

Making a decision about enlarged (big) prostate

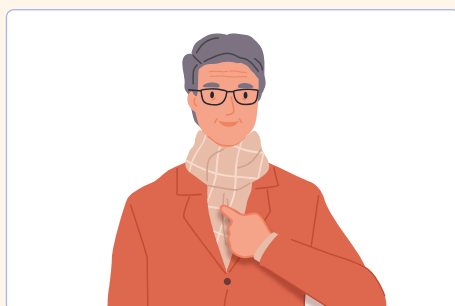
This leaflet is about **enlarged (big) prostate**.
 You do not have to read it all at the same time.
 You might need to ask your carer or doctor to help you understand parts of this leaflet.



It will help you decide about **treatment**.

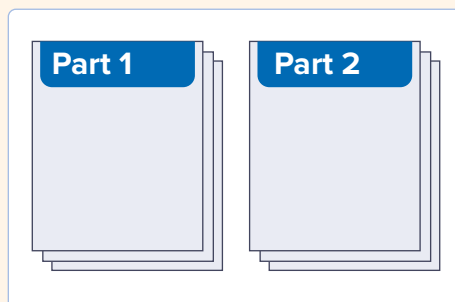


There are different things you can do if you have a big prostate.



You can make a decision yourself about treatment.

Or you can make a decision with your carer, doctor or nurse.



This leaflet is split into 2 parts:

Part 1 is if you go to see your doctor.

Part 2 is if you go to the hospital to see a specialist doctor.

Part 1

If you go to see your doctor

Contents – Part 1



About your prostate

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Preparing for your doctor's appointment

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Treatments

No treatment at all

Page **4**

There are things you can try yourself

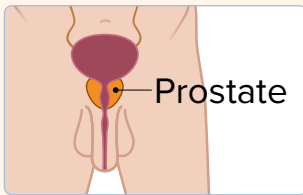
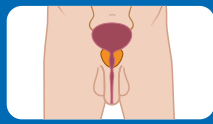
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There are things you can try not to do

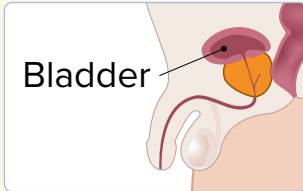
Page **6**

Medicines

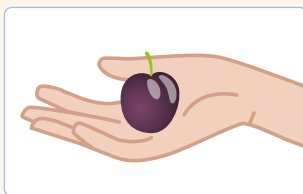
Pages **7 – 9**



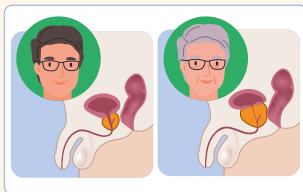
Your **prostate** is part of your body. It is inside your body. You cannot feel it.



It sits under the **bladder** (where you store pee). It goes around the tube that carries pee and semen out through the penis.

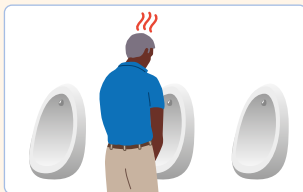


It is usually about the size of a plum or a walnut.

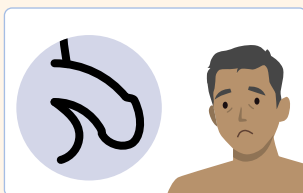


As you get older, it can get bigger.

If it gets bigger it can press on your bladder, or squeeze the tube that carries pee out through your penis.

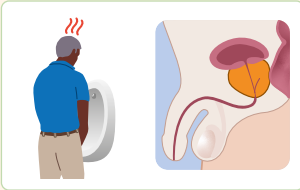


You might have trouble peeing.



You might have trouble with erections during sex.

A big prostate is **not** the same as prostate cancer. If you have a big prostate you are **not** more likely to have prostate cancer.



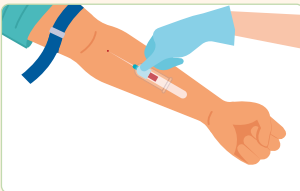
If you are having problems peeing, it might be because you have a big prostate.



Your doctor can do some tests to find out.

You can say no to any test.

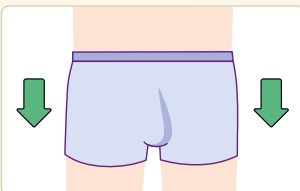
Sometimes your doctor will ask if they can take some blood from your arm and test it.



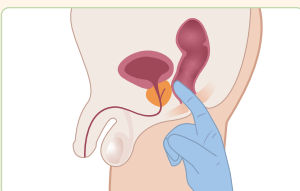
This is called a PSA test. PSA stands for prostate specific antigen.

You have more PSA in your blood if your prostate is big.

Sometimes your doctor will ask if they can examine you.



This is an personal examination. They will ask you to remove your underwear.



Your doctor will put gloves on and put their finger up your bottom.

They can feel the size of your prostate.

Sometimes your doctor will ask you to pee into a bottle.

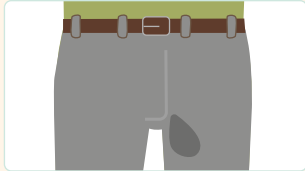


They will test your pee to see if your problems are due to something else.



Your doctor will ask about your **symptoms**.
Symptoms are problems that you are having.

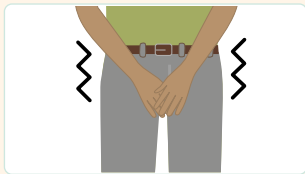
Tick 'yes' or 'no' next to each problem. Share this page with your doctor.



Sometimes pee leaks without my control

Yes

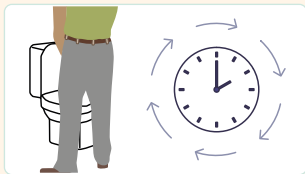
No



I suddenly feel like I need to pee and cannot hold on

Yes

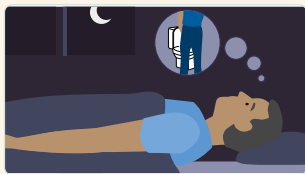
No



I need to pee more often than I used to

Yes

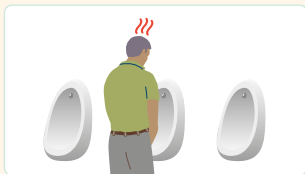
No



I have to get up at night to pee

Yes

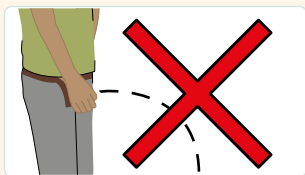
No



I have difficulty starting to pee and need to force it out

Yes

No

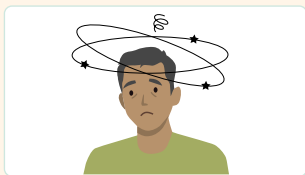


When I pee

- it stops and starts
- it doesn't come out strongly
- the flow spits and sprays

Yes

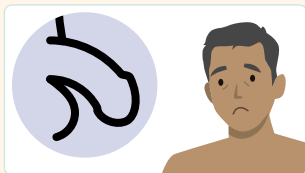
No



I feel like I need to pee again as soon as I stop, or my bladder still feels full

Yes

No



I have problems getting an erection

Yes

No





Treatments are **things you can do yourself**, or **medicines** you can take, to help with your symptoms.

Symptoms are problems you are having such as needing to pee more often or having problems with erections.

No treatment at all

Always coloured blue in this leaflet



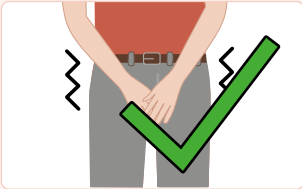
A big prostate does not always need treatment and you can say no to any treatment if you want.

- Your prostate might not be causing you problems right now
- Your prostate might continue to get bigger and you might decide to have treatment in the future



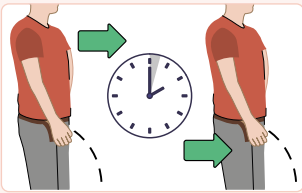
Things you can try yourself

Always coloured red in this leaflet



Try to hold on when you need to pee.

This can train your bladder to be stronger. You will need to do this for several weeks.

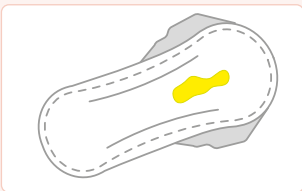


When you finish peeing, wait a few moments and then try to pee again.

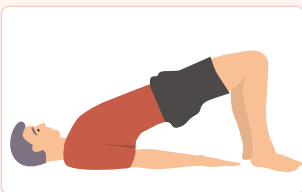


When you finish peeing, squeeze out the last drops with your fingers.

Put your fingers behind your scrotum (balls) and massage up and forwards to get the last drops out.



Use special pads in your underwear to absorb leaks.



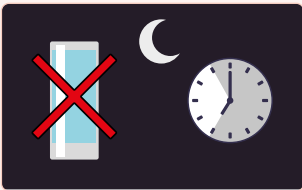
Try pelvic floor exercises. There is a website on page 25. Your doctor or carer can explain how to do these.



Try **not** to



Try not to drink too much alcohol or drinks with artificial sweeteners in them.



Try not to drink too much in the evening before you go to bed.



Try not to drink tea, coffee or cola drinks at all.



Try not to drink too much fruit juice.



There are some medicines that you should avoid if you have problems because of a big prostate.

One medicine is called **antihistamine**. You might take this if you have an allergy like hay fever.

Another medicine is called a **decongestant**. You might take this if you have a cold and a stuffy nose.

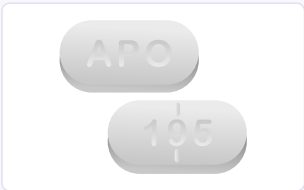
Ask your pharmacist or carer if you are not sure.



Your doctor can offer you **two different medicines that might help your symptoms (problems).**

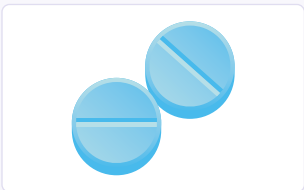
Always coloured purple in this leaflet

You can say yes or no to any treatment or medicine. It is always your choice.



One kind of medicine is called an alpha-blocker

- This medicine can relax the prostate and help with problems
- It can work within 2 – 3 days



One kind of medicine is called a 5-ARI

- This medicine can shrink the prostate and help with problems
- It can take 6 months to work



Your doctor can offer other medicines if you have other problems such as problems with erections.



This page can help you decide which medicine to take. Ask your carer or doctor to help you with this page.



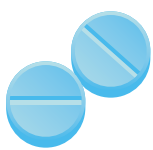
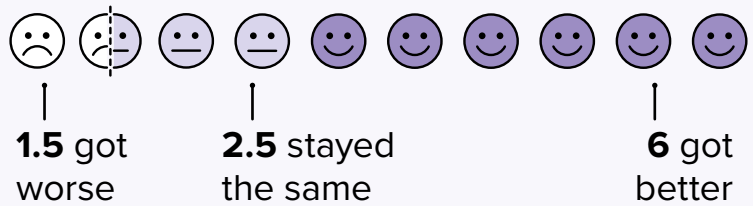
No treatment at all

If you do not have any treatment your problems are unlikely to get better.

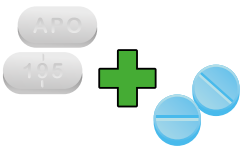
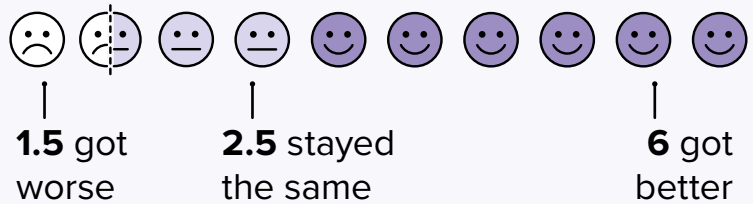
If people take these medicines for 4 years, are their problems **worse**, **the same** or **better**?



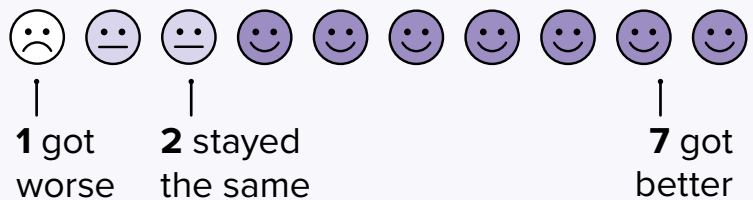
Medicines called alpha-blockers



Medicines called 5-ARIs



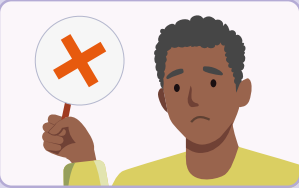
If you take alpha-blockers and 5-ARIs together



A medicine may work for some people but not for other people.



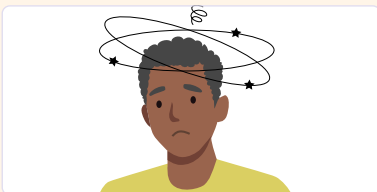
This page can help decide which medicine to take.



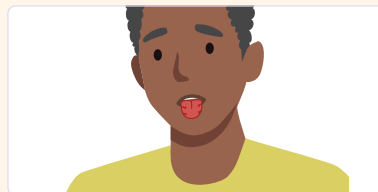
Medicines for a big prostate may cause side effects.

- **Side effects** are things that you didn't want to happen when you take a medicine
- Not everyone will have side effects
- Different medicines have different side effects

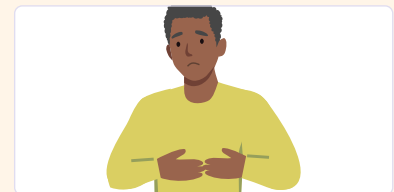
If you take medicines for a big prostate, you might have these side effects. Each of these might happen to 4 in every 100 people.



You feel dizzy



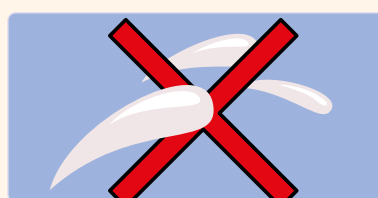
You have a dry mouth or stuffy nose



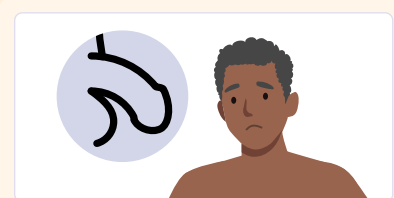
You get 'man boobs' (you get breasts)



You don't feel like having sex anymore



You have problems ejaculating



You can't get an erection

Part 2

If you go to the hospital to see a specialist doctor

You only need to read this part if your doctor has referred you to see a special doctor at the hospital.



At the hospital

Tests and examinations

Page **12**

Treatments

Page **13**



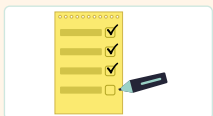
Operations you can choose

Pages **14 – 15**



Deciding about an operation

Pages **16 – 22**



Preparing for your appointment at the hospital

Page **23**



Word list, more information
and support links

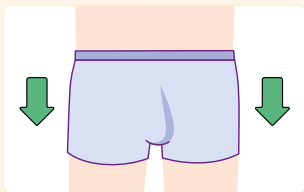
Pages **24 – 25**



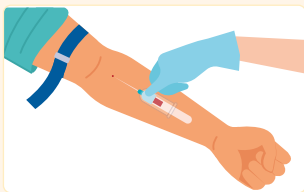
If medicines did not work for you, you might go to the hospital to see a **doctor at the hospital who knows more about prostate problems.**

They might **do some tests. Tests help your doctor understand how to help you.**

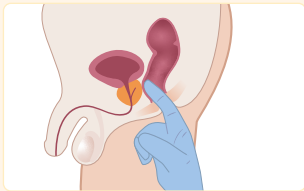
Remember you can say no to any test or examination. It is your choice.



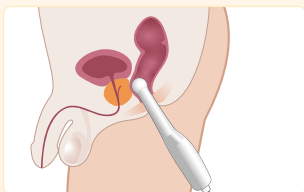
Some of these examinations are intimate. You will need to remove your underwear. You can have a friend or carer with you if you want.



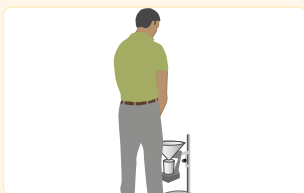
They might take some blood from your arm.



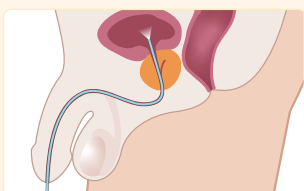
They might ask if they can put a finger up your bottom to feel your prostate.



They might ask to put a **probe** like the one in this picture, up your bottom.
A probe is an electronic device about the same size as a finger.
It can measure how big your prostate is.



They might ask you to pee into a machine.
They will give you something to drink beforehand.
This is called a flow test.



They might ask if they can put a very thin tube up your penis with a tiny camera on the end. This is so they can look inside your bladder. Tell your doctor or nurse if it hurts you.

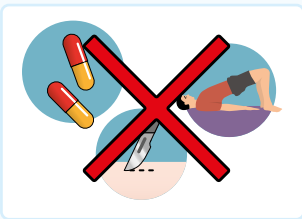


Your hospital doctor might offer **medicines** or an **operation** to help with your **problems**.

You can say no to any treatment if you want.

No treatment at all

Always coloured blue in this leaflet

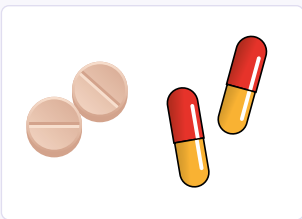


You can say no to any treatment if you want.

Your prostate might continue to get bigger and you might decide to have treatment in the future.

Medicines

Always coloured purple in this leaflet

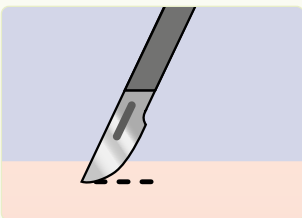


Your hospital doctor can offer you **medicines** to help with your problems.

You can read about medicines on pages 7, 8 and 9.

An operation

Always coloured green in this leaflet



Your hospital doctor can do an **operation** to help with your problems.

There are different operations they can do.

Your doctor will help you decide which operation to choose. They will ask you some questions and explain about the different operations.



It is your choice. You can decide if you want an operation or not.

There are 8 different operations they can do.
On this page we show you 4 operations. These are called:

TURP



HoLEP



Greenlight



Aquablation

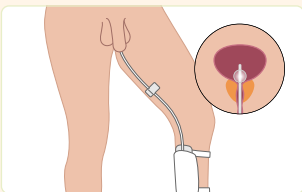


Your hospital doctor will tick if the operation is suitable for you.

If you choose one of the operations on this page:



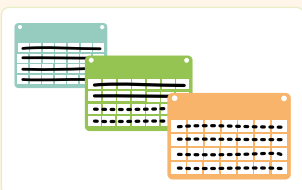
You will be **asleep** during the operation.



You will need a **catheter**. A catheter is a thin tube that is put into your penis by your doctor or nurse.

It helps you pee.

You will have a catheter for 1 – 3 days after the operation.



It will take **6 – 12 weeks** to recover from the operation.



It is your choice. You can decide if you want an operation or not.

There are 8 different operations they can do.
On this page we show you 4 operations. These are called:

Rezūm



PAE



Urolift



iTind

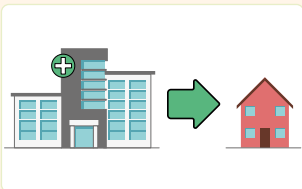


Your hospital doctor will tick if the operation is suitable for you.

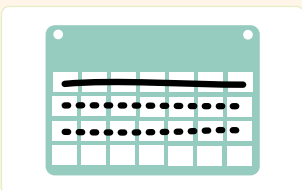
If you choose one of the operations on this page you:



You will **not usually be asleep** during the operation but you **will not feel pain**.



You can usually **go home on the same day** as the operation.



It will take **1 – 3 weeks** to recover from the operation.



This section, pages 16 – 22, help you decide about which operation to choose. Read these pages with your hospital doctor or your carer.



On pages 17, 18 and 19 you can see how well each operation works.

Problems like needing to pee more often can get better.

If problems get better you will see a man with a tick.

Sometimes an operation will work well for one person but not another.



On pages 20, 21 and 22 you can see if the operations have complications.

Complications are things that can go wrong, or you didn't want to happen during or just after an operation.

Complications do not happen to everyone. You can see if they are very likely to happen or not.

If you might have a complication, you will see a man with a cross.

It is **your** choice. You can decide if you want an operation or not. You can change your mind later if you want.

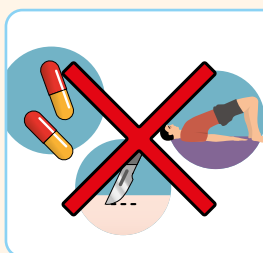


Read this page with your hospital doctor or your carer.

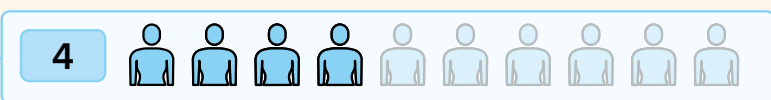


This page shows how well the operations work.

How many people's problems got better?



If people did not have any treatment at all



4 people's problems got better

6 people's problems did not get better



TURP

Greenlight



Rezum

PAE

UROLIFT

iTind

If people had these operations



8 people's problems got better

2 people's problems did not get better



HoLEP

Aquablation

If people had these operations



9 people's problems got better

1 person's problems did not get better

For your carer or hospital doctor to write down.

Which operation(s) do you prefer on this page?



Read this page with your hospital doctor or your carer.



This page shows how well the operations work.

How many need another operation after 5 years?

iTind

iTind is a newer operation. We do not yet know if people need another operation for iTind.



HoLEP

Aquablation

0.5



0.5 need another operation

9.5 do not need another operation



TURP

Greenlight

1



1 need another operation

9 do not need another operation



Rezum

UROLIFT

2



2 need another operation

8 do not need another operation



PAE

For your carer or hospital doctor to write down.

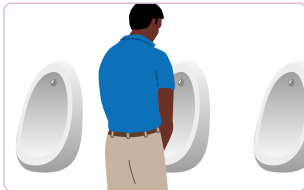
Which operation(s) do you prefer on this page?



Read this page with your hospital doctor or your carer.



This page shows how well the operations work.



Does your pee comes out stronger after the operation?



iTind
PAE
UROLIFT



Rezum



Aquablation



Greenlight
TURP
HoLEP

No change



Pee does not come out strongly

Most change

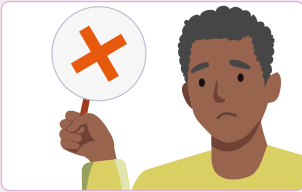


Pee comes out stronger

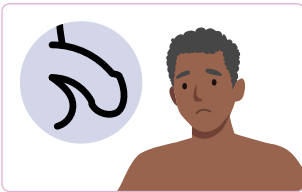
For your carer or hospital doctor to write down.
Which operation(s) do you prefer on this page?



Read this page with your hospital doctor or your carer.



This page shows complications.



How many have **problems with erections** because of the operation?



TURP

HoLEP

0.5



0.5 have problems with erections

9.5 do not have problems with erections



Aquablation

Greenlight

Do not usually have problems with erections because of the operation



Rezum

PAE

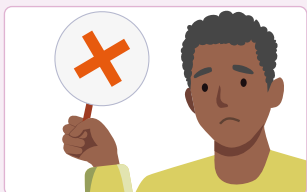
UROLIFT

iTind

For your carer or hospital doctor to write down.
Which operation(s) do you prefer on this page?



Read this page with your hospital doctor or your carer.



This page shows complications.



How many have **problems ejaculating** because of the operation?



HoLEP

8



8 have problems

2 do not



TURP

6.5



6.5 have problems

3.5 do not



Greenlight

5



5 have problems

5 do not



PAE

2.5



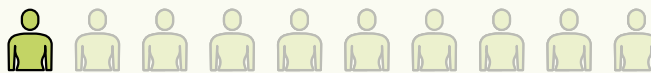
2.5 have problems

7.5 do not



Aquablation

1



1 has problems

9 do not



Rezum

iTind

UROLIFT

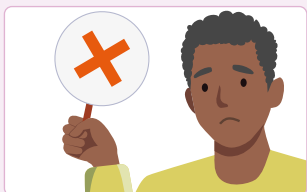
Do **not usually have problems** ejaculating because of the operation

For your carer or hospital doctor to write down.

Which operation(s) do you prefer on this page?

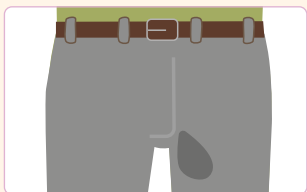


Read this page with your hospital doctor or your carer.



This page shows complications.

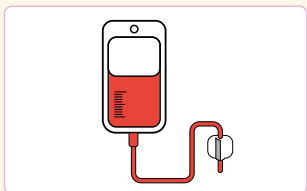
Other complications that can happen if you have an operation.



About 1 in every 100 have **permanent incontinence**.

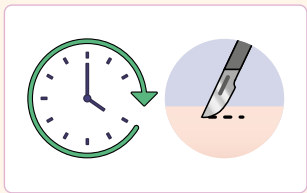
This means you might wet yourself.

This is more likely if you choose TURP, HoLEP, Greenlight or Aquablation.



Less than 1 in every 100 **need a blood transfusion**.

This is where you are given blood when you are in hospital.



Around 3 in 100 who have **TURP, HoLEP, Greenlight** or **Aquablation** need another operation because of scarring from this operation.



Your hospital doctor might ask about these things.
 Think about whether they are important to you.
 Tick the box that relates to you and then show it to your doctor.

	+		Am I okay with this?	
I will get better from the operation in 1 – 3 weeks		I will need another operation in the future	Ok <input type="checkbox"/>	Not ok <input type="checkbox"/>
	+		Am I okay with this?	
I will get better from the operation in 6 – 8 weeks		I will not need another operation in the future	Ok <input type="checkbox"/>	Not ok <input type="checkbox"/>

	I want to be able to have an erection	Is this important to me?	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
	I want to be able to ejaculate	Is this important to me?	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>



Antihistamine

is a medicine you can take if you have an allergic reaction or for allergies like hay fever.

Bladder

is part of the body where you store pee (urine).

Blood transfusion

is when your doctor gives you some blood during an operation.

Catheter

is a very thin tube. It can be put in your penis to help you pee.

Complications

are things that you do not want to happen if you have an operation or take a medicine.
One example is feeling sick after taking a medicine.

Decongestant

is a medicine you can take if you have a stuffy nose from a cold.

Ejaculate

is when your semen comes out of your penis when you have sex.

Incontinence

is when you can't control when you pee and you might wet yourself.

Prostate

is part of the body. It makes a white fluid that mixes with sperm to make semen.

PSA

stands for prostate specific antigen. It is the name of a blood test that your doctor can do.
It can tell them about the size of your prostate.

Symptoms

are problems that can happen if you have a condition like a big prostate. They are things like not being able to pee like normal.

Treatment

are things that you can do or your doctor can give you, to help with symptoms.



More Information about prostate

Pelvic floor exercises

www.nhs.uk/common-health-questions/lifestyle/what-are-pelvic-floor-exercises/

NHS page about big prostate

www.nhs.uk/conditions/prostate-enlargement

Prostate Matters provides information for patients and clinicians about the prostate

<https://prostatematters.co.uk/benign-prostatic-hyperplasia-bph>

BAUS is the website of the British Association of Urological Surgeons and has pages for patients

www.baus.org.uk/

NHS information about PSA

www.nhs.uk/conditions/prostate-cancer/should-i-have-psa-test/

Contact details of my doctor, nurse or specialist

.....

.....

What will happen next?

.....

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Produced by the Winton Centre for Risk and Evidence Communication and NHS England

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Funding NHS England

This EasyRead decision aid was created with input from easy readers and clinicians

For declarations of conflicts of interest, to see other decision support tools, or to find out more about how this one was created and where we got our numbers from, go to:

www.england.nhs.uk/personalisedcare/shared-decision-making/decision-support-tools/