

# Handbook On Benign Prostatic Hyperplasia

information about the size, consistency and anatomic limits of the prostate (Table 2.4) and can be performed with the patient in the left lateral (Figure 2.3) or knee-elbow position. Studies suggest that DRE provides a reasonably accurate estimation of volume in prostates of 50 cm<sup>3</sup> or less. However, the volume of larger glands tends to be underestimated by this technique. DRE may also provide important information about perianal and rectal conditions and sphincter tone.

In addition to rectal examination, the abdomen should be examined to detect a palpable bladder due to chronic urinary retention. The physical examination should also include a focused neurological assessment, together with some specific enquiries, to exclude disorders of the nervous system, such as a cauda equina lesion or Parkinson's disease, as the underlying cause of the patient's symptoms.

## Urinalysis

Ideally, urinalysis – either by dipstick or by microscopic examination of sediment – should be performed in all men presenting with LUTS. Such investigations help to distinguish BPH from urinary tract infection or bladder cancer, which may produce symptoms similar to those of BPH. It may also explain a rise in prostate-specific antigen (PSA) unrelated to BPH or prostate cancer. If the dipstick result is positive, urine

TABLE 2.4

Useful clinical information for the diagnosis of BPH provided by digital rectal examination

Size	The normal prostate is slightly smaller than a golf ball (20 cm <sup>3</sup> ). In patients with BPH, it may exceed the size of a tennis ball (> 50 cm <sup>3</sup> ).
Consistency	The benign gland feels smooth, symmetrical and elastic; a palpable nodule or a diffusely hardened and asymmetrical gland may indicate cancer.
Anatomic limits	The lateral and cranial borders and the median sulcus of the prostate should be identifiable. The seminal vesicles should be impalpable; hardening suggests invasion by prostate cancer.

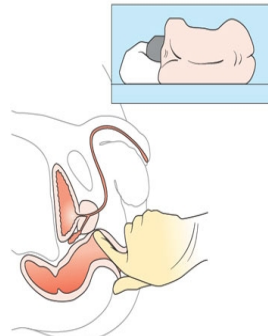


Figure 2.3 Digital rectal examination of the prostate should be performed carefully and the results recorded for all patients with lower urinary tract symptoms.

microscopy and culture should be performed and further imaging and evaluation of the renal tract considered. Urine cytology should be requested in those with severely irritative symptoms to exclude a diagnosis of carcinoma-in-situ of the bladder. If urine cytology is positive, an intravenous urogram (IVU) or a CT scan with intravenous contrast and lower tract endoscopy and biopsy are mandatory.

## Prostate-specific antigen

Although PSA determination is an optional test, it should be seriously considered for all men with a life expectancy of 10 years or more, for whom identification of prostate cancer would influence treatment decisions (Table 2.5). Measurement of PSA increases the likelihood of detecting prostate cancer over and above DRE alone and is most

handbook on benign prostatic pdf -. Sun, 08 Jul GMT - Tamsulosin , sold under the trade name Alna / Flomax , is a medication used to treat. The Consumer's Handbook of Urological Health. have an enlarged prostate (or BPH), the flow of your urine from the bladder is blocked. You may have. Benign prostatic enlargement. U&E. Urea and Electrolytes . Wilt T, MacDonald R, Rutks I. Tamsulosin for benign prostatic hyperplasia. Cochrane Database of. On Apr 10, , Alankar Shrivastava published the chapter: Benign Prostatic Hyperplasia: A Review of Different Treatment Options in the book: Handbook of. chapter in the Wells Handbook, please go to Chapter Benign Prostatic Hyperplasia. This resource will give trainees in urology and general physicians a quick, concise but complete overview of diagnostic processes and recommended treatment. Handbook of Clinical Gender Medicine. Editor(s): Etiology and Pathogenesis behind Benign Prostatic Hyperplasia. The background of the. Benign prostatic hyperplasia is a common disease of aged males. It is associated with low urinary tract syndrome and can result in serious. Benign prostatic hyperplasia (BPH) is best described as a noncancerous enlargement of the prostate gland. Clinically, BPH manifests through. Benign prostatic hyperplasia (BPH) is defined histologically by hyperplasia of both . Jaime C. Paz, in Acute Care Handbook for Physical Therapists (Fourth. prostatic hyperplasia (BPH) and has given him the BPH is present in approximately 20%. Lynn Gould .. Adelaide: Australian Medicines Handbook; 8. Benign prostatic hyperplasia (BPH) refers to the proliferation of epithelial and smooth muscle cells within the transition zone of the prostate. Other terms for BPH. The prostate is located between the bladder outlet and pelvic floor. It surrounds the urethra and is has functions in urinary continence and reproduction.

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