

Benign Prostatic Hyperplasia

A plain-English guide for you and your family

WHAT IS HAPPENING

There is a walnut-sized gland called the prostate that wraps around the tube carrying urine out of your body. As men get older, this gland slowly grows larger and squeezes that tube. Your bladder still works fine, but it has to push much harder to get urine through the narrow spot. That is why the stream becomes weaker, starts and stops, or you feel like you need to go again right after finishing. Over time, the bladder cannot fully empty, and leftover urine sitting inside can lead to infections or even kidney problems if the blockage is not treated.

What you might feel

- Weak urinary stream
- Hesitancy (trouble starting to pee)
- Intermittent stream (stop-and-go flow)
- Feeling that the bladder isn't empty after peeing
- Urinary frequency (peeing more than 8 times a day)
- Waking at night to urinate (Nocturia) (waking up 2 or more times at night to pee)
- Urgency (sudden, strong need to pee that is hard to hold)
- Blood in the urine (Hematuria) (blood you can see in the urine, making it pink or red)
- Acute urinary retention (sudden complete inability to pee, even though the bladder is painfully full)
- Overflow incontinence (constant dribbling of small amounts of urine without control)

Call the doctor right away if...

- Acute urinary retention: sudden inability to pee with severe pain low in the belly and a bladder you can feel as a hard bulge above the pubic bone—needs emergency catheter (thin tube) placed through the urethra to drain the bladder right away.

- Repeated bladder infections (cystitis) or fever with pain when peeing—leftover urine becomes a breeding ground for bacteria, and infection can climb to the kidneys (pyelonephritis) or spread into the blood (urosepsis), which is life-threatening.
- Blood in the urine (hematuria) that keeps coming back or does not go away—must check for bladder cancer, kidney stones, and prostate cancer with imaging and cystoscopy (camera inside the bladder).
- Rising creatinine on a blood test or swollen kidneys (hydronephrosis) on ultrasound or CT—means backup pressure from the blocked bladder is traveling up the ureters and damaging the kidneys (obstructive nephropathy), which can lead to kidney failure.
- Hard, lumpy, or uneven prostate felt during digital rectal exam, or PSA (prostate-specific antigen blood test) that jumps up fast or stays very high—raises strong concern for prostate cancer and requires MRI and biopsy.

What the care team will do

- Assess bladder fullness and pain BEFORE giving antihistamines or decongestants
- Check post-void residual after any near-retention event
- Teach fluid and caffeine timing (fluid earlier, caffeine off after noon)
- Teach first-dose orthostatic caution with alpha-blockers
- Report new fever, flank pain, or blood in pee immediately

Medicines you may be given — and why

Tamsulosin (Flomax)

Blocks tiny switches called alpha-1A receptors that tell the muscle around the prostate and bladder neck to squeeze tight. When those switches are blocked, the muscle relaxes and the tube that carries urine out (the urethra) opens wider, so urine flows more easily.

Finasteride (Proscar)

Blocks an enzyme called 5-alpha-reductase that turns regular testosterone into a supercharged version called DHT (dihydrotestosterone). DHT is the main fuel that makes prostate cells grow. When you block the enzyme, DHT drops by about 70-90% and the prostate slowly shrinks by 20-30% over 6 to 12 months.

Dutasteride (Avodart)

Blocks BOTH forms of the enzyme 5-alpha-reductase (type I and type II) that turn testosterone into DHT (dihydrotestosterone, the hormone that fuels prostate growth). This drops DHT even more than finasteride—by about 90-95%—so the prostate shrinks more over 6 to 12 months.

Alfuzosin (Uroxatral)

Blocks all three types of alpha-1 receptors (the 'squeeze' switches) on smooth muscle at the prostate, bladder neck, and blood vessels. This relaxes the muscle around the urethra so urine flows more easily, but it also relaxes blood vessel walls so blood pressure can drop.

Doxazosin (Cardura)

Blocks all three types of alpha-1 receptors on smooth muscle at the prostate, bladder neck, and blood vessels. This relaxes the muscle around the urethra so urine flows better, and also relaxes blood vessel walls (which is why it is also used to treat high blood pressure).

Terazosin (Hytrin)

Blocks all three types of alpha-1 receptors on smooth muscle at the prostate, bladder neck, and blood vessels. This relaxes the muscle around the urethra so urine flows better, and also relaxes blood vessel walls (which is why it is also used to treat high blood pressure).

Silodosin (Rapaflo)

Blocks alpha-1A receptors (the 'squeeze' switches) on smooth muscle at the prostate and bladder neck so the muscle relaxes and the urethra opens wider. It is very selective for alpha-1A so it has less effect on blood vessels and causes less dizziness than non-selective blockers.

Tadalafil (Cialis, daily low-dose 5 mg)

Blocks the enzyme phosphodiesterase-5 (PDE5) inside smooth muscle cells of the prostate, bladder, and urethra. This lets a messenger molecule called cyclic GMP (cGMP) build up. cGMP relaxes smooth muscle so the bladder neck and prostate loosen and urine flows more easily. It also improves blood flow to the penis, which is why the same drug treats erectile dysfunction.

Where this information comes from

- American Urological Association (AUA) Guideline on Management of Benign Prostatic Hyperplasia, 2021
- European Association of Urology (EAU) Guidelines on Non-Neurogenic Male Lower Urinary Tract Symptoms, 2024
- National Institute for Health and Care Excellence (NICE) Guideline NG97: Lower urinary tract symptoms in men, 2023
- UpToDate: Benign prostatic hyperplasia clinical manifestations and diagnostic evaluation

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