


Urology case prostate

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- RD 51 years
- 6 months
- Hesitancy, poor stream, terminal dribble
incomplete bladder emptying
- Nocturia x3



- CABG 3 years ago
- Brother prostate cancer age 57, 4 yrs ago

Which tests?

DRE

IPPS

IVU

U/S

PSA

MSU

Peak flow

cystoscopy



- Rectal examination 50g, soft, symmetric
- PSA 3.2 ug/l

– What next?

- Rx patient free PSA Bx prostate
- Bx depending on free:total PSA urine cytol



- What factors decrease PSA?
 - Prostatitis
 - Ejaculation
 - Cystoscopy
 - Extensive bicycle riding
 - Certain drugs eg dutaster, finasteri, PC-SPES

Answer:=certain drugs. The rest increase PSA



- Free to total PSA ratio (F/T PSA ratio)

11%. Prost vol 50cc TZ 30cc

– To biopsy or not?

- yes



- Biopsies are performed.
 - Where to Bx
 - How many cores 8 or >
 - Anaesthesia yes - local
 - Transition zone biopsies? Not routinely



- No prostate cancer on histology
- Has BPH with foci of prostatitis
 - Does this mean no cancer?
 - Importance of prostatitis
 - To re biopsy immediately?
 - Rx for BPH?



- Patient reassured about risk of cancer
- Asks if risk can be reduced?
 - Diet
 - chemoprevention



- Summary

- Qmax 12.7 ml/s
- Residual vol 45ml
- Prostate vol 50ml, TZ 30ml
- Median lobe present
- No UTI
- Normal upper tracts

- Watch must have surgery (TURP) medical treatment
- TUNA other

- Patient choice = alpha blocker & 5-alpha reductase inhibitor

- Benefits

- Recent study-combination advantageous

