DR TARR. INTERVENTIONAL RADIOLOGY · BRISBANE & IPSWICH

PATIENT FACTSHEET

MEN'S HEALTH · PROSTATE ARTERY EMBOLISATION

Prostate Artery Embolisation (PAE)

PAE shrinks an enlarged prostate by blocking its blood supply, relieving urinary symptoms without an operation on the urethra, with better preservation of sexual function in many men.

AT A GLANCE

Anaesthesia **Sedation, no GA**	Hospital stay **Usually day stay**	Procedure time **2 to 3 hours**
Back to work **4 to 7 days**	Sexual function **Preserved in many men**	Cost **Usually no gap on fee***

The problem: an enlarged prostate

Benign prostatic hyperplasia (BPH) affects most men with age. The growing gland squeezes the urethra, causing weak stream, difficulty starting, urgency, incomplete emptying and waking at night. Medications help some men but cause side effects in others. Traditional surgery such as TURP works well, but involves an operation through the urethra, a hospital stay, and a high rate of retrograde ejaculation.

How embolisation works

PAE approaches the prostate from inside its blood vessels rather than through the urethra. Via a pinhole in the wrist or groin, a microcatheter is steered into the small arteries supplying the prostate, and microscopic particles reduce its blood supply. Over the following weeks the gland shrinks and softens, pressure on the urethra eases, and urinary symptoms improve.

Who it suits

- Moderate to severe urinary symptoms despite medication, or troublesome medication side effects
- Men who want to preserve ejaculation and sexual function
- Large prostates, including glands considered too big for some surgical options
- Men on blood thinners, or with health issues that make surgery risky
- Men in urinary retention with a catheter, seeking a path to catheter freedom
- Recurrent symptoms after previous prostate surgery

What to expect

1. **Consultation and imaging.** Review of symptoms, flow studies and PSA, with CT or MRI to map the prostatic arteries and plan the procedure.

2. **The procedure (2 to 3 hours).** Under sedation, through a single pinhole. Both prostatic arteries are treated. No instruments pass through the urethra, and there is no cutting.
3. **Home the same day.** Most men walk out a few hours later. Mild burning on passing urine, or pelvic discomfort for a few days, is common and settles.
4. **Improvement over weeks.** Symptoms typically improve over two weeks to three months as the gland shrinks. Follow-up confirms your progress.

Results and risks, honestly

The large majority of men experience meaningful, durable improvement in urinary symptoms and quality of life, and PAE is supported by international guidelines as an option for selected men. Ejaculatory function is preserved in many patients, a common reason men choose it. Expected after-effects include a few days of urinary frequency or burning and mild pelvic discomfort. Uncommon risks include temporary urinary retention, blood in the urine or semen, and rarely non-target embolisation. Some men have a partial response or need further treatment in later years; if so, all surgical options remain open.

Common questions

How does PAE compare with TURP? TURP remains a very effective operation and for some men it is the right choice. PAE offers symptom relief close to or equivalent to TURP for many men, with no urethral instrumentation, no general anaesthetic and same-day discharge, and may have better preservation of sexual function, at the cost of a somewhat higher chance of needing repeat treatment in future years.

Will it affect my sex life? PAE preserves ejaculatory function in many men, and erectile function is usually unaffected. This is the key difference from TURP, where retrograde ejaculation is very common.

I have a catheter. Can PAE get me off it? Often, yes. PAE has good published success at restoring spontaneous urination in men with retention, and is a particularly good option for men who are poor surgical candidates.

APPOINTMENTS & REFERRALS
07 3107 4875
referrals@drtarr.com · drtarr.com

For GPs: refer by naming **Dr Gregory Tarr** (Medical Objects: "Dr Gregory Tarr"). Every consultation covers all of the patient's options, not just this one.

*For privately insured patients, most procedures involve no gap on Dr Tarr's fee; hospital or anaesthetic costs may still apply. Your individual costs are confirmed in writing before booking.

Dr Gregory Tarr · MB ChB, PhD, FRANZCR, EBIR · Interventional Radiology, Brisbane & Ipswich · **drtarr.com**