



Dr. Shivank Bhatia Presents Largest Long-Term Study on PAE for Men with Urinary Symptoms from Enlarged Prostate

Shivank Bhatia, M.D., chair of Interventional Radiology at the University of Miami Miller School of Medicine, made headlines at the recent Society of Interventional Radiology (SIR) Annual Scientific Meeting when he presented results of the largest long-term North American study of men undergoing prostate artery embolization to treat urinary symptoms from an enlarged prostate.



Shivank Bhatia, M.D.

The study of 1,000 men showed sustained relief for up to six years from lower urinary tract symptoms or urinary retention due to benign prostate hyperplasia (BPH). Patients also reported dramatic improvements in quality of life, with no need for a hospital stay or catheter, as well as no reported urinary incontinence or sexual dysfunction that can occur with surgical or even prescription medication. Dr. Bhatia, who authored the study, was the treating physician for all patients participating in it.

“Even though we at the Miller School have long studied and performed prostate artery embolization, or PAE, as an



alternative to surgery and life-long medication for BPH-related urinary symptoms, many men do not know this is a treatment option,” said Dr. Bhatia, who also is professor of interventional radiology and urology at the Miller School. “Our data helps to prove that PAE is a safe, highly effective treatment offering long-term relief of lower urinary tract symptoms.”

BPH impacts more than 50% of men over age 60. Symptoms from an enlarged prostate gland include urinary urgency, increased frequency and trouble voiding. Common options for treatment, from daily medications to surgery, have side effects that may outweigh benefits of treatment.

Quality of Life and Impact on Sleep



Howard Schwartz, M.D.,
and his wife

Howard Schwartz, M.D., said he had urinary symptoms due to BPH for years in his 60s. Dr. Schwartz, who used to practice gastroenterology in South Florida and now owns psychiatric clinics and a research center based in Hollywood, Florida, said he tried different medications to treat the symptoms that were impacting his quality of life and sleep.

“The medications gave me side effects I didn’t like. And over about three to four years, my symptoms got worse,” Dr. Schwartz said.

His physician recommended that Dr. Schwartz consider a procedure and referred him to Dr. Bhatia, an interventional radiologist, as well as urologists who offer surgical



treatment, so the doctor could decide on the best treatment for him.

“Dr. Bhatia described PAE as going through the wrist or groin to inject pellets into the prostate to shrink it and improve symptoms. There would be no hospital stay or need for a catheter. There was no risk of urinary incontinence or sexual dysfunction, but I would be uncomfortable for a few days after the procedure,” Dr. Schwartz said.

Downsides of Other Procedures



Shivank Bhatia, M.D., presenting at the Society of Interventional Radiology Annual Scientific Meeting

Urologists described procedures where they would go through the penis with a scope to thin out the prostate or use a laser to treat symptoms. Both procedures required time in the hospital with a catheter.

“Retrograde ejaculation was a side effect, urinary incontinence was a side effect, sexual dysfunction was a side effect,” Dr. Schwartz said. “To me it sounded like a no brainer to start with PAE.”

Dr. Schwartz, who was Dr. Bhatia’s patient but did not participate in the study, said he left his house at 7 a.m. on Thursday and was home after having the PAE by 10:30 a.m. that day. He experienced some discomfort for a few days but was back to work that Monday feeling fine. Eight weeks since having the procedure, he is symptom-free.



PAE might not be for every man with BPH and urinary symptoms, but it is a worthwhile treatment to consider, according to Dr. Schwartz.

Quality-of-Life Data



From left: Etienne Garin, M.D., Ph.D.; Shivank Bhatia, M.D.; and Gloria Salazar, M.D.

According to the quality-of-life data Dr. Bhatia presented at SIR, participants were asked: “If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?” Before having PAE, the average score indicated “mostly dissatisfied,” but within a year, the response was “pleased,” a level of satisfaction that continued throughout the six years of the study.

Using the International Prostate Symptom Score (IPSS) to assess symptoms ranging from incomplete bladder emptying to urination urgency, the study noted the median pre-treatment IPSS score was 23, which was in the “severe” symptom range of 20 to 35. The median IPSS score one year after IPSS treatment dropped to six, which was in the “mild” symptom range of one to seven.

“We hope this study increases awareness that PAE is safe and effective for treating urinary symptoms from BPH long term,” Dr. Bhatia said. “It’s important that men treat their symptoms not only from a quality-of-life perspective but also because of their health. BPH can negatively affect quality sleep and, as it worsens, can lead to bladder failure.”



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