

# Having a prostate embolisation

This leaflet has been given to you to help answer some of the questions you may have about undergoing a prostate embolisation for benign prostatic hyperplasia (BPH). If you have any further questions or concerns, please do not hesitate to speak to a doctor or nurse caring for you.

Prostate embolisation is usually done as a day case procedure. You should be given a copy of our leaflet, **Inpatient – preparing for your stay**, which gives you information about the hospital, how to get here and what to bring with you. Please ask us for a copy if you do not have one.

## What is BPH?

The prostate gland surrounds the outlet of a man's bladder. BPH is essentially an enlarged prostate gland. It is a very common condition in older men. By the age of 70, approximately 80% of men have an enlarged prostate. As the prostate enlarges, the layer of tissue around it stops it from expanding, which causes the gland to press against the urethra (the passage through which urine flows).

## What are the symptoms?

In many men an enlarged prostate does not cause any problems. If symptoms do occur they may include

- weak urine flow
- hesitancy in passing urine
- sensation that the bladder is not empty after passing urine
- increased frequency in passing urine.

Your doctor has recommended treatment because your prostate is causing problems.

## What is prostate embolisation?

Prostate embolisation is a minimally-invasive procedure that blocks the arteries that supply blood to the prostate. The procedure is performed under local anaesthetic. During the procedure, a radiologist uses an x-ray camera to guide the delivery of small particles to block the prostate arteries. The small particles and contrast dye (liquid used to make injuries or diseases visible on scans) are injected through a thin, flexible tube called a catheter.

## What are the benefits of prostate embolisation?

Prostate embolisation for benign prostatic hyperplasia is a new procedure which is considered when other forms of treatment are deemed unsuitable or high risk. The procedure has only been carried out in a few thousand patients worldwide but early results are encouraging. The majority of patients who have had it done show a reduction in the size of the prostate as well as an improvement in their symptoms.

## What are the risks of having a prostate embolisation?

Prostate embolisation is considered a safe procedure. However, as with any procedure, there are some risks.

- Any procedure that involves placement of a catheter inside a blood vessel (artery) carries certain risks. These risks include damage to the blood vessel and bruising or bleeding at the puncture site. When performed by an experienced radiologist, the chances of any of these events occurring are very small.
- There is a small risk of infection, but this can usually be treated with antibiotics.
- Very rarely there is a chance that small particles can lodge in the wrong place and deprive normal tissue of its oxygen supply. In an attempt to avoid these complications, the doctors pay close attention to the pattern of the blood vessels in the pelvis, noting that the path of the vessels can be different in each individual. Despite this there is a very small risk of injury to the bladder, rectum and genitals because of their close proximity to the prostate.
- Occasionally patients may have an allergic reaction to the x-ray contrast dye used during prostate embolisation. These episodes range from mild itching to severe reactions that can affect breathing or blood pressure. Patients undergoing prostate embolisation are carefully monitored during the procedure, so that any allergic reaction can be detected immediately and treated by the doctors.
- There is the possibility that the procedure will fail due to an inability to embolise the arteries completely or a failure of response to the treatment.

## Are there any alternatives?

Treatment is not always necessary for BPH, however, if you do need treatment there are several options. Your urologist will discuss with you any alternative options they think may be suitable, including medicines and surgery.

## How can I prepare for the procedure?

Before your appointment, imaging of the prostate is performed to fully check the size of the prostate and to assess the blood supply. This is usually done with an ultrasound and a computed tomography (CT) scan or a magnetic resonance imaging (MRI) scan organised by your urologist. We will also organise a blood test before the procedure.

You can prepare by making sure you

- Tell us if you are taking any antiplatelet medicines (such as aspirin or clopidogrel) or any medicines that thin the blood (such as warfarin, rivaroxaban), as these may need to be withheld temporarily before the procedure. We recommend that you call the x-ray department for advice on 020 7188 5573 as soon as you receive your appointment letter.
- Tell us if you are taking medicines for diabetes (such as metformin) or using insulin, as these may need to be altered around the time of the procedure. We recommend that you call the x-ray department as soon as you get your appointment letter.
- Stop eating six hours before your procedure. You may drink clear, non-milky fluids, such as black tea, coffee, or water up to four hours before the procedure.

A cannula (small, plastic tube) will be inserted into a vein in your hand or forearm. An hour before the procedure, you will be given an injection of medication to control your pain through the cannula. You will be given a hospital gown to wear, before you are taken to the x-ray department.

## Consent – asking for your consent

We want to involve you in decisions about your care and treatment. If you decide to go ahead, you will be asked to sign a consent form. This states that you agree to have the treatment and you understand what it involves.

If you would like more information about our consent process, please speak to a member of staff caring for you.

## How is embolisation performed?

You do not need to have a general anaesthetic (where you go to sleep). You may be given a sedative, which will relax you and make you feel sleepy but the majority of these cases are done under local anaesthetic alone (involves numbing the area of the body to be treated).

You will be positioned on the x-ray table. Your groin area may be shaved. The area will then be sterilised and covered with a surgical drape.

The radiologist will numb your right groin with a local anaesthetic injection. A fine, flexible, plastic tube about as thick as a spaghetti strand (catheter) is inserted into an artery in your groin. Using x-ray monitoring to check its position, the radiologist guides the catheter into both your prostate arteries (right and left). Only when the catheter is precisely positioned does the radiologist inject fluid, containing tiny particles, through the catheter. This flows into the prostate arteries and blocks them off. The particles are made from a plastic-like material called polyvinyl alcohol and are about the size of grains of sand. They will remain in your body permanently. In over 30 years of use, they have not shown any harmful effects.

The procedure can take up to two hours.

Once the embolisation is completed, the catheter is taken out and the radiologist will press on the puncture site in your groin for about ten minutes to stop bleeding. You will not need any stitches or dressings.

## Will I feel any pain?

The local anaesthetic will numb your groin area so you will not feel any pain during the procedure. You should expect some pain for several hours after the procedure, but you will be given painkillers for this. This is explained more fully below. Sometimes you may also feel sick.

## What happens after the embolisation?

You will stay in the x-ray department recovery unit for a short period. You will need to lie flat for about four hours. Your blood pressure and pulse will be checked at regular intervals and a clip on your finger will measure the oxygen level in your blood. The nurse will also check the pedal pulse of your foot. This is found around the base of your ankle – it is not painful.

It is common to experience bruising where the artery was punctured. This will normally be sore and uncomfortable for a few days.

You will have minor pain and cramping in the first few hours. You can usually go home the same day but will need a responsible adult to travel home with you.

## What do I need to look out for after I go home?

- You may feel tired and we advise you to rest for one to two weeks depending on the speed of your recovery. You can then go back to work and resume your usual activities.

- Keep a regular check on the puncture site where you had the procedure. To give the puncture site time to heal, **do not** drive for 48 hours after the procedure or do any form of strenuous exercise for 48 hours after the procedure.
- You can eat and drink as normal.
- Continue with any medication as usual, but if you take any diabetes medicines containing **metformin**, please do not take them for the first **two days after your procedure**.
- You may have a burning feeling in your lower abdomen for a couple of days. We will give you painkillers when you leave hospital, which you can take as prescribed to treat this.
- You may notice a very small amount of blood mixed in your stool or urine. **If the bleeding becomes excessive and you also have worsening pain and/or a temperature, you should contact the x-ray department on 020 7188 5573 or speak to your urologist as soon as possible.**
- You may notice some bruising at the puncture site, as mentioned above. Bleeding or swelling is rare but if it does happen, lie down and apply pressure directly on the site for ten minutes. **If the bleeding or swelling continues after ten minutes you should go to your nearest Emergency Department (A&E) taking this sheet with you.**

## Contact us

If you have any questions or concerns, please contact the IR receptionist at Guy's Hospital on 020 7188 5576, Monday to Friday, 9am to 5pm. The receptionist will arrange for the interventional radiologist to call you back.

Outside of these hours, please contact your GP, NHS Direct (see below for contact details) or, **if you need urgent medical attention**, go to your local Emergency Department (A&E).

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit [www.guysandstthomas.nhs.uk/leaflets](http://www.guysandstthomas.nhs.uk/leaflets)

## Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline. **t:** 020 7188 8748 9am to 5pm, Monday to Friday

## Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.

**t:** 020 7188 8801 (PALS)      **e:** [pals@gstt.nhs.uk](mailto:pals@gstt.nhs.uk)  
**t:** 020 7188 3514 (complaints)      **e:** [complaints2@gstt.nhs.uk](mailto:complaints2@gstt.nhs.uk)

## Language and accessible support services

If you need an interpreter or information about your care in a different language or format, please get in touch: **t:** 020 7188 8815      **e:** [languagesupport@gstt.nhs.uk](mailto:languagesupport@gstt.nhs.uk)

## NHS Choices

Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.

**w:** [www.nhs.uk](http://www.nhs.uk)

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