

Steven A. Johnson, M.D.

ADULT & PEDIATRIC UROLOGY

Steven A. Johnson, M.D.
Diplomate, American Board of Urology

Angela Reynolds, FNP-BC
Family Nurse Practitioner-Certified

Randee Hallmark, FNP-C
Family Nurse Practitioner-Certified

Minimally Invasive Treatment Options for BPH

HISTORY

Transurethral resection of the prostate (TURP) and suprapubic prostatectomy have been the “gold standard” treatments for prostate enlargement (BPH) for decades. TURP has become more prevalent over the last 20 years as improvements in optics and irrigation capacity has improved. TURP is commonly referred to as “roto-rooter surgery” in laymen’s terms.

Beginning in the 1980’s, medical science began looking for alternatives to TURP that could be performed faster, easier and with less blood loss. This was particularly important in patients on blood thinners or with extensive co-morbid disease. Prostatic balloon dilation represented the first alternative therapy approved by the FDA. Despite the ease and safety of this procedure, it did not produce significant or durable improvement in BPH symptoms.

In the 1990’s, the first generation urology lasers were utilized to relieve obstruction from BPH with varied results. While some techniques produced satisfactory short term results, the improvement was not predictable or durable. The first generation “laser prostatectomy” had lost favor by the year 2000. More recent advances have produced a new, exciting generation of urology lasers for the treatment of BPH. The most popular is the GreenLight KTP laser which uses up to a 120 watt power setting to vaporize obstructing prostate tissue. Additionally, a variety of office-based technologies have been developed to provide treatment of BPH outside the operating room setting. These include radio frequency based treatment and transurethral microwave therapy (TUMT).

WHO SHOULD CONSIDER MINIMALLY INVASIVE TREATMENT FOR BPH?

Naturally, any patient happy with their condition while on medication can certainly continue to be treated with medication. However, some patients might not enjoy as much improvement with medication as they like. Some patients may feel pretty good about their symptoms control on medication but may want to stop medication due to cost or side effects. Some patients may want to be treated with the latest medical technology available. Finally, some patients may *need* TURP, but may be unable (poor anesthetic risk, use of blood thinners) or unwilling to undergo “roto-rooter” surgery.