



What is it?

Embolisation of the prostate arteries is a minimally invasive operation where the arteries to the prostate are blocked off, causing the prostate to reduce in size, and relieve lower urinary tract symptoms (LUTS).

Who is it for?

An enlarged prostate gland can cause many troublesome symptoms such as frequent urination, urgency, hesitancy, incomplete emptying, dribbling, prolonged urinary or intermittent stream. Prostate artery embolisation can relieve these symptoms without the need for a more invasive operation.

You may also be referred because you failed a trial of void after having an indwelling urinary catheter placed, or because of problematic bleeding from the prostate.

How is it done?

Embolisation of the prostate arteries is usually done under sedation in an operating room with specialised medical imaging equipment.

Your interventional radiologist will use an ultrasound to guide a tube into the artery at either the groin or wrist. They will then pass a catheter (thin plastic tube) into the pelvic arteries and inject x-ray dye to define the anatomy of the pelvic arteries. A very fine catheter (microcatheter) is then passed into the artery supplying the prostate.

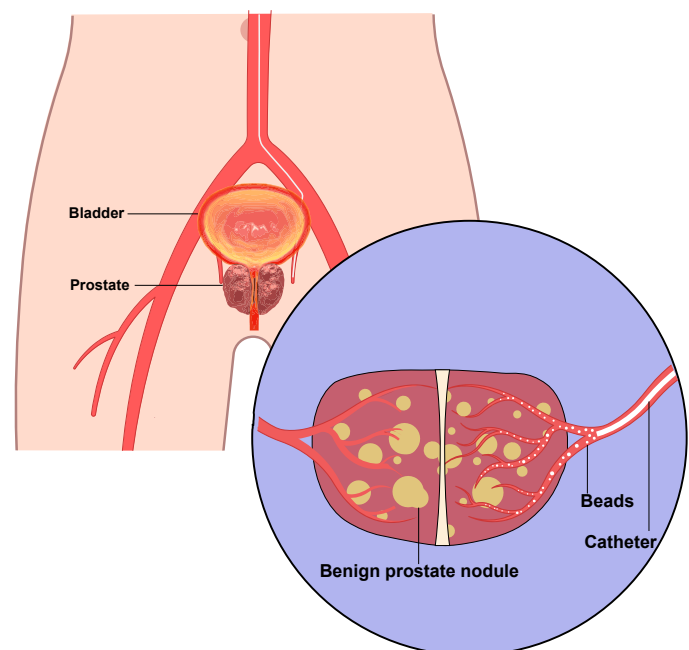
Tiny plastic particles will then be slowly injected into the arteries supplying the prostate, blocking them up, similar to how silt blocks up a drain. By blocking off the blood supply, the prostate reduces in size, relieving the pressure around the urethra.

What are the risks?

There is a small risk of infection, bleeding, or damage to the access artery. Inadvertent blockage of blood supply to the penis, bladder or rectum are extremely rare. Your doctor will discuss these risks with you before your operation.

Follow up

You will be scheduled for follow up clinic appointment with your interventional radiologist about 6 weeks after your operation to review the success of the procedure.



0497 052 070
admin@virq.com.au
virq.com.au