

Treating the enlarged prostate with prostate artery embolization (PAE)

- PAE treats urinary symptoms while preserving much of the prostate
- PAE is minimally invasive with a quick recovery period
- With PAE, greater than 90% of patients see significant improvement

Prostate artery embolization (PAE) is an emerging treatment for men with benign prostatic hyperplasia (BPH), also known as an enlarged prostate.

About 50% of men age 50 and older and 80% of men age 80 or older show signs of enlarged prostate.

Overgrowth of the prostate tissue can obstruct the urethra, leading to discomfort and difficulty urinating. PAE is especially promising for patients that have failed medication therapy or surgery, or prefer to avoid surgery.

Take a survey to find out if you have an enlarged prostate at ausrad.com.

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* PAE treatment location

Are you challenged with frequent urination?

You may have an enlarged prostate. Prostate artery embolization (PAE) can help while preserving the prostate.



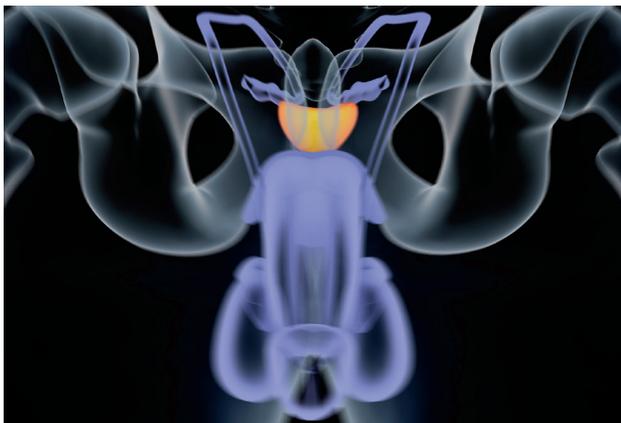
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What are the symptoms of enlarged prostate?

- Frequent urination at night
- Urination that produces a small amount of urine
- Hesitant or interrupted urine stream
- Leaking or dribbling urine
- Sudden and urgent need to urinate
- Feeling like the bladder is not completely emptied after urinating
- Occasional pain when urinating
- Not being able to urinate at all due to obstruction

How is prostate artery embolization (PAE) done?

In PAE, a catheter is inserted into the femoral artery in the groin and guided through imaging to the prostate artery on both sides of the enlarged gland. Once positioned next to the prostate, microscopic beads are released into the artery to block blood flow, causing the prostate to shrink over time. The benefit to the patient is immense because PAE avoids the surgical practice of removing large parts of the prostate, which can result in a longer recovery period and sexual and urological dysfunction.

What steps are taken to have the PAE procedure?

You will need to visit a urologist and obtain a referral to the ARA interventional clinic. At ARA, you will fill out a short questionnaire, provide your health history

and get a physical examination to evaluate candidacy for PAE. If it's determined that PAE is a good fit, you will meet with an ARA interventional radiologist who will discuss treatment options and if pre-procedure tests are needed. You may need a CT study of the pelvis or other imaging.

What is the procedure like?

The procedure is done on an outpatient basis at ARA's Midtown location. PAE takes about 1.5 hours and patient can generally leave the clinic about 3 hours afterward. There is no need for general anesthesia. PAE is not considered painful and some patients elect to have no sedation. If you wish, you will be given a sedative medication like that given for a colonoscopy, which has the effect referred to as "twilight sleep."

What is recovery like?

There may be mild pain or discomfort after the procedure and a week of home recovery time is recommended.

What are the results of PAE?

Greater than 90 percent of patients experience significant improvement. Approximately 7 percent of patients see moderate improvement and 1 to 2 percent may see no improvement. Rarely, symptoms return and, if so, PAE can be repeated.

Does insurance cover PAE?

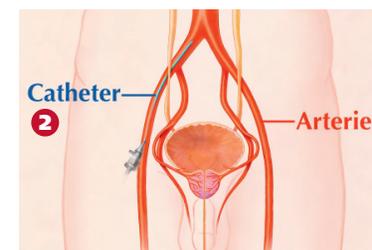
After your consultation, if you require insurance pre-certification for the procedure from your insurance provider, ARA will assist you. Generally, insurance companies will pay for prostate embolization but each plan is different, so check with your provider.

For more information about prostate artery embolization and enlarged prostate, consult your urologist or call ARA directly for information at (512) 467-9729.

How Prostate Artery Embolization Works



1. When the prostate is enlarged, as shown, it constricts the urethra making urination difficult. PAE is a minimally-invasive way of reducing the size of the prostate.



2. The procedure begins with the insertion of a catheter into the an artery at the groin or wrist. The catheter is advanced through the blood vessels until reaching the arteries of the prostate.



3 & 4. Small beads, typically made of nonreactive gelatin, are released through the catheter into the small blood vessels that supply prostate, blocking the flow of blood. The beads are between 100 and 500 micrometers in diameter. They do not disintegrate, but remain permanently in place and cannot be felt by the patient.



This procedure is done on both sides of the prostate. Remaining vessels supply sufficient blood to maintain a healthy prostate.



5. With a lowered blood supply, the prostate shrinks over time and there is less pressure on the urethra, allowing urine to flow freely.