

Euracare Advanced Diagnostics and Heart Centre on front line to perform first Prostate Artery Embolization in Western Africa.

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Euracare Ghana is the first and only medical facility in Ghana that started to perform prostate artery embolization. A world-class angio machine (Cath Lab) and special software is required to perform the procedure besides a well-trained interventional radiologist.

Dr Benjamin Dabo Sarkodie, Euracare Ghana's Interventional Radiologist and head of Radiology: "We have started with the series of cases with great success rate."

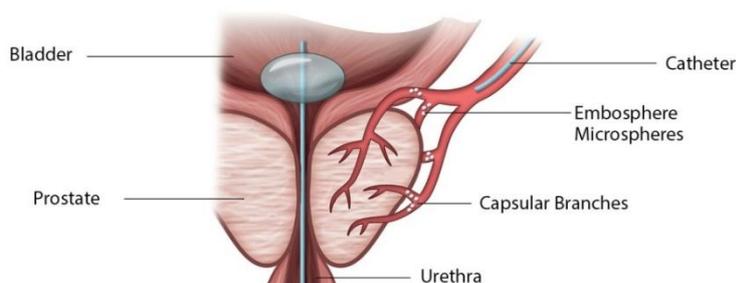
Prostate artery embolization is a great procedure for patients who have been using catheter for a long period of time because of enlargement of prostate. The only alternative is TURP (trans urethral resection of prostate) operation. TURP is open surgery with long recovery time and potential loss of erectile function (that is the biggest concern of every male patient). While prostate embolization is a key-hole, (also called minimally invasive surgery-MIS), procedure. Key-hole surgery is a modern surgical technique in which operations are performed far from their location through small incisions (usually 0.5–1.5 cm) elsewhere in the body). Procedure with minimal bleeding, scarring, pain and complication and patient can go home already few hours after procedure.

First patient needs to come for thorough assessment to ensure that the prostatic enlargement is not due to cancer and meticulous pre-op planning. Pelvic angiogram is needed to make sure that arteries are well.

In Euracare procedure is performed as a two-consultant procedure by Dr B. D. Sarkodie together with Prof. Nicholas Ossei-Gerning, internationally-renowned expert in interventional cardiology and erectile dysfunction.

Prostate Artery Embolization is a minimally-invasive non-surgical procedure used to treat enlarged prostate by blocking off the arteries that feed the gland and making it shrink. The procedure is performed under local anaesthetic.

What is Prostate Artery Embolization?



PAE is a non-surgical way of treating an enlarged and troublesome prostate by blocking off the arteries that feed the gland and making it shrink. It is performed by an interventional radiologist,

rather than a surgeon, and is an alternative to a TURP (trans urethral resection of prostate) operation.

Who will be doing the prostate artery embolization?

A specially trained doctor called an interventional radiologist. Interventional radiologists have special expertise in using X-ray equipment, and in interpreting the images produced. They need to look at these images while carrying out the procedure. Consequently, interventional radiologists are the best trained people to insert needles and fine catheters into blood vessels, through the skin, and place them correctly.

Where will the procedure take place?

Angio suite (aka Cath Lab).

How do I prepare for prostate artery embolization?

You need to be admitted to the hospital. This can be done as a day case

What happens during Prostate Artery Embolization?

You will lie on the X-ray table, generally flat on your back. You need to have a needle put into a vein in your arm, so that the radiologist can give you a sedative and painkillers. Once in place, this will not cause any pain. You may also have a monitoring device attached to your chest and finger and may be given oxygen through small tubes in your nose. The interventional radiologist will keep everything as sterile as possible and will wear a theatre gown and operating gloves. The skin near the point of insertion, probably the groin, will be swabbed with antiseptic, and then most of the rest of your body covered with a theatre towel.

The skin and deeper tissues over the artery in the arm will be anaesthetised with local anaesthetic, and then a needle will be inserted into this artery. Once the interventional radiologist is satisfied that this is correctly positioned, a guide wire is placed through the needle, and into this artery. Then the needle is withdrawn allowing a fine, plastic tube, called a catheter, to be placed over the wire and into this artery.

The interventional radiologist will use the Angio suite (Cath Lab) equipment to make sure that the catheter and the wire are then moved into the correct position, into the other arteries which are feeding the prostate. These arteries are quite small and rather variable. Two interventional radiologists will usually be performing the case. A special X-ray dye, called contrast medium, is injected down the catheter into these prostate arteries, and this may give you a hot feeling in the pelvis. Once the prostate blood supply has been identified, fluid containing thousands of tiny particles is injected through the catheter into these small arteries which nourish the prostate. This silts up these small blood vessels and blocks them so that the prostate is starved of its blood supply.

Will it hurt?

When the local anaesthetic is injected, it will sting to start with, but this soon passes, and the skin and deeper tissues should then feel numb. The procedure itself may become painful. However, there will be a nurse, or another member of staff, standing next to you and looking after you. If the procedure does become too painful for you, then they will be able to arrange for you to have some painkillers through the needle in your arm.

As the dye, or contrast medium, passes around your body, you may get a warm feeling, which some people can find a little unpleasant. However, this soon passes and should not concern you.

What happens afterwards?

You will be taken back to the recovery area on a trolley. Nurses in the recovery area will carry out routine observations, such as taking your pulse and blood pressure, to make sure that there are no untoward effects. They will also look at the skin entry point to make sure there is no bleeding from it. Once any pain is controlled you will be transferred to the ward. You will generally stay in bed for a few hours, until you have recovered. If suitable for a day case procedure you will usually be allowed home after 3 to 4 hours.