

Tamsulosin

A plain-English guide for you and your family

WHAT IS HAPPENING

Tamsulosin (brand name Flomax) is a pill that relaxes a ring of muscle around the prostate and bladder neck. When the prostate gets bigger with age—a condition called benign prostatic hyperplasia (BPH, a non-cancerous growth)—that muscle ring clamps down and squeezes the tube that carries urine out. You end up with a weak stream, trouble starting, waking up at night to pee, and the feeling you never really emptied. Tamsulosin targets tiny switches on that muscle called alpha-1A receptors and flips them off, so the gate relaxes and urine flows freely again. Doctors also use it to help small kidney stones pass through the last inch of the ureter (the tube from kidney to bladder), because it calms the muscle spasm there too. Most people feel better within a few days. The main side effect is feeling dizzy or lightheaded when you first stand up—tamsulosin can drop your blood pressure for a moment—so you take the first dose at bedtime and get up slowly in the morning.

What you might feel

- Stronger urine stream that starts more easily
- Fewer trips to the bathroom at night
- Feeling less like you have to rush to the bathroom right now (less urgency)
- Dizziness or feeling lightheaded when you stand up quickly (especially after the first dose)
- Semen goes backward into the bladder instead of out during orgasm (retrograde ejaculation)
- Stuffy nose

Call the doctor right away if...

- Sudden complete inability to pee even though the bladder feels painfully full (acute urinary retention) — needs emergency catheter placement right away, then work-up for the cause.
- Blood in the urine that you can see (gross blood in the urine (hematuria)) — may signal a stone, infection, or bladder or kidney cancer; get a urinalysis, imaging (usually CT or ultrasound), and a urology visit before restarting the medicine.

- Fever, shaking chills, back or side pain, plus urinary symptoms — points to a kidney infection behind a blockage (obstructive pyelonephritis); needs IV antibiotics plus urgent drainage with a stent or tube because pressure can damage the kidney fast.
- Cataract surgery coming up and you are already taking tamsulosin — tamsulosin can cause the iris (the colored ring in the eye) to flutter and sag during surgery (intraoperative floppy iris syndrome), which makes the operation harder. Tell your eye surgeon; do NOT stop tamsulosin on your own because stopping won't undo the change, and your surgeon needs to plan around it.

What the care team will do

- Teach 'take at bedtime, sit before you stand'
- Take with the same meal each day
- Warn about retrograde ejaculation before starting
- Document intended cataract or eye surgery
- Follow up in 4-6 weeks for symptom score and orthostatics

Medicines you may be given — and why

Tamsulosin

Blocks the 'squeeze tight' signal on the smooth muscle band wrapped around the prostate and the neck of the bladder. When that signal is blocked, the gate relaxes and opens, so urine can flow through easily.

Finasteride or Dutasteride (add-on for larger prostates)

Blocks the enzyme (5-alpha reductase) that turns testosterone into dihydrotestosterone (DHT). DHT is the main fuel that makes the prostate keep growing. When DHT drops, the prostate slowly shrinks over months.

Where this information comes from

- AUA Guideline on the Surgical Management of Benign Prostatic Hyperplasia (2023)
- EAU Guidelines on Management of Non-Neurogenic Male Lower Urinary Tract Symptoms (2024)
- UpToDate – Medical Treatment of Benign Prostatic Hyperplasia
- American Family Physician – Diagnosis and Treatment of Lower Urinary Tract Symptoms in Men

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