PROSTATE SERVICES LOCALLY

LTHT have a number of dedicated prostate services, including:

Fast-track clinics for men suspected to have prostate cancer

- these offer same-day MRI and result within 24 hours
- selective prostate biopsy dependent on risk-factors and MRI result
- there is a GP education opportunity here

Specialist prostate cancer clinics

- diagnosis and treatment counselling services (these are multi-specialist)
- active surveillance clinic
- remote follow up clinic for men with stable prostate cancer or post radical therapy
- specialist clinic for long term follow up

Specialist prostate cancer treatments

- robotic radical prostatectomy
- low and high dose brachytherapy
- external beam radiotherapy

Dedicated lower urinary tract symptom clinic

- review of men who have not responded to medical therapies or have complex symptomatology
- specialist investigations including urodynamics, ultrasound and cystoscopy
- surgical treatment options include Urolift and TURP
- this service, as with many other clinics, is supported by clinical nurse specialists

General urology clinics

Most general urology clinics can offer initial investigations and treatment options for men with LUTS

In terms of information resources for GPs and patients I recommend the Prostate Cancer UK website. This contains excellent information for both benign prostate conditions and prostate cancer. It also details the latest developments and any relevant news articles. CaP UK also offer an advice line for patients.

Can I also plug a couple of talks I am doing for GPs on 'PSA and prostate cancer'?

Details - https://www.omniamed.co.uk/events/series/omniamed-update-Autumn-2018

Please see link to BBC reports https://www.bbc.co.uk/news/health-45795337.

What treatments are available for this problem?

No treatment is likely to clear all your symptoms completely but they can be greatly improved so that the degree of "bother" is minimal; your symptoms can then be monitored regularly to see whether changes in treatment are needed

Drugs

5-alpha-reductase inhibitors (e.g. finasteride, dutasteride) shrink large prostate glands (>40 grams) and may be used together with alpha-blockers if your PSA is more than 1.5 (an indication that your prostate is significantly enlarged). They can cause ejaculatory problems. They take at least 6 months to have maximum effect and do not work well if your prostate is small. They also reduce your PSA level by up to 50%.

With larger prostates, a combination of both types of drug has been shown to be better than either type used alone, to reduce the risk of complications (especially retention) and the need for surgery.

Surgery

Surgical treatment is usually recommended if symptoms are severe, medical treatment has failed or if there are complications (e.g. a large residual urine, retention of urine, infection, bladder stones).

Open surgery on the prostate is rarely performed nowadays but may be necessary if the prostate is very large.

Conventional telescopic surgery (TURP) involves resecting the central part of the prostate using a telescope passed into the bladder through the penis (transurethral resection or TURP). There are risks to this procedure so other techniques, such as electrical vaporisation and laser surgery, have been developed which also give good results with less risk.

Sometimes, when the prostate is small, the muscle at the neck of the bladder can be cut telescopically without actually removing the prostate (bladder neck incision or prostatotomy); normally, the surgeon can only decide if this is appropriate after looking inside the bladder. Download a leaflet about laser prostate surgery

Download a leaflet about bladder neck incision

Less invasive alternatives to surgery

An indwelling catheter or intermittent self-catheterisation relieve symptoms but should be regarded as temporary measures. More recently, the UroLift procedure has proved promising; this is performed by inserting a "hitching" stitch through the prostate to reduce its constrictive effect on the urethra.

<u>Download a leaflet about simple bladder catheterisation</u>

Download a leaflet about male intermittent self-catheterisation