

BPH / Enlarged Prostate Visit

Why you were referred and what to expect in urology clinic

BPH means the prostate has enlarged or is blocking the urine channel. This can cause weak stream, frequent urination, urgency, nighttime urination, straining, or incomplete emptying.

Why am I seeing a urologist?

Many patients start BPH treatment with their primary care doctor. Urology is usually involved when symptoms persist, medications are not tolerated, or there may be a fixable “plumbing” problem.

- **Our job is not to pressure you into surgery.** Our job is to understand your symptoms, check whether the bladder is emptying well, and explain medication and procedure options.
- Testing such as cystoscopy or prostate imaging helps us choose the safest and most durable treatment for your anatomy and goals.

Medication pathway

- Ask your doctor about an alpha-blocker such as **Flomax/tamsulosin** or a similar medicine. These medicines work in similar ways.
- **Finasteride/dutasteride** should usually be started after checking a PSA because they change how PSA is interpreted.
- If your primary doctor prefers that we manage BPH medications, you may be scheduled with our nurse practitioner while medication options are optimized.
- Advanced options may include daily tadalafil/Cialis, beta-3 agonists, or selected bladder calming medicines.

Procedure pathway

- A procedure becomes reasonable if medicines do not work, cause side effects, or you prefer a more definitive option.
- The goal is to open the prostate channel, improve flow, and hopefully reduce or stop BPH medicines when appropriate.
- At Baytown, options may include **TURP, GreenLight PVP, UroLift, HoLEP, and Aquablation.**

What usually happens at your BPH visit?

- **Urine sample:** checks for blood, infection, or other findings.
- **AUA/IPSS symptom score:** helps measure how severe your symptoms are and how much they affect your quality of life.
- **Bladder scan / PVR:** after you urinate, a painless ultrasound over the lower belly checks how much urine is left behind. It does not require a catheter.
- **Medication and PSA review:** we review what you have tried and whether PSA testing is needed or already done.

Why we may recommend cystoscopy or prostate imaging

BPH treatment is not one-size-fits-all. Before choosing a procedure, we often need to understand the size and shape of the prostate and make sure there is not another issue such as urethral narrowing, bladder stones, bladder tumor concerns, prostate cancer concerns, or poor bladder emptying.

- **Cystoscopy** uses a small camera to look at the prostate channel and bladder.
- **Prostate imaging** such as ultrasound or CT helps estimate prostate size and anatomy.

The main point: If you came hoping for “just pills,” that is understandable. Medications are often the first step. Urology also helps decide whether there is a durable plumbing solution that better fits your goals.

This handout is general education and does not replace instructions from your urology team.

AUA / IPSS Urinary Symptom Score Worksheet

For BPH / enlarged prostate symptoms

Answer based on your usual symptoms over the past month. Circle one score for each question. Do not answer based only on your best day or worst day.

Score	0	1	2	3	4	5
Meaning	Not at all	Less than 1 in 5	Less than half	About half	More than half	Almost always

Question	0	1	2	3	4	5
1. Incomplete emptying How often have you felt your bladder was not completely empty after urinating? <i>This helps us understand if you feel urine is being left behind.</i>	0	1	2	3	4	5
2. Frequency How often have you had to urinate again less than 2 hours after you finished? <i>This measures how often your bladder bothers you during the day.</i>	0	1	2	3	4	5
3. Starting and stopping How often have you found your urine stream stopped and started several times? <i>This can suggest blockage from the prostate or bladder muscle strain.</i>	0	1	2	3	4	5
4. Urgency How often have you found it difficult to wait when you had to urinate? <i>This measures the "I need to go right now" feeling.</i>	0	1	2	3	4	5
5. Weak stream How often have you had a weak urinary stream? <i>This can suggest blockage, but may also reflect bladder weakness.</i>	0	1	2	3	4	5
6. Straining How often have you had to push or strain to begin urination? <i>This helps us understand how hard the bladder is working to empty.</i>	0	1	2	3	4	5
7. Nighttime urination How many times do you usually wake up at night to urinate? <i>Nighttime urination can come from BPH, but also from sleep problems, evening fluids, leg swelling, diabetes, sleep apnea, or other medical issues.</i>	0 times	1 time	2 times	3 times	4 times	5+ times

Total symptom score: Add questions 1-7: _____ / 35 **0-7 mild** **8-19 moderate** **20-35 severe**

Quality-of-life question

If your urinary symptoms stayed the way they are now for the rest of your life, how would you feel?

0 Delighted	1 Pleased	2 Mostly satisfied	3 Mixed	4 Mostly dissatisfied	5 Unhappy	6 Terrible
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Quality-of-life score: _____ / 6. This is separate from the symptom score and helps us understand how much the symptoms bother you.

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