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Benign Prostatic Hyperplasia (BPH) Fact Sheet

What is BPH?

Benign prostatic hyperplasia (BPH) is a medical term for an enlarged prostate. It is a progressive, non-cancerous condition which occurs naturally during the aging process. As the prostate becomes enlarged, it may compress the urethra and lead to a number of uncomfortable and painful symptoms or obstruction.

What are the symptoms of BPH?

- Men with BPH routinely experience one or more of the following symptoms:
- Frequent and urgent need to urinate both day and night
- Difficulty starting urination
- Weak urine flow
- Stopping and starting of urine flow
- Feeling of being unable to empty the bladder completely
- Urinary incontinence
- Sexual dysfunction

How common is BPH?

Over 9 million men are diagnosed with symptomatic BPH in the United States. BPH, commonly referred to as an enlarged prostate, frequently leads to clinically significant bladder outlet obstruction that, if left unresolved, can result in acute urinary retention (AUR), recurrent infections, bladder stones and in rare cases kidney damage or permanent urinary symptoms.

How is BPH diagnosed?

A urologist can diagnose BPH with a high degree of confidence using a thorough medical history, a physical exam, laboratory tests and a patient's International Prostate Symptom Score (IPSS). The IPSS calculates a rating based on a man's answers to seven questions involving his urinary voiding patterns. The higher the score, the more likely that treatment is needed.

Does BPH require treatment?

No. Only about half of the men who have BPH experience symptoms that require treatment. Enlarged prostate is non-cancerous and not life threatening, but symptoms can disrupt everyday activities. If some moderate to severe symptoms are ignored, BPH can lead to more serious health problems, including impotence, bladder infection and kidney dysfunction.

What are the treatment options for BPH?

There are a number of treatment options to consider for BPH based on an individual's medical history, the severity of symptoms and how much the condition is affecting his lifestyle. Each option carries its own risk and should be discussed with a urologist. The four most common treatment options for enlarged prostate are watchful waiting, medication, minimally invasive treatments and surgery.

Watchful Waiting

If a man experiences little or no difficulty due to BPH, he may choose to wait and see how the symptoms progress before seeking treatment. An annual exam will help determine the need for treatment.

Medication

There are two main types of prescription medication used for treating BPH. Alpha-blockers relax the muscles in and around the prostate, increasing urinary flow within days to weeks. Anti-androgens inhibit the production of DHT – the hormone which may be involved in enlargement of the prostate – thus inhibiting the growth of the prostate. This type of medication may take six to twelve weeks to have any effect on the prostate. Some physicians may use a combination of both types. Medications, however, do not cure BPH. Once a man stops taking the medication, symptoms return. In addition, medication may become costly over time, an individual may not respond to the medications, and/or he may experience intolerable side effects such as fatigue, headache, dizziness and impotence. Approximately 48% of men who used medical therapy in a study conducted by J. Wei, MD, did not achieve a clinically significant decrease in IPSS.¹

Minimally Invasive Treatments (MITs)

Men who want long-term relief of BPH symptoms or obstruction often choose a minimally invasive, office-based treatment as a cost-effective alternative treatment for BPH. Research has proven that minimally invasive treatments are a safe, effective and durable option for BPH.² These treatments may be appropriate for patients who do not want to take daily medications for the rest of their lives, dislike the side effects of medication or do not want the risks or side effects of invasive surgery. There are several MITs available for men with BPH. Treatments include Radio Frequency (RF) therapy, High Energy Transurethral Microwave Therapy (HE-TUMT), and Low Energy Transurethral Microwave Therapy. RF therapy and HE-TUMT use precisely targeted heat to destroy the enlarged prostate tissue and both have clinical data supporting durability up to 5 years following treatment.^{2, 3} Some of the risks associated with MITs may include pain/discomfort, urgency to urinate, urinary incontinence, urinary tract infection and obstruction.⁴

Surgery

Surgery is offered to patients who do not respond to other treatments or who cannot tolerate BPH medication. Surgery provides significant improvement in BPH symptoms, but there is a higher incidence of complications.⁵ Two common forms of surgery are Transurethral Resection of the Prostate (TURP) and Laser surgery. No incision is needed, both are transurethral procedures, but surgery usually requires a one- to three-day hospital stay, general or spinal anesthesia and up to six weeks of recovery. Complications and risks may include the possibility of bleeding, urinary incontinence, retrograde ejaculation and impotence.⁴

For more information, visit the www.urologix.com or call Urologix' toll-free number (888-229-0772).

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¹ Wei, et al, High Rates for Continued BPH Medical Therapy among Non responders, AUA 2010 Annual Meeting, Abstract 498

² Mynderse, L., et. al., Results of a Multi-Center Trial of a New Generation Cooled ThermoTherapy for BPH, *Journal of Urology*, May 2010, Vol 185, No 5

³ Hill, B., et. al., Transurethral Needle Ablation vs TURP for the treatment of Symptomatic BPH: 5-Year Results of a Prospective, Randomized, Multicenter Clinical Trial, *Journal of Urology* Vol 171, 2336-2340, June 2004

⁴ For a complete list of all risks associated with a particular MIT or surgery, please visit the manufacturer's website.

⁵ McVary, K., et.al., Contemporary Diagnosis and Management of The Enlarged Prostate, Handbooks in Health Care Company, 2nd Edition, ©2011