

UROLOGIC HEALTH PROGRAM

Men's Health Clinic at The American Center



UWHealth



School of Medicine
and Public Health
UNIVERSITY OF WISCONSIN-MADISON

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WHAT IS BPH?

Benign prostatic hyperplasia (BPH) is a non-cancerous enlargement of the prostate gland that affects more than 26 million men each year in the United States. BPH is a common condition as men get older and can cause bothersome urinary symptoms.

CAUSES OF BPH

With age and time, the prostate naturally enlarges, which can cause pressure on the urethra and interfere with the normal flow of urine. By age 60, half of all men have an enlarged prostate. By age 80, about 80 percent of all men have an enlarged prostate.

The prostate forms part of the male reproductive system and helps produce semen. It is located at the base of the male bladder. The prostate surrounds the urethra, the canal which carries urine from the bladder out of the body, and produces fluid that transports sperm during ejaculation.

The prostate grows to a normal size in teenage years, and then begins to grow again around the age of 50. The exact cause of BPH is unknown.

SYMPTOMS OF BPH

- Dribbling after urinating
- Inability to urinate (urinary retention)
- Frequent urination
- Incomplete emptying of the bladder
- Incontinence
- Nocturia (waking up frequently at night to urinate)
- Pain with urination or bloody urine (these may also indicate urinary tract infection)
- Slowed or delayed start of the urinary stream
- Straining to urinate
- Strong and sudden urge to urinate
- Weak urine stream

It can be embarrassing to discuss these symptoms; however, if left unchecked, an enlarged prostate can progress to bladder dysfunction or kidney failure. If you experience any of the above symptoms, you should consult with your physician.

DIAGNOSIS OF BPH

Men may not experience any symptoms and still have an enlarged prostate. It is also possible that the common urinary tract symptoms are related to a problem with the bladder and not just the prostate.

The **UW Health Men's Health Clinic** offers comprehensive and compassionate expertise for a wide array of men's urologic needs. Our physicians, advanced practice providers and staff help men with urinary incontinence (often caused by benign prostatic hyperplasia), erectile dysfunction and hypogonadism (low testosterone).

The clinic is located at UW Health at The American Center.

Your urologist will conduct a physical examination and other tests to help determine the underlying cause of your symptoms.

An enlarged prostate does not necessarily indicate prostate cancer, however, your urologist may run routine screening tests (PSA) as part of the initial evaluation.

TREATMENTS FOR BPH

For men with an enlarged prostate, there are medical and surgical treatments available.

Depending on your individual condition, your urologist may recommend beginning with oral medication to try and manage the symptoms of the enlarged prostate.

For men who experience side effects from the oral medication or in cases when the pills are not effective, surgical management of the prostate may be indicated.

SURGICAL TREATMENT FOR BPH

There are a number of different surgical treatments for an enlarged prostate.

Transurethral Resection of the Prostate (TURP)

Transurethral Resection of the Prostate (TURP) is a surgical treatment for men with urinary symptoms due to an enlarged prostate. This is considered the gold standard for treatment of BPH and improves voiding function.

During the surgery, a portion of the prostate tissue is removed through the urinary tract without an incision. A short hospital stay is generally required.

Laser Surgery for BPH

Laser surgery is an alternative to the traditional TURP. It is a minimally invasive procedure that has less bleeding, fewer side effects and a quicker recovery time for most men.

During laser surgery, laser energy is used to remove the obstructing prostate tissue and open a channel for urine flow from the bladder through the urethra. Typically, this surgery is performed on an outpatient basis, or with a short overnight stay.





WHAT IS ED?

Erectile dysfunction (ED) can encompass several different conditions of reproductive health and sexual dysfunction. It is a very common condition, but is also a very emotional and sensitive topic to discuss.

ED is defined as the inability to maintain an erection sufficient for sexual intercourse. An occasional inability to maintain an erection happens to many men and can be normal. However, continual sexual problems may be due to ED and should be evaluated by your physician. Achieving an erection is a complex process involving the brain, hormones, nerves, muscles and blood circulation. If something interferes with this process, the result may be erectile dysfunction. In some cases, ED is the first sign of other serious underlying health conditions, such as cardiovascular problems, that need treatment because ED can share the same risk factors for heart attacks and strokes.

HOW COMMON IS ED?

About 5 percent of men that are 40 years old have complete erectile dysfunction, and that number increases to about 15 percent of men at age 70. Mild and moderate erectile dysfunction affects approximately 10 percent of men per decade of life (i.e., 50 percent of men in their 50s, 60 percent of men in their 60s, etc.). Erectile dysfunction can occur at any age, but is more common in men who are older. Older men are more likely to have health conditions that require medication, which can interfere with erectile function. Additionally, as men age, they may need more stimulation to get an erection and more time between erections.

COMPONENTS OF MALE SEXUAL FUNCTION

There are three essential components of male sexual function: interest and desire for sexual activity (libido), the ability to obtain and maintain an erection, and ejaculation and climax (orgasm). During an initial visit, the urologist will help to differentiate which components of male sexual function are affected. This is an important step because treatment options differ depending on the affected components.

CAUSES OF ED

There are many possible causes of erectile dysfunction, both physical and psychological, including:

Physical/Organic

- Injury to the penis
- Prostate cancer treatment
- Spinal cord injury
- Neurological diseases
- Heart disease
- Peyronie's disease
- Kidney disease
- Atherosclerosis
- Diabetes
- Obesity
- Low testosterone
- High cholesterol and lipid levels
- Hypertension (high blood pressure)
- Hormonal disorders
- Certain medications
- Lower urinary tract symptoms due to benign prostatic hyperplasia

Psychological/Environmental

- Poor communication with partner
- Alcoholism
- Stress
- Anxiety
- Depression
- Fatigue
- Sedentary lifestyle
- Smoking
- Drug abuse

PREVENTING ERECTILE DYSFUNCTION

There are several steps men can take to reduce their risk for erectile dysfunction, including:

- Quit smoking
- Exercise regularly
- Maintain a healthy weight and healthy diet
- Limit or avoid the use of alcohol
- Reduce stress
- Get help for anxiety or depression
- Discontinue drugs with harmful side effects
- Have regular check-ups with a primary care physician to monitor blood pressure, blood sugar and cholesterol levels

TREATING ERECTILE DYSFUNCTION

UW Health urologists with advanced training offer medical and surgical treatment options for men and their partners affected by ED.

There are several different ways that erectile dysfunction can be treated. For some men, making a few healthy lifestyle changes may solve the problem. Your urologist will help determine the most effective course of treatment for your condition.

Treatment options for ED include:

- Medications (including oral and injectable)
- Vacuum erection devices
- Hormone replacement therapy
- Penile prosthesis/implant surgery

Medications

The advent of oral medications, such as those we commonly hear about like Viagra, Levitra and Cialis, made it much easier to treat erectile dysfunction. However, for some men, oral medications are not as effective as they need to be. Some men may experience adverse side effects due to oral medications. For these men, there are medications that can be delivered directly into the penis, either in an injectable form or a dissolvable pellet.

Hormone Replacement Therapy

If symptomatic men are found to have low testosterone, testosterone replacement therapy is a safe and effective way to return testosterone levels to the normal range. Depending on the underlying cause of the low testosterone levels, your urologist will recommend a specific course of treatment.

Testosterone treatments include topical gels, transdermal patch (skin patch), injections, buccal testosterone (applied on the gum and cheek to get into bloodstream) and long-acting injectable pellets.

Any of the above testosterone treatments can lower a man's sperm count. For men wishing to maintain their reproductive potential, there are other medications to help the body improve testosterone levels while maintaining sperm production.

Penile Implants

The penile implant, or penile prosthesis, is the most effective treatment for ED that does not respond to other treatments. It is an outpatient procedure that allows men to go home the same day or have a short overnight hospital stay. Most men return to regular activities in about two weeks and are able to have intercourse in six to eight weeks. The results of the surgery will vary depending on the patient. Most men and their partners are very satisfied with the return of sexual function.



HYPOGONADISM (LOW TESTOSTERONE)

In men, the testicles are responsible for producing sperm and the hormone testosterone. Testosterone can affect many different aspects of a man's overall health, including energy level, mood, libido (sex drive), strength, sexual function and bone density.

Low testosterone, also called hypogonadism, is a condition that generally occurs with time. As men age, their testosterone levels slowly decline. In some men, that decline is faster than in others. Certain medical conditions, including diabetes and chronic pain, can affect testosterone levels, as can certain medications.

SYMPTOMS OF HYPOGONADISM

Symptoms of low testosterone can be non-specific and can be associated with other medical conditions.

These symptoms include:

- Low energy/fatigue
- Difficulty with concentration
- Depression
- Decreased work performance
- Sexual dysfunction
- Decreased strength
- Loss of lean body mass
- Decreased sex drive
- Infertility

Long-standing low testosterone levels can decrease bone mineral density and increase the risk of osteoporosis in some men.

TYPES OF HYPOGONADISM

The two types of hypogonadism are primary and secondary. Some men have a combination of both.

Primary hypogonadism originates from a problem in the testicles.

Common causes of primary hypogonadism include:

- Normal aging
- Injury to the testicles
- Cancer treatment
- Infection
- Undescended testicles
- Mumps orchitis (mumps infection involving the testicles)
- Hemochromatosis (too much iron in the blood)
- Klinefelter syndrome (abnormality of the sex chromosomes X and Y)

In secondary hypogonadism, the testicles are normal but function improperly due to a problem in the hypothalamus or the pituitary gland, parts of the brain that signal the testicles to produce testosterone. If chemical messages from the pituitary gland to the testicles aren't sent, impaired testicular function occurs.

Common causes of secondary hypogonadism include:

- Abnormality in the pituitary gland
- Kallmann syndrome (abnormal development of the hypothalamus, the area of the brain that controls the secretion of pituitary hormones)
- Inflammatory disease
- Use of certain medications, including narcotics for chronic pain
- Obesity

Either type of hypogonadism may be caused by an inherited (congenital) trait or something that happens later in life (acquired), such as the normal aging process, an injury or an infection.

TESTING FOR HYPOGONADISM

If you are experiencing any of the symptoms of low testosterone, your physician may recommend checking your testosterone levels. If tests confirm low testosterone, additional studies can pinpoint the cause.

These studies may include further hormone testing, pituitary imaging and genetic studies. If fertility is a concern, other studies may include semen analysis.

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UW Hospitals and Clinics consistently ranks in the Top Hospitals in Urology based on the annual *US News and World Report* surveys.

Our Department of Urology offers center-oriented specialty treatments and consultations in urologic cancers, stone disease, pediatric urology, voiding dysfunction and male sexual health.



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