

PROSTATE ARTERY EMBOLIZATION

Effective treatment for BPH

BENIGN PROSTATIC HYPERPLASIA (BPH) IS COMMON

It affects **50% OF ALL MEN**
51-60 YEARS OLD 

and **90% OF MEN**
OLDER THAN 80¹ 



Up to **95% OF MEN** with moderate BPH symptoms **ARE UNHAPPY** and don't want to spend the rest of their lives with these symptoms²

Left untreated, BPH CAN LEAD TO COMPLICATIONS

including urinary infection, renal failure and urinary, bladder or kidney stones¹



The number of men with BPH IS EXPECTED TO INCREASE

significantly in the next few decades due to a growing elderly population and increasing life expectancy. The number of people over 80 years old in the U.S. will more than double in three decades, from 9.3 million in 2000 to 19.5 million in 2030.



RISK FACTORS FOR BPH INCLUDE:

- » Being over age 40
- » A family history of BPH
- » Obesity
- » Lack of physical activity or exercise
- » Erectile dysfunction
- » Cardiovascular and heart and diseases
- » Type 2 diabetes

¹ Barry M. Roehrborn C. Management of benign prostatic hyperplasia. Annu Rev Med. 1997;48:77-109

² Bertaccini, A., Vassallo, F., Martino, F., Luzzi, L., Rossetti, S., Di Silverio, F., et al. Symptoms, bothersomeness and quality of life in patients with LUTS suggestive of BPH. Eur Urol. 2001;40 (Suppl 1):16.

³ Cardiovasc Interv Radiol. 2017 Nov;40(11):1694-1697. doi: 10.1007/s00270-017-1700-7. Epub 2017 May 30. Cost Analysis of Prostate Artery Embolization (PAE) and Transurethral Resection of the Prostate (TURP) in the Treatment of Benign Prostatic Hyperplasia. Bagla S1,2, Smimiotopoulos J3, Orlando J4, Piechowiak R4. <https://pubmed.ncbi.nlm.nih.gov/28560549/>

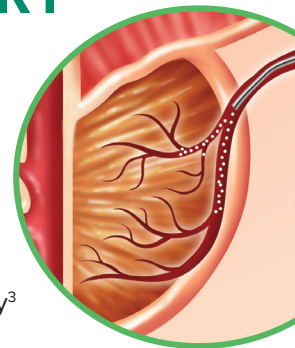
⁴ Cost Analysis of Prostate Artery Embolization (PAE) and Transurethral Resection of the Prostate (TURP) in the Treatment of Benign Prostatic Hyperplasia. Bagla S1,2, Smimiotopoulos J3, Orlando J4, Piechowiak R4. <https://pubmed.ncbi.nlm.nih.gov/28560549/>



A NEW AND LESS INVASIVE ALTERNATIVE FOR TREATING BPH

PROSTATE ARTERY EMBOLIZATION:

- » Up to 90% success rate
- » No hospitalization required
- » No anesthesia needed
- » Shorter recovery
- » Minimal Pain
- » Few reported side effects
- » Approximately 1/3 the cost of surgery³
- » Symptom improvement



WHO IS A GOOD CANDIDATE FOR PAE?

PAE is recommended for patients who:

- » Those who can't or choose not to have medical therapy
- » Have an enlarged gland (>40g)
- » Do not wish to have surgery
- » Have refractory hematuria
- » Are high risk surgical candidates, are on anticoagulation, and/or smoke. These are NOT contraindications
- » Have bladder outlet obstruction with a Foley catheter



PAE is an effective and safe outpatient procedure in symptomatic BPH with moderate to severe LUTS and good results at short, medium and long term.⁴

THE PAE PROCEDURE

PAE is an interventional radiology procedure performed by an NSVI interventional radiologist using imaging guidance. Tiny microparticles are injected via catheter into the microvasculature feeding the prostate. The reduced blood flow causes the prostate to shrink, and symptoms are relieved.

Dr. Jafar Golzarian of North Star Vascular & Interventional was the very first interventional radiologist in the United States to perform the PAE procedure. If you are interested in learning more about PAE or consulting with us regarding a patient, please call (952) 697-7406.



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