



## LOWER URINARY TRACT SYMPTOMS (LUTS) IN MEN

Information about your condition from  
The British Association of Urological Surgeons (BAUS)

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You have been given this leaflet because you have been diagnosed with lower urinary tract symptoms which are usually caused by enlargement of your prostate gland. The aim of the leaflet is to explain the condition and to provide you with advice on things you can do to help yourself.

We have consulted specialist surgeons during its preparation, so it represents best practice in UK urology. You should use it in addition to any advice already given to you.

To view the online version of this leaflet, type the text below into your web browser:

[http://www.baus.org.uk/\\_userfiles/pages/files/Patients/Leaflets/Male LUTS.pdf](http://www.baus.org.uk/_userfiles/pages/files/Patients/Leaflets/Male LUTS.pdf)

Further information and a [video about male lower urinary tract symptoms](#) are available on the BAUS website.

### What are lower urinary tract symptoms?

Lower urinary tract symptoms (LUTS) include:

- **frequency** – the need to pass urine very often;
- **urgency** – the need to pass urine without much warning;
- **urge incontinence** – urgency resulting in leakage of urine which you cannot control;
- **hesitancy** – not being able to pass urine immediately;
- **poor flow** – a decrease in the force of your urinary stream; and
- **nocturia** – the need to pass urine frequently at night.

Going to the toilet more than six to eight times in 24 hours, with more than one of these visits occurring at night, is considered abnormal. Some patients can also get:

- **stress incontinence** – leakage of urine during physical activity, coughing, sneezing or straining; and
- **post-micturition dribble** – urine leakage on walking away from the toilet.

## How does the bladder normally work?

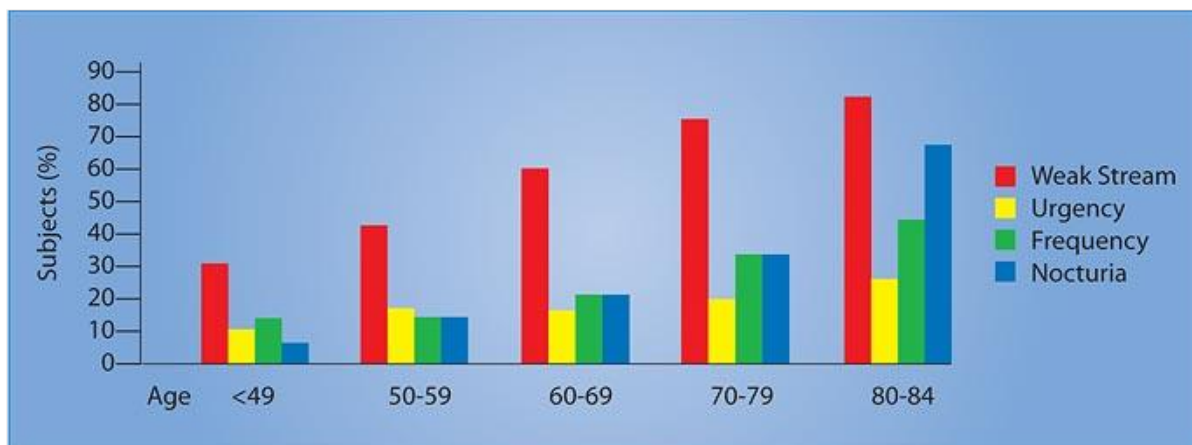
Your kidneys filter blood continuously and produce urine which is stored in your bladder. The bladder has two main functions:

- it stores urine until you are able to go to the toilet; and
- it expels urine when you are ready to do so.

Your bladder will normally hold 300 to 500 ml before you feel the urge to pass urine. After you feel this urge, you can still hold more, giving you time to reach the toilet. When you are ready to pass urine, you can relax your pelvic floor and contract your bladder to push the urine out. Any of these stages can be affected by LUTS.

At the bottom of the bladder, your prostate gland sits around your urethra (waterpipe). As you get older, most typically after the age of 50, it is common for your prostate gland to enlarge and, as it does, it may partially block the urethra, giving rise to LUTS. If you have any of the symptoms above, you should talk to your GP, so that he/she can discuss your symptoms, examine your prostate and suggest treatment if needed.

Your chance of getting LUTS increases with age, as shown in this graph:



## What should I be drinking?

A daily fluid intake of **1.5 to 2 litres** is recommended; this is equivalent to between five and seven mugs of liquid.

You can drink tea, coffee & alcohol in moderation, but most of your fluid intake should be water or squash.

Caffeine can act as a bladder irritant. If you have symptoms of frequency and urgency, you should try caffeine-free products. Drink water or fruit squash instead of caffeinated drinks such as tea, coffee, chocolate, some

“energy drinks” or cocoa). You should reduce your caffeine intake gradually (over a fortnight or so) to prevent withdrawal symptoms.

Large volumes of fluid over a short time, especially fizzy drinks, can cause rapid filling of your bladder, frequency and urgency. You should space your drinks evenly throughout the day.

Ideally, your urine should be a light straw colour (like champagne or white wine). Very dark or strong-smelling urine is too concentrated, and suggests you should drink more. If your urine is colourless, with no smell, you may be drinking too much. During hot weather, air travel, after exercising and during illness you need to drink more.



The table below indicates some drinks and foods together with the effect they may have on your bladder:

Good	Possible irritants	Bad
Water	Caffeinated drinks	Fizzy drinks
Decaffeinated drinks	Grapefruit juice	Alcohol
Squashes & cordials	Spicy food	
Cranberry juice <sup>1</sup>	Strong tea & coffee	

### Are there any drugs that can help?

Yes. Your GP can prescribe tablets to help with your urgency or urge incontinence, and to treat prostate enlargement.

If you take diuretics (water tablets), these make you go to the toilet more often than normal and can worsen your symptoms. It is important that you carry on taking any prescribed drugs but, if you find they are causing you great difficulty, you should consult your GP.

### Are there any habits I should adopt or avoid?

You should avoid going to the toilet “just in case” and do not strain to empty your bladder or bowels. Good habits to adopt are:

- **allow your bladder time to empty properly** - wait a few seconds, then try to empty more;

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<sup>1</sup> Cranberry juice should be limited to 400 ml per day, and should be avoided if you have interstitial cystitis or are taking warfarin to thin your blood

- **do not drink before you go to bed** - if you are troubled by getting up to pass urine at night; and
- **only have a few sips of water at night** - if you wake up needing a drink.

## Can I do exercises to control my bladder symptoms?

Yes, [bladder training](#) will probably help you by “re-educating” your bladder to hold a greater amount of urine.

It is used to treat frequency, urgency and urge incontinence due to an overactive or unstable bladder. Some people with these symptoms get into the habit of passing urine “just in case”, and the bladder can then “get used” to holding smaller volumes.

You must learn to control your bladder rather than allowing it to control you. When you feel the urge to pass urine, tell yourself that you are not going to go. Try to distract yourself for five to 15 minutes (use whatever method works best for you). If you do this every time you want to pass urine, you should find, after a week or so, that your urgency reduces.



The following week, do the same thing but now delay passing urine by a further five to 15 minutes. Your bladder will gradually learn to hold more, and your symptoms will slowly improve. Be persistent and remember that your bladder, like any other muscle in the body, may need several months’ of re-training to reach its full potential.

## Do pelvic floor exercises help?

Yes. If you do [pelvic floor exercises](#), this can also help reduce your urgency. If you sit or stand still when you get the urge, this will also help you concentrate on tightening your pelvic floor muscles.

The pelvic floor has several functions:

- **it supports your pelvic organs and abdominal contents** - especially when you are standing or exercising;
- **it supports your bladder to help stop leakage** – sometimes the muscles need to work gently and sometimes (such as when you cough, sneeze or strain) they must work harder - if they are not working effectively, you may suffer from urinary incontinence; and
- **it controls wind and allows you to “hold on” with your bowels.**

The sphincter (valve) muscles which close your bladder neck can be damaged by prostate surgery. If this happens, your pelvic floor muscles become very important in maintaining continence. You can also contract your pelvic floor muscles after emptying your bladder to prevent post-micturition dribble.

## **Are there any other important points?**

### **Avoid constipation**

Urinary symptoms are often worse if you get constipated. Because the bladder and bowel are close to each other, a full bowel can affect your bladder function.

- **Eat a balanced diet** - include both soluble fibre (oats, barley, berries & fruit) and insoluble fibre (roughage such as wheat-based foods, cereal, vegetables & nuts)
- **Eat regular meals**
- **Empty your bowel when you feel the need** - delaying may lead to constipation
- **Maintain a good fluid intake** - 1.5 to 2 litres (three to four pints) per day is ideal

### **Lose weight**

To reduce the load on your pelvic floor, aim for an acceptable weight for your height and build. Being overweight - having a body mass index (or BMI) over 29 - can make stress incontinence worse. There are many ways of losing weight and your GP can advise you on the best method for you.

### **Avoid heavy lifting**

Lifting puts an extra strain on the pelvic floor. If you do need to lift a heavy object, tighten your pelvic floor before you lift and hold it tight until you have released the load.

### **Stop smoking**

Smokers are more likely to have troublesome urinary incontinence because of the strain that coughing puts on the pelvic floor. If you do smoke and would like support to stop, you can:

- contact your GP;
- access your local [NHS Smoking Help Online](#); or
- ring the free NHS Smoking Helpline on **0300 123 1044**.

For further information and advice, contact your local Continence Advisory Service or:

## The Bladder & Bowel Foundation

Tel: 0845 345 0165

<https://www.bladderandbowelfoundation.org/>

### What sources were used to prepare this leaflet?

This leaflet uses information from consensus panels and other evidence-based sources including:

- the [Department of Health \(England\)](#);
- the [Cochrane Collaboration](#); and
- the [National Institute for Health and Care Excellence \(NICE\)](#).

It also follows style guidelines from:

- the [Royal National Institute for Blind People \(RNIB\)](#);
- the [Information Standard](#);
- the [Patient Information Forum](#); and
- the [Plain English Campaign](#).

### Disclaimer

We have made every effort to give accurate information in this leaflet, but there may still be errors or omissions. BAUS cannot accept responsibility for any loss from action taken (or not taken) as a result of this information.

#### PLEASE NOTE

The staff at BAUS are not medically trained, and are unable to answer questions about the information provided in this leaflet. If you do have any questions, you should contact your urologist, specialist nurse or GP.