

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 stones!



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
- » Heart and cardiovascular diseases
- » Type 2 diabetes

If you are interested in learning more about PAE or consulting with one of our radiologists, please call (901) 683-1890.



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PROSTATE ARTERY EMBOLIZATION:

A NEW AND LESS INVASIVE ALTERNATIVE FOR TREATING BPH

- » Excellent medium and long-term success rate (81.9% and 76.3% respectively)³
- » No hospitalization required
- » No anesthesia needed
- » Shorter recovery
- » Minimal Pain
- » Few reported side effects
- » Approximately 1/3 the cost of surgery⁴
- » Symptom improvement



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
- » Have chronic kidney disease, are on anticoagulation, and/or smoke. These are NOT contraindications
- » Have bladder outlet obstruction with a Foley catheter



THE PAE PROCEDURE

PAE is an interventional radiology procedure performed by an MVC interventional radiologist 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 following patient international prostate symptom (IPSS) and quality of life (QoL) scores were achieved by Memphis Vascular Center PAE patients:

IPSS PRE	POST 4 WKS	POST 6 MOS	QoL PRE	QoL POST 4 WKS	QoL POST 6 MOS
19	8	3.5	4.5	1.5	0.5

References

1. Barry M, Roehrborn C. Management of benign prostatic hyperplasia. Annu Rev Med. 1997;48:77-189
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3. J Vasc Interv Radio. 2016 Aug;27(8):1115-22. doi: 10.1016/j.jvir.2016.04.001. Epub 2016 Jun 16.
4. 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 S12, Smirniotopoulos J3, Orlando J4, Piechowiak R4.