waking up in the night. It's brilliant.

## THE SURGEON

NEIL BARBER is a consultant urological surgeon at

Spire Clare Park Hospital and Frimley Park Hospital NHS Foundation Trust in Surrey.

He says:

Prostate enlargement, also known as benign prostatic hyperplasia, is a common condition which starts affecting men as they get older.

The prostate is a small, chestnut-shaped gland that produces some of the fluid in semen and is crucial to a man's sex life. It lies under the bladder and surrounds the urethra, the tube through which urine passes.

When the prostate becomes enlarged it can obstruct the flow of urine out of the bladder, leading to difficulty urinating, being unable to empty the bladder fully, increased need to urinate at night and concerns over control and incontinence.

The prostate is usually the size of a walnut but a prostate that needs surgery can be three times as big. Doctors may initially recommend lifestyle changes, such as avoiding drinks that irritate the bladder, for example alcohol and caffeine, and make you want to go to the loo more.

We can also prescribe alpha blockers which relax the muscle in the prostate and the neck of the bladder, making it easier to pass urine. But these can cause headaches, dizziness and dry ejaculations. Drug treatment - with finasteride or dutasteride - can shrink the prostate; other drugs may stop the bladder contracting, reducing the sense of urgency. Side-effects include loss of libido and impotence, and some are linked with dry mouth and constipation.

With TURP, surgeons operate through the urethra and trim away parts of the prostate, creating a wide channel through which urine passes more freely.

There is a risk of severe bleeding and a 5 per cent risk of nerve damage, so it can cause impotence and urinary incontinence. In 50 to 70 per cent of patients it can cause a loss of normal ejaculation and change in sensation of climax.

It is a very effective treatment but patients can take up to three months to recover.

Another option is a UroLift device, which was approved by the National Institute for Health and Care Excellence for use on the NHS in January. It involves moving part of the enlarged prostate aside.

First I slide a plastic sheath or tube, about 7mm in diameter, gently into the urethra into the area blocked by the enlarged prostate. This has a telescope so I can see the obstructing prostate tissue.

Then I insert another piece of equipment into the sheath to push the prostate out of the way. Using a 'trigger' on the handle, I then fire tiny implants to anchor the prostate gland in place.

How many implants are needed depends on the size of the prostate and the extent of the obstruction, but it's typically two to four. They remain in place permanently.

The operation takes about 20 minutes. Patients don't need a catheter afterwards and can go home a few hours later, after passing urine.

This treatment is probably not suitable for all men but it's an exciting new option for those who have severe bother from their waterworks.

The risks include blood in urine from irritation caused by the procedure and moderate discomfort for a week, as well as irritation to waterworks for three or four days.

The improvement in symptoms and flow rate is not quite as good as for conventional surgery but there is complete preservation of sexual function and a return to normal activities in just a few days.

### ANY DRAWBACKS?

'UroLift is an interesting new method of benign prostatic hyperplasia treatment,' says Bhaskar Somani, consultant urological surgeon and honorary senior lecturer at University Hospital Southampton NHS Trust. 'However, it requires careful patient selection, with initial results perhaps not as good as standard surgical treatments, lacking long-term data on sustained efficacy.'

The operation costs the NHS around £1,000, and £5,000 to have done privately.

Read more: <http://www.dailymail.co.uk/health/article-2639921/ME-AND-MY-OPERATION-Enlarged-prostate-Dont-cut-just-gently-aside-Op-faulty-waterworks-wont-risk-mans-virility.html#ixzz3EX7SDsq6>

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