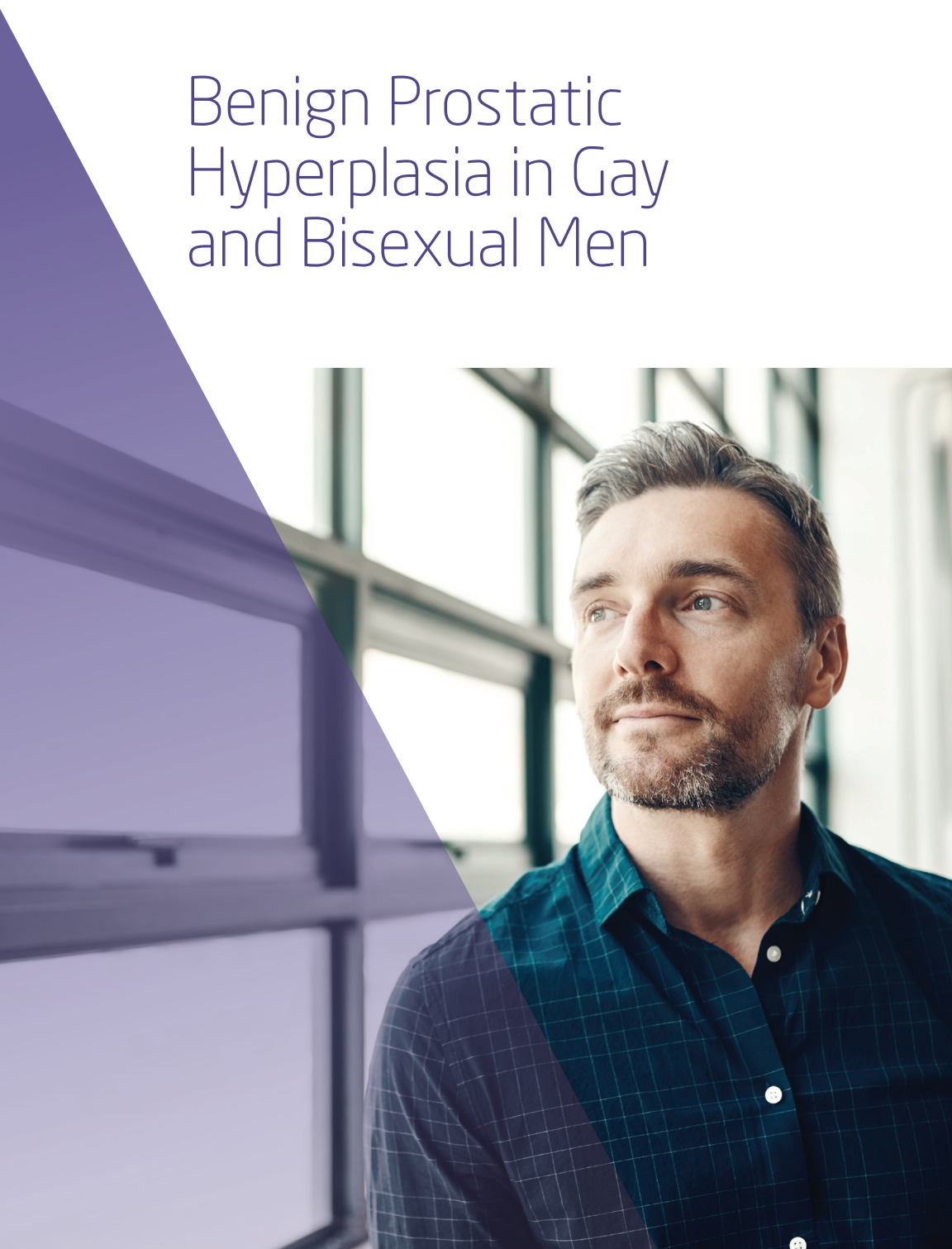
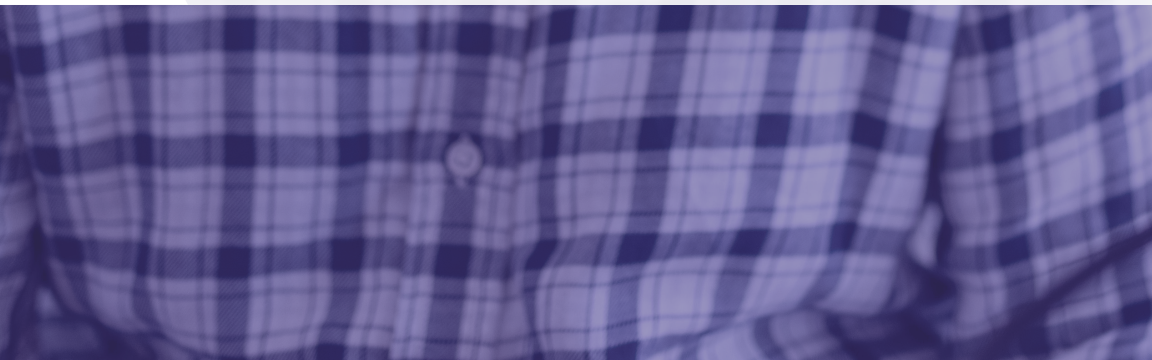


Benign Prostatic Hyperplasia in Gay and Bisexual Men





Benign prostatic hyperplasia (BPH) is also known as an enlarged prostate. About 8 out of every 10 men will have symptoms of BPH by the time they are 80 years old.



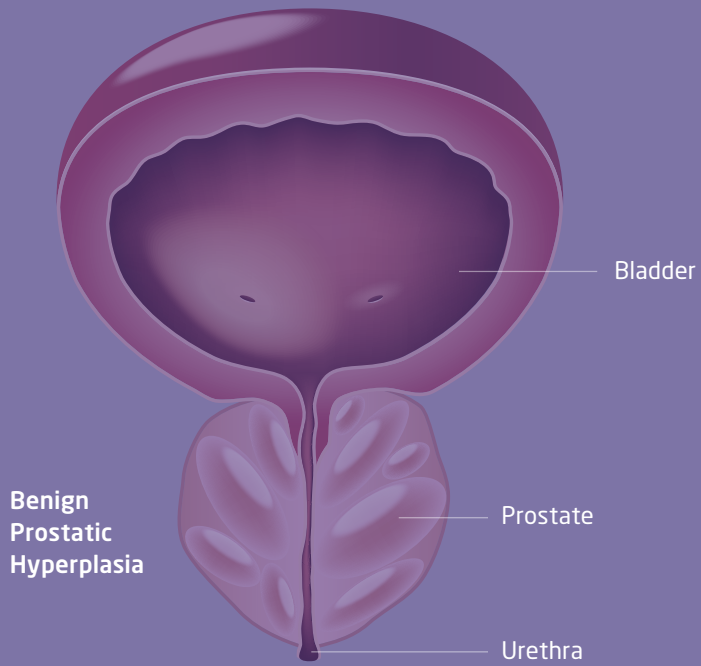
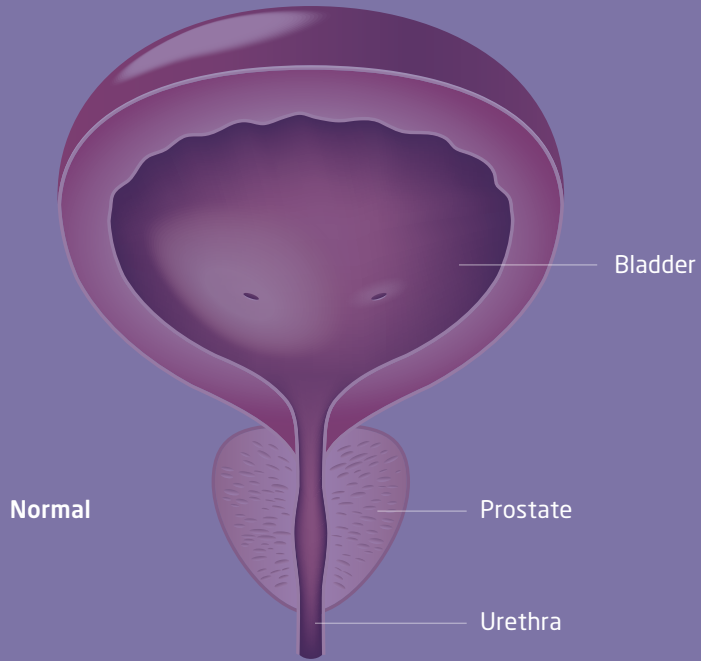
How to make decisions about BPH treatment

Treatments for BPH help men improve their voiding symptoms, but can have varied and sometimes significant effects on sexual function. If your sexual health is important to your quality of life, be sure you feel comfortable discussing this with your physician.

Gay and bisexual men have support systems and relationship structures that might look different from those of heterosexual men. If you want to have a friend or someone unrelated to you involved in your care, let your healthcare team know. Your care team will work with you to include these people in your care plan.

Gay and bisexual men may feel like they are alone in dealing with urologic conditions. Information meant for heterosexual men may not directly apply to your life. Many gay and bisexual men have felt the same way or have been through the same thing. Connecting with other gay and bisexual men, and finding physicians and care teams that can deliver competent care for LGBTQ patients, can help you decide on the best treatment for you.

This brochure aims to help gay and bisexual men work with their care team to make the best treatment decisions for BPH.



Understanding BPH

The prostate is a muscular gland that is normally the size of a walnut.

In BPH, the prostate grows bigger. It begins to put pressure on the urethra, which is the tube that passes urine out of the bladder.

If you imagine your prostate as a donut, the urethra would be the hole in the middle. If the donut increases in size, the donut hole gets smaller.

BPH is not prostate cancer. It is a non-cancerous enlargement of the prostate gland. It will not spread.

Symptoms of BPH

If you have BPH, you may:

Urinate often

Not be able to empty your bladder completely

Have a weaker urinary stream

Not be able to hold your urine

Wake at night to urinate

Feel the need to urinate right away



Diagnosing BPH

It takes many steps to diagnose BPH. The process may include some or all of the following:

Symptom check: Your physician or advanced practice provider may ask you questions to rate your BPH symptoms and estimate a symptom 'score.'

Digital rectal exam: Your physician inserts a gloved finger into your rectum to feel the prostate gland and check its size.

Urine and urodynamic testing: This may include ultrasounds and other tests that measure how quickly your urine flows, how much urine is left in the bladder when you finish urinating and other BPH symptoms.

Scans and other tests: Ultrasound, magnetic resonance imaging (MRI) and cystoscopy can show the size and shape of your prostate.

Making BPH treatment decisions as a man who has sex with men

Not many studies have looked at how BPH and specific treatments for it affect men who have sex with men. Being gay or bisexual or having HIV does not increase your chances for BPH.

There are different ways to treat BPH:

Medications

Minimally invasive procedures done in the physician's office

Surgeries done in the operating room

It's important to think carefully about what kind of treatment is best for you. Your choice can affect your life in different ways. You and your physician will decide together which treatments work best for you. You will need to consider:

- Severity of the disease
- Specific characteristics of your prostate
- Risk factors for complications
- Quality of life after treatment

Talk with your care team about these things when deciding on treatment:

Symptom relief.

Each treatment may improve urinary symptoms in different ways. Usually, less invasive treatments may help improve symptoms for a short time. More invasive treatments may give you relief from urinary symptoms for a longer time.

Sexual function.

More invasive treatments can have a bigger effect on sexual function.

- The most common sexual side effect of treatment is called **permanent retrograde ejaculation**, or dry orgasm. If you have this condition, it means semen goes back into the bladder instead of out of the penis. This can lead to an orgasm without ejaculation. When this happens, the sensation of having an orgasm is still felt.
- **Erectile dysfunction**, or the inability to get or keep a firm erection, is a much less common side effect of some BPH treatments. Erectile dysfunction may go away several months after the procedure. Or, you may need an aid to get an erection, such as oral medication.

Need for further treatment.

People with BPH will often have a combination of medical and surgical treatment. If you choose less invasive treatments, they usually help for less time; that means you will be more likely to continue needing treatment.



Treatments for BPH continue to improve. More options, including surgery, can give relief from urinary symptoms without affecting your sexual function. Be sure you have a physician who listens to you, and who understands your values and priorities while also being able to offer the best treatment for you.

Sharing your sexual habits with your healthcare team is a personal decision. However, they will be better able to tailor your care and support you when they know your priorities around sexual function.

In the United States, what you share with your healthcare team about your sexuality and health stays confidential by law. If you feel like your rights are not being respected, talk with your primary care physician or a patient liaison at the hospital. They may recommend that you get a second opinion from another physician.



BPH treatment options

Your healthcare team will likely try these options in this order to relieve your symptoms:

Behavioral modifications, with or without physical therapy

Medications

Procedures

Surgery

Behavioral modifications

Your care team will talk with you about behaviors you can change to relieve BPH symptoms. These include:

- Changing your diet and fluid intake
- Changing your urination habits
 - Keeping a urination diary can give you and your physician insight into your habits.
- Physical therapy
 - This can help relax pelvic floor muscles and relieve some urinary symptoms.

Medications

Medication is a common treatment for BPH. It depends on how severe the symptoms are and how far the BPH has progressed.

Your physician may prescribe different combinations of medications to ease some urinary symptoms from BPH. This may help you delay or avoid surgery.

Alpha blocker medications:

Tamsulosin (Flomax®)	Silodosin (Rapaflo®)
Alfuzosin (Uroxatral®)	Terazosin (Hytrin®)

Alpha blockers decrease tension in the enlarged prostate. This helps urine flow more easily. This type of medication may cause:

- Abnormal ejaculation (less semen or no semen) in 1 out of every 3 users
- Dizziness
- Fatigue

Likely side effects depend upon the choice of medication. Certain medications, such as silodosin, can cause worse ejaculatory symptoms. However, they are less likely to cause other side effects, like lightheadedness. Side effects go away when the medication is stopped.

5-alpha reductase inhibitor medications:

Finasteride (Proscar®, Propecia®)

Dutasteride (Avodart®)

The prostate changes testosterone, a hormone, into another hormone, dihydrotestosterone (DHT), that makes the prostate grow. 5-alpha reductase inhibitor medications stop testosterone from changing into DHT.

These medications cause the prostate to shrink, which eases urinary symptoms. They are used when the prostate is at least 30 grams. These medications can take 3 to 6 months to have an effect on symptoms. In 3 out of every 100 users, 5-alpha reductase inhibitors may cause decreased libido (sex drive) and erectile dysfunction. While rare, gynecomastia (enlargement of male breast tissue) and other side effects are also possible.

Treatment may also include the following medications:

Daily low-dose tadalafil (Cialis®). This medication is ideal for men with erectile dysfunction and BPH. In low doses, tadalafil has been shown to help ease urinary symptoms.

Anticholinergic medications such as oxybutynin (Oxytrol®, Ditropan®), trospium (Sanctura XR®) and solifenacin (VESIcare®). These medications can help you hold your urine and urinate less often by relaxing the bladder muscle.

Beta-3 adrenergic agonist medications such as mirabegron (Myrbetriq®) and vibegron (Gemtesa®). These medications work by relaxing the bladder muscles to prevent urgent, frequent or uncontrolled urination.

You and your physician can talk about other forms of treatment based on how well the medication is working for you.



Minimally invasive procedures

Some BPH procedures can be done in the physician's office. The physician uses local anesthesia (medication) to numb the area. This means you will be awake. (The physician may also do these procedures in the operating room depending on your comfort level with an office procedure.)

A cystoscope (thin tube with a camera) is inserted through the penis to look at the prostate. The procedure takes about 3 to 5 minutes.

Although this sounds like it would hurt, most people are able to get through the procedure without much discomfort because of the use of numbing medication as well as the short duration of the procedure.

These are the common minimally invasive procedures for BPH:

Prostatic urethral lift: The physician uses small needles to lift and compress the prostate tissue to reduce pressure on the urethra.

Water vapor thermal therapy: The physician uses steam to destroy prostate tissue that is putting pressure on the urethra.

Temporarily implanted nitinol device (iTind™): The physician puts a temporary implant in the prostatic urethra to widen it. It stays in place 5 to 7 days. The physician then takes it out.

These procedures are useful for mild to moderate urinary symptoms from BPH. There is low risk of sexual side effects (ejaculation and erectile function problems) from these treatments. This may be important to you if you are sexually active.

Minimally invasive procedures share some common side effects that go away over time. These include:

- Urinating often
- Burning during urination
- Blood in the urine

Sometimes, a person's prostate anatomy restricts them from getting some of these procedures. For example, men with an enlarged median lobe of the prostate may not be able to have an iTind.

Surgical treatments

Several surgical treatments are very effective for treating BPH. They are more invasive than office procedures, and in some cases, you may have to stay in the hospital for a short time to recover. Surgical treatments may be best for people with very large prostates, prostates with a specific shape or people who also have bladder stones.



Some surgical options include:

Transurethral incision of the prostate (TUIP). The surgeon inserts a small instrument into the urethra through the penis. They make small cuts in the prostate to relieve pressure on the urethra.

Transurethral resection of the prostate (TURP). The surgeon inserts an instrument called a resectoscope into the urethra. They remove the prostate tissue putting pressure on the urethra.

Photoselective vaporization of the prostate (PVP). The surgeon inserts a tube with a laser into the urethra. They use a laser to destroy part or all of the prostate tissue.

Holmium laser enucleation of the prostate (HoLEP). The surgeon inserts a small instrument with a light beam called a holmium laser into the urethra. They use the laser to peel away layers of prostate tissue until only the shell remains.

Waterjet ablation of the prostate. The physician inserts a tube in the urethra. They use a high-pressure waterjet to remove prostate tissue.

Simple prostatectomy. The surgeon completely removes the prostate. They may use robotic instruments through 5 small incisions, or do an open surgery through 1 larger incision in the lower belly. This is the only procedure requiring cuts (or incisions) in the skin.

This table shows the side effects for each of the minimally invasive treatments as well as the surgical treatments. Some important factors are blood loss, especially for those on blood thinners, and the need for secondary treatment later on. If you have questions, ask your physician.

	How many patients have side effects from the procedure	
	Retrograde ejaculation	Erectile dysfunction
Minimally invasive procedures		
Prostatic urethral lift	Almost 0	Almost 0
Water vapor thermal therapy	3 out of every 100 people	3 out of every 100 people
iTind	Almost 0	Almost 0
Surgical treatments		
TUIP	18 out of every 100 people	13 out of every 100 people
TURP	65 out of every 100 people Risk is lower for an "apical-sparing" TURP	10 out of every 100 people
PVP	42 out of every 100 people	7 out of every 100 people
HoLEP	75 to 90 out of every 100 people	3 out of every 100 people
Waterjet ablation	10 out of every 100 people	Almost 0
Simple prostatectomy	61 out of every 100 people	Not known

Source: Wieder, Jeff. *Pocket Guide to Urology*, 6th Edition. J. Wieder Medical, 2021.

A man with a beard and short hair is running in a gym. He is wearing a dark t-shirt and dark shorts. The background is blurred, showing other people and gym equipment. The entire image has a light blue overlay.

If you have any
questions, please talk
with your urologist.



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