

Hope for prostate treatment on NHS



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CONSULTANT UROLOGIST NIKESH THIRUCHELVAM, ABOVE



A CAMBRIDGE surgeon hopes a treatment which significantly improves the lives of patients with an enlarged prostate will become available to NHS patients in the next few years.

Having an enlarged prostate is a common condition among older men – it can affect men from their mid-40s but the majority are between 55-75. It places pressure on the bladder and urethra and can affect how you pass urine.

Symptoms include urgently needing to go to the toilet frequently, taking a long time to urinate or straining to do so.

Traditionally, patients would first receive medication then surgery if that did not work to unblock the bladder by cutting away the prostate gland, a common procedure in the UK.

But consultant urologist Nikesh Thiruchelvam, who works at Spire Cambridge Lea Hospital, said both

FREYA LENG

treatments can have side effects.

"There are many types of medication; alpha blockers which relaxes the water pipes and the prostate muscles allows you to pee better, but you have a chance of a dry orgasm which annoys men and can lower blood pressure and makes you feel tired," he said.

"Another drug, 5Alpha Reductase, works by shrinking the prostate gland but they are hormonal so they cause side effects of a lower libido.

"With surgery there is a very high change of permanent dry orgasm and a small chance of incontinence and impotence."

But he said patients receiving the UroLift implants – which look like treasury tags – have a dramatically improved quality of life and he hopes patients on the NHS can take advantage of it in the next few years.

And the treatment was last year given approval by the National Institute for Health and Care Excellence (NICE).

"It's had a large amount of research behind it," said Mr Thiruchelvam. "The implants lock into the prostate and pull open the prostate. The area gets bigger and unblocks the bladder. It's a much smaller device rather than taking the drugs or cutting away the prostate.

"The beauty of it is it's a relatively quick procedure. If you really wanted to you could do it with a local anaesthetic. The advantage is it's relatively simple to deliver. The other procedures, you generally stay a night or two in hospital but with this you go in and go out the same day.

"Normally after you don't need to have a catheter afterwards but with the other procedure you need to for a few days. With some surgery you may get some discomfort in the perineum area behind the scrotum and may get a burning when you pee, but the vast

majority of patients are back to their normal activities within five days.

"There's no reported increase of dry orgasms, impotence or incontinence."

Mr Thiruchelvam added this treatment vastly improved the quality of life for patients.

"For patients generally they are delighted by the fact they get a rapid improvement in the symptoms with little in the way of side-effects," he said. "They are back to normal much quicker. It's a good treatment. Unfortunately it's a bit expensive for the NHS at the moment.

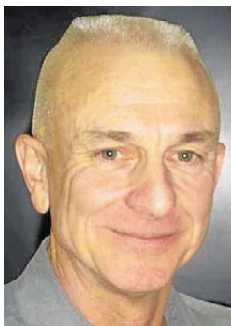
"But hopefully in the next few years especially now it has NICE approval."

'Life is no longer dominated by finding a toilet'

CHRIS Bell, of Wyton on the Hill, near Huntingdon, said having the UroLift System fitted last September has improved his life – and removed the fear he had of becoming incontinent and or impotent, which is a risk with other available treatments.

The 66-year-old, a recently retired project manager with the Ministry of Defence, began to suffer from the symptoms of an enlarged prostate also known as benign prostatic hyperplasia (BPH) some years ago and thoroughly researched the available treatments, including drug therapy, herbal remedies and surgical procedures.

"The BPH made my life intolerable," he said. "I had all the classic symptoms of BPH; frequent visits to the loo, (sometimes every 20 minutes or so), poor flow rate, very low volume of urine, hesitancy in getting started, and very severe urgency. I actually



monitored and recorded my fluid intake, and frequency and volume of urine over several days.

"Urgency was also terrible – when I had the urge to urinate I had to go straight away or risk losing control.

"My BPH symptoms were one of the factors in my decision to take an offer of early retirement earlier than I had planned. My work life had become very difficult.

"I was tired too because of broken sleep. I tried to manage the problem myself by not drinking anything in the evening at all after a cup of tea at dinner at about 6.30pm – but at night, I still had to get up once or twice.

"If I did drink socially, I could be up four to five times a night. Earlier last year I felt I just couldn't carry on."

Chris said that surgery seemed his only option, but being a fit and very active man in a relationship, the chance of incontinence or impotence was just too high a risk for him to take.

"Initially I had some blood in my urine but this cleared within a few days," he said.

"I had been advised to drink lots of water, which I did, and this helped flush out my bladder and urethra.

"Even after a few days I felt really well but unfortunately I developed

a urinary tract infection after a few days, but I understand that this is common following any kind of surgery on this part of the anatomy and it was cleared up very quickly with a course of antibiotics and some painkillers from my GP.

"UroLift has made a remarkable difference to my life. My life is no longer dominated by being concerned about where the nearest toilet is and becoming stressed when I am unable to find a toilet.

"I have absolutely no hesitation in recommending the UroLift procedure to every man who is suffering with the symptoms of BPH.

"Fortunately, I had the resources to pay for the UroLift procedure privately.

"Many men will not be able to do this and I feel very strongly that the UroLift procedure should be available to all men on the NHS irrespective of the resources at their disposal."

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