A pain in the prostate
Kerry O'Shea (Source Unknown)

Prostate cancer is the most common cancer in men, yet only a small percentage of problems with the prostate lead to a cancer diagnosis. At least 90 per cent of men will have symptoms of obstruction due to an enlarged prostate, and almost one in five will need surgery by the time they are aged 70. However, cancer is found in only about 10 per cent of men with prostate problems, and doctors say the odds are that sufferers will survive.

The prostate is a uniquely male gland just below the bladder. The doughnut shaped prostate produces fluid to aid sperm movement. In young men, it is about the size of a walnut. It has a hole through the centre, through which passes the urethra, the tube which empties urine from the bladder via the penis. In most men over 40, the prostate begins to enlarge, squeezing the urethra and this can lead to urinary problems.

A recent AGB McNair survey of men aged over 50 found that they had a surprisingly low awareness of prostate trouble as a condition that may affect them.

Symptoms of prostate disease could include:
- Frequency: the need to go to the toilet more often, and to get up several times during the night to empty the bladder.
- Hesitancy: difficulty starting the flow of urine, which also has much less force. This may lead to an embarrassing "dribbling" of urine.
- Urinary infection may also occur, with pain or burning when passing urine. There may be blood in the urine and fever.
- Complete blockage or obstruction of the urine drainage. This is a serious medical condition requiring hospitalisation.

Diagnosis of the condition is usually through an examination by a doctor. If the prostate feels lumpy or hard, the GP will refer the patient to a urologist, as this can be an indication of cancer. Blood tests will also be performed to test for cancer and a sample of urine is tested for infection.

The Victorian spokesman for the Urological Society of Australasia, Dr Ross Snow, said lumps in the prostate were usually benign. He said that once a patient was referred to a urologist, the rectal exam would be repeated; blood and urine tests would be done and x-rays taken of the entire urinary system.

If an obstruction was found in the prostate, Dr Snow would recommend a prostate operation, in which some of the tissue would be removed. This operation, transurethral resection of the prostate (TURP), requires about three or four days in hospital and may result in some bleeding and urgency during recovery. Dr Snow said that after this operation, the patient should be able to have normal intercourse and erections.

He said pathology samples were always taken during the operation. Cancer was discovered in about 10 per cent of cases.

“Alternative treatments to TURP are being developed, which are less expensive and less invasive for the patient. These include lasers, and tablets that try to shrink the prostate, which will help men with minor problems,” he said.

Dr Snow said that if the symptoms of prostate disease were minor, carrying no risk to the kidneys, the specialist might advise that no treatment was required, apart from regular check-ups.

Even if cancer were found, an operation might not be necessary. “It depends on the age and condition of the patient. Prostate cancer can be harmless, or it can spread quickly and kill the patient. But it is a slow developing cancer and can linger for five or 10 years.

In an older man, say over 70, we might not recommend an operation and just monitor the condition. In a younger man, say of 55, where the doctor is concerned that the disease may spread and shorten life if nothing is done, we would recommend treatment.”

An operation involves having a radical prostatectomy, where the prostate and surrounding tissue are removed. The risks from this operation include loss of erections and incontinence. The alternative to surgery is radiation therapy to control the cancer.
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If tests showed that the disease had spread to the bones or lymph glands, the patient would have hormone treatment. Dr Snow said cancer of the prostate seemed to require the presence of the male hormone. Depriving the body of the hormone, testosterone, could cause the cancer to regress. This was done by removal of the testicles, not necessarily by surgery, but by drugs or injections to remove their function.

The Urological Society recommends that men over 50 have an annual rectal examination of the prostate, and blood tests, as part of a regular physical examination.

A newly established national Prostate Disease Awareness Committee has estimated that each year more than 2000 Australians die from prostate cancer and a further 5000 new cases are diagnosed.

The chairman of the committee, Mr Michael Jones, who is also the chief executive of the Australian Kidney Foundation, said men were often reluctant to raise prostate disease symptoms with their GPs. “This is an issue that men, and sometimes doctors, feel a little inhibited about discussing.”

The foundation will focus on prostate disease in men and urinary tract infections in women during Kidney Week, to be held between 6-12 June.

“We believe prostate disease is on the increase. As the population grows older, we expect to see a significant increase in these problems,” he said.

Mr Jones also stressed the need for regular examination, and early treatment of symptoms. “Men must do something about it. Don’t put it off, don’t be embarrassed, go and see your doctor. It may be cancer, it may not, but like all cancer if you continue to ignore it the risk escalates,” he said.

“The important thing is for men to talk to their doctors about their prostate gland before any discomfort they are experiencing is allowed to get worse,” he said.