UROLOGICAL SOCIETY OF AUSTRALIA AND NEW ZEALAND

Position Statement

Prostate Artery Embolization and Benign Prostate Enlargement

Number:	Pol 026	**Version:**		1.0	
Subject:	Patient Care	**Distribution:**		Public	
Authorised by:	Board of Directors	**Approved Date:**	27.11.2021	**Review Date:**	Nov 2024

Purpose and Scope

This statement has been prepared for the members of the Urological Society of Australia and New Zealand (USANZ) to assist them to assess the clinical efficacy and safety of prostatic artery embolization (PAE) in the current context of minimally invasive surgery for male lower urinary tract symptoms.

This statement is not intended for use by patients or consumer organisations as procedures such as those discussed must be preceded by a full clinical assessment by practitioners skilled in the evaluation and treatment of Lower Urinary Tract Symptoms (LUTS) most likely a Urologist.

Statement

Prostatic artery embolization (PAE) is a technique initially developed to control prostatic bleeding but in recent years, it has gained considerable popularity as a minimally invasive radiological intervention designed to treat men with lower urinary tract symptoms (LUTS) related to benign prostatic enlargement (BPE).

Published literature including systematic reviews and meta-analyses have shown that PAE can be effective and safe in a carefully selected group of men.

The most recent update by the American Urological Association (AUA) clinical guideline recommended that PAE as a routine treatment of LUTS/BPE is not supported by current data, and treatment benefit over risk remains unclear; therefore, PAE should not be performed outside the context of clinical trials (Expert Opinion).

Similarly, the European Association of Urology (EAU) advocated the need to better define the selection criteria of LUTS patients who will benefit from PAE and that PAE impacts the entire prostate without the option for focused and controlled action on bladder outlet obstruction.

PAE requires considerable radiological expertise since non-target embolization even in super-selective angio-embolization can occur, resulting in ischemia and ulceration of embolized pelvic organs such as the bladder, rectum, or penis. While almost of these serious complications can be self-resolving and seldom required surgical intervention, longer-term effects such as chronic pelvic pain and sexual dysfunction can be devastating and are difficult to reverse. Other commonly reported PAE-related treatment adverse events include post-PAE syndrome, dysuria, urinary tract infection, hematuria, hematospermia and urinary retention.

The causes of male LUTS are most often multifactorial and BPE may be not always causally related to a man's LUTS. Prior to offering PAE a clear causal relationship between the man's LUTS and his BPE should be established.

PAE must be done in the correct context with proper patient selection and adequate informed consent, especially with regards to longer term clinical and safety data. It should be acknowledged that there are other minimally invasive BPE therapies that may offer better safety and efficacy profile. Further validation of PAE including a direct comparative study with other minimally invasive BPE treatments are desired, to evaluate its actual role in clinical practice.

Roles and responsibilities

- The USANZ Board of Directors is the approval authority for Position Statements and other Policies that relate to patient care.
- The Male Lower Urinary Tract Specialty Advisory Group (SAG) is responsible for the development and review of position statements and policies that relate to bladder outflow obstruction and neurogenic bladder medical matters and for making recommendations to the Board of Directors. The SAG may initiative the development of a position statement or policy where they identify a need.

Superseded documents

- None

Revision history

Version	Date	Notes	By
draft	June 2021	Initiative by Eric Chung, SAG Leader and reviewed by SAG.	Male LUTS SAG
1.0	27 Nov 2021	Approved	Board of Directors

Review date

This position statement will be reviewed every 3 years by the Speciality Advisory Group and the Board of Directors. The next review date is in Nov 2024.

Contact

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