

PROSTATE ARTERY EMBOLIZATION

A NEW AND 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 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.

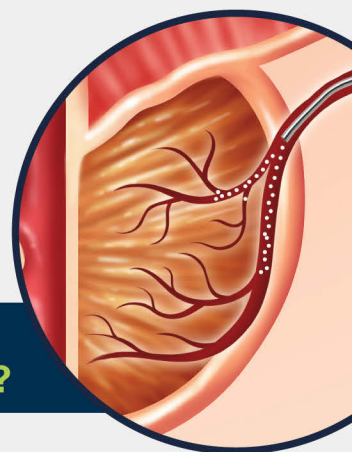
RISK FACTORS FOR BPH INCLUDE:

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

PROSTATE ARTERY EMBOLIZATION:

A NEW AND MINIMALLY INVASIVE ALTERNATIVE FOR TREATING BPH

- » High success rate (75-95%)
- » No hospitalization required
- » No anesthesia needed
- » Shorter recovery
- » Minimal Pain
- » Few reported side effects
- » Approximately 1/3 the cost of surgery³



WHO IS A GOOD CANDIDATE FOR PAE?

PAE is recommended for patients who:

- » Have failed medical therapy
- » Have an enlarged gland (>50g)
- » Do not wish to have surgery
- » Have refractory hematuria
- » Patients are still considered candidates if they have any history of chronic kidney disease, anticoagulation medication use, and/or history of smoking.



THE PAE PROCEDURE

PAE is an interventional radiology procedure performed by a specially trained physician 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.

The physicians of AMIC are among the region's most experienced in performing the PAE procedure.

LEARN MORE! Submit a consult request via amicrad.com or call us at (970) 225-9729.

References

1. Barry M, Roehrborn C. Management of benign prostatic hyperplasia. Annu Rev Med. 1997;48:77-189
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 Intervent 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, Smirniotopoulos J3, Orlando J4, Piechowiak R4.

