

UROLOGYHEALTH extra

SUMMER 2015

It's Time to Talk About OAB!

ALSO:

Summertime OAB Travel Facts

What You Need to
Know About UTIs

Recipes and Exercises for
Easy Summer Living

Public Restroom Facts

A smiling man with grey hair, wearing a pink short-sleeved button-down shirt with white embroidery and blue jeans, is riding a black bicycle. He is looking down and to his left with a joyful expression. The background is a soft-focus green, suggesting a park or wooded area.

*“The Urology Care Foundation
gave me the information I
needed to talk to my doctor.”*

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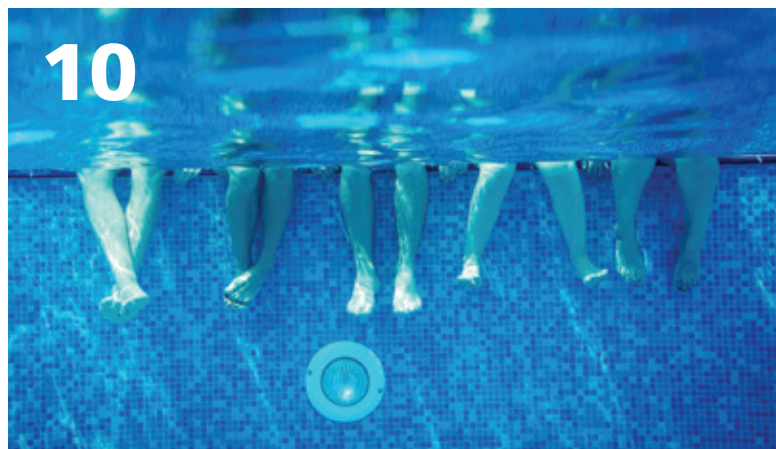
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MAKING A DIFFERENCE

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CALENDAR OF EVENTS

June – August 2015

JUNE



Men's Health Month

To find events near you, visit
[www.menshealthmonth.org/
calendar](http://www.menshealthmonth.org/calendar)

Pelvic Organ Prolapse Awareness Month

Bladder prolapse is a common
cause of urine leakage. For more
information, visit [www.pelvic
organprolapsesupport.org](http://www.pelvic
organprolapsesupport.org)



National Cancer Survivors Day

11-18

National Nurses Assistants Week

15-21

Men's Health Week

Learn what to do to
make health a priority:
www.cdc.gov/men/nmhw

19-20

UStOO's 25th Anniversary Prostate Cancer Educational Symposium

Near Chicago, IL: www.ustoo.org



21

First Day of Summer



Father's Day

21

21

PHEN's 7th Annual Father's Day Rally Against Prostate Cancer

This event brings awareness to African-Americans at partnering churches across the U.S. Leading up to this date, 15 cities will also hold Prostate Cancer Educational Symposiums:
www.prostatehealthd.org

22-28

World Continenence Week

Help researchers find what is "normal" for bladder habits and leaks. Download a bladder diary. Fill it out it this week. Upload your results to a world-wide study:
www.ics.org/public/bladderdiaryday

JULY

Medical school graduates who want to become urologists start "on-the-job training" in urology residency programs across the U.S.

Urology Care Foundation Celebrates its 40th Anniversary

Supporting Urology Research



Independence Day

26

National Parents' Day

AUGUST

6-9

Pro Football Hall of Fame Weekend

Know Your Stats about Prostate Cancer® spokesperson, Mike Haynes, will raise awareness while at this event:
www.KnowYourStats.org

9-15

National Health Center Week



21

National Senior Citizens Day

Honoring the contributions of senior citizens in the U.S. Thank you for all you do!





**IT'S TIME TO
TALK ABOUT**

OAB!

Do you often have that sudden “gotta go” feeling that makes you nervous you will leak urine if you don’t get to a bathroom right away? If so, you may have Overactive Bladder (OAB).

CONTINUED ON PAGE 6 ►

◀ CONTINUED FROM PAGE 5

What is Overactive Bladder (OAB)?

OAB is not a disease. It's the name given to a group of troubling urinary symptoms. The most common is a sudden and unexpected urge to urinate that you can't control. In some people, this "gotta go" feeling may result in urine leakage (incontinence). But in others, it may not. Other OAB symptoms include frequent urination during the day and night. The number of times someone goes to the bathroom may be different from person to person. But many experts agree going to the bathroom more than eight times in 24 hours is "frequent urination."

OAB affects millions of men and women. Some experts estimate as many as 30 percent of men and 40 percent of women in the United States live with OAB symptoms. But the number of people suffering from OAB may be much larger. That's because many people living with the condition don't ask for help. "A lot of people don't talk to their doctors because they're embarrassed about their symptoms or because they don't know there are treatment options," says Kathleen Kobashi, MD, chief of urology at Virginia Mason Medical Center in Seattle, Washington. "But there are plenty of things we can do to help. If you are having difficulty with OAB symptoms, talk to your health care provider today."

'If you are having difficulty with OAB symptoms, talk to your health care provider today.'

Risks for OAB

The risk for OAB increases as you get older. Women who have gone through menopause and men who have had prostate issues are also at higher risk. Conditions affecting the brain or spinal cord, such as multiple sclerosis or stroke, also raise your risk for OAB. Food and drinks, such as caffeine, artificial sweeteners, alcohol and very spicy foods, can bother your bladder and make symptoms worse.

For more info, visit

www.UrologyHealth.org/OAB



The Truth about OAB

Knowledge is power! Don't let myths about OAB prevent you from getting the help you need. Learn the truth about OAB:

- OAB is not "just part of being a woman."
- OAB is not "just having an 'enlarged' (big) prostate."
- OAB is not "just a normal part of getting older."
- OAB is not caused by something you did.
- Surgery is not the only treatment for OAB.
- There are treatments for OAB that can help people manage symptoms.
- There are treatments that many people with OAB find helpful.

How OAB Can Affect Your Life

OAB can get in the way of your work, social life and sleep. Without treatment, symptoms may make it hard to get through the day without having to make many trips to the bathroom. You may feel nervous about going out with friends or doing daily activities because you are afraid you may not be able to find a bathroom when you need one. You may shy away from social events and spending time with your spouse or family. This can result in you feeling lonely and isolated, and may affect your relationships with loved ones. OAB can also deprive you of a good night's sleep, leaving you feeling tired and depressed.

Talking to Your Health Care Provider

When you tell your health care provider you have OAB symptoms, he or she will ask you to describe them. Your provider may refer you to a specialist, such as a urologist. You'll be asked about your medical history and your symptoms, what they are, how long you have been having them and how they are affecting your life. Your provider will also ask about past and current medical problems, and about your diet—including what liquids you drink and how much you drink.

You will be given a physical exam to check for problems that may be causing OAB symptoms. Your provider may ask you to keep a "Bladder Diary," where you write

CONTINUED ON PAGE 8 ►

Becca's Story: Life-Changing Treatment

Becca Martin has been dealing with OAB much of her life. Becca, in her mid-40s, lives outside of Aberdeen, Washington. Before she was treated, Becca sometimes urinated 40 times a day—as often as every 20 minutes. This made it impossible for her to take the bus to work. Even when she went to the bathroom at work and then again at a store next to the bus stop, Becca didn't want to have to ask the bus driver to pull over during the 25-mile drive home.

"My symptoms got worse to the point where I could not drive into work anymore without having to make sure I had enough time to stop somewhere," she says. Whenever she drove into Tacoma or Seattle, she would

have to add an hour or two to the trip to account for all the rest stops she had to make.

Her primary care doctor referred Becca to Dr. Kobashi, who diagnosed her with OAB. Tests showed Becca's bladder was telling her brain "I have to go" all the time, instead of just when the bladder was full. For medical reasons, Becca didn't have the option of taking OAB oral drugs so Dr. Kobashi explained her other treatment options. Becca chose a bladder pacemaker, which delivers electrical pulses to the nerves to change how they work. A pulse generator device the size of a silver dollar is surgically implanted into the buttocks.

Becca has had tremendous results. One day, soon after she had the surgery, she and her boss were amazed to realize it had been six hours since Becca had last gone to the bathroom—a far cry from the several times an hour she used to go. "I don't have to worry about running to the restroom every 20 minutes," she says.

Becca urges anyone with OAB symptoms to talk to their doctor about it right away. Together you can find out if you have OAB and what treatment is best for you. As Becca knows, treating OAB can change your life.



Kathleen Kobashi, MD and Becca Martin

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Educating Patients.

UrologyHealth.org

| **FEATURE** | It's Time to Talk About OAB!

◀ CONTINUED FROM PAGE 7

down how often you go to the bathroom and any time you leak urine. You may also have tests, such as a urine test, to look for infection or blood. Your doctor may do an ultrasound to see how much urine is still in your bladder after you go to the bathroom.

Taking Control

There are many treatment options for OAB. Your doctor may use just one treatment, or several at the same time. Treatments include lifestyle changes, medications and other therapies.

EXAMPLES OF LIFESTYLE CHANGES:



Limiting food and drinks that irritate your bladder. This includes coffee, tea, artificial sweeteners, caffeine, alcohol, soda, other fizzy drinks, citrus fruit, food made with tomatoes, chocolate (but not white chocolate) and spicy foods.



Emptying your bladder twice. This is helpful for people who have trouble emptying their bladders completely. After you go to the bathroom, wait a few seconds and then try to urinate again.



Keeping a bladder diary. Writing down when you make trips to the bathroom for a few days can help you and your doctor understand your symptoms better. A diary may also show you some things like certain foods that make your symptoms worse, for example.



Teaching yourself to put off going to the bathroom, even when you feel an urge to go. Start by waiting a few minutes. Then gradually build up to two-to-three hours. Only do this if your doctor tells you to.



Following a set, daily bathroom schedule during the day, usually every two-to-four hours.

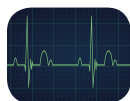


Doing exercises to relax your bladder muscle. Quickly squeeze and release the muscles in your pelvis a number of times when you feel the urge to go.

EXAMPLES OF MEDICAL TREATMENTS:



Prescription drugs to relax the bladder muscle. They can help stop your bladder from contracting when it is not full. Some are taken by mouth. Others are delivered through a gel or patch on the skin.



Neuromodulation therapy (bladder pacemaker). This treatment delivers electrical pulses to the nerves to change how they work.



Botulinum toxin (Botox®) injections. The drug is injected into the bladder muscle to help keep it from contracting too often.

The Urology Care Foundation Welcomes Dr. John Lynch, Prostate Cancer Surgeon and Survivor, as New Public Education Council Chair



John Lynch, MD

The Urology Care Foundation has chosen Dr. John Lynch as the new Chair of its Public Education Council.

Dr. Lynch is professor and chairman of the MedStar Georgetown University Department of Urology in Washington, D.C. He has been on the faculty at Georgetown since 1979. He has a major focus on helping patients make informed choices for their prostate cancer treatment.

"I'm a prostate cancer survivor, and my wife told me before my surgery that the experience would make me a better doctor. I think she was right," he said. "It's easier to explain to patients what the expectations should be simply because I've been there."

As Chair of the Public Education Council, Dr. Lynch has set some goals for what he'd like to do in his new role. This includes making sure there are more public education materials for patients. Another goal is to grow the number of visitors to the Foundation's website: UrologyHealth.org.

"I think it's important that we educate patients as well as we possibly can. It helps them with their understanding of the disease and their treatment options," he said. "There are so many venues where patients can find information on the Internet. We want to make sure [the Foundation] provides them with the most up-to-date material."

Dr. Lynch says he decided to enter urology because he liked the blend of surgery and medicine. He also liked having the chance to follow patients after their treatment, as part of their long-term care. One of his favorite parts of his job is bonding with his patients. He thinks getting to know each patient as a person is key to being a better doctor.

"You get to know them as individuals. They become more than patients," he said.

Dr. Lynch first learned he had prostate cancer 12 years ago. Since treatment, he has been cancer-free.

"Being a patient allowed me to better empathize with the patients. It gave me a better feel for what they're going through," he said.

'It's easier to explain to patients what the expectations should be simply because I've been there.'

UTIs

We've Got You Covered

Each year, urinary tract infections (UTIs) account for close to 10 million doctor visits. Men, women and children can get UTIs, but women are four times more likely than men to get one.

Understanding Your Urinary System

Your urinary system is your body's main way to remove waste and extra water. It normally includes two kidneys to filter your blood, two ureters – the tubes that take urine from the kidneys to the bladder – one bladder that holds the urine, and one urethra that carries urine from your bladder out of your body.



Your chances of getting a UTI are more common in the summer.

Summer is when the weather is warmer, and it's easier for germs to grow.

A UTI happens when germs build up in your urinary system and cause an infection.

Most UTIs are not dangerous and can be treated with medicine.

Likely signs of UTIs:



Pain or burning when you urinate



Frequent urination



Pain in your back or side near the ribs



Pressure in your lower belly



Urine that is cloudy, bloody or has a strong odor



Fever or chills

One in five women will have at least one UTI in her lifetime.

UTIs are the second most common type of infection in the body.

Pools can be a breeding ground for germs.

This is due to people peeing in the water, not showering before swimming and low levels of chlorine. Ask your local pool staff about how the pool is maintained.

You can lower your chances of getting a UTI by changing out of wet bathing suits and sweaty clothes quickly.

You should also drink a lot of water and go to the bathroom when you need to (don't hold it).

For more information about UTIs, visit the Urology Care Foundation: www.UrologyHealth.org

Living Healthy



Easy Summer Living

You may have a sensitive bladder, but that doesn't mean you can't enjoy grilling. Yes, you should stay away from spicy barbeque sauces and acidic marinades that can bother the bladder. But with a little planning, you can make tasty meals, like moist, flavorful kabobs that won't cause bladder problems. Serve them with a green salad and a fresh, fruity dessert (see recipe below) for a rich and tasty combo!

For beef, chicken or veggie kabobs, soak wooden kabob sticks in water for an hour. Alternate slices of bell pepper, onion, mushrooms, squash and cubed beef or chicken. Brush with melted butter or olive oil, and season as desired. Grill until meat is cooked all the way through.



Fruit Salad

Makes 1 Serving

INGREDIENTS

- 1 honey dew melon, sliced and chopped into bite-size pieces
- 1 cup of blueberries
- 1 can of pears, sliced
- 1 small package of Jell-O instant vanilla pudding
- Optional: cantaloupe, raspberries

PREPARATION

1. Drain pears; mix the pear juice with the instant pudding. Set aside.
2. Blend all the fruit together, and pour the mixture of pear juice and pudding over the fruit. Chill for 24 hours.
3. Remove from the refrigerator about 2 hours before serving. Mix well, and enjoy.

Exercises to Support Your Bladder Health

Diet isn't the only way to help keep your bladder health in check. Working out is a great way to keep fit, help make your bladder stronger and improve bladder symptoms. "Milder, low-impact exercises, such as yoga, swimming and bicycling, can help lessen bladder pressure by lifting your chest, lengthening your backbone and toning your core," said Tomas L. Griebeling, MD, MPH. He is vice chair of the department of urology at the University of Kansas. "Steer away from exercises like lifting heavy weights and doing jumping jacks that may put pressure on your bladder and raise your chance of leakage."

Work out based on your own fitness level, and make sure to stay hydrated while exercising. "Drinking water during a workout is important, but guzzling too much water during your routine will likely make you use the bathroom more," said Dr. Griebeling. "Try using the bathroom before you start exercising to steer clear of any mishaps, and take a break halfway through your routine to stay up on your water intake."

By the Numbers

SUMMERTIME OAB TRAVEL FACTS

If you have Overactive Bladder (OAB), going on a trip may not sound like fun. The thought of looking for a bathroom in a new town might make you nervous. But with a little planning before you leave, you can feel more at ease while away from home.



OAB isn't a disease. It is the name given to a group of troubling urinary symptoms. A key sign of OAB is the sudden need to go to the bathroom that you can't control. In some people, this sudden need may cause urine leakage (incontinence).

About

33 million

people living in the United States have OAB.

First day of summer



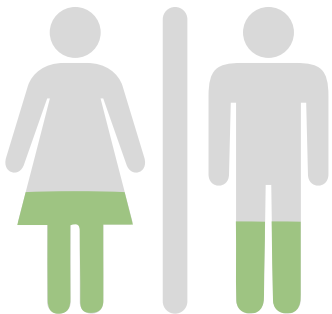
88%

of people in the U.S. said they will take a trip this summer.



91%

of those who take a summer trip, travel by car.



Up to **30%** of men
and **40%** of women
in the U.S. are living with OAB.

Summer

is the busiest travel season of the year.



84 miles one way

Usual length of a summer long-distance trip.



2 weeks

How long before your trip you may start your medicine to help control your OAB symptoms, if you haven't used it before.



2 – 4

Number of hours you should plan in between each of your bathroom breaks or pit stops when traveling.

3 sets of 10

(daily)

Number of bladder strengthening exercises you can do on the road to make your pelvic muscles stronger. These will also help keep urine from leaking.



54

The number of days before your trip when it's cheapest to buy an airplane ticket

There are more than

200

rest stops with family restrooms in the U.S. Plan ahead and pinpoint a few along your route before you leave home.



20%

of flyers like to sit in aisle seats. If you have OAB, you should book an aisle seat close to the bathroom.



There are about

6,500

spoken languages in the world today. Learn the word for "toilet" before visiting another country.



2

Number of hours you may want to watch what you drink before getting on a plane. Changes in cabin pressure and tight seat belts can put pressure on your bladder, especially if it's full.





FLUSHING OUT THE FACTS ABOUT PUBLIC RESTROOMS

Public restrooms in malls, airports, hotels, restaurants and stores serve a very useful purpose. They may not always be completely clean, but they are not as bad as you might think. Here are some interesting facts.

More than 17 million Americans have “*shy bladder*,” also known as paruresis, the fear of using restrooms when others are near.

If you have to pick a stall, go for the first one. They are often the cleanest.

For those who think hovering over the seat is best, you may want to think again. Hovering can put stress on your pelvic muscles and make it harder to fully empty your bladder. It's better to use a toilet liner and sit when you have to use the bathroom. But remember to stand up before flushing the toilet. The mist from the flushing toilet can spray germs.

When in a public bathroom, be sure to hang your purses and bags on the door hooks. This keeps them off the floors, which is usually the dirtiest spot in the restroom.

Finally, always wash your hands with soap and hot water for at least 30 seconds (sing the happy birthday song in your head twice to ensure you are washing long enough). Studies have shown paper towels are more sanitary than hand dryers.

There are many phone apps that have public restrooms already mapped out for you. This makes it easier for people with bladder and bowel problems to find a bathroom. You can download these apps online or using your phone.

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LOSS OF BLADDER CONTROL

It's Not Just a "Female Problem"

 **43**
MORE THAN
MILLION
MEN AROUND THE
WORLD HAVE LOSS OF
BLADDER CONTROL.
THIS IS ALSO KNOWN AS INCONTINENCE.

MORE THAN

25 MILLION

PEOPLE IN THE UNITED STATES SUFFER FROM
LOSS OF BLADDER CONTROL.

OF THOSE, ABOUT **75%** ARE WOMEN
AND **25%** ARE MEN.



WOMEN WAIT ABOUT

6.5 YEARS

AND MEN

4.2 YEARS

AFTER STARTING TO HAVE
BLADDER CONTROL PROBLEMS
**BEFORE SEEING A HEALTH
CARE PROVIDER.**

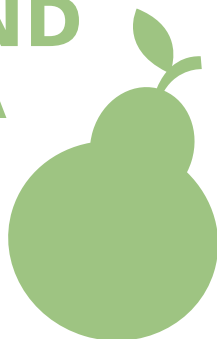
MORE THAN

10%

OF MEN
OVER AGE 65 HAVE BLADDER
CONTROL PROBLEMS.



WHEN IT IS NOT FULL,
THE BLADDER IS ABOUT
**THE SIZE AND
SHAPE OF A
PEAR.**



A HEALTHY ADULT BLADDER
CAN HOLD NEARLY
TWO CUPS OF URINE.

THREE **COMMON TYPES** OF MALE INCONTINENCE:

STRESS URINARY INCONTINENCE (SUI)

Urine leaks out when you cough, laugh, sneeze or lift something heavy.

OVERACTIVE BLADDER

Sudden and strong need to go to the bathroom. Sometimes you may lose a few drops of urine before making it to the bathroom.

OVERFLOW INCONTINENCE

Frequent dribbling of urine due to a bladder that doesn't empty all the way.

Ways to help with loss of bladder control:

- Drink at least **six-to-seven** 8-ounce glasses of water a day
- Pass up things that bother the bladder, such as **caffeine, liquor and spicy foods**
- Lose **weight**
- Do movements to help **relax** your bladder muscle

Remember, loss of bladder control in men is very common and nothing to be ashamed about. Work with your health care provider to find the right course of action for you.

For more information about incontinence, visit the Urology Care Foundation's website: **UrologyHealth.org**.

New Research Council Chair is Ready to Advance Urologic Research



Aria F. Olumi, MD

Aria F. Olumi, MD, is the new Research Council Chair for the American Urological Association and Urology Care Foundation. He approaches urologic research with energy and enthusiasm.

Finding scientific breakthroughs that will help patients is Dr. Olumi's goal. "The exciting part about what I do is the long-term gratification that you get. It takes being able to have patience, a willingness to be challenged and the ability to push the boundaries. But once you see success and know the difference it will make in patients, it becomes even more rewarding," he says.

Dr. Olumi is a urologist at Massachusetts General Hospital. He is the director of Urology Research and the co-director of the Genitourinary Oncology Clinical Program. This means Dr. Olumi specializes in the treatment of cancer and related research.

In his new position as Research Council Chair, Dr. Olumi is eager to take urologic research to new levels of success. "I want to build the future from the bottom up to improve research training," he says. "This will help urology researchers better reach their goals for securing the money needed to fund the work and to find the causes and new treatments for many diseases."

'The exciting part about what I do is the long-term gratification that you get.'

The First Urology Care Foundation Scholar: Dr. Larry Lipshultz Helped Lead 40 Years of Amazing Progress in Patient Care



Larry Lipshultz, MD

When Dr. Larry Lipshultz became the first Urology Care Foundation Research Scholar in 1975, he set out to explore what was causing male infertility.

"I was trying to find out clinically how to treat male patients," he said. "At the time, more and more (obstetricians and gynecologists) were starting to treat female infertility, but there wasn't much going on for male infertility."

Fast forward to today—what started as male infertility research has spread to include a whole new approach to men's health. Progress achieved by early pioneers, like Dr. Lipshultz, has led to new discoveries in testosterone replacement therapy, erectile dysfunction and even the overall well-being of men's health. All of this success has opened many doors for male-specific medicine.

"In the last 10 years, we've come to realize that men with infertility may already have, or be at risk for, other health problems," Dr. Lipshultz said. "These may include high blood pressure, heart disease or even certain types of cancer." Because of his research, Dr. Lipshultz would like to see all patients who are not producing enough sperm "treated as a patient in ill health first, and not just as a patient who is infertile."

"We've published a lot of data on this topic. And even though we have all this information, the medical community doesn't yet fully understand that there is often a connection between male infertility and a man's overall health. We still have a lot of education we need to get out there," he said.

The scholarship award has grown over the last 40 years. It continues to thrive today.

"What started as male infertility research has expanded into a larger area of men's health. I don't think that would have ever been possible if it wasn't for the Urology Care Foundation Research Scholarship," he said.

"...what started as male infertility research has spread to include a whole new approach to men's health."

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