**Basic Management of LUTS in Men**

**BOthersome LUTs Recommended Tests:**
- Obtain medical history
- Perform physical examination
- Administer International Prostate Symptom Score (IPSS)
- Perform a urinalysis
- If equipment available, consider PVR and/or uroflowmetry.
- *If PVR >300 cc, irrespective of symptoms, see white paper on "Non-Neurogenic Chronic Urinary Retention: Consensus Definition, Management Strategies, and Future Opportunities"*

**Standard Treatment**
- Alter modifiable factors such as caffeine, fluids, contributing medications when possible
- Lifestyle discussion
- Trial of Medical Therapy Algorithm

**Optional Tests in Addition to a Repeat Evaluation of Symptoms**
- Frequency volume chart
- PVR/Uroflow (if not obtained earlier, these tests are recommended at this point*)
- Urodynamics
- Cystoscopy

**Lack or incomplete response/continued bothersome symptoms**

**Improvement/symptoms tolerable**
- Continue therapy, routine follow-up

**Nocturia is major complaint**
- Frequency volume chart
- Medication trial

**Lack of resolution with medication**
- Consider other work up and etiologies, such as sleep disorders (i.e. sleep apnea)

**Mainly obstructive symptoms or evidence of BOO**
- See Surgical Management Algorithm

**OAB predominant (storage symptoms)**
- See OAB Guideline

**Mixed OAB/BOO**
- Follow BOO pathway and see OAB Guideline for options regarding storage symptoms
**Trial of Medical Therapy Algorithm**

- Alpha Blocker as initial therapy
  - If patient also has ED, can start with PED5 as initial therapy
  
- Lack of or incomplete response to Alpha Blocker and/or cannot tolerate
  
- Consider trial or addition of PED5
  
- Lack of and/or incomplete response to therapy
  
- Prostate >30cc, consider addition of SARI
  
- Discuss surgical options, see Surgical Management Algorithm
  
- Lack of and/or incomplete response to therapy

For mixed OAB/BOO symptoms, see above and refer to OAB Guidelines (i.e., anticholinergic and B3 agonist therapy)

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**Surgical Management of Lower Urinary Tract Symptoms Attributed to Benign Prostatic Hyperplasia**

**SURGICAL THERAPY**

- Assessment of Prostate Size via imaging or cystoscopy
- Large Prostate (>80-150cc) or Very Large Prostate (>150cc)

  - RWT1
  - HoLEP
  - PVP
  - PUL2
  - ThuLEP

- Average Prostate (30-80 cc)

  - TIPD5
  - TURP
  - TUVP

- Small Prostate (<30cc)

  - HoLEP
  - PVP
  - ThuLEP
  - TIPD5

Patients concerned with preservation of erectile and ejaculatory function may be offered PUL or WVTT as data indicate that both therapies provide a greater likelihood of preservation of sexual function.

**MEDICALLY COMPLICATED PATIENTS**

In patients who are at higher risk of bleeding, such as those on anticoagulation drugs, therapies with a lower need for blood transfusion, such as HoLEP, PVP, and ThuLEP, should be considered. For additional information on the use of anticoagulation and antiplatelet therapy in surgical patients, refer to the ICUD/AUA review on Anticoagulation and Antiplatelet Therapy in Urologic Practice.

Based on the evidence reports of the current guidelines, the following criteria are recommended when utilizing these approaches:

1. RWT: prostate volume 30-80cc.
2. PUL: absence of obstructing midline prostate tissue and prostate volume 30-80cc.
3. WVTT: prostate volume 30-80cc.
4. TUIP: prostate volume ≤30cc.
5. TIPD: prostate volume 25-75cc and absence of obstructive middle lobe.