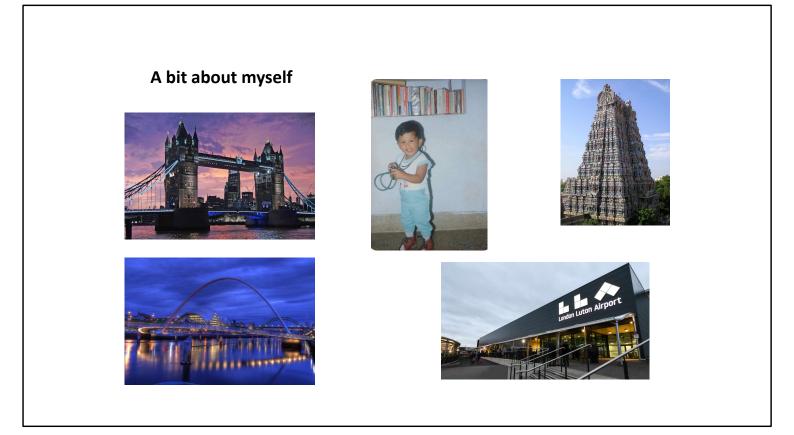
Prostate
Awareness TalkWith Dr Elango Sathiyamoorthy (Bute
House Medical Centre GP)Hatters Health PCN





Born in India, parents from Sri Lanka. Always wanted to be a doctor. Moves to London when I was 3, then went to Uni in Newcastle. Did GP training in Luton, now living in Luton with wife and 2 kids

Using Mentimeter – please log in and join for interactivity if you are able to!

Aims and Goals

Improve awareness about Prostate related problems

What is the Prostate?

What problems can happen?

What is PSA testing?

What symptoms should you look out for?

Where to seek further help?

How confident are you with you knowledge about the Prostate (on a scale of 1-3)?

Does anyone here know anyone affected by prostate problems or have been experiencing problems themselves?



The prostate is a walnut shaped gland, about the size of a table tennis ball, that sits under the bladder

It grows bigger as you get older.

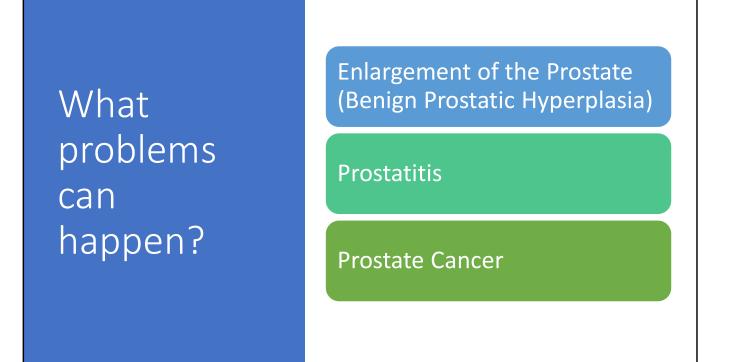
There is a tube called the Urethra which passes through it and this is where urine flows through from the bladder.

The function of the prostate is that it produces the fluid (seminal fluid) that nourishes and transports sperm.

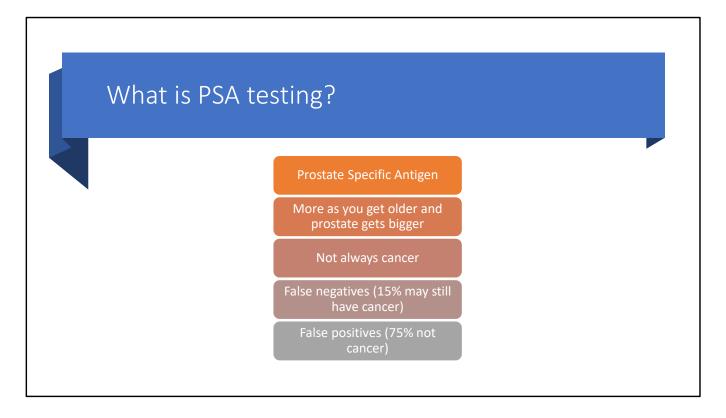
The prostate only exists in the male reproductive system.

Most men with prostate symptoms do not have prostate cancer, but if you are worried, you should see your doctor about it.

What problems can happen?

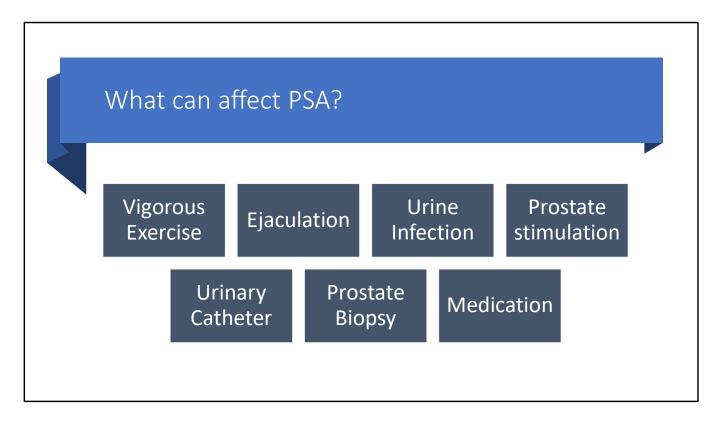


I will go through each of these problems that can happen with the prostate, along with what symptoms you may experience with these and what the management would be



No national testing/screening exists

The PSA test is a blood test that measures the amount of prostate specific antigen (PSA) in your blood. PSA is a protein produced by normal cells in the prostate and also by prostate cancer cells. It's normal to have a small amount of PSA in your blood, and the amount rises slightly as you get older and your prostate gets bigger. A raised PSA level may suggest you have a problem with your prostate, but not necessarily cancer.



Avoid things that may cause prostate stimulation for 48 hours prior to blood test. Medication used to treat an enlarged prostate may show a falsely low PSA result.



Advantages

It can help pick up prostate cancer before you have any <u>symptoms</u>.
It can help pick up a fast-growing cancer at an early stage, when treatment could stop it spreading and causing problems.

•A regular PSA test could be helpful, particularly if you have an increased <u>risk of</u> <u>prostate cancer</u>. This could detect any unusual increase in your PSA level that might be a sign of prostate cancer.

Disadvantages

•Your PSA level might be raised, even if you don't have prostate cancer. Many men with a raised PSA level don't have prostate cancer.

•The PSA test can miss prostate cancer. For example, one major study showed that 1 in 7 men (15 per cent) with a normal PSA level may have prostate cancer, and 1 in 50 men (two per cent) with a normal PSA level may have a fast-growing cancer.

•If your PSA level is raised you may need a <u>biopsy</u>. This can cause side effects, such as pain, infection and bleeding. But in most hospitals, men now have an <u>MRI scan</u> first, and only have a biopsy if the scan finds anything unusual.

•Being diagnosed with a slow-growing prostate cancer that is unlikely to cause any problems or shorten your life may still make you worry, and may lead you to have treatment that you don't need. But most men with low-risk, <u>localised</u> <u>prostate cancer</u> now have their cancer carefully monitored instead, and only have treatment if the cancer starts to grow.

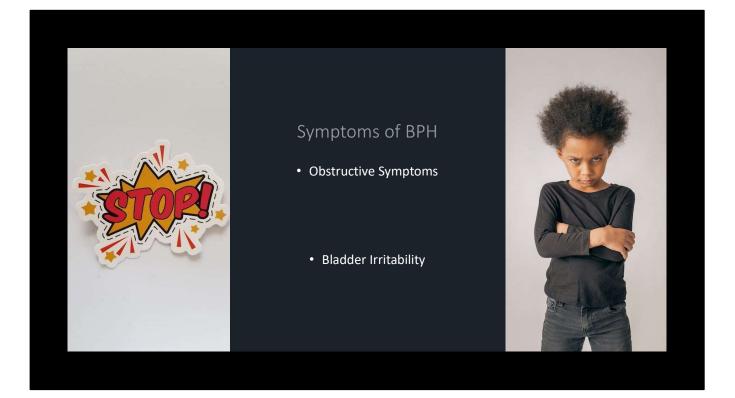
Enlarged Prostate (Benign Prostatic Hyperplasia)



As I mentioned earlier the prostate gland does get bigger as we get older. In many men this may not cause any problems, but in some men this can cause symptoms

Benign Prostatic Hyperplasia is not because of cancer.

As the prostate becomes bigger, it can narrow the urethra and cause urinary problems



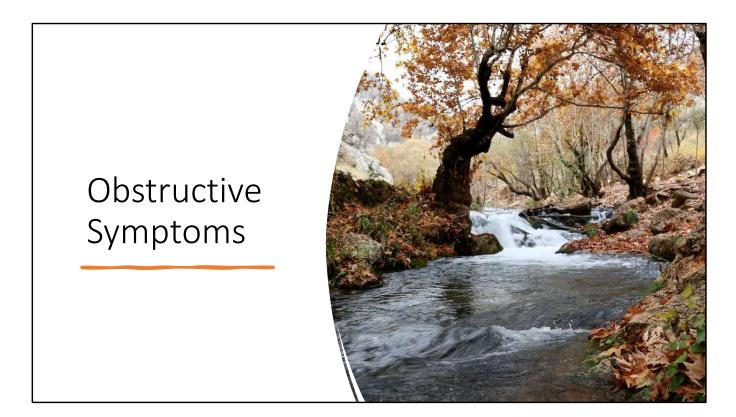
Does not always cause symptoms – only a quarter to half of men with enlarged prostates will have symptoms.

If it does, then they tend to be obstructive symptoms, or bladder irritability related or a combination of both

Symptoms tend to be mild to begin with and as the prostate grows larger, symptoms can get worse.

Please remember that not all urinary problems are related to the prostate and there can be other causes for your symptoms as well

What Obstructive Symptoms can you think of?



Obstructive Symptoms

•**Poor stream**. The flow of urine is weaker and it takes longer to empty your bladder.

•Hesitancy. You may have to wait at the toilet for a while before urine starts to flow.

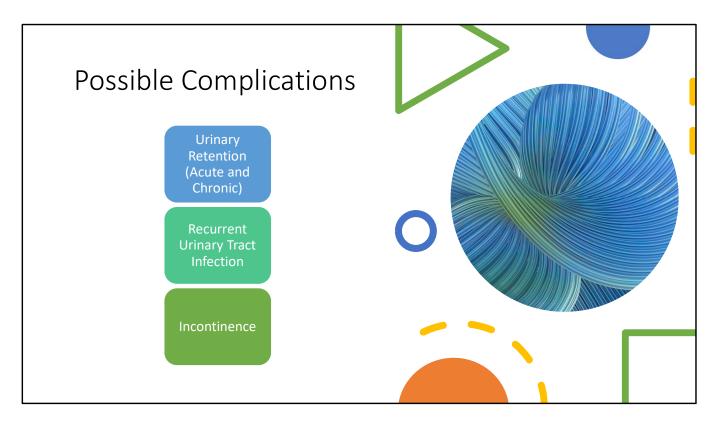
•**Dribbling**. Towards the end of passing urine, the flow becomes a slow dribble. •**Poor emptying**. You may have a feeling of not quite emptying your bladder.

What symptoms might show bladder irritability?



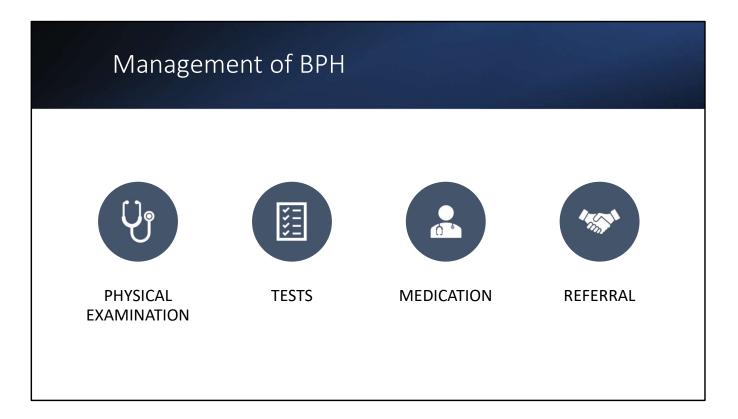
•**Frequency**. You may pass urine more often than normal. This can be most irritating if it happens at night. Getting up several times a night to pass urine is a common symptom and is called nocturia.

•Urgency. This means you have to get to the toilet quickly when you need to go.



•In some cases, a total blockage of urine occurs so you will no longer be able to pass urine. This is called urinary retention. It can be very uncomfortable and you will need to have a small tube (catheter) inserted to drain the bladder. It occurs in less than 1 in 100 men with an enlarged prostate each year.

•In some cases, only some of the urine in the bladder is emptied when you pass urine. Some urine remains in the bladder at all times. This ongoing condition is called chronic retention. This may cause repeated (recurring) urine infections, or incontinence (as urine dribbles around the blockage rather than large amounts being passed each time you go to the toilet).



Examination of prostate – rectal examination done at the GP Surgery by the doctor, to feel the size and shape of the prostate. Done by inserting a gloved finger into the anus to feel the back of the prostate gland.

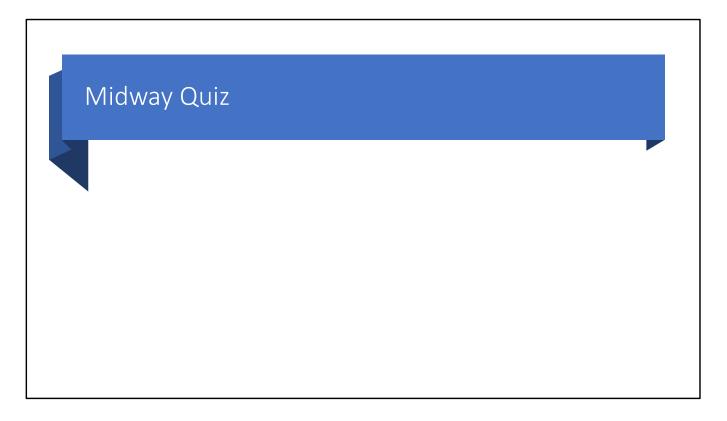
Blood tests - including PSA and to check kidney function

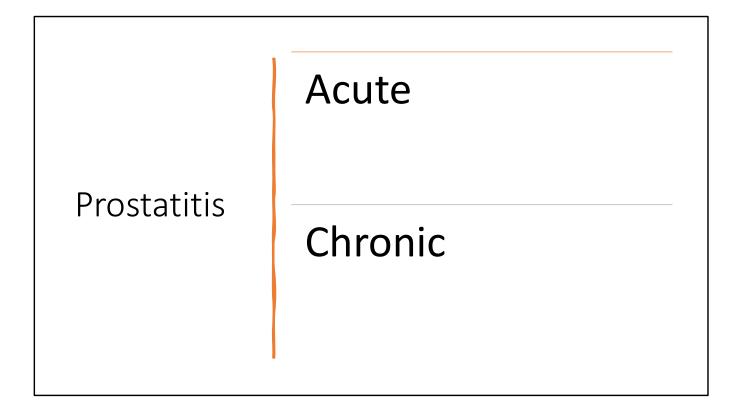
Urine test - to look for any signs of infection

Treatment is not always necessary, but you may be trialled on medication if your symptoms are affecting you – such as Tamsulosin, which works to help improve your flow by relaxing the smooth muscle in the bladder neck and prostate.

Referral to bladder specialist if symptoms are worsening or if you are having complications – if symptoms are severe enough with a very large prostate, some people may need surgery.

Also a procedure called UroLift where a device is implanted to lift up the urethra away from excess prostate tissue without cutting or removing tissue – can be effective up to 5 years.





Acute Prostatitis – Prostate becomes infected with a germ/bacteria Not that common – 2 in 10,000 men It is not a sexually transmitted infection, but it can cause similar symptoms

Chronic Prostatitis – Inflammation of the prostate gland for at least 3 months Can be infective or non-infective.

What symptoms might someone with Acute Prostatitis get?

What symptoms might someone with Chronic Prostatitis get?

Symptoms of Prostatitis

- Acute Symptoms
- Chronic Symptoms



Acute Prostatitis symptoms – pain at the base of the penis and around the anus Symptoms tend to come on and go away more quickly. Symptoms of urine infection Thick discharge from penis Fever Tender prostate on examination by doctor

Chronic Prostatitis – Symptoms present for at least 3 months

Flare ups including pain at the base of the penis and around the anus

Symptoms of urine infection

General aches and pain, less likely to have fever

Some residual symptoms between flare ups – urinary frequency, mild pain

Chronic pelvic pain syndrome – pain (can vary from day to day), urinary symptoms (pain when passing urine, frequency and hestitancy) and sexual problems –eg difficulty with erections and painful ejaculation



Acute Prostatitis – 4 week course of antibiotics – usually Ciprofloxacin

With Ciprofloxacin, be aware of any worsening tendon pain (rare side effect) and inform your doctor if you experience this.

Pain relief – paracetamol/ibuprofen

Laxatives to help keep stool soft

Risk of urinary retention and prostate abscess (if infection not fully treated)

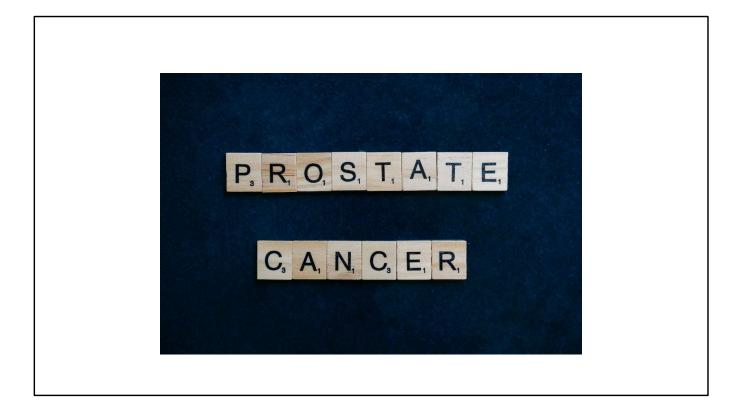
Chronic Prostatitis

Can be due to previous recurrent urine infections

Management can be difficult and may need a referral to a specialist.

Antibiotics, pain relief and laxatives.

May need a longer course of antibiotics or in some cases surgery for the prostate.



Prostate cancer is when cells in the prostate start to grow in an uncontrolled way. Some grow slowly and others can spread very quickly. 1 in 8 men will get prostate cancer. If you're over 50, or you're of Afro-Caribbean descent, or your dad or brother had it, you're at even higher risk. No national screening programme



Across the UK

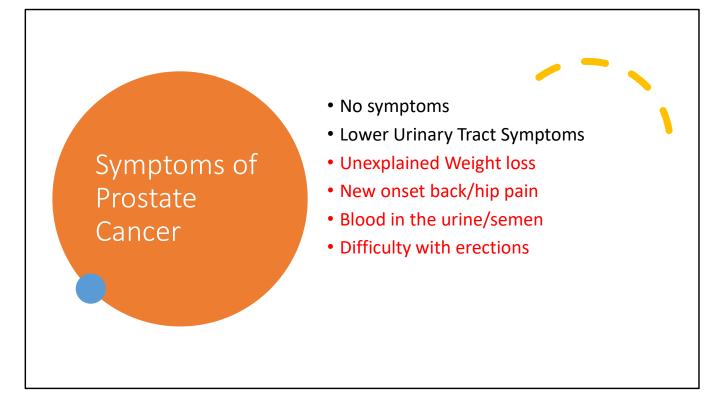
•Prostate cancer is the most common cancer in men.

•Around 475,000 men are living with and after prostate cancer.

•More than 52,000 men are diagnosed with prostate cancer every year on average – that's 143 men every day.

•Every 45 minutes one man dies from prostate cancer – that's more than 12,000 men every year.

•1 in 8 men will be diagnosed with prostate cancer in their lifetime.

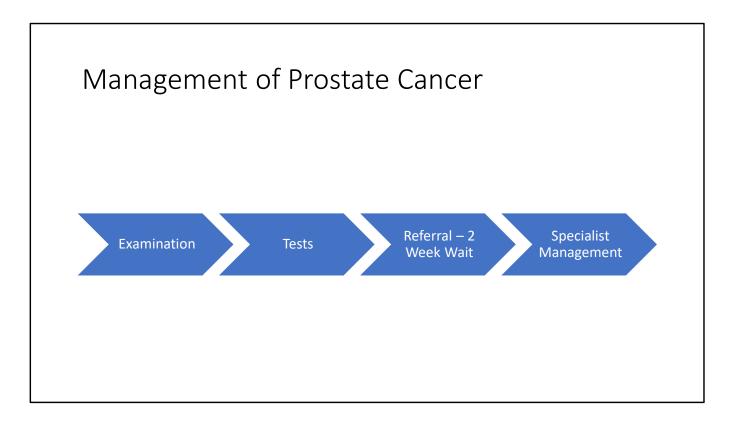


Men with early prostate cancer will often have no symptoms because of the way the cancer grows.

You'll usually only get early symptoms if the cancer grows near the tube you urinate through (the urethra) and presses against it, changing the way you urinate (wee).

But because prostate cancer usually starts to grow in a different part (usually the outer part) of the prostate, early prostate cancer doesn't often press on the urethra and cause symptoms.

Advanced prostate cancer can cause the Red Flag (worrying) symptoms.



Physical examination – including a rectal examination as discussed before.

To feel if the prostate is enlarged, any nodules or irregularity

Blood test – PSA, urine tests

If anything unusual is felt on examination or if the PSA is raised, then your doctor may refer you to the Urology Team at the Hospital for further investigations.

If you have not heard from the hospital within 2 weeks of being referred, please let your GP Surgery know and contact the hospital team as well.

Management of Prostate cancer by the specialists may include further blood tests, further imaging (eg MRI of the Prostate) and biopsies.

All of these together will then help decide what kind of management is required – conservative (watchful waiting), hormonal treatment, radiotherapy, chemotherapy or surgery.

Prostate Cancer UK

Information about Prostate Cancer

Who is at Risk

Treatments

Support from Specialist Nurse

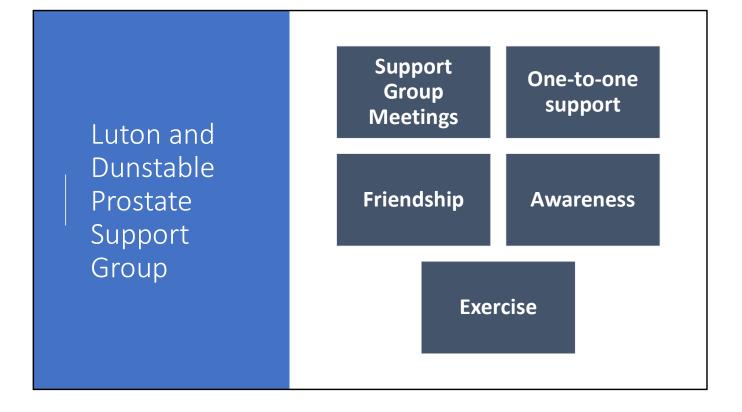
Tests

Just Diagnosed

Living with Cancer

Wellbeing Hub

How to Manage Guides





How confident are you with you knowledge about the Prostate now (on a scale of 1-3)?

Resources for Support

- <u>https://prostatecanceruk.org/</u>
- https://patient.info/mens-health/prostate-and-urethra-problems/prostate-gland-enlargement
- https://patient.info/mens-health/prostate-and-urethra-problems/acute-prostatitis
- <u>https://patient.info/mens-health/prostate-and-urethra-problems/chronic-prostatitis</u>
- <u>https://ldpsg.org.uk/</u> Luton and Dunstable Prostate Support Group
- https://www.macmillan.org.uk/

(A copy of these links will be sent out via text message)

