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Top surgeon reveals his personal battle with the enlarged prostate condition he treats

A top surgeon has revealed his battle with a common condition that means men need to go to the toilet often overnight and can cause serious issues if left untreated.



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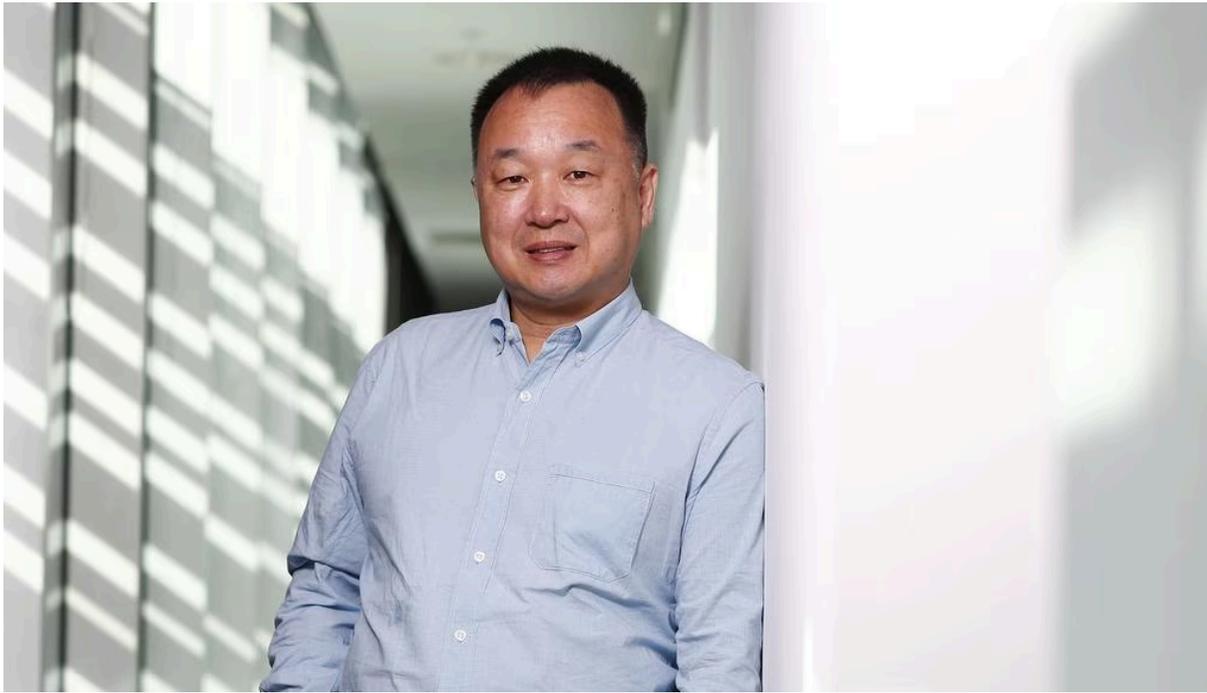


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Urologist Henry Woo has revealed his personal experience with an enlarged prostate. Picture: Sam Ruttyn

Top surgeon Henry Woo has spent plenty of time treating patients struggling with enlarged prostates — so when he started suffering the common condition, he recognised it.

He began experiencing issues with urination, but was cleared of prostate cancer and initially did not take action.

Benign prostatic hyperplasia, also called an enlarged prostate, affects about 50 per of men in their 50s and becomes even more common with age.

It is thought to be linked to hormonal changes as men age, and symptoms include straining to pee, poor urine flow, urgency and needing to get up at night to pass urine.

“It wasn’t so bothersome when it started, and to be honest I thought that I was probably too busy to get something done about it,” Professor Woo said.

“That’s a common thing which happens with benign conditions, we tend to put it on the back burner if it’s not that bothersome.

“I’m not saying it’s right ... I’m guilty as much as many of my patients are.”

The urologist said in the early stages, men often introduced behaviours like proactively going to the toilet or restricting their fluids to try and circumvent symptoms.

But these tactics effectively just “kicked the can down the road”.

The 63-year-old, who is the Urological Society of Australia and New Zealand’s male lower urinary tract special advisory group leader, needed to use the bathroom more, including overnight.

But it was the urgency and frequency that he ultimately found most disruptive, particularly while consulting with patients.



Professor Henry Woo underwent a procedure for an enlarged prostate.

After living with symptoms for years, he tried different types of medication, but one left him light-headed and the other affected his ability to ejaculate.

The head of urology at Blacktown Hospital in Sydney said there were numerous drugs for benign prostatic hyperplasia, but men needed to weigh up the pros and cons of each.

Prof Woo went on a low dose of an alpha blocker, but eventually after experiencing a couple of leakage “accidents”, he chose to undergo surgery.

He had a minimally invasive procedure where a hollow needle was deployed into the prostate through the urethra.

Steam was injected into his prostate, which Prof Woo said destroyed tissue, allowing it to shrink and “open up the passageway”.

The cost of the procedure varies — it could be done through the public system, or cost up to about \$6000 for an uninsured patient who elected to go through the private sector.

While the surgery, which he had about four years ago, certainly helped, he didn't return to the function he once had.

But symptoms no longer have a negative impact on Prof Woo's quality of life.

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“These minimally invasive treatments — they're not going to return your urinary function to like it was when you're a young man,” Prof Woo said.

“The more invasive treatments are going to bring you closer (to that).”

Prof Woo was drawn to a minimally invasive surgery due to faster recovery time and lower risk of serious adverse side effects — but said each patient would weigh up the kind of operation in the context of their circumstances.

A range of operations are available, which can open the urethra or remove prostate tissue.

Another common minimally invasive procedure involves small implants pulling the prostate lobes apart and helping to open the urethra.

Prof Woo said he was not ashamed to speak out about his own experience, as the problem was so common.

He said risks of leaving benign prostatic hyperplasia untreated included bladder dysfunction, acute urinary retention and in extreme cases, kidney failure.

“The other consequence of not doing anything is that your symptoms get worse and get so bad that you really want something done yesterday ... you’re wearing nappies constantly because you’re leaking,” he said.

“It’s a shame that you have so many men who allow themselves to get to that stage.”

Royal Australian College of General Practitioners spokesman Dr Toby Gardner said benign prostatic hyperplasia could be very disruptive.



Doctor Toby Gardner often sees men struggling with enlarged prostates. Picture: Nikki Davis-Jones

“It’s because of the sleep disturbance most of the time, because they’re getting up four times a night to go and empty

their bladder,” he said.

The GP with an interest in men’s health said an ultrasound could show whether men were having difficulty emptying their bladder properly.

He said some patients who came to him had already tried saw palmetto, but evidence the supplement was effective for benign prostatic hyperplasia was lacking, among other herbal options.

Lifestyle interventions could include limiting how much people were drinking at night, and considering that caffeine and citric drinks could irritate the bladder, Dr Gardner said.

He said largely, his patients required medication, which provided most “significant relief”.

Prof Woo said about one in 10 men would end up undergoing surgery for benign prostatic hyperplasia.

Other causes for urinary problems in men can include an overactive bladder or nocturnal polyuria — overproduction of urine during sleep that can be linked with obstructive sleep apnoea.

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