

A PATIENT EDUCATION GUIDE • LIEF UROLOGY

Understanding BPH

Enlarged Prostate: Symptoms, Diagnosis, and Your Treatment Options

- Board-Certified Urologist • FACS
- Rezūm™ Certified Center of Excellence
- GreenLight™ Laser National Proctor
- 35+ Years Serving South Florida • English & Español

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A Note Before You Begin

If you are getting up two, three, or four times a night to urinate, if your stream has weakened, or if you never feel like your bladder is truly empty, you are not imagining it and you are not alone. These are the everyday signs of an enlarged prostate, and they are among the most common reasons men over 50 come to see a urologist.

This guide was written to give you a clear, complete picture before you sit down with a physician. It explains what benign prostatic hyperplasia (BPH) actually is, why it happens, what it is not, how it is evaluated, and every category of treatment currently available — from watchful waiting and daily medication through minimally invasive procedures and traditional surgery.

You will notice that this guide describes treatments we do not perform as well as the ones we do. That is deliberate. An informed decision requires knowing the whole landscape, not just one corner of it. By the time you finish reading, you should be able to walk into any consultation and ask better questions.

How to use this guide

Read Sections 1 through 6 to understand the condition. Read Section 7 to know what to expect at an evaluation. Read Sections 8 through 11 when you are ready to weigh treatments. Section 15 contains a list of questions to bring with you to your appointment — print it or write them down.

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1. What Is BPH?

Benign prostatic hyperplasia, in plain language

The prostate is a small gland that sits directly beneath the bladder. Its job is to help produce the fluid that carries sperm. In a younger man it is roughly the size and shape of a walnut or a golf ball.

The detail that matters most is anatomical: the urethra — the tube that carries urine out of the body — passes straight through the center of the prostate. The gland forms a ring around the channel your urine has to travel through.

The prostate tends to keep growing throughout a man's life. In many men that growth eventually becomes significant enough to squeeze the urethra and restrict the flow of urine out of the bladder. That is benign prostatic hyperplasia. Broken into its parts, the term is reassuring rather than alarming: **benign** means not cancerous, **prostatic** means of the prostate, and **hyperplasia** means an increase in the number of cells.

Medicine has not established a single definitive cause. The leading explanation is that the shifting balance of sex hormones that comes with age drives the gland's continued growth. What is well established is that BPH becomes steadily more common as men get older, and that it is highly treatable.

The plumbing analogy

Think of the urethra as a garden hose running through the middle of a closing fist. The hose itself is fine. The pressure squeezing it from the outside is the problem. Nearly every BPH treatment works by relieving that pressure — either by relaxing the muscle around the channel, shrinking the gland, or removing the tissue that is doing the squeezing.

2. BPH Is Not Prostate Cancer

This is the first question most men ask, and it deserves a direct answer. BPH and prostate cancer are two different conditions. Having an enlarged prostate is not considered to raise your risk of developing prostate cancer.

The confusion is understandable, because the two conditions can produce overlapping urinary symptoms and both involve the same gland. But that overlap is an argument *for* being evaluated, not against it. A proper workup distinguishes between them. Men who avoid the urologist out of fear of what might be found are the ones who wait the longest — and BPH that is ignored long enough can cause its own serious problems, described in Section 6.

It is also worth knowing that a PSA blood test, which is part of a standard prostate evaluation, can be elevated simply because the gland is enlarged. An elevated PSA is a reason to investigate further. It is not a diagnosis.

3. Symptoms: A Checklist

BPH symptoms are grouped by how frequently they appear. Read through both lists below and mark the ones that sound like your experience. Bringing a completed list to an appointment saves time and gives your physician a much sharper picture than a general description of "trouble going."

Common symptoms

- ☐ Needing to urinate frequently, or feeling a sudden urgency to go
- ☐ Waking up to urinate during the night (nocturia)
- ☐ Difficulty getting the stream started
- ☐ A weak stream, or one that starts and stops
- ☐ Dribbling at the end of urination
- ☐ The feeling that your bladder has not fully emptied

Less common symptoms

- ☐ Urinary tract infections
- ☐ Being unable to urinate at all
- ☐ Blood in the urine

Two things about these symptoms surprise most patients. The first is that they usually worsen gradually over years — but not always. In some men symptoms hold steady, and in some they improve on their own.

The second is that the size of the prostate is a poor predictor of how badly a man will suffer. Some men with only mildly enlarged glands have severe symptoms. Others with very large glands have minor complaints, and some men with enlarged prostates have no symptoms whatsoever. This is exactly why treatment decisions cannot be made on gland size alone, and why an evaluation looks at symptoms, measurements, and your overall health together.

Seek medical care immediately

If you are completely unable to pass urine, this is a medical emergency. Do not wait for an appointment. Go to an emergency room or call for help right away.

4. Other Conditions That Cause the Same Symptoms

An enlarged prostate is the most common explanation for these symptoms in older men, but it is not the only one. Part of the purpose of a urologic evaluation is to rule out the alternatives before committing you to a treatment plan. Conditions that can produce similar urinary symptoms include:

- Urinary tract infection
- Inflammation of the prostate (prostatitis)
- Narrowing of the urethra, known as a urethral stricture
- Scar tissue at the bladder neck from a previous surgery
- Bladder stones or kidney stones
- Nerve conditions that interfere with bladder control
- Cancer of the prostate or bladder

Certain medications can also produce symptoms that mimic BPH, or make existing symptoms noticeably worse:

- Opioid pain medications
- Cold and allergy medications
- Tricyclic antidepressants, an older class of antidepressant

Bring a complete list of everything you take — prescriptions, over-the-counter products, vitamins, and supplements — to your appointment. In some cases a medication adjustment is a meaningful part of the answer.

5. Who Gets BPH: Risk Factors

Several factors are associated with a higher likelihood of developing an enlarged prostate:

Age. This is the dominant factor. Symptoms from an enlarged prostate are rare before age 40. After 40, both the likelihood of enlargement and the likelihood of symptoms begin to climb.

Family history. Having a blood relative who has had prostate problems raises your own likelihood of having them.

Diabetes and heart disease. Research indicates that both diabetes and heart disease may increase the risk of BPH.

Weight and activity level. Obesity is associated with a higher risk of BPH. Regular exercise is associated with a lower risk.

The last of these is the only one you can act on directly. It is not a cure, and no amount of exercise reverses an established obstruction — but weight and activity are worth attention regardless, and they

matter for recovery if you eventually pursue a procedure.

6. What Happens If BPH Is Left Untreated

Many men live with BPH symptoms for years before seeking help, treating the nighttime trips and the weak stream as an unavoidable part of getting older. The risk in waiting is that an obstructed bladder can eventually cause damage that a stronger stream will not undo. Potential complications include:

Urinary retention. A sudden or ongoing inability to urinate. This often requires a catheter to drain the bladder, and in some men it leads to surgery.

Urinary tract infections. A bladder that never fully empties is more prone to infection. Men who have repeated urinary tract infections may need part of the prostate removed.

Bladder stones. These typically form when urine sits in the bladder rather than being fully expelled. They can cause irritation, infection, blood in the urine, and further obstruction.

Bladder damage. A bladder that is chronically over-full stretches and weakens. Over time the muscular wall loses its ability to contract properly, which makes emptying even harder — a cycle that feeds itself.

Kidney damage. Sustained pressure in the bladder can be transmitted upward and damage the kidneys. Bladder infections can also travel up to the kidneys.

Treatment substantially reduces the risk of these complications. Urinary retention and kidney damage in particular are serious, and they are the reason a urologist will encourage evaluation even when symptoms feel manageable. The goal is not only to make you more comfortable — it is to protect the bladder and kidneys while they are still healthy.

7. How BPH Is Diagnosed

An evaluation for an enlarged prostate is straightforward and, for the great majority of men, does not involve anything invasive. It begins with a conversation about your symptoms, followed by a physical examination.

First-line evaluation

Digital rectal exam. A brief examination in which the physician assesses the size and texture of the prostate.

Urine test. A urine sample is analyzed to identify an infection or another condition capable of producing similar symptoms.

Blood test. Bloodwork can reveal whether kidney function has been affected.

Additional tests that may follow

PSA blood test. PSA (prostate-specific antigen) is a protein produced by the prostate. PSA levels tend to rise when the gland is enlarged — but they can also rise because of a recent procedure, an illness, surgery, or prostate cancer. The number is interpreted in context, never in isolation.

Urinary flow test. You urinate into a container connected to a measuring device that records the strength of your stream and the volume passed. Repeated over time, it shows whether the condition is progressing or improving.

Postvoid residual volume test. This measures how much urine remains in the bladder after you have finished. It can be performed with an ultrasound or with a catheter.

24-hour voiding diary. A written record of how often and how much you urinate. This is especially informative if more than a third of your daily urine output is happening at night.

Tests reserved for more complex cases

Transrectal ultrasound. A sound-wave imaging device placed in the rectum measures the size of the gland precisely.

Prostate biopsy. Ultrasound-guided needles take small tissue samples, which are examined to determine whether prostate cancer is present.

Urodynamic and pressure flow studies. A catheter is passed into the bladder, which is slowly filled to measure pressure and assess how well the bladder muscle is working.

Cystoscopy. A lighted, flexible scope is passed through the urethra so the physician can see the inside of the urethra and bladder directly. A numbing medication is applied beforehand.

Why the measurement matters

Prostate size measurement is not a formality. As you will see in Sections 9 through 11, the volume of your gland is one of the primary factors determining which procedures are appropriate for you.

8. The Full Range of Treatment Options

Including the procedures we do not perform

There are more treatment options for an enlarged prostate today than at any point in the history of urology. The right choice for you depends on the size of your prostate, your age, your overall health, and how severely your symptoms affect your life.

Option 1: Watchful waiting

If your symptoms are not interfering with your life, it is entirely reasonable to postpone treatment and monitor the situation. Symptoms do not inevitably worsen, and in some men they ease without any intervention. Watchful waiting is an active choice, not neglect — it involves periodic reassessment so that a change in direction is caught early.

Option 2: Medication

Medication is the most common treatment for mild to moderate symptoms. Four approaches are used:

Alpha blockers. These relax the smooth muscle of the bladder neck and the prostate, making urination easier. This class includes alfuzosin, doxazosin, tamsulosin, silodosin, and terazosin. They tend to work quickly, particularly in men with smaller prostates. Possible side effects include dizziness and retrograde ejaculation — a harmless condition in which semen travels backward into the bladder instead of out through the penis.

5-alpha reductase inhibitors. These shrink the prostate by blocking the hormonal changes that drive its growth. Finasteride and dutasteride are the two agents in this class. They can take up to six months to reach full effect and may cause sexual side effects.

Combination therapy. When neither drug class produces enough relief on its own, an alpha blocker and a 5-alpha reductase inhibitor may be prescribed together.

Tadalafil. Best known as a treatment for erectile dysfunction, tadalafil has also been shown in studies to relieve the symptoms of an enlarged prostate. For men dealing with both conditions, this is often a practical starting point.

The trade-off with medication

Medication controls symptoms; it does not resolve the underlying obstruction. It requires taking a pill every day, potentially for the rest of your life, and its effectiveness can diminish over time. For many men this trade is perfectly acceptable. For others — particularly those bothered by side effects or by the prospect of decades of daily medication — it is the reason they begin looking at procedures.

Option 3: Procedures and surgery

A procedure may be appropriate if medication has not provided enough relief, if you would rather not take medication, if you are unable to urinate, if your kidneys have been affected, or if you have recurring bladder stones, blood in the urine, or urinary tract infections.

When a procedure may not be advisable

- An untreated urinary tract infection
- Urethral stricture disease
- A history of radiation therapy to the prostate or prior urinary tract surgery
- Certain neurological conditions, such as Parkinson's disease or multiple sclerosis

Every prostate procedure carries some risk, and the specific profile varies considerably by technique. Depending on which procedure is performed, possible complications include:

- Retrograde ejaculation — semen entering the bladder rather than exiting through the penis
- Accidental urine leakage
- Urinary tract infection
- Bleeding
- Erectile dysfunction

These risks are not equally distributed across procedures. This is precisely why the comparison in Section 11 matters, and why the conversation about which procedure suits you should be a detailed one.

The procedures currently available

Transurethral resection of the prostate (TURP). The long-standing benchmark procedure. A scope is passed through the urethra and the surgeon removes all but the outer portion of the gland. Symptom relief is often rapid and the improvement in flow can be substantial. A catheter is typically needed afterward for a period of time.

Transurethral incision of the prostate (TUIP). Rather than removing tissue, the surgeon makes one or two small cuts in the gland to widen the channel. This is generally reserved for small or modestly enlarged prostates, or for men whose health makes a larger operation too risky.

Transurethral microwave thermotherapy (TUMT). A catheter delivers microwave energy that destroys tissue in the inner portion of the gland. It may relieve only part of the symptom burden, results can take time to appear, and it is generally used for small prostates in particular circumstances because repeat treatment may be needed.

Laser therapy — ablative. High-energy laser light destroys the obstructing tissue. Photoselective vaporization of the prostate (PVP) and holmium laser ablation fall into this category. Laser approaches carry a lower risk of certain complications than non-laser surgery and can often be used in men taking blood-thinning medication. Irritative symptoms after the procedure are common, and in rare cases further treatment is needed later.

Laser therapy — enucleative. Holmium laser enucleation of the prostate (HoLEP) is the main example. Enucleative techniques remove the entire volume of obstructing tissue and prevent regrowth. The removed tissue can also be examined for cancer and other conditions.

Prostatic urethral lift. Small implants compress the sides of the prostate to open the channel. It is an option when the middle portion of the gland is not the source of the obstruction, and it is less likely to cause sexual side effects than many surgical treatments.

Water vapor thermal therapy. A device placed in the urethra converts water into steam, which destroys excess prostate tissue. It relieves the symptoms of an enlarged prostate and is less likely to cause sexual side effects than many surgical treatments. Rezūm™, described in Section 9, is the water vapor therapy performed by Dr. Lief.

Robotic waterjet treatment. Imaging and robotic guidance direct a device that uses high-pressure jets of water to remove prostate tissue. Its side effect profile overlaps with that of TURP.

Open or robot-assisted prostatectomy. One or more incisions in the lower abdomen give the surgeon direct access to remove tissue. This is generally reserved for very large glands. It usually involves a short hospital stay and carries a higher risk of bleeding significant enough to require a blood transfusion.

Prostate artery embolization (PAE). The blood supply to selected areas of the prostate is blocked, causing the gland to shrink. Evidence suggests both short-term and long-term benefit for certain men. It is performed by an interventional radiologist — a physician specifically trained to carry out procedures guided by X-ray, MRI, or ultrasound imaging — and should only be done by someone trained in the technique.

Follow-up care depends entirely on which technique is used. Whichever route you take, your physician should give you explicit instructions about what activities to avoid and for how long.

9. Rezūm™ Water Vapor Therapy at Lief Urology

Outpatient, no incisions, same-day discharge

Rezūm™ Water Vapor Therapy is the water vapor thermal therapy described in Section 8. It uses the stored thermal energy in a few drops of sterile water, converted to steam, to treat the tissue that is obstructing your urine flow. The treated tissue is absorbed by the body over the following weeks, and the channel reopens.

The single most important thing to understand about Rezūm™ is what it is not. Nothing is cut and nothing is stitched — there are no incisions at all. The device reaches the prostate through the urethra. Dr. Lief performs Rezūm™ at an outpatient surgery center, the treatment itself takes only a few minutes, and you go home the same day.

Rezūm™ at a glance	
Setting	Outpatient surgery center — not a hospital admission
Anesthesia	Local anesthesia with sedation
Procedure time	5–15 minutes
Incisions	None — performed through the urethra
Catheter	Typically 1–7 days afterward
First improvement	Commonly 2–4 weeks
Full effect	Typically 3–4 months
Best suited to	Prostates measuring roughly 30–80 mL
Sexual function	Preserves sexual function; does not cause retrograde ejaculation
Return to work	Often 1–3 days

About the catheter

Temporary catheter use after Rezūm™ is normal and expected, not a sign that something has gone wrong. The treated tissue swells before it shrinks, and the catheter carries you through that window. Our team provides complete catheter care instructions before your procedure so there are no surprises.

What a Center of Excellence designation means

A Rezūm™ Center of Excellence designation is awarded by Boston Scientific to practices that meet standards for procedure volume, patient outcomes, and physician training. Not every urologist who offers Rezūm™ qualifies. Dr. Lief holds this designation.

10. GreenLight™ Laser Therapy at Lief Urology

Outpatient, effective at every prostate size

GreenLight™ Laser Therapy is the photoselective vaporization of the prostate (PVP) described in Section 8. A laser fiber is passed through the urethra, and high-intensity green laser light vaporizes the excess tissue blocking the flow of urine. Because the laser seals blood vessels as it works, bleeding is limited — which is why this approach is frequently appropriate for men taking blood-thinning medication.

Like Rezūm™, GreenLight™ is performed at an outpatient surgery center. The difference is what each one suits: GreenLight™ is effective across the full range of prostate sizes, including larger glands above 80 mL where water vapor therapy is not the ideal choice.

GreenLight™ at a glance	
Setting	Outpatient surgery center
Anesthesia	Sedation or general anesthesia
Procedure time	30–60 minutes
Incisions	None — performed through the urethra
Catheter	Typically 1–2 days afterward
First improvement	Often noticeable once the catheter is removed
Full effect	Continues improving over the following weeks
Best suited to	All prostate sizes, including glands above 80 mL
Blood thinners	Frequently suitable for men who cannot stop them
Return to activity	Light activity 1–2 weeks; avoid strenuous activity 2–4 weeks

What a National Proctor is

A National Proctor is a surgeon selected to train other physicians in a technique. Dr. Lief is a GreenLight™ Laser National Proctor — meaning that when other urologists learn this procedure, he is among the surgeons who teach it.

11. Side-by-Side: Comparing Your Options

The table below compares the options most men actually choose between. It is a starting framework, not a prescription — your prostate measurement, your health history, and your priorities determine which column belongs to you.

	Daily medication	Rezūm™	GreenLight™	TURP
Setting	Home	Outpatient center	Outpatient center	Operating room
Anesthesia	None	Local with sedation	Sedation / general	Spinal / general
Time required	Daily, ongoing	5–15 minutes	30–60 minutes	60–90 minutes
Catheter	None	About 1–7 days	About 1–2 days	Several days
Recovery	None	1–3 days	1–2 weeks	2–4 weeks
Retrograde ejaculation	Possible with alpha blockers	Not typically caused	Lower risk than TURP	Common
Prostate size	Any	About 30–80 mL	All sizes	All sizes
Ongoing cost	Indefinite	One-time procedure	One-time procedure	One-time procedure

Notice the bottom row. A man in his early sixties starting daily medication may be looking at twenty-five years of prescriptions, copays, and pharmacy trips. Weighing that against a single procedure is a legitimate part of the decision, and it is one many men never think to make.

12. BPH and Erectile Dysfunction

BPH and erectile dysfunction occur together far more often than most men realize. They share the same age range, many of the same vascular risk factors, and — in the case of tadalafil — an overlapping treatment.

This matters for two practical reasons. First, if you are dealing with both, there may be a single medication that addresses both, which is worth raising at your consultation. Second, fear of damaging sexual function is the most common reason men delay BPH treatment, and that fear is often based on what they have heard about traditional surgery rather than on what modern options actually involve.

The honest position is this: the sexual side effect profile varies significantly by procedure. Rezūm™ preserves sexual function and does not typically cause retrograde ejaculation. GreenLight™ carries a lower risk of retrograde ejaculation than TURP. TURP causes retrograde ejaculation commonly. Alpha blockers can cause it as well. These differences are real, they are known, and they should be discussed

openly rather than avoided.

If sexual function is your primary concern, say so at your first appointment. It will shape the recommendation.

13. What You Can Do at Home

None of the following will cure an enlarged prostate, and none should replace an evaluation. But these adjustments genuinely reduce symptom burden for many men, and they cost nothing to try.

Fluids, diet, and activity

Stop drinking earlier in the evening. Avoid fluids for an hour or two before bed to reduce overnight trips to the bathroom.

Cut back on caffeine and alcohol. Both increase urine production and irritate the bladder, which makes symptoms worse.

Watch heavily seasoned foods. Strongly spiced foods can irritate the bladder in some men.

Stay active. Regular exercise is associated with reduced urinary symptoms from an enlarged prostate.

Maintain a healthy weight. Obesity is linked to enlarged prostate.

Bathroom habits

Go when you first feel the urge. Holding it for long stretches can overstretch the bladder muscle and cause damage.

Schedule bathroom breaks. Urinating at set intervals — every couple of hours, for instance — helps if urgency and frequency are your main complaints.

Try double voiding. Urinate, wait a moment, then urinate again to empty the bladder more completely.

Two things worth knowing

Be careful with decongestants and antihistamines. These tighten the muscles around the urethra that control urine flow, making it harder to go.

Stay warm. Cold temperatures can contribute to urine retention and increase urgency.

14. A Word About Supplements

Men with prostate symptoms are marketed to aggressively, so this section is worth reading carefully.

In the United States, no herbal supplement is approved for the treatment of an enlarged prostate.

American Urological Association guidance notes that many of the studies on supplements for BPH have significant weaknesses — among them, follow-up periods too short to draw conclusions from. Two of the stronger studies in men with BPH found that saw palmetto performed no better than a placebo.

Other supplements promoted for prostate symptoms include beta-sitosterol extracts, pygeum, and rye grass. The safety and long-term effectiveness of these products have not been established.

If you take any herbal product, tell your physician. This is not a formality: some can increase bleeding risk or interfere with other medications you are taking — which matters a great deal if you are considering a procedure.

15. Preparing for Your Consultation

Men who arrive prepared get more out of a consultation. If you take fifteen minutes before your appointment to assemble the following, the conversation will be substantially more productive.

What to bring

- ☐ A list of your symptoms, including any that seem unrelated to your prostate
- ☐ A record of how often you urinate, whether you feel you empty completely, and how much you drink
- ☐ A summary of your other medical conditions
- ☐ A complete list of medications, vitamins, and supplements you take
- ☐ Your written questions

Questions worth asking your physician

- ☐ Do I actually have an enlarged prostate, or could something else explain my symptoms?
- ☐ What tests do I need, and what will they tell us?
- ☐ How large is my prostate, and how does that affect my options?
- ☐ What are all of my treatment options — including the ones you do not perform here?
- ☐ How will each option affect my sexual function?
- ☐ How long will I need a catheter, and what does that involve?
- ☐ How much time will I need away from work and normal activity?
- ☐ What will this cost, and what does my insurance cover?

- ☐ How should I manage my other health conditions alongside this?
- ☐ Are there restrictions on sexual activity during recovery?

What your physician will ask you

Being ready for these questions makes the appointment go faster and leaves more time for your own concerns.

- When did the symptoms start? Are they constant or intermittent? Have they worsened?
- How often do you urinate during the day, and how many times do you get up at night?
- Do you ever leak urine?
- Do you have frequency or urgency?
- Is it hard to start? Does the stream start and stop? Do you strain?
- Does it feel like your bladder is never fully empty?
- Any burning, bladder-area pain, blood in the urine, or urinary tract infections?
- Has anyone in your family had an enlarged prostate, prostate cancer, or kidney stones?
- Have you had difficulty getting or keeping an erection, or other sexual concerns?
- Have you ever had a procedure involving a device passed through the tip of the penis into the urethra?
- Do you take blood thinners such as aspirin, warfarin, or clopidogrel?
- How much caffeine do you consume daily, and what and how much do you drink overall?

16. Insurance and Medicare Coverage

Medicare typically covers both Rezūm™ Water Vapor Therapy and GreenLight™ Laser Therapy when they are performed as medically necessary treatment for BPH. Most major commercial insurance plans cover them as well.

We verify your specific benefits before your procedure is scheduled. You will know what your coverage looks like before you commit to anything, not after.

If cost is a concern, raise it directly at your consultation. It is a normal part of the conversation and it influences the recommendation.

17. Frequently Asked Questions

Is BPH the same thing as prostate cancer?

No. Benign prostatic hyperplasia is a non-cancerous enlargement of the prostate. Having an enlarged prostate is not considered to increase your risk of prostate cancer. The two are separate conditions that happen to affect the same gland and can cause overlapping urinary symptoms.

Does a bigger prostate mean worse symptoms?

Not reliably. Some men with only slightly enlarged glands have significant symptoms, while some men with much larger glands have few complaints or none at all. Symptoms and gland size are evaluated together, not interchangeably.

Is Rezūm™ major surgery?

No. There are no incisions, no cutting, and no stitches — the device reaches the prostate through the urethra. It is performed as an outpatient procedure under local anesthesia with sedation, the treatment takes about 5 to 15 minutes, and you go home the same day.

What is the difference between Rezūm™ and GreenLight™?

Both are outpatient procedures performed through the urethra, with no incisions. Rezūm™ uses steam to treat obstructing tissue in about 5 to 15 minutes and is best suited to prostates of roughly 30 to 80 mL. GreenLight™ uses laser energy to vaporize tissue, takes longer, and works across all prostate sizes, including larger glands. Both preserve sexual function better than traditional TURP surgery.

Which one is right for me?

That depends primarily on the measured volume of your prostate, along with your health history, your medications, and your priorities. Your prostate is measured during the evaluation, and the recommendation follows from that.

Will I need a catheter?

Usually, for a short period. After Rezūm™ it is typically 1 to 7 days; after GreenLight™ typically 1 to 2 days. This is expected as part of normal recovery, and you will receive full care instructions in advance.

How soon will I feel better?

After Rezūm™, most men notice improvement within 2 to 4 weeks, with the full effect developing over roughly 3 to 4 months as the treated tissue is reabsorbed. After GreenLight™, improvement in flow is often apparent as soon as the catheter comes out, and continues over the following weeks.

Will treatment affect my sexual function?

The answer depends on which treatment. Rezūm™ preserves sexual function and does not typically cause retrograde ejaculation. GreenLight™ carries a lower risk of retrograde ejaculation than TURP. TURP causes it commonly. Alpha blocker medications can cause it as well. Tell your physician if this is a priority for you.

Can I stop my prostate medication after a procedure?

Many men are able to reduce or discontinue BPH medications after a procedure, though this varies with prostate size, symptom severity, and which medications you are on. It is a decision made with your physician based on how you respond, not automatically.

Can BPH be treated without surgery?

Yes. Watchful waiting, lifestyle changes, and daily medication are all non-surgical. Rezūm™ and GreenLight™ are both minimally invasive — no incisions, performed through the urethra, same-day discharge. Traditional surgical options exist, but they are no longer the only route to lasting relief.

Do supplements like saw palmetto work?

No herbal supplement is approved in the United States to treat an enlarged prostate. Two of the better-designed studies found saw palmetto no more effective than placebo. Tell your physician about any supplement you take, since some affect bleeding risk and interact with medications.

Does Medicare cover these procedures?

Medicare typically covers both Rezūm™ and GreenLight™ when performed as medically necessary treatment for BPH, as do most major commercial plans. We verify your specific benefits before scheduling.

How long can I safely put off treatment?

If your symptoms are not affecting your life, monitoring is a legitimate choice. But an obstructed bladder can eventually cause urinary retention, infections, bladder stones, permanent bladder damage, and kidney damage. An evaluation tells you where you actually stand, which is better information than guessing.

What if I suddenly cannot urinate at all?

Treat that as an emergency and get medical help immediately. Do not wait for a scheduled appointment.

18. About Dr. Lief and Lief Urology

Dr. Matthew S. Lief is a board-certified urologist and a Fellow of the American College of Surgeons who has practiced in Coral Springs for 35+ years, caring for roughly 25,000 patients over the course of his career.

For BPH specifically, he holds two designations that rarely appear together in one practice: he is a Rezūm™ Certified Center of Excellence provider, and he is a GreenLight™ Laser National Proctor — one of the surgeons who trains other physicians in the technique.

He has also acted as Principal Investigator on over 20 Phase 2, Phase 3, and post-marketing clinical trials — the studies that determine whether a new urologic treatment is safe and effective, and how it performs once it reaches practice. Our office is bilingual in English and Spanish.

What that combination means in practice is straightforward: when you come in to discuss an enlarged prostate, you are talking to someone who performs both of the leading minimally invasive procedures and can tell you honestly which one fits your anatomy — or whether you would be better served by medication, by monitoring, or by a procedure performed elsewhere.

Schedule a consultation

If the symptoms in Section 3 sound like your life, the next step is a straightforward evaluation. It is not invasive, it does not commit you to anything, and it replaces guesswork with measurements.

Call (954) 755-3801

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liefurology.com

Sources and Important Notice

Medical review. [DRAFT NOTE — this line is added once Dr. Lief has reviewed and approved the content.] This guide was reviewed for clinical accuracy by Matthew S. Lief, MD, PA, FACS — board-certified urologist, Fellow of the American College of Surgeons, Rezūm™ Certified Center of Excellence, GreenLight™ Laser National Proctor, and Principal Investigator on over 20 Phase 2, Phase 3, and post-marketing clinical trials.

Clinical references. The general medical content in this guide — the description of the condition, its symptoms, risk factors, complications, diagnostic evaluation, the full range of treatment options, home management measures, and the discussion of supplements — is consistent with current professional clinical guidance, including:

American Urological Association. Guideline on the Management of Lower Urinary Tract Symptoms Attributed to Benign Prostatic Hyperplasia.

National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health. Patient information on prostate enlargement (benign prostatic hyperplasia).

Campbell-Walsh-Wein Urology, the standard reference text in the specialty.

Practice-specific information. Details describing procedures performed by Dr. Lief, credentials, recovery expectations, and insurance verification practices are provided by Lief Urology.

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This guide is not medical advice. It is patient education intended to help you prepare for a conversation with a qualified physician. It cannot diagnose your condition, and individual results vary. Treatment decisions should be made with a physician who has examined you and reviewed your history. If you are unable to urinate, seek emergency care immediately.

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