

Having a Prostate Artery Embolisation

Patient information leaflet

**If you need this leaflet in a different language or accessible format
please speak to a member of staff who can arrange it for you.**

اگر به این بروشور به زبان دیگر یا در قالب دسترس پذیر نیاز دارید،
لطفاً با یکی از کارکنان صحبت کنید تا آن را برای شما تهیه کند.

Jeśli niniejsza ulotka ma być dostępna w innym języku lub formacie,
proszę skontaktować się z członkiem personelu, który ją dla Państwa przygotuje.

Dacă aveți nevoie de această broșură într-o altă limbă sau într-un format accesibil,
vă rog să discutați cu un membru al personalului să se ocupe
de acest lucru pentru dumneavoastră

如果您需要本传单的其他语言版本或无障碍格式，请联系工作人员为您安排。

إذا احتجت إلى هذه النشرة بلغة أخرى، أو بتنسيق
يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

Introduction

This leaflet about Prostate Artery Embolisation (PAE) explains what this procedure is about and potential risks. It is not meant to replace a comprehensive and thorough discussion with your doctor.

This procedure has been suggested by your urologist as they feel it may be a good idea for you, but you must decide whether to consent to it or not. You will have the opportunity to discuss the procedure in detail and be certain that you wish to proceed.

If, after full discussion with your doctors, you do not wish to proceed with the PAE, then you are free to discuss other options with your urologist.

Prostate artery embolisation

PAE was first undertaken in 2009 and is a non-surgical way of treating an enlarged prostate gland. It involves blocking the arteries that supply the gland.

It is performed by an interventional radiologist, rather than a surgeon and is an alternative to a Trans-Urethral Resection of Prostate (TURP) or other prostate treatments.

A TURP is an operation performed through the penis using a special telescope to remove the prostate gland.

Why might I need prostate artery embolisation?

This is undertaken as you have an enlarged prostate. You would have been reviewed by your GP and urologist and various treatment options would have been discussed on how to manage this.

Initial treatment is with medication and then moves on to surgery, if necessary. PAE is considered as an alternative to surgery. This is being considered in your case.

Who will be performing the prostate artery embolisation?

PAE is performed by interventional radiologists, who have the expertise in placing tubes into blood vessels through the skin under the guidance of X-rays.

What to expect

Where will the procedure take place?

The procedure will take place in the Radiology department in “screening room” design specially for this type of procedure. This is similar to an operating theatre into which specialised X-ray equipment has been installed.



Who will you see?

A specially trained team of radiographers and nurses led by an interventional radiologist within the radiology department. Interventional Radiologists have special expertise in reading the images and using imaging to guide catheters and wires to aid diagnosis and treatment. Due to the similarity of an operating theatre all staff members will be wearing scrubs



Are you required to make any special preparations?

Prostate artery embolisation is usually carried out as a day case procedure under local anaesthetic. You may be asked not to eat for 6 hours before the procedure.

What to expect cont...

What happens during a PAE?

Before the procedure, the interventional radiologist will explain the procedure and ask you to sign a consent form. Please feel free to ask any questions that you may have and remember that even at this stage, you can decide against going ahead with the procedure if you so wish. You will be asked to get undressed and put on a hospital gown. A small cannula (thin tube) may be placed into a vein in your arm, so that a sedative or painkillers can be given if required. You will lie on the X-ray table, generally flat on your back. You will have monitoring devices attached to your chest and finger and may be given oxygen.

The procedure is performed under sterile conditions and the interventional radiologist and radiology nurse will wear sterile gowns and gloves. The skin near the point of insertion, the groin will be cleaned with antiseptic and you will be covered with sterile drapes.

The skin and deeper tissues over the artery will be numbed with local anaesthetic. Using the X-ray equipment for visual guidance a fine tube (catheter) will be inserted and guided into position down the arteries that supplies blood to the prostate. Once in the correct place, the interventional radiologist will inject fluid containing thousands of tiny particles through the catheter into these small arteries which supply the prostate and blocks them so that the prostate is starved of its blood supply.

A small amount of dye (contrast agent) is injected to check the position of the catheter and that the abnormal arteries are blocked satisfactorily. Once they are blocked, the catheter will be removed and an Angio Seal (a small dissolvable sponge that stops bleeding) is placed on the outside of the artery. Your body will absorb the Angio Seal within 90 days.

Will it hurt?

When the local anaesthetic is injected, it will sting for a short while, but this soon wears off. You may have a small bruise after the procedure. You may feel a warm sensation for a few seconds when the dye is injected and feel like you are passing urine. After this, the procedure should not be painful.

How long will it take?

Every patient is different and it is not always easy to predict; however, expect to be in the radiology department for a minimum of 2 hours.

What happens afterwards?

You will be taken back to your ward. Nursing staff will carry out routine observations including pulse and blood pressure and will also check the treatment site. You will generally stay in bed for a couple of hours and then you will be able to go home. It is advisable not to drive after the procedure. Take it easy for the rest of the day but you can resume normal activities the next day.

Risks

Are there any risks?

Prostatic artery embolisation is a very safe procedure, but as with any medical procedure there are some risks and complications that can arise. There may occasionally be a small bruise called a haematoma around the site where the needle has been inserted into the artery. This will go away in a week or two.

A few patients may experience mild discomfort in the groin or scrotum afterwards which rarely lasts more than a few days.

Radiation

Having a prostate artery embolisation involves the use of radiation. Any examination using radiation is only performed when strictly necessary and it is felt the benefits of the examination outweigh any potential risks. All imaging is performed using the minimum amount of radiation necessary, and is individualised for each patient depending on the size of the patient and the condition being investigated.

For more information on radiation please see the link below:
<https://www.ukhsa-protectionservices.org.uk/radiationandyou/>

Extravasation

Occasionally when you are having a contrast (dye) enhanced procedure there is a small risk that the injection of contrast can leak out of the artery and under the skin. This is called an extravasation. We find this occurs in 1 out of 200 injections. If this does happen then further advice will be given to by the Radiographer and Radiologist at the time of the procedure.

Injection of X-ray contrast (dye)

If you have had an allergic reaction to iodine or the X-ray contrast (dye) in the past, then you must tell us prior to, or on arrival for, your appointment. The contrast (dye) used during the procedure contains iodine.

There are risk factors associated with injections of X-ray contrast (dye), which can be increased by certain conditions. We will complete a safety questionnaire to check your suitability to have the X-ray contrast (dye). The risk of serious allergic reaction to contrast materials that contain iodine is extremely rare, and radiology departments are well equipped to deal with them. The injection usually causes nothing more than a warm feeling passing around your body, a metallic taste in your mouth and a sensation of passing water. These effects will pass within a few minutes.

Table 1: Types of allergic reaction to Contrast (X-ray Dye)

Category	Type
Mild	Minor rash, redness, Swelling of the skin, Mild nasal congestion, sneezing, runny nose. Mild high blood pressure, nausea, Mild vomiting.
Moderate	Generalised redness Marked rash, Itching, and swelling of the skin, Hoarseness or throat tightness, Fainting Swelling of face and throat.
Severe	Respiratory arrest Cardiac arrest Fluid on the lung Seizures Cardiogenic shock The risk of death is extremely rare.

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Finally

The pictures taken during the examination are studied carefully and a detailed report is produced. The results will be sent to the person who referred you for the test. They will discuss the results with you and any treatment you may need.

You may already have an appointment with the team who referred you. If not, please contact them to arrange one to discuss the results of this test.

As this is a teaching hospital there may be students and observers present during your examination as part of their ongoing training. Please let the staff know if you do not wish any students to be present during your attendance.

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