Prostate Artery Embolisation

前列腺動脈栓塞術

A patient's guide to minimally invasive treatment for benign prostatic hyperplasia

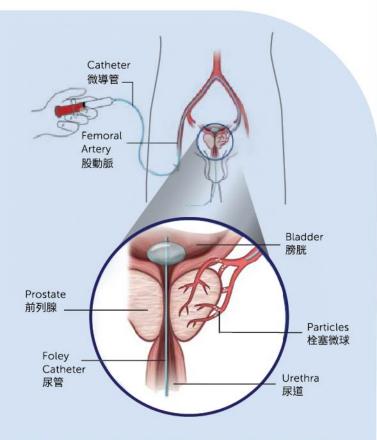




After the PAE procedure 前列腺動脈栓塞術的術後概況

Relief begins to occur within days in most cases as the prostate shrinks, relieving pressure on the urethra and improving symptoms.

隨著前列腺縮小,大部分患者的徵狀會於數天內開始緩 解,從而減輕尿道壓力及逐步改善症狀。



PAE is done through a small incision in your wrist or upper thigh. The doctor uses the incision to access the blood vessels supplying your prostate and partially blocks the blood flow with tiny round particles, causing your prostate to shrink and improving urinary symptoms. 通過手腕或腹股溝附近的小切口完成前列腺動脈栓塞術。醫生通過該切口進入前列腺的供血血管並用圓形微球阻擋供血,從而使前列腺縮小並改善泌尿系統症狀。

PAE benefits

前列腺動脈栓塞術的優點

PAE offers many benefits compared to surgical procedures:

與外科手術相比,前列腺動脈栓塞術有很多優點:

- Shorter hospital stay
 住院時間更短
- Shorter recovery time
 復原時間更短
- Sexual function is preserved
 性功能保留
- Shorter urinary catheterisation time (may be avoided completely)
 尿道插管時間更短(或無需插管)
- Decreased discomfort
 不滴減少
- Fewer complications
 併發症更少

Both transurethral resection of the prostate (TURP) and open prostatectomy are invasive surgeries that result in retrograde ejaculation (ejaculation into the bladder rather than out through the urethra) in the majority of patients. There have been no reports of sexual dysfunction caused by PAE.

經尿道前列腺切除術(TURP)和開放性前列腺切除術 均為創傷性手術,多數患者會出現逆行射精(精液射 入膀胱而非通過尿道射出)。暫時未有報告指出前列 腺動脈栓塞術會導致性功能障礙。

Possible risks 潛在風險

Some patients experience "post-PAE syndrome" for days following the procedure, which can include nausea, vomiting, fever, pelvic pain, painful urination, or frequent urination.

部分患者在術後數天會出現「前列腺動脈栓塞術後綜合症」,包括噁心、嘔吐、發熱、盆腔疼痛、尿痛或尿頻。

The greatest risk comes from non-targeted embolisation, the accidental injection of particles into arteries not supplying the prostate, such as bladder, penisor rectum, potentially causing severe complications.

最大的風險來自非靶向栓塞,即將微球意外注入膀胱、 直腸或陰莖供血動脈,而非前列腺供血動脈,這可能會 造成嚴重併發症。

Other risks include hematoma at the incision site, blood in the urine, semen, or stool; bladder spasm; or infection of the puncture site or prostate.

其他風險包括切口部位血腫、血尿、精液帶血或大便 血;膀胱痙攣;穿刺部位或前列腺感染。

Are you a candidate? 您是否適合接受前列腺動脈栓塞術?

Your doctor may ask you how often you have urinary symptoms of BPH, how severe they are, and how much they affect your quality of life.

醫生可能會詢問您出現的良性前列腺增生造成泌尿系統 症狀的頻率、嚴重程度以及對您生活質素的影響。

Your doctor will then do a physical exam and run some tests, including urodynamic study and testing blood for prostate-specific antigen (PSA) level (to help rule out prostate cancer). Your doctor will also arrange CT pelvic angiogram to see if your vessels are suitable for the procedure.

除了身體檢查,醫生亦會為您進行尿動力學檢測,以及前 列腺特異性抗原檢測(以輔助排除前列腺癌)。醫生亦會 為你安排電子掃描,以診斷血管是否適合進行栓塞術。

Disclaimer 聲明

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Interventional Radiology Services 介入放射治療服務

Location 位置 Radiology Department,

LG/F, Tower B

Closed

B座低層地下 - 放射診斷中心

Opening Hours 開放時間

Monday-Friday 2:00pm – 5:00pm

(by appointment only)

Saturday, Sunday and Public Holiday

星期一至五 下午二時至下午五時(敬請預約)

星期六、日及公眾假期 休息

Appointment Hotline

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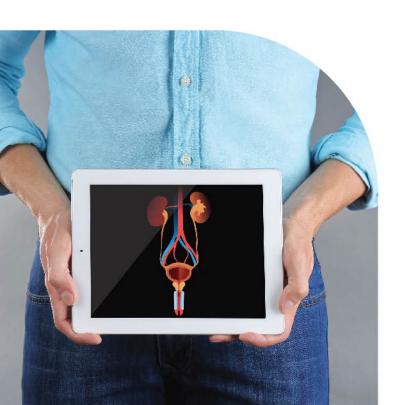


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What is benign prostatic hyperplasia (BPH)? 什麼是良性前列腺增生?

Benign prostatic hyperplasia (BPH), is an enlarged prostate gland. BPH is not cancer, and it does not raise your risk for prostate cancer. The likelihood of developing an enlarged prostate increases with age. More than half of all men in their 60s and as many as 90 percent aged 70-89 years have some symptoms of BPH.

良性前列腺增生是指前列腺增大。良性前列腺增生並非 癌症,並且不會增加前列腺癌風險。然而,發生前列腺 增生的可能性會隨著年齡的增長而上升。超過50%的60 歲以上男性,以及多達90%的70-89歲男性會出現某些 良性前列腺增生症狀。



As the prostate gets bigger, it may restrict or partly block the urethra, causing lower urinary tract symptoms (LUTS) such as:

隨著前列腺增大,可能會壓迫或部分梗阻尿道,導致出 現下尿路症狀(LUTS),如:

- Urinary frequency 尿頻
- Dribbling at the end of urinating 末段時滴尿
- Inability to urinate 無法排尿
- Incomplete emptying of bladder 膀胱排空不全
- Incontinence 失禁
- Difficulty starting urination 排尿困難
- Straining to urinate or weak urine stream 排尿無力或變弱

For some patients, these symptoms interfere with sleep, further reducing their quality of life.

對於一些患者,這些症狀會干擾睡眠,從而進一步降低 他們的生活質素。

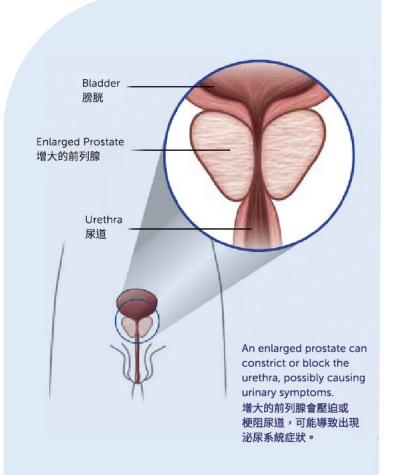
What is prostate artery embolisation (PAE)? 什麼是前列腺動脈栓塞術?

Prostate artery embolisation (PAE) is a promising, minimally invasive alternative to help improve urinary symptoms caused by an enlarged prostate, a condition known as benign prostatic hyperplasia (BPH), without the risk of sexual side effects.

前列腺動脈栓塞術是一種非外科手術的替代性微創療 法,可幫助改善前列腺增大造成的泌尿系統症狀(即 良性前列腺增生),其影響性功能的副作用風險極低。

PAE is performed by a radiologist, a doctor who uses X-rays and other advanced imaging to see inside the body and treat conditions without open surgery.

前列腺動脈栓塞術由放射科專科醫生進行。醫生利用X 光和先進造影技術對患者的身體內部進行檢查,並以微 導管及栓塞微球治療疾病。



During the PAE procedure 前列腺動脈栓塞術的術中概況

During PAE, you will remain awake. The PAE procedure begins with a tiny incision in your wrist or upper thigh. The radiologist uses this incision to insert a catheter into your radial or femoral artery and guide it near your prostate. Once the catheter is in position, an arteriogram (an X-ray in which dye is injected into the blood vessels) is done to map the arteries feeding the prostate. Next, tiny round particles are injected through the catheter and into the blood vessels that feed your prostate, reducing its blood supply. The radiologist then repositions the catheter in order to treat the other side of your prostate, performs another arteriogram, and injects the particles into the blood vessels feeding the other side of your prostate.

前列腺動脈栓塞術期間,病人會保持清醒。放射科專 科醫生將從病人手腕或腹股溝附近造一個小穿刺位, 通過這個穿刺位將一根導管放入股動脈並將其導引至 前列腺附近。導管定位後,醫牛會進行動脈造影(利 用X光將造影劑注射入血管)以顯示前列腺動脈,並 通過導管將栓塞微球注入前列腺血管,阻擋供血。其 後,放射科專科醫生會重新將導管定位以便治療另一 側前列腺,並施行另一次動脈造影,將微球注入另一 側的前列腺血管。

Free Shuttle Service 免費專車服務

Gleneagles Hospital Hong Kong provides free shuttle bus service between MTR Wong Chuk Hang Station (Exit A) and the hospital (main entrance).



港怡醫院為市民提供免費專車服務往來港鐵 黃竹坑站(A出口)及醫院(正門)。

MTR 港鐵

Gleneagles is within walking distance from MTR Ocean Park Station (Exit C). 您可由港鐵海洋公園站 (C出口) 步行至港怡醫院。



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