

Patient information factsheet

Prostate artery embolisation (PAE)

This factsheet explains what is involved in having a prostate artery embolisation (PAE) and outlines the possible risks.

Before agreeing to the procedure, you will have a consultation with your doctor where you will have the opportunity to ask any questions you may have.

What is prostate artery embolisation (PAE)?

PAE is a method used to treat an enlarged prostate (a small gland located in the pelvis, between the penis and bladder). The procedure works by blocking off the arteries that supply the gland, which makes it shrink. It is an alternative to having surgery to remove the prostate.

Why might I need this procedure?

You may need to have this procedure if tests have shown that you are suffering from an enlarged prostate and your symptoms are severe. By shrinking the size of your prostate, PAE will help alleviate your symptoms.

Who has made the decision?

The urologists in charge of your case and the interventional radiologist who will perform the procedure will have discussed the situation and agreed that this may be the most suitable treatment for you. However, the final decision is yours. We will only proceed with the procedure with your consent.

Who will perform the procedure?

The procedure will be performed by a specialist interventional radiologist.

The interventional radiologists at Southampton General Hospital are experts in performing operations under x-ray imaging guidance and have had additional training for PAE. They have also been responsible for training most of the other UK centres, so are some of the most experienced interventional radiologists in the world.

Where will the procedure take place?

In a radiology theatre that has built-in specialist x-ray equipment, located on E level, North Wing, Southampton General Hospital.

How should I prepare for the procedure?

The procedure is usually done as a day case, so you will not need to stay in hospital overnight.

You must stop eating six hours before the procedure, but you will still be able to drink clear fluids (water or squash) up to two hours before. You should take all of your normal morning medication on the day of the procedure, unless you have been given specific instructions not to do so.

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When you arrive at the hospital, we will ask you to put on a hospital gown. As the procedure is generally carried out using the artery in the groin, we may ask you to shave the skin around this area.

Please let us know if you have any allergies or if you have previously reacted to intravenous contrast medium (the dye used for kidney x-rays and CT scanning).

What happens during the procedure?

We will ask you to lie on the x-ray table. We will then insert a needle into a vein in your arm, so that the radiologist can give you a sedative if required. Once the needle is in place, it should not cause you any pain.

We will attach a monitoring device to your chest and finger. We may also give you oxygen through a nose tube.

We will swab the skin around your groin with antiseptic. We will then numb the area with a local anaesthetic and insert a needle into the artery in your groin. Once the interventional radiologist is satisfied that the needle is correctly positioned, we will place a guide wire through the needle, allowing us to withdraw it and place a fine, plastic tube (catheter) over the wire and into the artery.

We will then use the x-ray equipment and a special dye (contrast medium) to make sure that the catheter and the wire are moved into the small arteries supplying the prostate. The dye may give you a warm feeling in your pelvis.

Once the catheter is in place, we will inject another fluid containing thousands of tiny particles through it into the prostate. This will block the small blood vessels within the prostate gland and starve it of its blood supply. The arteries on both the right and left side of the prostate will need to be blocked in this way. This can usually be done from the same incision in the groin. Occasionally it may be difficult to access both sides, so we may need to make a second incision at the top of your other leg.

At the end of the procedure, we will remove the catheter and the interventional radiologist will insert a closure device to prevent any bleeding.

On rare occasions, we may carry out the procedure via an artery in your wrist. If this is the case, we will apply a pressure cuff to your wrist to stop any bleeding after the catheter is removed.

Will it hurt?

You may feel a slight sting when the local anaesthetic is injected, but this will soon pass.

You may get a warm feeling as the special dye passes around your body, but this will also soon pass.

The procedure itself is not painful, but we can sedate you if you become anxious.

How long will it take?

The procedure will be different for everyone, so it is not always easy to predict how long it will take. Most procedures are completed within two hours, but more complex cases can take three hours or longer. It is important that you empty your bladder before we begin. If you need to pass water (pee) during the procedure, please let us know.

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What happens afterwards?

After the procedure, we will take you to the recovery area, where nurses will carry out routine observations, such as taking your pulse and blood pressure. They will also check the skin entry point to make sure there is no bleeding.

We will then move you to the day case ward, where you will stay in bed for a few hours to recover. We will usually send you home after four to six hours. It is extremely rare for anyone to remain in hospital overnight, but we advise you to bring in an overnight bag in case this happens. If you have come from a long way away, we advise that you stay locally overnight before heading home the next day.

We will prescribe you antibiotics and painkillers if required and we will explain how to take them before you leave hospital.

Once you are home, you may feel tired and should rest for two to three days. You should be able to return to normal daily activities straight away. We recommend that you avoid any strenuous activity, including heavy lifting, for the first seven days. If this affects your employment, please contact your GP for a fit note.

Possible risks

PAE is a relatively new procedure. It received full NICE (The National Institute for Health and Care Excellence) approval in April 2018. Although considered safe, as with any medical procedure, there are some risks and complications that can arise. These will be fully explained to you during your consultation.

Bruising

It is quite normal to have a small bruise (haematoma) around the site where the needle was inserted.

Pain

Many people feel some discomfort afterwards, either a mild pain above the pubic bone, or a burning or stinging sensation when passing water (peeing). This is usually manageable with normal oral pain killers and will resolve within two to five days. On some occasions it may last a bit longer.

X-rays

During this procedure, your exposure to radiation is kept to a minimum. However, more complicated cases may require extensive use of x-rays and there is a small risk of skin reddening. This will be monitored and in the unlikely event this happens, you will be advised on appropriate skin care.

Follow-up care

Your aftercare will be reviewed by your urologist. We may ask you to provide information on the results of this procedure.

Contact us

If you have any concerns or would like further information, please contact the urology department on **023 8120 6873** from 9am to 4pm, Monday to Friday. If you are unsure why you need to have this procedure, please speak to the doctor who referred you.

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Useful links

www.nhs.uk/conditions/prostate-problems

www.nhs.uk/conditions/prostate-enlargement

For a translation of this document, or a version in another format such as easy read, large print, Braille or audio, please telephone **023 8120 4688**.

For help preparing for your visit, arranging an interpreter or accessing the hospital, please visit **www.uhs.nhs.uk/additionalneeds**