

Patient information · Interventional Radiology · Cochin University Hospital AP-HP

This document provides information about prostate artery embolization (PAE), a minimally invasive treatment for benign prostatic hyperplasia (BPH).

1. Principle

PAE involves injecting microspheres through a catheter into the prostatic arteries, reducing blood supply to the prostate. The prostate shrinks progressively, relieving urinary symptoms.

Key advantage: no risk of retrograde ejaculation or sexual dysfunction, unlike surgery (TURP). Over 80% improvement in urinary symptoms.

2. Before the procedure

- Recent multiparametric prostate MRI with volume measurement
- PSA blood test
- IPSS questionnaire (urinary symptoms)
- Anaesthesia consultation
- Stop blood thinners as instructed

3. The procedure

- Admission morning, discharge next day (1 night)
- Local anaesthesia and light sedation
- Catheter inserted via groin or wrist
- Microspheres injected into both prostatic arteries
- Duration: 1-2 hours

4. Post-embolization syndrome (common, 24-72h)

- Low-grade fever 38-38.5°C
- Pelvic or groin pain (well controlled with painkillers)
- Mild urinary burning sensation

Warning: Intense urinary burning, fever above 39°C or acute urinary retention: contact our team urgently.

5. Follow-up

- Consultations at 1, 3 and 6 months
- MRI and uroflowmetry at 6 months