BPH

A/P

Patient has a history of BPH with LUTS

he reports hesitancy, frequency, nocturia, urgency, weak stream

He has been taking flomax without issue

Per the AAFP (grade b recommendation) the following lifestyle factors were discussed with the patient: limit evening fluid intake, reduce caffeine, reduce alcohol, sit to urinate, double voiding, pelvic floor exercises

AAFP Grade A recommendation to use 5 alpha reducatase inhibitors alongside flomax for best results

-Patient was counseled on side effects of flomax such as

---We discussed the possibility of retrograde ejaculation with flomax use

---We extensively discussed dizziness and orthostasis as a side effect of flomax, and patient instructed to stop taking flomax and RTC if these symptoms develop

-Continue {\_} start flomax

-F/U in 6-12 months

-Can consider referral to urology for TURP if medical management is unsuccessful

-Consider finasteride in addition to flomax if desired results not achieved

HPI

Patient has history of enlarged prostate.

Current meds: {\_}

Surgical Hx: {\_}