PROSTATE HEALTH · PATIENT GUIDE

Benign Prostate Hyperplasia (BPH)

An enlarged prostate is one of the most common conditions in men over 50 — and one of the most treatable. Here's what causes it, how it's diagnosed, and how modern laser surgery has changed recovery.

50%
of men by age 60 show some BPH

90%
by age 85

<24h
typical hospital stay after laser surgery

OVERVIEW

What is BPH?

The prostate is a walnut-sized gland that sits below the bladder and surrounds the urethra, the tube that carries urine out of the body. As men age, the prostate can enlarge — this is called **Benign Prostate Hyperplasia**, or BPH.

"Benign" means it is not cancer. But because the prostate wraps around the urethra, even a non-cancerous enlargement can squeeze the urine passage and make urination difficult. BPH is a normal part of male ageing for most men, driven largely by hormonal changes over time rather than lifestyle alone.

BPH and prostate cancer are separate conditions and one does not turn into the other — though both can cause similar urinary symptoms, which is exactly why a proper evaluation matters rather than assuming symptoms are "just ageing."

Quick Facts

Also known as	**Enlarged prostate**
Typical onset	**After age 40–50**
Cancer risk	**Not a cancer, no direct link**
First-line care	**Lifestyle + medication**
Advanced care	**Laser prostate surgery**

RECOGNISE IT

Symptoms, by how they usually progress

Symptoms of BPH tend to build gradually and are grouped into two types: those from the blockage itself, and those from a bladder that's working harder to push urine past it.

EARLY — OBSTRUCTIVE

Weak or slow urine stream

A stream that starts slowly, stops and starts, or takes noticeably longer than before.

EARLY — OBSTRUCTIVE

Straining or dribbling

Needing to push to urinate, and a few drops continuing after you think you're done.

PROGRESSING — IRRITATIVE

Frequent urination, especially at night

Waking up two or more times a night to urinate (nocturia) is often the symptom that first brings men in.

PROGRESSING — IRRITATIVE

Urgency

A sudden, strong need to urinate that's hard to postpone, sometimes with minor leakage.

ADVANCED

Feeling of incomplete emptying

A sense that the bladder hasn't fully emptied even right after urinating.

ADVANCED / WARNING

Sudden inability to urinate, blood in urine, recurrent infections

These need urgent evaluation — they can signal acute retention, stones, or other complications on top of BPH.

When to see a urologist promptly: sudden inability to pass urine, visible blood in urine, fever with urinary symptoms, or recurrent UTIs. These warrant same-week evaluation, not a wait-and-watch approach.

DIAGNOSIS

How BPH is evaluated

Diagnosis is usually quick and combines a symptom assessment with a few targeted tests — most can be completed in a single visit.

STEP 1

IPSS Symptom Score

A standardised questionnaire (International Prostate Symptom Score) that grades severity from mild to severe and guides treatment choice.

STEP 2

Digital Rectal Exam (DRE)

A brief physical exam to assess prostate size, shape, and texture, and to screen for findings that need further work-up.

STEP 3

Urine Flow Study (Uroflowmetry)

Measures how fast and how completely you empty your bladder — an objective marker of obstruction.

STEP 4

Post-Void Residual Ultrasound

An ultrasound scan checks how much urine is left in the bladder after urinating, and estimates prostate volume.

STEP 5

PSA Blood Test

Prostate-Specific Antigen helps rule out prostate cancer as a contributing cause and is interpreted alongside the exam, not in isolation.

IF NEEDED

Urine Routine / Culture

Checks for infection or blood that could be complicating or mimicking BPH symptoms.

MANAGEMENT

Treatment options, from watchful waiting to surgery

Treatment is matched to symptom severity, prostate size, and how much the condition is affecting daily life — not every case needs surgery.

01

Watchful waiting + lifestyle changes

For mild symptoms: reducing evening fluids, limiting caffeine/alcohol, timed voiding, and monitoring at intervals.

02

Medications — Alpha-blockers

Relax the muscle around the prostate and bladder neck, improving flow within days to weeks.

03

Medications — 5-alpha reductase inhibitors

Shrink the prostate gland over months, useful for larger glands; often combined with alpha-blockers.

04

Minimally invasive / Laser surgery

Recommended when medications aren't enough, symptoms are moderate-to-severe, or complications (retention, stones, bleeding, kidney impact) develop.

05

Conventional TURP / open surgery

Reserved for select cases where laser options aren't suitable, based on gland size and patient factors.

ADVANCED CARE

Laser Surgery for BPH

Laser techniques have largely replaced conventional surgery for most patients, offering shorter stays and less bleeding risk.

Why laser over conventional TURP?

Laser energy (commonly Holmium or Thulium) is used to vaporise or enucleate the excess prostate tissue blocking the urethra, precisely and with minimal bleeding — even in patients on blood thinners, who often couldn't safely undergo older techniques.

CONVENTIONAL TURP

Electrocautery resection

- 2–3 day hospital stay
- Higher bleeding risk
- Catheter for 2–3 days
- Size limits for very large glands

LASER PROSTATECTOMY

Holmium / Thulium laser

- Often day-care or overnight stay
- Minimal blood loss
- Catheter typically removed within 24 hours
- Safe even for very large prostates
- Suitable for patients on blood thinners

SET THE RECORD STRAIGHT

Myths vs. Facts

MYTH	FACT

MYTH	FACT
BPH always turns into prostate cancer.	BPH is not cancer and does not become cancer. The two conditions can coexist and share symptoms, which is why evaluation includes cancer screening — not because one causes the other.
MYTH	FACT
Surgery for BPH always affects sexual function.	Modern laser techniques carry a much lower risk profile than older surgery. Some men notice retrograde ejaculation, but erectile function is usually preserved; this is discussed individually before any procedure.
MYTH	FACT
Only very old men get BPH.	Prostate enlargement can begin as early as the 40s, with prevalence rising steadily through the 50s, 60s, and beyond.
MYTH	FACT
If symptoms are tolerable, treatment can always wait indefinitely.	Untreated obstruction can lead to bladder stones, recurrent infections, or kidney impact over time — periodic review matters even with mild symptoms.

MYTH	FACT
Herbal or over-the-counter supplements can cure BPH.	Some supplements are marketed for prostate health, but robust evidence for curing or reliably shrinking BPH is lacking. Discuss any supplement with your urologist before relying on it.
MYTH	FACT
Laser surgery means a long, painful recovery.	Most patients resume normal activity within days, with catheter removal typically within 24 hours and discharge often the same or next day.

COMMON QUESTIONS

Frequently Asked Questions

Is BPH the same as prostate cancer?

No. BPH is a non-cancerous enlargement of the prostate. Prostate cancer is a separate condition, though both can cause similar urinary symptoms, so evaluation typically screens for both.

At what age should men start getting checked?

Most urologists suggest a baseline prostate check from age 45–50, or earlier if there's a family history of prostate cancer or urinary symptoms appear sooner.

Can BPH be managed without surgery?

Yes, many men manage mild-to-moderate BPH long-term with lifestyle adjustments and medication. Surgery is considered when symptoms are severe, medications aren't effective enough, or complications develop.

How long does laser surgery for BPH take?

Most laser prostate procedures take roughly 45–90 minutes depending on gland size, performed under spinal or general anaesthesia.

Will I need a catheter after surgery, and for how long?

Yes, temporarily — typically for less than 24 hours with laser techniques, compared to 2–3 days with conventional TURP.

Does BPH surgery affect fertility or sexual function?

Some men experience retrograde ejaculation (semen entering the bladder instead of exiting), which can affect fertility but is not harmful. Erectile function is usually preserved with modern techniques. This is discussed individually based on your case.

Can BPH symptoms come back after laser surgery?

Recurrence requiring further treatment is uncommon with modern laser techniques, but as with any gland tissue, regrowth over many years is possible and monitored during routine follow-up.

Is laser surgery safe for men on blood thinners?

Yes — this is one of the key advantages of laser techniques. Many patients who couldn't safely stop blood thinners for conventional surgery can safely undergo laser prostate surgery.

Have symptoms you've been putting off?

A proper evaluation takes one visit. Book a consultation with Dr. Rahul Tiwari at Kailash Hospital, Noida or Medivista Uro Gynae Clinic.

Book an Appointment

Dr. Rahul Tiwari · MBBS, MS, MCh (Urology) · Senior Consultant Urologist, Andrologist & Uro-Oncosurgeon