Your prostate and you

What is the prostate?

The prostate is a fleshy organ which is wrapped around the neck of the bladder like a thick collar open at the front. It is made of glands and muscle. When a man has an orgasm, the prostate muscle squeezes a small amount of fluid from the glands into the semen where it seems to energise the sperm.

Why do men get prostate trouble?

In boys and young men the prostate is tiny but for reasons which we do not understand it gets larger later in life. The amount of enlargement varies from man to man as do the problems which it causes.

In most this is an entirely benign process which is so common that it can be almost considered a normal part of getting older. In only a very small number of men is there a cancerous growth of the prostate.

The purpose of the bladder is to store urine until it is convenient to pass water. Because of its position, the enlarging prostate begins to throttle the outlet from the bladder (like tightening a collar) until it interferes with the flow of urine through the bladder outlet (urethra).

How will I know if my prostate is causing trouble?

Sometimes the first thing you notice is difficulty in actually passing water. The flow is slow and it may be troublesome to get started especially if there has been a delay in answering the call of nature. You can find yourself waiting several minutes for the flow to begin and even straining produces only a feeble dribble. It is often worse at night.

Another sign of prostate trouble is the ‘jumpy’ bladder. The urge to go comes more and more often and your friends begin to remark on the frequent visits to the Gents. Turning on a tap, turning the key in the door on returning home and getting up in the morning may trigger the bladder so strongly that it leaks before you can get to the lavatory. Your sleep is increasingly disturbed by the need to pass water and your activity may be restricted by the need to be in constant reach of the loo. If the bladder is really full it may overflow at night, so that you wet the bed and it may cause problems by back pressure on the kidneys. You may even get a complete blockage (retention) and need emergency treatment – a painful and alarming way to find that you have prostate trouble.

What should I do?

The first thing you need to do is, with your doctor, to find out how much trouble you have. If things are not too bad, nothing much may be needed. On the other hand, if you have symptoms which are interfering with your life, or the bladder is really failing to empty, it is probably best to have something done.

Your doctor will decide if you should see a urologist, a surgeon who specialises in ‘waterworks’ problems.

What will the urologist do?

Again, the urologist will want to find out the extent of prostate trouble. The story you give and a medical examination provides a lot of help but most of the useful information comes from a set of routine tests.

These usually include a urine test (to look for infection), an X-ray or ultrasound scan (to check how well the bladder and kidneys are coping), blood tests, and a urine flow test to see how fast you pass your water.

When these tests are done the urologist will usually be able to tell you whether you need treatment for your prostate and whether there is any hint of more serious
trouble (like the rare cancerous growth of the prostate). Sometimes some more complicated tests are needed to give all the answers. If they are, do not hesitate to ask them to be explained. Always remember that your doctors are there to help you!

If I do need treatment, what can I expect?

The problems caused by an enlarged prostate can be relieved by medicines or, if necessary, by treatment with an operation. There are a number of medicines that your GP can prescribe for this condition. The exact treatment that you receive will depend on the severity of your symptoms, and the degree to which they bother you.

Medicines that can control your symptoms work in one of two ways: by relaxing the muscle surrounding the prostate, bladder and urethra, or by gradually reducing the size of the prostate. Both have the effect of widening the urethra, thereby allowing urine to flow more freely.

Your GP may not prescribe any treatment, but simply ask you to come back after a certain period for a check up. But if your symptoms become more troublesome during this time, you should go back to your GP.

Will I need an operation?

If your symptoms are severe the urologist may recommend that you have an operation. The procedure is straightforward and involves removing part of the enlarged prostate gland. The old-fashioned cutting operation has been largely replaced by using tiny telescopes passed through the penis (you have an anaesthetic, of course!). The most popular operation is the Trans Urethral Resection of the Prostate (TURP), which is suitable for all but the largest prostate.

Newer treatments using microwaves and lasers are still being tested and no-one yet knows how well they will work in the long term. You need to talk to your doctor to see if one of these new treatments might suit you. Don’t think that because something is new and is in the papers, it is necessarily better.

What happens after a TURP operation?

There is usually some bleeding from the bladder after a TURP and you will need to be in hospital for three to four days until it stops. When you get home you may feel shoked for a while, as although there is not much to see on the outside, you will have had a major operation. You will need to take it easy for two weeks and not overdo things for another two weeks after that. Remember that the older you are, the longer you may need to recover from surgery.

The hospital will warn you what to look out for when you get home. The most common problems are infection and bleeding. Your doctor will want to know if you have a temperature, soreness passing water or a sudden s…

of blood in your water. Usually plenty to drink and some antibiotics will put both problems right, but just occasionally another visit to the hospital is needed.

The operation is very good at curing blockage symptoms but the jumpy bladder may take much longer to settle. Things may even be worse for a while just after the operation. Be patient – it may be up to six months before you see the full benefit. Your District Nurse or Continence Advisor can give you advice on coping with this. If you are unhappy with the outcome, do talk to your doctor and ask to see the surgeon again.

Will a TURP stop my sex life?

Not necessarily. Nearly all men who can have erections before the operation will do so after it. However, most men who have a prostate operation find that when they have an orgasm nothing comes out of the penis. This is because the sperm is going back into the bladder instead of outwards in the usual way. It is a harmless side effect, but it does mean that it is difficult to father children after a TURP.

What happens if I get a blockage?

If you get a blockage and can’t pass urine at all, it is painful and you’ll need help quickly. This usually means that you might have to call your GP or go to a hospital casualty department where they can put a small catheter tube through the bladder outlet into the bladder. Don’t worry. The catheter shouldn’t hurt and it will relieve the blockage straight away.

Further information can be obtained from
The Continence Foundation, 2 Doughty Street, London WC1N 2PH
or phone their helpline: 9am – 6pm, Monday – Friday
0191 213 0050
An educational service