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Summer 2014

PREVENTING AND TREATING • KIDNEY STONES •

**URINARY TRACT
INFECTIONS**
SPOT THEM AND TREAT THEM

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A photograph of a middle-aged Black man with grey hair, smiling broadly while riding a bicycle. He is wearing a light pink short-sleeved button-down shirt with decorative white embroidery on the chest and blue jeans. The background is a soft-focus outdoor scene with green foliage.

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Making a Difference



A Conversation with Dr. Burnett

Testosterone Replacement Therapy: Is it Right for You?



Dr. Arthur L. Burnett, MD, MBA, FACS, is the Patrick C. Walsh Distinguished Professor of Urology and Director of the Sexual Medicine Fellowship Program at Johns Hopkins Medical Institutions. Dr. Burnett answers patients' questions on testosterone replacement therapy.

On January 31, 2014, the Food and Drug Administration (FDA) stated they would study the risk of heart attack, stroke and death in men taking testosterone replacement therapy (TRT). This was after two recent studies suggested that TRT raises the risk of heart attack in men.

The American Urological Association (AUA) has followed these reports closely. The AUA notes there are also conflicting studies suggesting TRT may lower heart attack risk. More studies need to be done to be certain whether and how TRT changes men's risk of heart attack.

The AUA is also concerned about misuse of TRT. You should not take testosterone for non-medical reasons, such as bodybuilding, preventing aging changes or performance enhancement. Men should not take TRT if they have normal testosterone levels or if their testosterone levels have not been tested. If you have normal testosterone levels, using TRT will not help your health problems.

Q I've heard about men taking testosterone replacement therapy for "low-T." What is low-T, and how do I find out if I have it?

A Low-T is also known as hypogonadism, which happens when a man does not have enough testosterone in his body. Testosterone is the sex hormone that helps boys grow into men. This hormone is key during puberty and in the development of male physical features. Testosterone levels can affect men's sex drive, erections, mood, muscle mass and bone density. Testosterone is also needed for normal sperm production.

You may have low-T if you have the following problems:

- reduced sex drive
- less frequent sexual activities
- fewer and weaker erections
- less energy
- depressed mood
- less muscle mass and strength
- more body fat
- anemia (low iron)
- loss of bone strength

If you think you may have low-T, it is important to see a doctor, who will examine you and evaluate your health history. A blood test can measure your testosterone levels.

It is important to talk with your doctor about the benefits and risks of taking testosterone replacement therapy. You should know that today's science does not offer final answers about whether taking TRT will increase your risk of prostate cancer or heart disease. If you and your doctor decide TRT is right for you, you should have regular check-ups.

Q How do I know if testosterone replacement therapy (TRT) is right for me?

A If you are having one or more of the symptoms of low-T, it is important to make sure you have low-T and not another condition. Many of the symptoms for low-T can be the result of other health problems. For example, erectile dysfunction (ED) may be caused by poor cardiovascular health instead of low-T. TRT can help men with low-T, but you should not be taking TRT if you do not have low levels of testosterone.

Before you take TRT, a doctor who is skilled in diagnosing low-T should examine you carefully. Your doctor should not prescribe TRT without taking an in-depth health history, giving you a physical exam and performing blood tests. Your doctor should talk to you about the possible benefits, side effects and risks before you start taking TRT. You and your doctor can then decide whether TRT is right for you.



Q What are other possible side effects and risks from TRT?

A The following are possible side effects and risks that may be caused by TRT:

- acne (pimples)
- breast swelling or soreness
- a high red blood cell count
- swelling of the feet or ankles
- smaller testicles
- infertility

Men interested in fertility should know that taking TRT can lower sperm production. Men with advanced prostate cancer should avoid taking TRT because it may help prostate cancer grow.

Q What else should I know about TRT?

A It is important to talk with your doctor about the benefits and risks of taking testosterone replacement therapy. You should know that today's science does not offer final answers about whether taking TRT will increase your risk of prostate cancer or heart disease. If you and your doctor decide TRT is right for you, you should have regular check-ups. Your doctor should follow up with blood tests for testosterone level, PSA and hematocrit. PSA is a test for prostate issues, including prostate cancer, and hematocrit measures how many red blood cells you have. Based on your health history, your doctor may want to follow up with other tests.

PREVENTING AND TREATING • KIDNEY • STONES



Kidney stones are notorious for being painful. The feeling has been described as being worse than childbirth labor pains. More than a million kidney stones are diagnosed in the United States each year. About 1 in 10 Americans will suffer from a kidney stone at some point.

Kim Sebaly, a 74-year-old retired university professor, lived with kidney stones for almost 25 years before he needed surgery to remove them. After undergoing four surgeries to remove kidney stones last year, he is now very careful about what he eats and drinks. He says he wishes he knew years ago about how he could have changed his diet to reduce his risk of stone formation. "I am much better educated today about how to lower my risk of kidney stones," says Kim. "I drink a lot of fluids and have cut down on my use of salt. Kidney stones have made me a much more intelligent consumer of food."

In 1989, Kim had kidney stones on his left side that were broken up through shock wave lithotripsy, the most commonly used procedure for removing kidney stones. Shock wave treatment is non-invasive and uses a machine called a lithotripter. It creates shock waves that pass through skin and tissue until they hit the dense kidney stones. The impact causes stress on the stone. Repeated shock waves cause more stress, until the stone eventually crumbles into small pieces. These sand-like particles are easily passed through the urinary tract in the urine.

In 2007, Kim developed painful kidney stones on the right side, which required further treatment. Last year, he underwent a surgical procedure called percutaneous nephrolithotomy (PNL), which requires small incisions about the width of a paper clip.

How do kidney stones develop? Normally, urine contains many dissolved substances. At times, some materials may become concentrated in the urine and form solid crystals. These crystals can lead to the development of stones when materials continue to build up around them. Stones formed in the kidney are called kidney stones. A ureteral stone is a kidney stone that has left the kidney and moved down into the ureter, the tubes that carry urine from the kidneys to the bladder.

The majority of stones contain calcium, with most of it comprised of a material called calcium oxalate.

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Once stones form in the urinary tract, they often grow with time and may change location within the kidney. Some stones may be washed out of the kidney by urine flow and end up trapped within the ureter or pass completely out of the urinary tract. Stones usually begin causing symptoms when they block the outflow of the urine from the kidney leading to the bladder because the blockage causes the kidney to stretch.

The pain often begins suddenly as the stone moves in the urinary tract, causing irritation and blockage. Usually a person feels a sharp, cramping pain in the back and in the side of the area of the kidney or in the lower abdomen, which may spread to the groin.

Sometimes a person will complain of blood in the urine, nausea or vomiting. Occasionally stones do not produce any symptoms. But these “silent” stones can still grow and, in rare cases, can cause irreversible damage to kidney function. More commonly, however, if a stone is not large enough to cause major symptoms, it still can trigger a dull ache that is often confused with muscle or intestinal pain. Fortunately, most stones pass out of the body without any intervention.

Half of people who have formed a stone will develop another stone. That’s why it is so important for patients to follow their doctors’ advice to drink plenty of fluids to reduce their risk, according to Dr. Manoj Monga, co-author of the new American Urological Association guidelines on the medical management of kidney stones. “We tell patients who have had kidney stones to drink 10 10-ounce glasses per day of any liquid except for dark colas,” explained Dr. Monga, Professor of Surgery/Urology and Director of the Stevan Strem Center of Endourology and Stone Disease at the Cleveland Clinic. When a person doesn’t drink enough fluids during the day, the urine can become concentrated and darker. This increases the chance for crystals to form within the urine as there is less fluid available to dissolve them.

“It can take a while to get used to drinking so much,” said Dr. Monga. “Most patients find they need to force themselves at first.”

Kim says, “I now drink water morning, noon and night.”



“It can take a while to get used to drinking so much,” said Dr. Monga. “Most patients find they need to force themselves at first.”

Kim says, “I now drink water morning, noon and night.”

Dr. Monga also tells patients to limit sodium to no more than 1,500 milligrams a day. An increased amount of sodium passing into the urine can also pull calcium into the urine. Increased calcium in the urine increases the chance that stones will form. People who have had stones should also eat foods rich in citrate, which helps block stones from forming. Citrate is found in lemons, limes, oranges and melons. Two fresh lemons or limes, or four ounces of lemon or lime concentrate is recommended daily.

“There is a misconception that you should limit the amount of calcium you consume if you have had kidney stones,” observes Dr. Monga. “In fact, even though calcium in the urine increases the risk of stone formation, calcium in your diet can protect against stone formation. You should have about three-to-four servings of calcium-rich products a day.”

Kim’s stones had a high amount of calcium oxalate. “If you have had oxalate stones, you need to learn which foods have high, medium and low oxalate content,” he says. Oxalate-rich foods include leafy green vegetables, nuts, tea or chocolate.

Doctors usually advise their patients to start with changes to their diets to see if they can avoid future kidney stones. Stone disease has been linked with obesity, and some studies suggest physical activity can actually protect against stones. In some cases, medication is also needed to prevent stone formation.

If you have had kidney stones, your doctor may ask you to have a 24-hour urine stone risk test, repeated every three-to-six months until the doctor decides your risk for more stones is reduced. At that point, you may have to repeat the test every year or two. During the test, your urine is collected for a full day and analyzed for substances that may increase or decrease your risk of stone formation.

Doctors may order an X-ray or sonogram to diagnose a kidney stone and to see the stone's size and location. In some cases, a doctor will scan the urinary system with computed tomography (CT) to look for stones.

The size, number and location of the stones will help the doctor decide the best treatment. In general, you are likely to need surgery if your stones are large enough to block urine flow, if they are potentially harmful to your kidneys or if they are causing symptoms for which medication does not help.

In addition to shock wave lithotripsy, the other two common treatment options are ureteroscopy and PNL (the surgery Kim had last year).

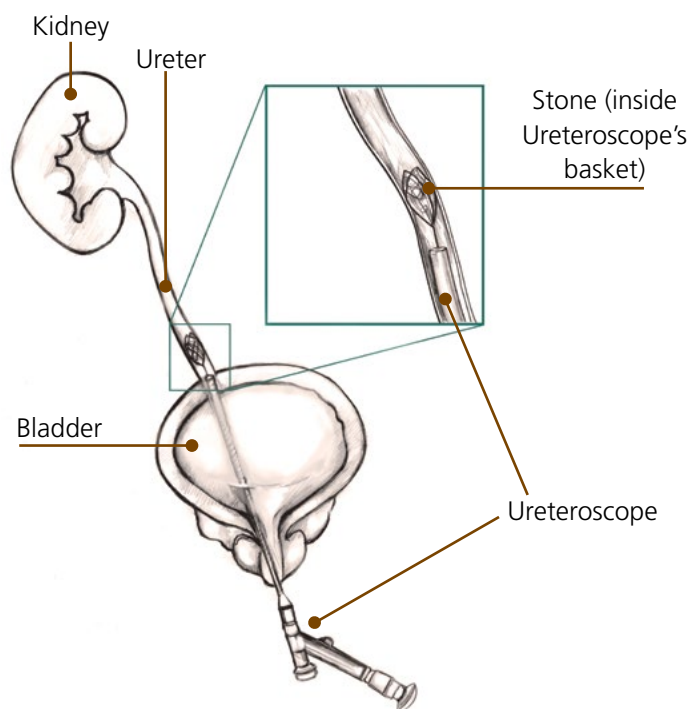
Ureteroscopy involves the use of a very thin, fiber-optic instrument called a ureteroscope, which allows access to stones in the ureter or kidney. The urologist inserts the ureteroscope into the person's ureter via the bladder. No incisions are necessary. Once the urologist sees the stone through the ureteroscope, a small, basket-like device can be used to grasp smaller stones and remove them. If a stone is too large to remove in one piece, it can be broken with a laser into smaller pieces that can then pass with urine.

PNL is the treatment of choice for large stones located within the kidney that cannot be treated with either lithotripsy or ureteroscopy. The urologist makes a small incision, then places a needle through the incision. A wire is inserted into the kidney and directed down the ureter. A passage is then created around the wire using dilators to provide access into the kidney. A larger telescope called a nephroscope is then passed into the kidney to see the stone. The doctor uses other instruments to break up the stones.

Open surgery, in which a large incision is made to remove the stone, is used only in extremely rare situations and for very complicated cases of stone disease.

"Once a person has kidney stones, they are usually very motivated to make changes because they never want to experience that level of pain again," said Dr. Monga. "Most of the changes we recommend include drinking plenty of fluids, cutting out salt, getting enough calcium, and exercising. What's good for your overall health is good for your kidneys."

URETEROSCOPY



Half of people who have formed a stone will develop another stone. Here are some tips to prevent stones from recurring:

- Exercise regularly.
- Drink 10 10-ounce glasses per day of any liquid except for dark colas.
- Limit sodium to no more than 1,500 mg a day.
- Eat two fresh lemons or limes or 4 oz. of lemon or lime concentrate daily.
- Eat three-to-four servings of calcium-rich foods per day.
- Based on the kind of stones you have formed, your urologist may have more advice on what you should and shouldn't eat.



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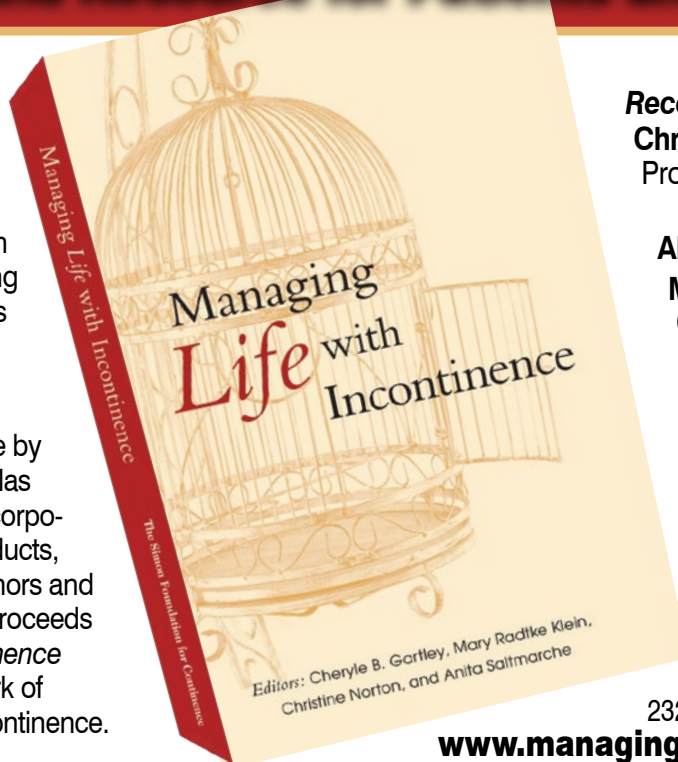
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HEALTHY LIVING: STAYING HYDRATED THIS SUMMER



We all know water is very important for our health. We need water for many reasons, including good urologic health. Getting enough water helps prevent urinary tract infections (UTIs) by flushing bacteria out of our bodies. Staying hydrated helps prevent kidney stones, too. Going outside and exercising are also good for us, but as temperatures rise and we sweat more, we may need to take extra steps to make sure we are getting enough water.

FOLLOW THESE TIPS TO STAY WELL HYDRATED:

- Drink water often. Feeling thirsty and having a dry mouth may be early signs of dehydration. Even if you may not feel thirsty, it's important to drink regularly throughout the day.
- Water or juices are your best drink choices. If tea and coffee don't irritate your bladder, they can help your fluid intake—but, remember, their caffeine also causes a diuretic effect.
- Avoid alcohol, especially when exercising or when it is hot outside, because it is extremely dehydrating. If you do drink alcohol, drink extra water to make up for it.
- Check the color of your urine. It should be pale yellow and not dark yellow or cloudy.
- Drink water before, during and after exercise.
- Remember, you can get water from your food, too. Eat at least five cups of fruits and vegetables each day, as they contain vitamins and minerals, and more water than other foods.

TASTY TIP: Try jazzing up plain water by adding healthy, natural flavors, like lemon, lime or orange wedges, cucumber slices, mint leaves or berries.



URINARY TRACT INFECTIONS

LEARN HOW TO **SPOT**
AND **TREAT** THEM



Urinary tract infections (UTIs) account for more than **8.1 MILLION** visits to the doctor each year. About 40 percent of women and 12 percent of men will feel the symptoms of at least one UTI during their lifetime. About **ONE IN FIVE** young women who have a UTI will have another one. Men are less likely to get a UTI in the first place. But if they get one, they are likely to have another because the bacteria tends to hide inside the prostate.

Nora Yoshimura knows all too well how to spot the signs of a UTI. The 83-year-old grandmother has been dealing with UTIs for 55 years. "I know from how often I urinate and the burning feeling when I urinate," she says. After struggling with UTIs for many years, she has been able to get them under control. She works closely with her urologist to start treatment at the first sign of infection.

"I still get them, especially when I travel," Nora says. "The worst thing about a UTI is having to keep running to the bathroom. It's embarrassing. I've been in some tough situations, such as being on an airplane and being told I couldn't leave my seat to go to the bathroom."

Nora's urologist, Dr. Anthony J. Schaeffer, explained it wasn't her fault that she keeps getting UTIs. "I've tried everything to prevent them, and nothing works," she says. Dr. Schaeffer, American Urological Association member and Chair of the Department of Urology at Northwestern University Feinberg School of Medicine, says, "Most older women have bacteria in their urine which do not cause symptoms and should not be treated. But Nora has UTIs with symptoms."

Normal urine has no bacteria. But if bacteria get into the urethra (the tube that empties urine from the bladder to the outside) and travel into the bladder, a UTI can occur. The infection most often starts in the bladder, but can spread to the kidneys.

UTIs can cause pain in your abdomen and pelvic area. It can make you feel like you need to urinate more often. You may even try to urinate but only produce a few drops. And you may feel some burning as your urine comes out. At times, you may lose control of your urine. Kidney infections often cause fever and back pain. These infections need to be treated quickly. A kidney infection can quickly spread into the bloodstream and be life-threatening.

Symptoms of a UTI



You feel an urge to urinate often, but you can only produce small amounts



Burning on urination



Pain or discomfort in your abdomen or pelvis (can sometimes be felt in rectum in men)



Blood in urine
(urine is pink, red or cola colored)

Symptoms your UTI is a **KIDNEY INFECTION** and needs to be treated quickly



FEVER



BACK PAIN



CHILLS

Continued from page 11



There are two types of UTIs: uncomplicated and complicated. Uncomplicated UTIs are infections that happen in healthy people with normal urinary tracts. Complicated UTIs happen in abnormal urinary tracts or when the bacteria causing the infection cannot be treated by many antibiotics. Most women have uncomplicated UTIs, while the UTIs in men and children should be thought of as complicated, says Dr. Schaeffer. “Men and boys with UTIs should see a urologist as we assume they have complicated UTIs, unless proven otherwise.”

Some people, like Nora, are more likely to get UTIs. Sexual intercourse and low levels of estrogen in the vagina raise the frequency of the infections. Using condoms with sperm-killing foam is also known to be linked to an increase in UTIs in women. Diseases such as diabetes also put people at higher risk. This is because they lower the body’s immune system function and make it harder to fight off infections.

If you think you may have a UTI, you should call your doctor. Your first UTI should be assessed in your doctor’s office. In most cases, the doctor may use a urine test (called a culture) to look for signs of infection. These signs are bacteria or white blood cells in the urine. A urine culture is not needed for women with occasional uncomplicated UTIs, but Dr. Schaeffer says it is important for those who have recurring uncomplicated UTIs and complicated UTIs. If you ever see blood in your urine, you should call your doctor right away. Blood in the urine may be caused by a UTI, but it may also be from a different problem in the urinary tract.

“When infections start to occur frequently, you need to see a doctor for a more thorough evaluation, including urine cul-

tures,” Dr. Schaeffer advises. “Start with your primary care doctor, who may refer you to a urologist. If your urine culture shows you don’t have a UTI, you’ll need further testing to find out the cause of your symptoms.” In rare cases, a person with symptoms similar to a UTI, but with repeated negative cultures (meaning they don’t show a bacterial infection) may in fact have bladder cancer. A positive culture (which finds bacteria) confirms a woman has a UTI. The test also shows whether the bacteria will respond to treatment with antibiotics.

Treatment for an uncomplicated UTI is a short course of oral antibiotic without a urine culture to confirm you have an infection. This treatment is often just three days. Depending on the type of antibiotic used, you may take a single dose a day or up to four doses a day. A few doses may get rid of the pain or urge to urinate often. But you should still finish the full course of medication prescribed for you even if you feel better. Unless UTIs are fully treated, they can often return. It’s important to follow the doctor’s instructions for taking the medication exactly. This will help you avoid side effects and make sure the bacteria don’t become resistant, Dr. Schaeffer explains. If your symptoms don’t disappear quickly, your doctor may need to prescribe a different antibiotic. If you have a complicated UTI, you may need IV antibiotics.

If you get frequent UTIs, your doctor may suggest a six-month course of low-dose, nightly antibiotics. This will reduce UTIs by 95 percent. But when a person stops taking the drugs, UTIs usually come back. Some doctors may then suggest “self-start” treatment. The doctor gives you a urine culture device and a course of antibiotics. If you think you have an infection coming on, you do a urine culture at home and start taking the antibiotics. The culture is returned to the doctor’s office to see if you have an infection and are using the right drug. This is how Nora handles her UTIs. “When I feel one coming on, I do a urine culture, and I take antibiotics prescribed by the doctor’s office. This way, I can get it right away, before it gets too bad.”

WHEN SHOULD I SEE A HEALTH CARE PROVIDER?



- If you think you have a UTI, you should call your health care provider.
- If you have recurring UTIs, ask your health care provider for a urine culture.
- If your UTIs recur often, ask your health care provider for a more thorough exam or a referral to a urologist.
- If you see blood in your urine, call your health care provider right away.

?

Dr. Schaeffer says patients often ask if cranberry juice will help prevent or reduce UTIs. They are often disappointed to learn research studies have not proven this to be true.

“For women who are genetically predisposed to get frequent UTIs, the recurrent infections may be a lifetime issue,” says Dr. Schaeffer. “But careful management can keep the incidence and cost to a minimum.”

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MAKING A DIFFERENCE

Sixteen groups collaborated with the Urology Care Foundation at AUA2014, the largest gathering of urologists in the world, to highlight how patient advocacy groups are making a difference in patients' lives.

ASSOCIATION FOR PELVIC ORGAN PROLAPSE SUPPORT

APOPS increases awareness of pelvic organ prolapse and provides support and guidance to women navigating the physical, emotional, social, and sexual impact of POP.

262-642-4338 • www.pelvicorganprolapsesupport.org



ASSOCIATION OF PEYRONIE'S DISEASE ADVOCATES

APDA advances the education and awareness of Peyronie's Disease (PD) to patients, partners, and physicians. The better a man with PD understands how to deal with its effects, the better he can move forward with his condition and lead a fulfilling life.

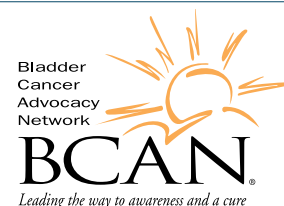
www.peyroniesassociation.org



BLADDER CANCER ADVOCACY NETWORK

Each year, the Bladder Cancer Advocacy Network provides thousands of patients, caregivers and the medical community with the educational resources and support services they need to navigate their bladder cancer journey.

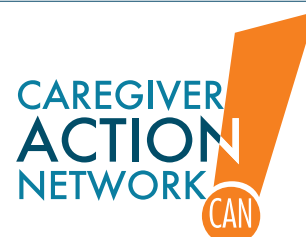
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CAREGIVER ACTION NETWORK

The Caregiver Action Network works to improve the quality of life for the more than 90 million Americans who care for loved ones with chronic conditions, disabilities, disease, or the frailties of old age. CAN provides education, peer support, and resources to family caregivers across the country free of charge.

202-772-5050 • www.caregiveraction.org



FRANKTALK.ORG

www.FrankTalk.org is an online community for men with ED. Its mission is to educate men about erectile dysfunction and its treatments, and also about reproductive health in general.

www.franktalk.org



INTERSTITIAL CYSTITIS ASSOCIATION

The Interstitial Cystitis Association advocates for interstitial cystitis research, raises awareness, and serves as a central hub for the healthcare providers, researchers and millions of patients who suffer with constant urinary urgency and frequency and extreme bladder pain called IC.

703-442-2070 • www.ichelp.org



Continued on page 15 ➡

MAKING A DIFFERENCE

Continued from page 15

KIDNEY CANCER ASSOCIATION

The Kidney Cancer Association is dedicated to ending death and suffering from renal cancers, with members in more than 100 countries. They fund, promote, and collaborate on research projects. They educate families and physicians, and serve as an advocate on behalf of patients.

800-850-9132 • www.kidneycancer.org

Kidney Cancer Association
www.KidneyCancer.org

MEN'S HEALTH NETWORK

Men's Health Network reaches men, boys, and their families where they live, work, play, and pray with health prevention messages and tools, screening programs, educational materials, advocacy opportunities, and patient navigation.

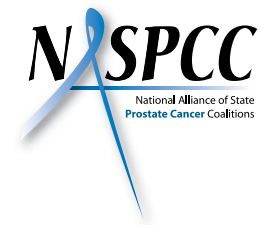
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NATIONAL ALLIANCE OF STATE PROSTATE CANCER COALITIONS

The National Alliance of State Prostate Cancer Coalitions is an umbrella organization for state prostate cancer coalitions, state prostate cancer task forces or state prostate cancer foundations. They serve as a clearinghouse for programs and best practices that have worked in various states by and through their prostate cancer coalitions. All of the participating state prostate cancer coalitions derive benefit by networking and coming together once a year at the NASPCC annual meeting.

877-627-7228 • www.naspcc.org



NATIONAL ASSOCIATION FOR CONTINENCE

National Association For Continence is dedicated to improving the quality of life of people with incontinence, voiding dysfunction, and related pelvic floor disorders. NAFC's purpose is to be the leading source for public education and advocacy about the causes, prevention, diagnosis, treatments, and management alternatives for incontinence.

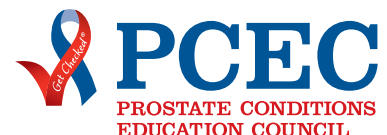
1-800-BLADDER • www.nafc.org



PROSTATE CONDITIONS EDUCATION COUNCIL

PCEC has provided early detection for prostate disease and other men's health conditions to over 5 million men. As a national organization, PCEC is dedicated to saving lives through awareness and the education of men, the women in their lives, as well as the medical community about prostate cancer prevalence, the importance of early detection, biomarkers, available treatment option and other men's health conditions.

866-477-6788 • www.prostateconditions.org



PROSTATE HEALTH EDUCATION NETWORK

Black men in the United States have the nation's highest prostate cancer incidence and mortality rates. The Prostate Health Education Network's mission is to eliminate the African American prostate cancer disparity. PHEN's mission also includes advocacy efforts to increase the overall support and resources to wage a war on prostate cancer that will eventually lead to a cure for the disease for the benefit of all men.

617-481-4020 • www.prostatehealthd.org



Prostate Health Education Network

"Knowledge is the Best Defense
Against Prostate Cancer"

THE SIMON FOUNDATION FOR CONTINENCE

The mission of the Simon Foundation is to bring the topic of incontinence out into the open, remove the stigma surrounding incontinence, and provide help and hope to people with incontinence, their families and the health professionals who provide their care.

1-800-23Simon • www.simonfoundation.org



**THE SIMON
FOUNDATION
FOR CONTINENCE**

UNITED SPINAL ASSOCIATION

United Spinal Association's mission is to improve the quality of life of all people living with spinal cord injuries and disorders (SCI/D). They believe no person should be excluded from opportunity on the basis of their disability. Their goal is to provide people living with SCI/D programs and services that maximize their independence and enable them to remain active in their communities.

800-404-2898 • www.unitedspinal.org

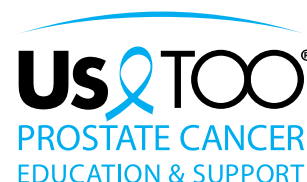


**United Spinal
Association**

US TOO

Us TOO International Prostate Cancer Education & Support Network is a grassroots prostate cancer education and support network of 325 support group chapters worldwide, providing men and their families with free information, materials and peer-to-peer support so they can make informed choices on detection, treatment options and coping with ongoing survivorship.

800-80-US-TOO • www.UsTOO.org



ZERO

ZERO - The End of Prostate Cancer leads the fight to end prostate cancer by advancing research, encouraging action, and providing education and support to men and their families. Their premier programs include the ZERO Prostate Cancer Challenge, the largest men's health event series in America.

888-245-9455 • www.zerocancer.org



Urology Care

FOUNDATION™

*The Official Foundation of the
American Urological Association*

Thanks to you, in 2013 we provided more than
\$1 million in new research funding.
**Your Urology Care Foundation,
Funding Answers. Educating Patients.**

An elderly couple, a man and a woman, are looking at a laptop screen. The man is wearing glasses and a dark blue sweater. The woman is wearing glasses, a light orange sweater, and a colorful beaded necklace. They are both smiling and appear to be engaged in the content on the screen.

UrologyHealth.org



Testicular Cancer

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WHAT IS TESTICULAR CANCER?

Testicular cancer is the most common cancer among men ages 18 to 35. Still, it is fairly rare. About 8,800 men will be diagnosed with testicular cancer in the US this year. Men who were born with an undescended testicle are at higher risk. The good news is testicular cancer is also one of the most treatable cancers. When caught early, the cure rate is close to 100 percent. This is true for men with Stage 1 testicular cancer, where the cancer has not spread outside the testicle. For men with Stage 2 or 3 testicular cancer, the cure rate is still much higher than that of other cancers. A man's risk of dying from testicular cancer is small. About 380 men will die of testicular cancer in the US this year.

Since only men have testicles, only men can get testicular cancer. Your testicles (also known as testis) are the two oval glands contained in a sac (scrotum) below the penis. They make sperm and the male sex hormone testosterone.

SIGNS OF TESTICULAR CANCER ARE:

- A lump or firmness within your testicle
- Swelling or enlargement of your testicle (with or without pain), or
- Pain, soreness or a dull ache in your testicle

Talk with your health care provider as soon as you notice any of these signs. Sadly, it is common for men to put off talking to their doctor. If it is cancer, the longer you delay, the more chance the cancer has to spread.

If you have symptoms, your doctor may do a physical exam, a blood test and an ultrasound. You may be referred to a urologist, a surgeon who treats testicular cancer. Unlike many other cancers, testicular cancer is not diagnosed by taking a biopsy (tissue sample). Doing a biopsy could cause the cancer to spread.

WHAT ARE THE STAGES OF TESTICULAR CANCER?

- Stage 1: Cancer is found only in the testicle
- Stage 2: Cancer has spread to the lymph nodes in the abdomen
- Stage 3: Cancer has spread beyond the lymph nodes in the abdomen. The cancer may have spread to parts of the body far from the testicles, such as the lungs and liver

HOW IS TESTICULAR CANCER TREATED?

Most often, the first treatment is surgery to remove the testicle. For stage 1 patients, this may be all that is needed to remove the cancer. They will then be followed closely with blood tests and scans. Stage 2 and 3 patients may need surgery to remove lymph nodes. They may also need chemotherapy, radiation therapy, or removal of tumors that have spread farther.

Most of the time, cancer is only found in one testicle, and the other testicle still works well. Removing one testicle will not make a man any "less of a man." Removing one testicle should not cause erection problems (ED) or make a man

Testicular Cancer

unable to father children. In most cases, the healthy testicle that is left should be able to make all the testosterone the body needs. Still, other treatments affect your sperm count and make it harder to have children. Your doctor may suggest that you bank your sperm before or soon after the testicle is removed or before advanced treatment starts.

WHO IS AT RISK?

Men who were born with an undescended testicle are more likely to get testicular cancer. Undescended testicle (also known as cryptorchidism) is when a boy's testicle does not drop from the abdomen into the scrotum by birth. Testicular self-exam is important for these men. Cancer can occur in either the testicle that did not descend or the one that moved down by birth. Men whose father or brother had testicular cancer are also more likely to get it. They should do self-exam monthly, also.

HOW TO DO A TESTICULAR SELF-EXAM:

Boys can start doing monthly testicular self-exams during their teen years.

The best time to examine your testicles is right after a hot bath or shower. The scrotal skin is most relaxed at this time and the testicles can be felt more easily. The exam should be done while standing and only takes few minutes.

- Look for swelling in the scrotum.
- Gently feel the scrotal sac to find a testicle.
- Examine the testicles one at a time. Firmly and gently roll each testicle between the thumb and fingers of both hands to feel the whole surface.
- Note that it is normal for one testicle to be slightly larger than the other. It is also normal to feel a cord-like structure (the epididymis) on the top and back of each testicle.
- If you find a lump, swelling or other change, get it checked out right away. Changes are not always cancer. If it is cancer and you catch it early, you have the best chance for a cure.

WHAT IS THE CURE RATE?

The good news is that cure rates are almost 100 percent for stage 1 disease. With more advanced testicular cancer, more than 75 percent of patients are cured.

There is no known way to prevent testicular cancer. Young men should know what to look for and get any concerns checked out right away. That's the best way to stop it from being a life-threatening problem.

RESOURCES

National Cancer Institute

1-800-4-CANCER

Testicular Cancer Treatment

In English: <http://www.cancer.gov/cancertopics/pdq/treatment/testicular/Patient>

In Spanish: <http://www.cancer.gov/espanol/pdq/tratamiento/testiculo/Patient>

National Library of Medicine

www.nlm.nih.gov/medlineplus/testicularcancer.html

Urology Care Foundation

For more facts about testicular cancer and other urologic health problems, please visit the Urology Care Foundation's website, **UrologyHealth.org**.

You may download this and print it yourself from **UrologyHealth.org/TesticularCancerFS**. For copies of other printed materials about urologic conditions, visit **UrologyHealth.org/Order** or call 800-828-7866.



Patient resources provided through the generous support of Protect the Nuts LLC.



Vasectomy

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 American Urological Association*

WHAT IS A VASECTOMY?

If you are thinking about getting a vasectomy, you are not alone. Each year, more than 500,000 men in the U.S. choose vasectomy as permanent birth control. During vasectomy, each vas deferens (the two tubes that move sperm) are sealed off. This blocks sperm from reaching the semen that is ejaculated from the penis. After a vasectomy, the testicles still make sperm but they are absorbed by the body. A vasectomy prevents pregnancy better than any other method of birth control, except abstinence. Only 1 to 2 women out of 1,000 will get pregnant in the first year after their partners have had a vasectomy.

THE PROCEDURE

Your doctor can perform a vasectomy in an office or hospital. Vasectomy is a minor surgery that should take about 20 minutes. One urologist who performs vasectomies tells his patients: "take a long hot shower the morning before with a lot of soap. And make sure you have a bag of frozen peas and a couple of rented movies at home."

Before the vasectomy, your scrotum will be shaved and cleaned. Usually local anesthesia is used. So you will be awake but should not feel any pain. Some patients may also be given medicine to reduce anxiety. With a standard vasectomy, the urologist makes one or two small cuts in the scrotum. One vas deferens tube is cut and tied or sealed with heat. The tube is replaced inside the scrotum. The procedure is then repeated on the other side. Lastly, the skin

is closed with stitches that dissolve and do not have to be removed.

Another popular option is a no-scalpel vasectomy. In this procedure, a small clamp with pointed ends is used to puncture the skin. Then each vas deferens is lifted out, cut, sealed and then put back in place. A no-scalpel vasectomy works just as well as a standard vasectomy. Some benefits of a no-scalpel vasectomy are less bleeding, swelling and pain. There is also a smaller hole in the skin.

RISKS

Up to 20 in 100 men may have ongoing pain or discomfort after a vasectomy. Most often, it is due to congestion of sperm in the system behind the blockage. This usually resolves with time. The pain is most often treated with anti-inflammatory drugs, like ibuprofen. One to 6 men in 100 may need more treatment to ease their pain.

Otherwise, the risk of bad side effects after a vasectomy is very low, but may include:

- Bleeding under the skin, which may cause swelling or bruising. (Call your doctor if your scrotum swells a lot soon after your surgery.)
- Infection at the site of the cut. It is rare for an infection to occur inside the scrotum.
- A small lump forming because sperm leaks from a vas deferens into nearby tissue. This is usually not painful. If it is painful, it can be treated with rest and pain medicine. Sometimes, surgery may be needed to remove the lump.

National Headquarters: 1000 Corporate Boulevard, Linthicum, MD 21090

Phone: 410-689-3990 • Fax: 410-689-3878 • 1-800-828-7866 • info@UrologyCareFoundation.org • www.UrologyHealth.org

- Swelling of the vas deferens
- In rare cases, the vas deferens may grow back together, which would allow the man to have children again.

Older studies suggested a risk of prostate cancer and heart disease years later in men who have had vasectomies. But many years of research since then have found no link between vasectomy and these health problems.

HEALING

Your scrotum will be numb for one to two hours after a vasectomy. Put cold packs on the area. (The bag of frozen peas mentioned before works well.) Lie on your back as much as you can for the rest of the day. Mild discomfort or pain is normal after a vasectomy, and should be treated with pain relievers. Wearing snug underwear or a jockstrap will help ease discomfort and support the area.

You may have some swelling and minor pain in your scrotum for a few days after the surgery. You may be able to go back to work in one or two days. It depends on how you feel. But you should avoid heavy lifting for a week. You can have sex again as soon as you are comfortable, usually within a week.

But keep in mind that the vasectomy is not effective from day one. Sperm may still be in the semen for many months after a vasectomy. It takes about 20 ejaculations or three months to clear the sperm from the tubes. However, results vary for different men. Most often, your urologist will test your sperm count three months later. This is done to make sure your semen is clear of sperm. Until the sperm count is zero, sex without another method of birth control may lead to pregnancy.

After recovering from a vasectomy, a man and his partner should notice no difference during sex. An uncomplicated vasectomy does not cause erection problems. Ejaculation and orgasm should feel the same. The amount of semen does not decrease more than five percent. The only change your partner may be able to feel is a lump at the vasectomy site if one has formed.

THINGS TO THINK ABOUT

The choice to have a vasectomy is a very personal one. Talk with your partner, and think about what is best for you and your family. Be sure to bring up any questions you may have with your health care provider.

Below are some things to keep in mind:

- Vasectomy is safer and cheaper than tubal ligation (blocking the fallopian tubes to prevent pregnancy) in women.
- The one-time cost of a vasectomy may be cheaper over time than the cost of other birth control methods, such as condoms or the pill.
- A vasectomy does not protect against sexually transmitted diseases (STDs). Use condoms to protect against STDs.

Lastly, it is important to note vasectomy is a **permanent** method of birth control. This may be a plus or a minus based on your own situation. You should not have a vasectomy if you may want to father children in the future. While it is possible to have a vasectomy reversed, this is more complex and costly. Also, reversing or “undoing” a vasectomy does not always result in pregnancy. So it is important to think through all your choices carefully before deciding to have a vasectomy.

RESOURCES

FamilyDoctor.org

In English: <http://familydoctor.org/familydoctor/en/prevention-wellness/sex-birth-control/birth-control/vasectomy-what-to-expect.html>

In Spanish: <http://familydoctor.org/familydoctor/es/prevention-wellness/sex-birth-control/birth-control/vasectomy-what-to-expect.html>

National Library of Medicine, Medline Plus

In English: <http://www.nlm.nih.gov/medlineplus/ency/article/002995.htm>

In Spanish: <http://www.nlm.nih.gov/medlineplus/spanish/ency/article/002995.htm>

Urology Care Foundation

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