



Symptoms:

- + Problems starting urination (hesitancy)
- + Weak and intermittent stream
- + Straining
- + Incomplete bladder emptying
- + Dribbling
- + Frequent urination
- + Urgency
- + Incontinence
- + Waking up at night to urinate



Make an Appointment Today

If you have benign prostatic hyperplasia and would like to learn if PAE is for you, ask your urologist to refer you to the UNC Vascular and Interventional Radiology at Meadowmont or you can self-refer yourself.

UNC Vascular and Interventional Radiology at Meadowmont

300 Meadowmont Village Circle
Suite 310
Chapel Hill, NC 27517
Main Phone: 919-966-4582



UNC
HEALTH®

Prostatic Artery Embolization:

Relieve Lower Urinary Symptoms from Prostate Enlargement with a Minimally Invasive Procedure.

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If you often wake up in the middle of the night urgently needing to pee, only to find yourself needing to go again before falling back asleep, you might be experiencing a condition called benign prostatic hyperplasia (BPH). For many men with BPH, this scenario is all too familiar.

In BPH, the prostate becomes enlarged, making it harder for urine to flow through the urethra. This noncancerous growth of the prostate gland is the most common benign tumor in men. About half of men aged 50 and older experience urination problems because of BPH, and this number increases to 80-90 percent for men over 70.

These symptoms can make life difficult and lower the quality of life for both you and your partner.

Treatments

Prostate enlargement has traditionally been treated with medications such as alpha-blockers (Flomax or Hytrin) and 5-alpha-reductase inhibitors (Avodart or Proscar) or through surgical procedures such as transurethral resection of the prostate (TURP).

In TURP, a surgical instrument is inserted through the tip of the penis into the urethra to trim and remove excess prostate tissue.

If you prefer to avoid invasive surgery due to its potential side effects, there is a minimally invasive alternative called **prostatic artery embolization (PAE)**.

What is PAE?

Prostatic artery embolization (PAE) is a minimally invasive procedure done by interventional radiologists. The procedure is designed to shrink the enlarged prostate gland by blocking arterial blood flow to the gland. The physician accesses the arterial system either through your wrist or groin. Using a tiny tube called a microcatheter, they reach the blood vessels supplying the prostate and inject small, body-safe particles called microbeads to block the arteries. This is called embolization and stops blood flow to the prostate, causing it to shrink. The process is repeated on the other side using the same entry point.

How PAE Works

The PAE procedure targets the blood flow to the parts of the prostate affected by BPH, causing those areas to shrink gradually. Within six months, the prostate will reduce in size by 20 to 40 percent, leading to easier and less frequent urination.

For the PAE procedure, general anesthesia is not used, so you won't be "put to sleep" or intubated. Instead, you'll receive IV sedation, which helps to relieve pain and anxiety, keeping you comfortable throughout the procedure.

The Path to Better Prostate Health

Because the PAE procedure does not involve surgery or physical removal of part of the prostate, you will not see results immediately. The first changes are usually seen one to two months after the procedure, with continued improvement until about four months.