

Preface

With increasing life expectancy throughout populations globally, men have a greater chance of developing significant benign prostatic hyperplasia (BPH) than ever before. These men can present to urological services in a number of ways, some being referred by their primary care practitioners to secondary care with lower urinary tract symptoms, and others, presenting as an emergency directly to hospital services. Increasingly, those with larger prostates are being referred from secondary to tertiary care centres where specific technology may be available for the management of this problem.

There are a number of well-established medical, interventional and surgical management options available, but men with a particularly large prostate, over 100 cc, pose a particular challenge to clinicians. The big prostate is difficult to manage from the point of view of the complexity of presentation, pharmacological treatments, bleeding, catheterization, surgery and subsequent complications. This interesting group of men is one that all urologists involved in general urology will have encountered. However, there is a lack of guidance and resources dedicated specifically to the management of men with these huge prostates greater than 100 cc, which differs from the routine management of BPH in smaller glands.

This book will be of particular use to healthcare practitioners who manage men with BPH in the outpatient or emergency setting and in the operating theatre who want further tips on how to deal with the big prostate greater than 100 cc. It covers the anatomy and physiology of the big prostate, how it presents to medical services and the diagnostic challenges of raised prostate specific antigen testing in the big prostate. Medical treatment, which is commonly first line in benign prostatic hyperplasia, may not be as effective in the particularly large prostate and a chapter is dedicated to the evidence behind medical management in the big prostate.

The specific techniques, advantages and disadvantages of different surgical approaches specifically for the bigger prostates will be discussed. Prominent experts in the field will divulge intraoperative tips on surgical techniques from their years of experience for dealing with the huge gland. Prostate artery

embolization, enucleation of the prostate, green light laser, transurethral resection of the prostate, simple robotic prostatectomy and open surgery are covered in dedicated chapters. There is a discussion on the management of the comorbid patient, which we are increasingly faced with, as well as advice on carrying out other non-BPH-related urological procedures in men who have a particularly difficult operation due to an obstructing big prostate. The book will be rounded off by a discussion on what the future holds for the management of huge BPH.

In summary, huge BPH is a growing problem which may become an increasingly common presentation in future years. We believe that all urologists, trainees, emergency medicine doctors, primary care doctors and medical students interested in men's health will greatly benefit from the information, advice and techniques covered in this first book dedicated to the Big Prostate.

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The Big Prostate

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