PROSTATIC ARTERY EMBOLIZATION (PAE) FOR BENIGN PROSTATIC HYPERPLASIA
An Innovative Treatment
WHAT IS BENIGN PROSTATIC HYPERPLASIA?

Benign Prostatic 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.\textsuperscript{1} 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 the 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.
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 symptoms.

**ADVANTAGES OF THE PAE PROCEDURE**

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<th>Advantage</th>
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<td>Non-surgical procedure performed under local anesthesia</td>
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<td>Clinically proven to be safe and efficacious by several studies</td>
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<td>Typically an outpatient procedure; in and out in the same day</td>
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<td>Not treated through the urethra so minimizes risk for retrograde symptoms</td>
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• 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.

EMBOLIZATION DIAGRAM
What are the risks associated with PAE?
- Mild pain associated with the embolization
- Non-target embolization of surrounding vessels
- Hematoma or bruising at the access site
- Blood in the urine or a urinary tract infection

Will my sexual function be affected?
- Based on current literature, PAE offers very low risk of causing sexual dysfunction

Does the size of my prostate stop me from getting the PAE treatment?
- Prostate size, symptoms and other factors are taken into consideration by your Interventional Radiologist.
- Consult your Urologist and Interventional Radiologist to determine which procedure is right for you

What happens to my prostate following the PAE procedure?
- The prostate may shrink following the embolization
- Symptom improvement is not always tied to the amount of prostate size reduction

How do I decide which treatment is right for me?
It is important that you understand all of the treatments that are available to you. You should have a detailed discussion with your physician about your options, including benefits and potential risks.

The procedures and information described on this page are not intended as a substitute for a physician’s judgment. Only you and your physician can decide which choice is best for you.
1 Early Results from a United States trial of Prostatic Artery Embolization in the Treatment of Benign Prostatic Hyperplasia. Sandeep Bagla et al., J Vasc Interv Radiol 2013; 09.010
2 Medium- and Long Term Outcome of Prostate Artery Embolization for Patients with Benign Prostatic Hyperplasia: Results in 630 Patients. Joao M. Pisco et al., J Vasc Interv Radiol 2016; 27:1115–1122
3 Can prostate artery embolization (PAE) reduce the volume of the peripheral zone? MRI evaluation of zonal anatomy and infarction after PAE. Yen-Ting Ling et al., Eur Radiol 2016; 26:3466-3473

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