

PROSTATE ARTERY EMBOLIZATION

An exciting, painless, and effective treatment for BPH



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How Does Prostate Artery Embolization (PAE) Work?

What Patients Need to Know

When most men are diagnosed with an enlarged prostate, they are typically offered medications or one of several different surgeries done through the urethra.

What they are not told is that they do not necessarily have to undergo surgery. In fact, they can find relief from their symptoms with a safe, non-invasive procedure called prostate artery embolization (PAE).

How does prostate artery embolization work? Read on to learn more about this groundbreaking procedure.

How Does Prostate Artery Embolization Work?

PAE is a treatment that helps improve the symptoms of benign prostatic hyperplasia (BPH), a non-cancerous enlargement of the prostate gland. BPH usually affects men as they age, starting in the 40s and progressing with each decade. It is estimated that 90% of men over the age of 80 years have this condition.

“By the time they reach 80 years of age, 90% of men will suffer from symptoms of an enlarged prostate.”

Instead of surgically treating the prostate gland, a doctor will use a catheter to deliver tiny particles to the prostate gland. The particles inhibit blood flow to the areas of the prostate most impacted by the enlargement, causing isolated areas of prostate tissue to shrink, thereby reducing the size of the prostate.

Prostate Artery Embolization Technique

The PAE treatment is a minor endovascular procedure. The treatment can last up to two hours depending on the needs of the patient, such as the size and location of the arteries to be embolized.

The doctor inserts an angiographic catheter the size of a spaghetti noodle into an artery in the patient's groin, steering the catheter into the blood vessels that carry blood to the prostate gland.

With the catheter in place, the doctor will inject a dye into the blood vessels (called an angiogram) to provide a map of the blood vessels that lead to the prostate.

Tiny microspheres are injected into the catheter to reach the necessary blood vessels, thereby reducing the supply of blood to the gland. Once one side of the gland has been treated, the doctor will treat the other side.

Benefits of Prostate Artery Embolization

The benefits of the PAE procedure include:

- It is a non-invasive, outpatient procedure
- Patients can expect to see results within a few days
- Easy recovery

- No risk of urinary incontinence
- No risk of sexual side effects
- No retrograde ejaculation
- Less pain/discomfort during and after the procedure

Patients who have BPH typically suffer from **the following symptoms:**

- Difficulty starting the urination process
- Frequent and urgent need to urinate
- Weak stream of urine or a stream of urine that stops and starts
- Increased nocturnal urination (which significantly and adversely impacts sleep)
- Inability to empty the bladder fully
- Post-urination dribbling
- Complete inability to urinate
- Recurring UTIs (urinary tract infections)
- Blood in the urine

After a person undergoes this procedure life gets back to normal within a couple of days and urine flow improves with a few weeks.

“Within a few weeks after a PAE procedure, most men experience a significant improvement in urinary tract function.”

How Does PAE Differ from Other BPH Treatment Options?

PAE is not the only procedure available to men dealing with enlarged prostate. Here is a look at two other procedures commonly recommended to BPH sufferers.

Prostate Artery Embolization vs. UroLift

An alternative to prostate artery embolization is the UroLift procedure. During this treatment, a doctor uses small implants to hold the prostate tissue away from the urethra. Basically, it uses compression to improve urine flow.

The UroLift System has its limitations, though. It is not a one-size-fits-all remedy to enlarged prostate. The procedure is only suitable for men with **smaller prostate glands** and not effective for those who have a **large median lobe** (a part of the prostate that can grow into the bladder, something that affects at least 10% and up to 40% of men)

Prostate Artery Embolization vs. TURP

Transurethral resection of the prostate (**TURP**) is a form of prostate surgery. A doctor inserts a **resectoscope** (a tool that consists of a wide-angle microscope for exploration and a wire loop that can cauterize and remove tissue) into the tip of the penis and through the urethra. Using that tool, the doctor trims away excess prostate tissue, thereby restoring proper urine flow.

Though TURP is considered a minimally invasive procedure, it is still a form of surgery, which brings with it some downsides, including:

- Temporary difficulty with urination
- Dry orgasms
- Erectile dysfunction (ED)
- UTIs
- Post-operative bleeding
- Low blood sodium levels
- Urinary incontinence

Based on these side effects alone, PAE is a safe alternative to TURP.

FAQs: Top 8 Questions about PAE

Once patients suffering from benign prostatic hyperplasia learn about prostate artery embolization, they tend to have a lot of follow-up questions. Here are some of the most common questions asked about PAE.

1. How Successful is PAE for Enlarged Prostate?

In [a 2020 study](#), researchers found that PAE was as effective as TURP at 12 months. Researchers also pointed out:

- A greater quality of life improvement was reported in the PAE group
- PAE patients had a lower complication rate than TURP patients

2. Is Prostate Artery Embolization Safe?

In the study mentioned above, the only adverse effects in the PAE group were minor. Conversely, the TURP group had approximately [twice as many](#) adverse reactions as PAE.

“Recent studies show that prostate artery embolization patients have significantly fewer adverse reactions than those who undergo TURP surgery.”

3. How Long Does Prostate Artery Embolization Last? Safe?

One of the main concerns men have about various BPH treatment options is how long they will last. Their concern is valid for multiple reasons:

- They do not want to undergo any more treatments than they absolutely must
- If it is possible, they do not want to deal with the symptoms of BPH ever again

Long term studies have shown that the effects of the PAE procedure can last 5–6 years.

4. Who Performs This Type of Procedure?

The doctors who perform PAE are called interventional radiologists. They are medical doctors with up to six years of [additional training](#) after medical school.

[Interventional radiologists](#) use specialized radiology or imaging to perform minimally invasive procedures, like prostate artery embolization. They commonly use:

- Fluoroscopy (a technique that utilizes x-rays to create a real-time “movie” of the insides of a particular body part)
- MRI
- CT scans
- Ultrasound technology
- Arteriograms (the x-ray used to examine the arteries in the PAE procedure)

5. Can I Get Prostate Artery Embolization Near Me?

Absolutely! Due to markedly favorable PAE results in clinical trials, more interventional radiologists are offering this technique to their patients.

For patients dealing with enlarged prostate in [Scottsdale](#), Arizona, or [El Paso](#), Texas, they can find an Advantage IR clinic with trained, qualified PAE providers performing PAE on an outpatient basis.

6. What is the Prostate Artery Embolization Recovery Time?

Mild urinary and bladder discomfort after the procedure is common and can last for a few days post-op.

7. How Much Does Prostate Artery Embolization Cost?

Regarding medical insurance coverage, that is entirely dependent on the patient’s [insurance company](#) and plan (including their unique deductible and co-pay percentages). Generally, if an insurance company covers prostate surgery, they are usually willing to cover prostate artery embolization.

8. Who are Good Candidates for PAE?

The [best candidates](#) for PAE are men who:

- Suffer from the most common symptoms related to enlarged prostate
- Have tried drug therapy but did not benefit from it
- Have a prostate size over 80 grams
- Are sexually active

A patient’s doctor will also determine if they are a good candidate based on the results of various diagnostic tests, including:

- PSA levels
- Prostate ultrasound
- A urodynamic pressure study
- A cystoscopy (to examine the lining of the urethra and bladder)

Patients that are [not good candidates](#) include those with:

- A malignant tumor
- Atherosclerosis
- A twisted pelvic floor
- Unusual prostatic vessel anatomy

“In the past, TURP surgery was the “gold standard” of treatment for an enlarged prostate. With such promising

results, PAE may soon become the new gold standard in BPH care.”

See What Other Patients Have to Say about PAE

Does prostate artery embolization work? Doctors can tell their patients all about the benefits of the procedure but there are many who want to hear from other patients who have undergone the treatment.

The [Advantage IR website](#) is loaded with information and video patient testimonials about PAE. Men who have had the treatment say that they no longer struggle with BPH symptoms and that they have been able to reclaim their quality of life.

Any man who has been diagnosed with enlarged prostate should talk to a healthcare professional about this non-invasive alternative to surgery.

Are you interested in learning more about PAE and whether you are a good candidate? The team at My Aim are here to answer your questions.

Contact us [today](#) to schedule a consultation!