Q&A: Prostate Health

DR. EHUD ZUSMAN AND DR. JAMES BRESEE, UROLOGY

Q: WHAT IS BPH?
A: Benign prostatic hyperplasia, or BPH, is an enlargement of the prostate gland. This happens normally as men get older.

Q: HOW DOES BPH AFFECT URINATION?
A: The prostate gland surrounds the urethra — the tube that your urine passes through. Enlargement of the prostate can obstruct or irritate normal urination. Symptoms of obstruction include a slower urinary stream, taking longer to start flowing, and dribbling at the end of urination. Symptoms of bladder irritation can include frequent urination, more urgent need to urinate, and difficulty holding urine, sometimes resulting in leakage.

Q: I THINK I HAVE BPH. WHAT SHOULD I DO?
A: See your primary care doctor or a urologist for a thorough examination and an accurate diagnosis. The same symptoms can occur in men who have prostate cancer. Symptoms of bladder irritation can indicate an infection or bladder cancer.

Q: HOW CAN I RELIEVE THE SYMPTOMS OF BPH?
A: Avoid caffeine and acidic drinks, which irritate the bladder. If your symptoms still bother you, there are several medical or minimally invasive surgical options that can help.

Q: HOW CAN I WATCH OUT FOR PROSTATE CANCER?
A: The American Urological Association (AUA) recommends screening with a digital rectal exam and a PSA blood test every other year from age 55 to 69. Men with certain risk factors should start screening sooner.

Q: WHAT ARE THE RISK FACTORS?
A: If you have a parent or sibling with prostate cancer, or you are African American, you are at higher risk and should start screening at age 40.

Q: ISN’T THERE CONTROVERSY OVER PSA TESTING?
A: The AUA recommendations were made after a thorough investigation of the value of PSA testing. When performed regularly, PSA testing can lead to earlier cancer detection and more successful treatment. Since PSA screening was introduced, the risk of death from prostate cancer has been reduced by 40 percent.

Q: HOW IS PROSTATE CANCER TREATED?
A: With smaller, slower-growing cancers, “active surveillance” has become an important tool. We can monitor the cancer with regular prostate exams, PSA tests and biopsies. If the cancer becomes more dangerous, then we can move from observation to action. Many treatment options exist for more aggressive prostate cancer: Surgical removal of the prostate and radiation are the most common. Hormones, chemotherapy and other treatments are available for advanced cancers that have spread.

Questions? Concerns? Always talk with your doctor.

EHUD ZUSMAN, M.D., AND JAMES BRESEE, M.D., ARE UROLOGISTS AT THE PORTLAND CLINIC – TIGARD, DOWNTOWN AND EAST