

Ask the Doctor: What will help my enlarged prostate?

By [Dr Martin Scurr](#)

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Dr Martin Scurr has been treating patients for more than 30 years and is one of the country's leading GPs. Here he tackles benign prostate enlargement and keyhole surgery on knees...

I have suffered from benign prostate enlargement for the past three years. My urologist has prescribed alpha-blocker medicine (alfuzosin hydrochloride), but it's not very effective and fails to cure my urinary problem. I am 79 and do not want to go through an operation, so could saw palmetto help? If so, what form and concentration are required?

Mr S. R. Patel, Wembley.



Saw palmetto can help ease symptoms caused by an enlarged prostate

Dr Scurr says... Taking herbal remedies for any condition is something that must be carefully considered - by both you and your doctor - so you are right to investigate it thoroughly.

The good news is saw palmetto can help ease the symptoms caused by an enlarged prostate and there are plenty of pros and few, if any, cons. But first, let me explain about your condition.

The prostate is a walnut-sized gland involved in the production of semen; there are three diseases which can affect it - hyperplasia (or enlargement), infection and cancer.

Thankfully, your condition - benign prostatic hyperplasia, or BPH - is noncancerous and these days can be treated quite effectively with oral medicines; an operation is rarely required.

BPH is a common curse for us, affecting around 20 per cent of men between 55 and 75. It's not known exactly what causes it, but it is linked to hormonal changes due to ageing.

What happens is that the gland itself gets bigger and this puts pressure on the urethra, the tube leading from the bladder, causing symptoms such as difficulty in urinating, poor flow, an increase in frequency and a sudden need to go to the loo - day or night.

Diagnosing BPH involves first ruling out prostate cancer. Patients are given a uro-flowmetry test, which measures the pressure of your bladder and how well it works when you urinate.

Other tests include a digital rectal examination to assess the prostate for both size and consistency, a urine test to exclude infection, and a PSA (prostate specific antigen) blood test to check for prostate cancer.

ADIGITAL rectal exam is a vital part of the screening process, as an experienced doctor can tell if the consistency of the gland is abnormal.

The PSA test is somewhat controversial. PSA is a protein in the blood - a so-called 'tumour marker'; raised levels can indicate cancer.

It can also be elevated in men who do not have prostate cancer, so it is carried out merely as a guide.

For patients with mild to moderate symptoms - as you have been suffering - the alpha-blocking drugs, which help relax the muscles of your bladder, may make it easier to urinate.

These can take time to work - anything between four to eight weeks. If these work, you take the pills for life. Alfuzosin is one of the four popular effective ones.

If this fails, as has happened with you, the next stage is to add one of the alpha reductase inhibitors, such as inasteride, which work by shrinking the prostate. Again, this can take some months.

But, pending a review by the specialist and, with the agreement of your GP, you could also consider taking saw palmetto.

The remedy, which comes from the fruit of a type of palm tree, is sold as a 450mg pill, and you should take two of these twice daily.

Saw palmetto is well tolerated, and many of the studies I've seen show a significant improvement in urinary problems.

I also know of no known side-effects - indeed, some of my specialist colleagues actively encourage their patients to take it at the very outset, as a trial, before proceeding to more orthodox drug treatment.

As with the medicine, it could take several weeks before you see an improvement.

My only caveat is that herbal remedies are not licensed in the same rigorous way as conventional medicines - so make sure you buy it from a reputable supplier such as Boots or Holland & Barrett.

If after taking it for two or three months, you still have no improvement, then I suggest asking your urologist to consider adding an alpha reductase medicine. There is every chance that you will be spared an operation.

I am almost 60 and will soon be having keyhole surgery on my knees to remove some calcified bits. Can you give me some information on how the procedure is done and what after-effects I might experience? Is there anything I can do prepare myself health-wise for such a procedure to help with healing?

Mrs A Williams, Cornwall

Dr Scurr says... First, let me reassure you this is a very common procedure and I am sure the difference it will make to your life is immense.

A major benefit of 'keyhole' surgery is that it is less painful, carries less risk of infection and has a faster recovery time - so, hopefully, you'll be back on your feet in no time.

The operation itself is called an arthroscopy.

Although it is sometimes a diagnostic procedure - i.e., it's used as a way to see what's going on inside the joint - it can also be a treatment, as in your case, to remove broken fragments of cartilage or to trim torn ligaments.

It's most frequently carried out on the knee - the technology was mainly developed on that joint - but can also be carried out on other joints, such as the shoulder, wrist, hip or ankle.

ASK DR SCURR

Do you have a health question for Dr Scurr? He will answer a selection of readers' queries every week. Write to Dr Scurr, Good Health, Daily Mail, 2 Derry Street, London W8 5TT, or e-mail drmartin@dailymail.co.uk

Dr Scurr cannot enter into personal correspondence. Please include contact details. His replies cannot apply to individual cases and should be taken in a general context. Always consult your own GP with any health worries.

As with any operation - it is, as you quite rightly say, important to prepare yourself health-wise beforehand.

If you smoke - stop. Smoking can increase the likelihood of infection and slows recovery.

You should also remember to fast, as instructed, before the operation, and detail any medicines you are taking so that your anaesthetist is aware of these, along with any relevant past health history.

The operation will be carried out under general anaesthetic and will take ten to 20 minutes.

It involves making two to three small cuts - about a quarter of an inch long - around your knee; it is through these that the instruments and a special telescope attached to a video camera are placed.

When you wake, these incisions will be closed either with a stitch, glue or strips (depending on the specialists' preference) and dressed.

You will be able to walk straight away (although may need some painkillers initially), and there are no expected complications or side-effects.

It is also often possible to leave the hospital on the same day, after a physiotherapist has given you a list of exercises. You must do these in the days and weeks after the operation to keep the muscles around the knee strong and maintain the strength of the joint.

Be diligent with the muscle exercises. It can be hard to keep this up, but the effort will ensure you are back to your normal self as quickly as possible.

By the way...

Every few years a new word arrives in medicine and quickly becomes common in every day conversation.

Dyslexia and dyspraxia were words I'd never heard of at medical school, yet the conditions they describe must have existed. The same goes for Asperger's or bipolar (manic depression). And now we have bariatric surgery: the treatment of obese patients by surgical techniques.

It's a frightening statistic that some overweight adults may shorten their life expectancy by up to 20 per cent. Equally sobering is the fact that doctors and dieticians universally fail to help such patients lose weight.



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Bariatric surgery can help people lose weight effectively

Bariatric surgery is a startlingly effective solution. Whether the patient has a gastric band or bypass, they end up feeling full after eating tiny amounts of food. Not surprisingly, the operations quickly cause dramatic weight loss - and within days the diabetes from which most of these patients suffer disappears.

The surgery has a huge impact on life expectancy - a major Swedish study compared patients who had the surgery with those who just tried to diet. After ten years, the death rate in the surgery group was 23 per cent lower than in the dieters.

But the immediate safety of an operation is the big issue. Surgery on morbidly obese people is never safe at the best of times - just finding a vein to give an anaesthetic can be difficult.

But the safety record has improved, and the complication rates are similar to those seen in most types of major surgery, even in people who are not obese.

So far, five of my morbidly obese patients have opted for operations. The first died, to my utter distress. Two weeks after the procedure, he was doing well and had lost 30lbs, but for some reason he put himself on low-dose aspirin and haemorrhaged from the stomach lining. During emergency surgery, he suffered a heart attack.

The others are thriving. They all weighed over 20st; one is now 11st while the other three are under 15st. They're also free of diabetes and off statins, gout and blood pressure pills.

The decision to operate is about balancing risk against benefit. Bariatric surgery, for those who are staring at infirmity and death due to their obesity, can be the best option; and in the hands of experts, in hospital units with experience, it is safer to do it than not.

After all, aren't we here to save lives?

<http://www.dailymail.co.uk/health/article-1245991/Ask-Doctor-What-help-enlarged-prostate.html>