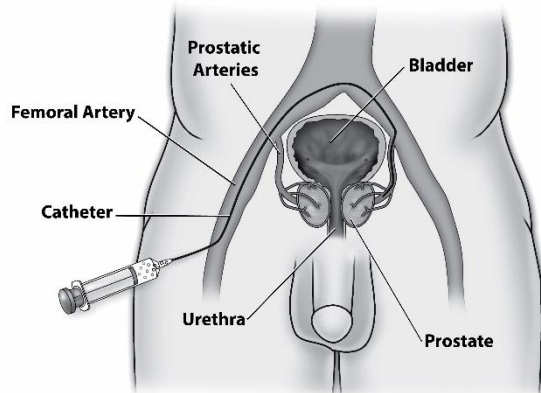


## Preparing for Your Prostate Artery Embolization (PAE)

This handout will help to prepare you for a Prostate Artery Embolization.

### Prostate Artery Embolization (PAE)

PAE is a treatment for an enlarged prostate. This treatment slows the blood flow to the prostate. A tube (catheter) is placed into a large blood vessel in the groin or the wrist. It is then threaded up into the prostate artery. A mixture is put into the artery that will block the blood supply to the prostate. Over time, the prostate shrinks from the lack of blood. The goal is to relieve some of the bladder symptoms of benign prostatic hyperplasia (BPH).



### Risks

- Bleeding from the artery entry site
- Damage to the blood vessel
- Contrast x-ray dye allergy
- Worsened kidney function
- Infection
- Urinary retention

### Getting Ready

#### Before the PAE

First you will need to meet with the doctor to see if this treatment may help you. The doctor will review your records and give you an exam. If you and your doctor agree to the PAE, it can be scheduled. The scheduling office will contact you with a date for the PAE. If you have questions, call **608-263-9729**.

#### Medicines

Once your procedure is scheduled, we will send some medications to your pharmacy. You will need to start taking two of these medicines (see below) the day before your PAE. Wait to take the pain medicine until after the procedure. These will help you recover. Please pick these up so you can start taking them before the PAE.

The day before the procedure, start taking these medicines:

- Naproxen-This helps reduce pain and inflammation (if you cannot take NSAIDs eg Advil, let your team know)
- Ciprofloxacin – this is an antibiotic and helps prevent infection.

You will take these medicines the morning of your PAE and keep taking them for 1 week after the procedure.

If you are taking a blood thinner such as Coumadin (warfarin), Xarelto, Eliquis, or Plavix please contact the doctor who prescribes this for you **before** the PAE. Most people must stop this type of medicine several days before the test.

If you take insulin, we will need to know what kind you take so we can tell you how much, if any, to take the morning of the PAE.

If you take metformin for diabetes, you should not take any the day of the test and for 48 hours after the test.

Take the medicines prescribed for the PAE (Naproxen, , and Ciprofloxacin) as you were instructed.

Take your other prescribed oral medicine on schedule with a sip of water.

You will need someone drive you home after the test. You should not drive or make important decisions for 24 hours after the test.

It is a good idea to have someone to stay with you that night, just in case you have any problems, and you need medical care right away.

### **Day of Procedure**

**Do not** eat solid foods 6 hours before the exam. You may drink clear liquids (fluid you can see through) until 4 hours before the exam.

Come to the hospital. Take the Atrium elevators to the 3<sup>rd</sup> floor and turn right off the elevator. The Radiology Check In area (G3/3) is on the right side of the hallway. Check in at the desk.

- We will bring you to the prep and recovery area.
- Staff will review your health history and medicines.
- You will have a short physical exam.
- You will change into a hospital gown.

- An IV line is placed in your arm or hand. This allows us to give you fluids and medicine.
- You may have blood and urine samples taken.
- We will ask you to sign a consent form after reviewing the procedure, the type of sedation, and asking any questions you may have.

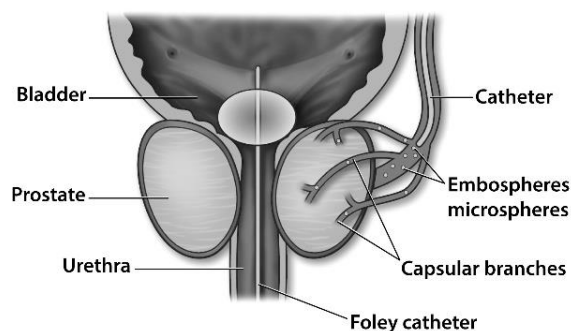
### **During the Procedure**

We will bring you to a procedure room.

- You will lie on a narrow bed.
- We will give you medicine through your IV to prevent pain and to help you relax.
- The area over your artery (in your wrist or your groin) will be washed with iodine soap.

The PAE is done through a small tube (usually the size of spaghetti or smaller) that the doctor inserts into the artery in your groin or your wrist. We will numb the skin around the groin or wrist site. We will give you more medicine to sedate you and treat pain. Patients often feel pressure at the groin or wrist site when the doctor inserts the tube into the artery.

The doctor will thread the tube up into the artery that supplies the prostate. When the tube is in the right place, the doctor will slowly inject small particles until the blood flow to the prostate is almost stopped. Then, the doctor will remove the tube. The doctor will put pressure on your groin or wrist area for 15 minutes to prevent bleeding. The whole procedure may take 2-3 hours. We will then take you back to the recovery area.



Once back in recovery, you will need to rest to prevent bleeding from the artery. You may need to lay flat or keep your arm still for a few hours. We will give you clear liquids to drink.

If you had a foley catheter in place before coming in for the procedure, it will remain in place. Instead, you will see your urologist in about 2 weeks to check if your foley is ready to come out. Please call your urologist's office to make this appointment if you do not have it already.

### Medicine After PAE

Keep taking the medicines you started the day before the PAE for 7 days. Please take **all** doses. You should also take the pain medicine as needed.

If you take medicine for BPH, **do not** take this until you are instructed to do so. Please call and let the team know if you start having symptoms (not emptying completely, hesitancy, straining, etc).

Some patients experience bladder spasm and may need to start taking anti-spasm medication. However this is rare.

### What to Do at Home

- For bleeding at the site, apply direct pressure and go to the nearest emergency room.

- **No** heavy lifting (more than 10 pounds) for 24 hours.
- **No** vigorous activity or straining (riding a bicycle, golfing, or doing sit-ups) for 1 week. Walk on a flat surface for exercise during the first week.
- Drink fluids after the test to flush the dye from your system. Drink at least 8 glasses of liquid for the first 24 hours. **Do not** drink alcohol the first day. You may eat whatever you like.
- Keep the puncture site dry and covered with a bandage for 24 hours. After that, you can remove the bandage and shower or bathe. Put a clean bandage over the site each day for the next 3 days.
- **Do not** sit in a bathtub, hot tub, or go swimming for 1 week or until the site has healed.

### What to Expect

- Soreness or tenderness at the site that may last up to a week.
- Mild oozing of blood from the site but shouldn't soak more than two dressing changes.
- Bruising at the site that may take 2 to 3 weeks to go away.
- A small dime or quarter sized lump which may last up to 6 weeks.

### When to Call

Call your doctor if you notice any signs of infection which includes:

- Redness or swelling of the puncture site.
- Foul smelling yellowish or greenish drainage from the puncture site.
- Fever over 100.4° F.
- A very large bruise under and around the puncture site which is firm to touch.
- Numbness and/or tingling in the arm or the leg.

- Itching or hives on any part of your body.
- Uncontrolled nausea or vomiting.

### **Follow Up**

- Within a week after the PAE, the nurse or MD will call you to see how you are doing.
- If you had a foley catheter in place at home before your PAE, you will need to see your urologist in about 2 weeks to see if it can be removed.
- You will return to our clinic in about 1 month for a short visit to see if your symptoms have improved. This can be done as a video or telephone visit.

### **Who to Call**

If you have any questions or problems once you are home, call the Interventional Radiology Department **(608) 263-9729, prompt 3**, during the day (8:30 am to 5:30 pm).

**After hours, weekends, and holidays, please call (608) 262-2122.** This will give you the paging operator. Ask for Interventional Radiologist on call. Leave your name and phone number with the area code. The doctor will call you back.

**Toll Free Number: (800) 323-8942**

If you are a patient receiving care at UnityPoint – Meriter, Swedish American or a health system outside of UW Health, please use the phone numbers provided in your discharge instructions for any questions or concerns.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 12/2022. University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#8058.