

Prostate problems



This information sheet answers some common questions about prostate problems.

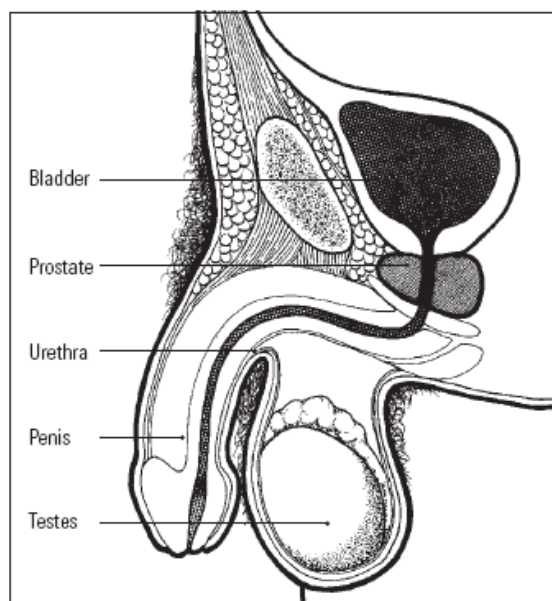
Many people find that knowing about their illness is helpful. It is not a substitute for talking to your doctors or nurses. Please use it as a guide to questions you may want to ask.

What is the prostate?

The prostate is a sex gland found in men. In an adult male it is normally about the size of a walnut. It sits under the bladder, at the base of the penis and just in front of the back passage (the rectum).

It makes some of the fluid in semen.

The prostate has a narrow hole through the middle. The tube (urethra) that empties urine from the bladder passes through this hole on its way to the end of the penis.



How do I know if I have a prostate problem?

It is common to have some problems with your prostate as you get older (over 50).

You probably have some problems in passing urine. You may have some or all of these changes:

- Trouble getting started, especially when you are in a hurry.
- Trouble stopping the flow of urine.
- Taking longer, because the urine stream is weak, or it stops and starts.
- Dribbling of urine after you have finished.

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- Going more often throughout the day, even though there is not much urine to pass.
- Getting up at night to go to the toilet, when you used to sleep through.
- Needing to go urgently at any time.
- Feeling you haven't quite finished or that you need to go again, even though nothing comes out.
- Pain or a burning feeling when you urinate.
- Occasionally, blood in the urine. This should always be checked by a doctor.

If you have any of these problems, see your doctor about them. Don't just accept them as part of getting older—the right treatment can help you.

What causes the problems?

In 90% of cases, prostate problems occur because the prostate has become enlarged. This enlargement squeezes the urethra. The problem is called benign prostatic hyperplasia (BPH) and is caused by hormone changes in the prostate. This affects about half of all men over fifty and is not related to cancer.

Sometimes the swelling of the prostate can be caused by an infection called prostatitis, which has similar symptoms to BPH. This problem tends to affect younger men.

Fewer than one man in 10 with prostate problems will have prostate cancer.

Remember—most prostate problems are not cancer, and most can be treated.

What will the doctor do?

First of all, the doctor needs to find out what is causing the problem. This will require some tests, which include:

Digital rectal examination

The doctor inserts a gloved finger into your back passage (rectum) to feel the size, shape and texture of your prostate.

Prostate specific antigen (PSA) test

This is a blood test to look for PSA, which is produced by the prostate. If there is a high level in your blood, you may have prostate cancer—but the doctor needs to do more tests to be sure.

Biopsy

If your PSA test or digital rectal examination is abnormal your doctor may refer you to a specialist (urologist). The urologist may recommend a biopsy, which involves an ultrasound probe being placed in the rectum to find abnormal areas of the prostate. Samples (usually six or more) of the prostate are then taken and sent to be looked at under a microscope.

The procedure is not always done under anaesthetic. Your doctor will advise you on this.

A biopsy is the only definite way to tell if you have prostate cancer. The biopsy will give an indication of how quickly the cancer may grow and how much of a threat it may be (called 'aggressiveness'). This can guide the treatment choice.

What are the treatments for prostate problems and prostate cancer?

This depends on what your problem is and how severe it is. Your doctor will advise what they think is the best course of action for your situation. If you have an enlarged prostate this doesn't mean you are more likely to get prostate cancer.

Benign prostatic hyperplasia (BPH)

This can be treated with medicines or surgery.

Medicines can change the hormone levels, or can relax or shrink the prostate so that it doesn't press on the urethra. You may need to take the medicines for some months before your symptoms improve. You will need to keep taking

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them until the symptoms are under control and have checkups with your doctor.

Surgery may be used to remove part of the prostate, to stop it squeezing the urethra. Laser and microwave treatments may also be used.

Prostatitis

This is usually treated with antibiotics. You may need to take the antibiotics for several months. Some men may also need surgery to stop the swollen prostate from pressing on the urethra.

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Sometimes prostate cancer does not need treating. 'Watchful waiting', where the doctor does regular tests to check for any changes, is often the approach that is chosen. Treatment may be advised at a later stage if the cancer begins to grow.

Treatment depends on how far the cancer has spread, your age, and how healthy you are. If the cancer has not spread, you may have surgery to remove the prostate or radiotherapy to try to kill the cancer. This radiotherapy could be given by a machine (external beam radiotherapy) or a radiation source may be placed surgically in the area to be treated (brachytherapy).

If the cancer has spread, you may have hormone treatment to stop the cancer or help slow it down. Some men are offered hormone treatment to shrink the cancer before brachytherapy is given.

You may want to get a second opinion before deciding on the type of treatment that is best for you.

The Cancer Council's booklet *Prostate cancer: for men with cancer, their families and friends* provides more information. Telephone 13 11 20 or visit www.cancervic.org.au.

Are there any complications of treatment?

Surgery or radiotherapy for prostate cancer can have three main complications.

Often men can no longer get an erection (they become 'impotent') after surgery. This is because the nerves that bring about an erection pass through the prostate. In some cases, it is impossible to avoid damaging these nerves because of the position of the cancer.

Following surgery, some men may lose their ability to control urine (they become incontinent) because of damage to the muscles around the prostate.

Radiotherapy treatment sometimes affects the bowel. This could mean diarrhoea during treatment or bowel damage requiring treatment.

There is help available for the complications of treatment. Talk to your doctor before making a decision about treatment or call the Cancer Helpline on 13 11 20.

Should I have a regular check-up – even if I don't have symptoms?

Making an informed decision about testing for prostate cancer is a wise and practical course of action.

For some years now, there has been a lively and sometimes complex debate about testing for prostate cancer. Some people believe all men over a certain age should be regularly tested. Others believe it should be a matter of individual choice based on a man's informed consent.

Our view is that men should find out all the information they need about testing. Consider the issues. Talk to our counsellors at the Cancer Council Helpline on 13 11 20. Read our information booklets on prostate cancer issues and treatment. Visit the prostate cancer website at www.prostatehealth.org.au. Speak to men who have had prostate cancer. Talk to your doctor.

There are many resources available and we are happy to help you find the information you need.

At the moment, we are not advocating routine testing for prostate cancer because there is no reliable evidence at this stage that this prevents

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men from dying from prostate cancer. Nor can we be sure that routine testing is not effective, so we don't advise against testing either. There is a great deal of research underway that may answer these questions in time.

It's a decision for you to make up your mind about. All that we suggest is that you get the best information you can.

For more information contact the Cancer Council Helpline on 13 11 20 (cost of a local call). This is a confidential service staffed by cancer nurses. Information is available in languages other than English.

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