



BPH Guideline in China

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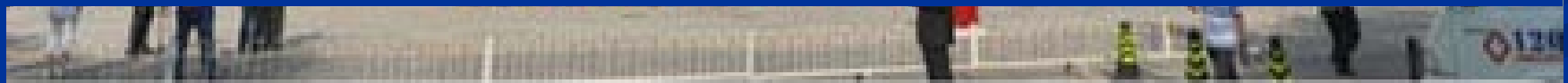
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Chinese BPH guideline

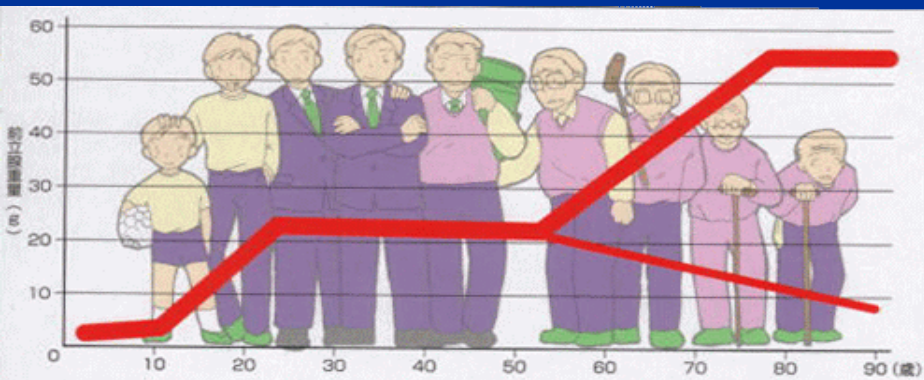
- ① Background
- ② Purpose and methodology
- ③ Clinical progression of BPH
- ④ Initial assessment
- ⑤ Treatment
- ⑥ Follow up





Background

1. Definition of BPH
2. Epidemiology of BPH
3. Pathogenesis of BPH
4. Symptoms and complications of BPH
5. Diagnosis and treatment of BPH





Methodology

The basement to approach BPH guideline

1. Evidence-Based-Medicine.
2. Multi-reginional research collection.
3. Literature search and data extraction from the reports published within the latest 10 years.





Clinical progression of BPH

1. BPH is a slowly progressive disease.
2. Analysis of risk factors to predict progression

Age

Serum PSA

Prostate volume

Maximum flow rate (Q_{max})

Post void residual

Symptom scores-IPSS

3. Other factors

Primary hypertension, dyslipidemia, diabetes





Initial Assessment

1. Clinical grading of BPH determined by IPSS score.

2. Three different recommendations:

Recommended: there is evidence to support the use of this test.

Optional: this test is done at the discretion of the clinician.

Not recommended: there is no evidence to support the use of this test.





Table 1. Recommendations regarding initial assessment

Assessment	Recommendation
Medical history	recommended
Symptom score	recommended
Physical exam including DRE	recommended
Prostate specific antigen	recommended
Urinalysis	recommended
Flow rate	recommended
Ultrasound exam including PVR	recommended





Assessment

Recommendation

Creatinine measurement

optional

Voiding charts (diaries)

optional

Urodynamic study

optional

Endoscopy

optional

Excretory urography

optional

Retrograde urethrogram

optional

CT

not recommended

MRI

not recommended





Treatment

1. Purpose of treatment:

—— To improve LUTS and quality of life and to prevent BPH related complications.

2. Efficacy analysis of initial management:

—— Watchful waiting, medical therapy, surgical management, minimally invasive treatment.

3. Indication and complications of each treatment





Table 2 Recommendations regarding initial management

Treatment	Recommendation
Watchful waiting	recommended
Drug therapy	
α1-blocker	
Tamsulosin	recommended
Doxazosin	recommended
Alfuzosin	recommended
Terazosin	recommended
Naftopidal	optional
5-ARI	
Finasteride	recommended
Epristeride	recommended
Combination therapy	
α 1-blocker plus 5-ARI	recommended
Plant extracts	recommended
Chinese herbs	further research





Indications for surgical treatment

1. QOL of patient obviously affected by LUTS, or patients with bothersome LUTS refractory to medical therapy
2. As presented following complications :
 - **Refractory urinary retention**
 - **Recurrent urinary infection**
 - **Recurrent haematuria refractory to 5-ARI treatment**
 - **Renal insufficiency**
 - **Bladder stones**
3. Other conditions:
diverticulum and hernia due to BPH





Table 3 Recommendations regarding surgical management

Treatment

Recommendation

Minimally invasive therapies

High-energy TUMT

TUNA

Prostatic stents

High risk patients

recommended

recommended

recommended

Surgical therapies

TUIP

TURP

Open prostatectomy

TUVP

PKVP

recommended

recommended

recommended

recommended

recommended

Laser therapies

HoLRP

Transurethral laser vaporization

Transurethral Laser coagulation

Small prostate volume

recommended

recommended

recommended





Follow-up

Purpose of follow-up:

1. To evaluate the treatment efficacy;
2. To detect complications or treatment related side-effects early;
3. To provide further treatment recommendation.





Table 4 Recommendations regarding follow-up

Watchful waiting

First follow-up: 6 months after initial evaluation,
then every year

Clinical check: the disease condition

a1-blocker

First follow-up: 4 weeks after initial treatment
6 months later, and then every year.

Recommendation: IPSS, Qmax, PVR **Optional: DRE, PSA**

5ARI

First follow-up: 12 weeks after initial treatment
6 months later, and then every year.

Recommendation: IPSS, Qmax, PVR **Optional: DRE, PSA**

Surgical treatment

First follow-up: 6 weeks after treatment and histological results
Clinical evaluation: 3 months later

Recommendation: IPSS, Qmax, PVR **Optional: Urine culture**





BPH guideline to patients

- 1. Introduction of BPH and BPH related complications.**
- 2. Clinical examination and treatment strategies.**
- 3. Clinical grading of BPH.**

A single book facing to the patient and/or relatives





BPH guideline revising

1. 2009 version now.
2. being remodelled this year.
3. BPH/LTUS guideline?



Thank you!

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