What is prostate enlargement?

The prostate gland is about the size of a walnut and surrounds the top part of the urethra (the tube that carries urine from the bladder to the end of the penis), just under the base of the bladder. As men age, benign prostatic hyperplasia (BPH) can cause prostate enlargement.

Prostate enlargement resulting from BPH is not the same as prostate cancer. On its own, BPH isn’t anything to worry about, but its symptoms can cause considerable discomfort, inconvenience and reduced quality of life.

BPH becomes more common as men age. About 50% of all men aged over 50 have BPH, increasing to over 80% for men aged 80 or older.

Symptoms of prostate enlargement

Many men with BPH have urinary symptoms because the region of the prostate that’s usually affected is beside the urethra. As the prostate enlarges, the urethra narrows and the normal passage of urine is impaired.

Symptoms of BPH can include:

- Changes in the strength of your urine stream
- Trouble starting to urinate, or dribbling urine towards the finish
- Needing to urinate more or less frequently than usual.

If you notice any of these symptoms, you should talk to your doctor.

Causes of prostate enlargement

Men are more likely to have BPH as they age and if they have metabolic syndrome, diabetes, high blood pressure, obesity, or a diet that’s low in fruit, vegetables and legumes.

There is a genetic component to BPH, so some men inherit an increased risk of prostate enlargement.

Testosterone stimulates cell division in the gland, causing prostate growth. Molecules involved in inflammation can also stimulate prostate gland cell division.

Diagnosis of prostate enlargement

Your doctor will ask you some questions about your urinary symptoms, perform an examination and probably test your urine. They may send you for blood tests or an ultrasound scan.

Treatment of prostate enlargement

Men who aren't too bothered by urinary symptoms of BPH may choose to do nothing or make lifestyle changes. Symptoms may be treated by lifestyle changes, medication or
Surgical procedures to treat BHP include:

- Transurethral resection of the prostate (TURP)
- Photoselective vaporisation of the prostate (PVP)
- Holmium laser enucleation of the prostate (HoLEP).

Procedures like water vapour (steam) therapy or prostatic urethral lift can also be used to treat BPH.

TURP is the most common and best understood procedure used for BPH in Australia, but minimally invasive techniques are becoming more common.

**Health effects of prostate enlargement**

BPH is not associated with an increased risk of prostate cancer.

While BPH may not directly threaten your health, its symptoms can have a significant effect on your wellbeing. The urinary symptoms of BPH can be inconvenient, limit daily activities, and cause considerable stress and anxiety.

The impact of lower urinary tract symptoms from BPH on men’s quality of life is comparable to the effect of asthma.

Since the prostate continues to grow as men age, the symptoms of BPH may become more severe over time, but sometimes symptoms stabilise or even improve over time.

Complications that can arise from BPH include:

- Urinary retention
- Impaired kidney function
- Urinary tract infections
- Bladder stones
- Blood in the urine.

Treating BPH can prevent these complications.

**What to do about prostate enlargement**

If urinary symptoms are bothering you, make an appointment to see your doctor.

Your doctor might:

- Review your medications in case any of them might be contributing to your symptoms
- Suggest things you can do to relieve your symptoms, such as avoiding caffeine and alcohol or doing pelvic floor exercises
Prescribe medicine to treat your BPH or refer you to a urologist for specialist treatment.

What questions should I ask my doctor about prostate enlargement?

- What can I do straight away to minimise my urinary symptoms?
- Could any of my medications be contributing to my symptoms?
- How do we rule out prostate cancer as the cause of my symptoms?

References


[4] Chang et al., 2012. Is there a link between BPH and prostate cancer? The Practitioner


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