

BPH

Benign prostatic hyperplasia is a benign increase in the size of the prostatic gland. Hyperplasia of the stromal and epithelial cells results in the enlargement of the gland and/ or formation of nodules. Symptoms to mention a few include frequent urination, nocturia, urgency, hesitancy, weak urinary stream, retention and urinary obstruction. Diagnosis is by digital rectal examination and TRUS of prostate gland. The treatment of prostatitis (if present) is needed prior to managing BPH. Medical management of BPH is by prescribing alpha blockers and/or 5 alpha- reductase inhibitors. Response to medications is monitored by measuring the prostate volume via TRUS of the prostate gland and DRE every three to six months.

BPH WITH CONCURRENT PROSTATITIS AND URINARY OBSTRUCTION

In situations when a patient presents with urinary obstruction and comes with a foley catheter inserted, an alpha blocker is started and infection is treated accordingly with target specific antimicrobial based on objective diagnosis procedures. After three days, withdrawal of the foley catheter is attempted. Once the patient is able to urinate without a foley catheter, management and treatment of prostatitis will proceed as described in the prostatitis section. In the event that the patient is unable to urinate on his own, foley catheter reinsertion is done, medications are continued and another attempt to pull-out the catheter after seven days is in order.