

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 stones¹



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.

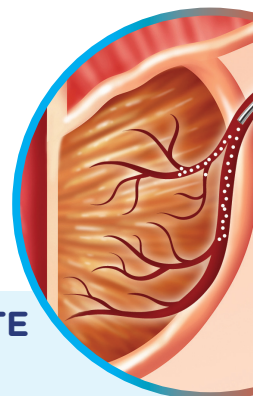
RISK FACTORS FOR BPH INCLUDE:

- » 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

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 our 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.

References

1. Barry M, Roehrborn C. Management of benign prostatic hyperplasia. Annu Rev Med. 1997;48:77-189
2. Bertaccini A, Vassallo F, Martino F, Luzzi L, Rossetti S, Di Silverio F, et al. Al Symptoms, bothersomeness and quality of life in patients with LUTS suggestive of BPH. Eur Urol. 2001;40 (Suppl 1):16.
3. J Vasc Interv Radiol. 2016 Aug;27(8):1115-22. doi: 10.1016/j.jvir.2016.04.001. Epub 2016 Jun 16.
4. Cardiovasc Interv 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 S1,2, Smirniotopoulos J3, Orlando J4, Piechowiak R4.

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