

Important Questions about PAE

When is PAE the best option for me?

PAE represents the best treatment option for you if you suffer from common symptoms caused by an enlarged prostate gland. It is also indicated if you do not benefit from drug therapy, cannot have general anesthesia and/or show prostate dimensions not suitable for surgical treatment.

What are the contraindications for PAE?

Before embolization, patients must be examined to rule out the presence of a malignant tumor, which contraindicates a PAE. Other contraindications include atherosclerosis and a tortuous (twisted) pelvic and/or prostatic vessel anatomy, as demonstrated by CT (computed tomography) angiography. Regardless of prostate enlargement, the patients must be symptomatic to qualify for PAE surgery.

Who will be doing the procedure?

PAE is done by specially trained doctors called interventional radiologists (= Image-guided surgeons). They have special expertise in using X-ray equipment, and also in interpreting the images produced. They look at these images while carrying out the procedure. Interventional radiologists are the best trained people to insert needles and catheters into blood vessels, through the skin, and place them correctly.

Will my sexual function be affected?

Based on studies to date, patients treated with PAE for BPH have not experienced a decline in sexual function. Sexual dysfunction is mostly associated with the side effects of the prescription medication therapy that patients used to treat BPH, prior to the PAE procedure.

Please call us at **317-621-5555** to setup an appointment with one of our board certified Interventional Radiologists who are experts in prostatic artery embolization.

To learn more about prostatic artery embolization, please visit: www.radiologyofindiana.com



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Prostatic Artery Embolization (PAE)



An Innovative Treatment
for Benign Prostatic Hyperplasia

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What is Benign Prostatic Hyperplasia?

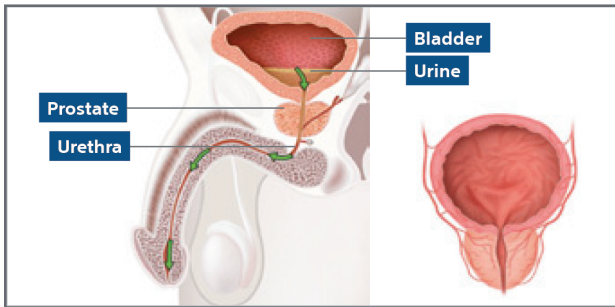
Benign Prostate Hyperplasia (BPH) is the most common disease of the prostate and is very common in middle-aged and elderly men. It can affect 50% of men at age 60, and 90% of those aged over 85 years. BPH is a benign, non-cancerous increase of prostate volume, and commonly causes obstruction of the bladder outflow. The condition can cause debilitating symptoms that have an impact on quality of life.

What Are the Most Common Symptoms of BPH?

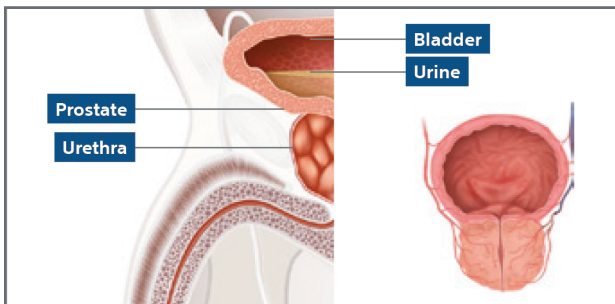
- Increased frequency and need to urinate
- Increased frequency of urination at night (nocturia)
- Difficulty starting urination
- Weak and/or interrupted urinary stream
- Sensation of incomplete bladder emptying after urination

These symptoms may occur in isolation or in conjunction with one another, and can vary in severity.

Normal Prostate



Enlarged Prostate



Prostatic Artery Embolization (PAE)

PAE is a minimally invasive procedure for the treatment of BPH with lower urinary tract symptoms (LUTS). The prostate arteries are embolized by tiny microspheres that block some of the blood flow to the prostate, shrinking the tissue and relieving the symptoms.

Advantages of the PAE Procedure

Non-surgical procedure performed under local anesthesia

Clinically proven to be safe and efficacious by several studies

Typically an outpatient procedure; in and out in the same day

Not treated through the urethra so minimizes risk for retrograde symptoms

Procedure Details

- Performed under local anesthesia.
- A small catheter is introduced in either the wrist or the groin.
- The catheter is then advanced into the prostate artery.
- Once the catheter is in place, tiny microspheres are injected to block the blood flow to the prostate.
- This embolization may be repeated for the prostate artery on the opposite side, using the same catheter and microsphere combination.
- The procedure takes 1-2 hours.
- Once the catheter is removed, compression is held at the area of access and the patient is discharged a few hours following the procedure.

