

**Prostate cancer**

Make sure to schedule your annual appointment

**Incontinence**

Tips for the 20 million Americans who suffer

**Erectile dysfunction**

Emerging treatments and how they could help you

**MEDIA  
PLANET**

# UROLOGICAL HEALTH



**3**  
FACTS

## THE SILENT DISEASE

NFL Hall of Famer Mike Haynes  
on surviving prostate cancer

### CRANBERRY: THE HEALTHY POWER BERRY

- ◆ Urinary tract infections (UTIs) are responsible for nearly 10 million doctor visits each year
- ◆ One in five women will have at least one UTI in her lifetime
- ◆ About 80 to 90% of UTIs are caused by a single type of bacteria
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## CHALLENGES

At some point in their lives, virtually everyone will be touched by urologic disease. Whether you're a parent whose infant contracts a urinary tract infection, whether your brother undergoes prostate cancer testing, or whether your mother quietly tolerates incontinence, there is a good chance that **someone in your life has been affected by a urological problem.**

FACT

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210,000  
MEN WILL  
BE DIAGNOSED  
WITH PROSTATE  
CANCER IN 2010

## Common and treatable conditions

**T**he truth is, urologic conditions, though they can be humiliating and disruptive to your life, are quite common and, in many cases, treatable.

The topics addressed in this supplement are experienced by millions of Americans each year. And while these conditions are more common as people age, they can affect everyone, so it is important to know the facts. I am honored to offer this foreword and I encourage you to use the information provided in this supplement to engage your family and your doctor in a dialogue about your urologic care. Consider these statistics:

■ **Urinary incontinence** (the accidental leakage of urine) affects as many as 20 million men and women across the country. Unfortunately, many of these people suffer in silence unnecessarily, as incontinence can be treated to improve the quality of one's life. Read on for information about risk factors and new treatment options for

this manageable condition.

■ **Erectile dysfunction (ED)** is one of the most common sexual problems for men; it is estimated that between 15 and 30 million American men suffer from ED. Luckily, many treatment options currently exist, and the information in this supplement should help you talk to your urologist about this frustrating issue, and some of the options that may help solve it.

■ **Roughly 30 percent of boys** and girls can experience urologic conditions at any point in their childhood, including "enuresis" or bedwetting, a frustrating occurrence for both children and their families. But with patience, most children can be treated effectively.

September is Prostate Cancer Awareness Month, and this year, the AUA Foundation and the National Football League (NFL) have teamed up again to make sure men know their stats about prostate cancer and stay in the game for life. Prostate cancer is the leading cause of cancer death, and the most common non-skin cancer in

"Remember, urologic conditions can affect everyone—male, female, young and old. Don't be ashamed to talk to your family and your doctor about these universal problems."



**Datta Wagle, MD**  
President of the American  
Urological Association (AUA)

men in the United States. In 2010, more than 210,000 men will be diagnosed with the disease. But did you know that like incontinence, erectile dysfunction and enuresis, even prostate cancer is treatable when caught and managed early? Now in its second year, the Know Your Stats campaign is spreading this message and expanding its outreach to patients through partnerships with hospitals around the country to educate men and their loved ones about the importance of prostate health. More than 140 million people have already been reached by the campaign.

Remember, urologic conditions can affect everyone—male, female, young and old. Don't be ashamed to talk to your family and your doctor about these universal problems. This discussion may be the first step in treating your condition and improving the quality of your life.

For more information about urologic conditions, visit [www.UrologyHealth.org](http://www.UrologyHealth.org). For more information about the Know Your Stats campaign, visit [www.KnowYourStats.org](http://www.KnowYourStats.org).



## WE RECOMMEND



**Mike Haynes**  
never expected to be a prostate cancer patient.

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"Before my diagnosis, prostate cancer was the farthest thing from my mind."

## Treating with testosterone

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The male hormone testosterone has emerged as a treatment option for erectile dysfunction.

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Millions of women will suffer from some form of urinary incontinence during their lifetimes. Many of them have turned to **The Accidental Sisterhood**, a down-to-earth resource for pelvic floor health that offers prevention and treatment solutions in the form of a book, website and national health tour. From conservative therapies, such as Kegel exercises, to pharmaceutical and surgical options, the education found within the Sisterhood Community has empowered women to take action in ways that have changed their lives. **Read on to find out how...**

## JEANETTE...

### Finds A Supportive Solution

Jeanette was the girl at the slumber party who would laugh so hard, she'd pee her pants. She was the annoying friend who'd insist on stopping at every rest area. Yet she didn't realize she had a serious problem until the first time she returned to the gym after having a baby, and found that even the simplest exercises caused her to leak. It only worsened from there... she soon found herself wearing a pad and dark clothes for protection from certain embarrassment.

Frustrated and embarrassed, Jeanette decided to take action by searching for an answer. She was amazed to find that 1 in 3 women suffer from incontinence, and even more surprised to learn about the solutions that are available. Jeanette scheduled to meet with a urologist, Dr. Ray Bologna. After a review of her experience and family history, he explained that her condition was likely due to a variety of conditions: heredity, lifestyle, and her pregnancy. She left the office with a prescription for pelvic floor therapy and a pessary (a rubber ring inserted vaginally to

support the urethra). These solutions did keep her dry for a time but, after her second baby, Jeanette faced the same leaky issues.

The urologist recommended a mesh sling to lift the urethra and support the pelvic floor. The surgery took less than thirty minutes; recovery lasted only a few days.

Years later, Jeanette has still has not leaked and her road trips are not filled with multiple stops. "I'm proof that leaking and frequent stops to the bathroom are inconveniences that no woman should have to live with," she said of her experience.

## MICHELLE...

### Used A Gel To Enjoy Life Again

Like thousands of women, Michelle's bladder issues started with an annoying urge to immediately empty her bladder. "It's that moment when you hit the garage door button, then you realize you need to make it out of the car, unlock the door and make a fast dash to the bathroom... or else. It was maddening." For Michelle, it started last summer and, after a few incidents, she didn't think much of it. But then it started impacting her daily life. "I felt like I was living in the bathroom," she said, and realized that something had to change.

Michelle spoke with her OBGYN, who suggested she read *The Accidental Sisterhood* book and start bladder training, incorporating pelvic floor exercises into her daily routine and eliminating all bladder irritants from her diet. After a few

weeks, she noticed very little change and the restroom trips continued.

"My doctor suggested I try some OAB medications, but I didn't like the way they interacted with my body chemistry." After a couple of months at her next appointment, the doctor prescribed a relatively new OAB solution. It was a topical gel. "He said I was to rub this on my arm daily. I wanted to laugh. How was a gel on my arm going to help my bladder?," Michelle asked. With nothing to lose, she gave it a try. The treatment gave her immediate results with little to no side effects. "I couldn't believe that I was no longer tied to the bathroom," Michelle said. "One little gel changed my life!"

Michelle continues to watch bladder irritants. "Instead of drinking four iced teas a day, I started drinking more water," said Michelle. She also started daily pelvic floor therapy to strengthen the muscles.

For more on Jeanette's story, including details about her surgical experience, visit [AccidentalSisterhood.com/SlingSolution](http://AccidentalSisterhood.com/SlingSolution).

To learn more about Michelle and her success, visit [AccidentalSisterhood.com/GelSolution](http://AccidentalSisterhood.com/GelSolution).

## INSPIRATION

For my kids, September is all about transitioning back in to school. For me, it used to be all about kicking off the NFL season. Now, for all of us, September is about **Prostate Cancer Awareness Month.**

## Aiming to survive

**I never expected to be a prostate cancer patient. And when my doctor first said the words “prostate cancer,” I wasn’t always sure I was going to be a survivor.**

Before my diagnosis prostate cancer was the farthest thing from my mind. As a former NFL player, I was in good shape. But then two years ago, I got tested at a NFL Player Care Foundation screening for retired players that was conducted by the American Urological Association (AUA) Foundation during Hall of Fame weekend. Not only did I think that I could never have prostate cancer, it also took a whole lot of ribbing from my fellow Hall of Famers and AUA Foundation staff to get me to take that test. When the urologist asked me about my baseline PSA score, I had to confess I had no idea. I didn’t know that even though it was considered low, my PSA had nearly doubled in two years. That increase or spike in my score led my doctor to recommending further testing. Thanks to that test, my disease was caught



**Mike Haynes**  
Former NFL player and Hall of Famer

“... I’m living proof of the benefits of early detection.”

early when it was most treatable. I was told I had time to make the right treatment decision for me. I had time to get educated. And I’m living proof of the benefits of early detection.

### One in six men

But I know that not all men are as lucky. I knew nothing about prostate cancer before I was diagnosed. It took two months after my diagnosis for me to have the courage to ask my doctor what the

prostate even does. I was playing defense with no knowledge of my opponent and no playbook to reference, and I was shocked to learn that one in six men will be diagnosed with prostate cancer in their lifetime. For African American men like myself, the stakes are even higher. African American men are not only two times more likely to get prostate cancer—we are also more than twice as likely to die.

That has to change. That’s why I’ve asked fellow Hall of Famers like Deacon Jones, Willie Lanier, Marcus Allen, Dan Marino, Tony Dorsett, Ronnie Lott, and many more, to help me encourage men across the country to talk to their doctors about prostate cancer and stay in the game for life. Knowing the stats about your prostate health helps you stay informed and empowers you to make decisions should the need arise. We now know the importance of making this part of our normal discussion when we’re together. We simply cannot afford to not talk about what is going on down there. Will you join us?

FACT

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SEPTEMBER  
IS PROSTATE  
CANCER A  
WARENESS  
MONTH

## \* DON'T MISS!

### New horizons: treatment

Prostate cancer is “a silent disease, mostly without symptoms until its late stages,” says Mohit Khera, director of the Laboratory for Sexual Medicine at the Baylor College of Medicine in Houston. With PSA testing or biopsy results, prostate cancer can be caught early.

“We are getting better with more sophisticated prostate imaging and computer-guided biopsying, so we’ll have a better idea of where disease is located,” says Herbert Lepor, M.D., chairman of urology at the NYU Langone Medical Center in New York.

Treatment choices are also expanding. Among the possibilities: active surveillance (annual biopsies and checking PSA levels), medications, radiation, surgery, hormones, vaccines, and photodynamic therapy.

High intensity focused ultrasound (Hi-Fu), is currently in clinical trials for destroying prostate cancer cells. This treatment preserves surrounding tissue and the muscles involved with maintaining continence and erectile function.

Minimally invasive photodynamic therapy is being tested, for those with localized prostate cancer. This “offers the potential to destroy the cancer without making any incision or causing ... sexual, urinary or reproductive side-effects,” says Samir S. Taneja, M.D., director of the Division of Urologic Oncology at NYU Langone, and principal investigator for the national clinical.

LINDA DYETT

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### Ending prostate cancer

Dash for Dad and its partnering Great Prostate Cancer Challenge races are becoming the preeminent men’s health series aimed at ending prostate cancer.

More than 7,000 runners are competing in 14 cities across the U.S. this year.

Funds generated are used by ZERO—The Project to End Prostate Cancer to provide local research grants and free prostate cancer testing for men in the local area where each race is held.

At the Washington, DC and Baltimore races on Sept. 26, for example,


free prostate cancer testing will be offered at no charge during the event.

Each race represents a heartfelt tight-knit community event that brings together professional and recreational athletes, cancer survivors, physicians, caregivers, and generations of families from great-grandparents to babies in strollers.

Nationwide, a man dies from the disease every 18 minutes. But there is hope: education about prostate cancer risk and access to testing can save countless lives.

LINWOOD NORMAN

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NEWS

# Incontinence: More widespread than you think

**You've seen those commercials with the frequent bladder urges, and you've been hearing the phrase "over-active bladder."**

So it seems that the once-taboo topic, urinary incontinence, is finally out of the closet. Over 25 million Americans suffer from some degree of incontinence—75-80 percent of them women. Yet for all the attention this subject is receiving, "many continue assuming it's part of the normal aging process—so they don't bother discussing it with their doctor," says the Albuquerque, New Mexico, urogynecologist Rebecca Rogers, M.D. In fact, incontinence, or loss of bladder control, is an eminently treatable medical condition—or rather several conditions.

It comes in varieties. Stress incontinence (associated with coughing, sneezing, and laughing), is caused by a weak sphincter muscle in the bladder. Urge incontinence (a.k.a overactive bladder), by contrast, is a sudden, uncontrolled need to urinate. This is due to bladder irritation, bowel problems, or neurological damage.

### Causes/risk factors

In women, anything that places stress on the pelvic floor—pregnancy, childbirth, menopausal hormone loss—can cause incontinence. In men, it tends to result from blockage from an enlarged prostate or from prostate surgery, says Dr. Rogers, professor of Obstetric Gynecology at the University of New Mexico Health Sciences Center. Other triggers include obesity, smoking, caffeine, spicy or acidic food, carbonat-

ed beverages, diuretics and cardiac and blood pressure medications, dehydration, and overhydration.

### Decrease your risk

To minimize or avert incontinence, maintain a healthy weight, exercise frequently, eat plenty of fiber, avoid smoking, and practice behavioral training. For example, when you feel the urge to urinate, wait 10 minutes before heading to the bathroom. Gradually increase the delay to several hours.

### Treatments

Many treatment options are now available, "which can be tailored to suit the goals and expectations (of ) each patient," says Dr. Rogers.

### For stress incontinence:

■ Urethral inserts—to prevent leakage in women.

■ Radiofrequency therapy—to tighten and strengthen the urethral muscles.

■ Hormone therapy—topical estrogen, to help restore tissues in the urethra and vagina; testosterone supplements, to help strengthen the urethral muscles in women.

### For urge incontinence:

■ Oral medications—to tighten or strengthen the urethral and pelvic floor muscles, or to relax overactive bladder muscles.

■ Botox—injected into the bladder muscles to deaden contraction-producing nerves. It offers success in the 70 percent range, says Dr. Kobashi.

■ Electrostimulation, biofeedback, and pelvic-muscle exercises.

### Management Tools

■ For chronic bladder dysfunction,

catheters come in a variety of shapes and sizes, some with smooth anti-bacterial coatings, which helps avoid urinary tract infections. What's more, Medicare is now covering the cost of disposable single-use catheters.

■ A mainstay for the bedridden, but useful for active people too, incontinence garments come in a wide array of sizes, shapes, and absorbency. Attends makes numerous pads, briefs, and extended-wear briefs. Unique Wellness makes a brief said to be comparable to NASA's Maximum Absorbent Garment.

■ For maintaining urinary health, recent scientific research shows cranberry products protect in urological health along with cancer and heart disease.

LINDA DYETT

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## PROFESSIONAL INSIGHT

## Understanding erectile dysfunction

FACT

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E.D. IS A SIGN  
OF CORONARY  
DISEASE

**The inability to obtain or maintain an erection used to be considered primarily a psychological problem. No longer.**

Erectile dysfunction today is understood to be a medical condition—one that, left untreated, is a harbinger of coronary disease.

“It’s not just about quality of life; it’s a barometer of masculine health,” says John P. Mulhall, M.D., a urologist who is director of the Male Sexual and Reproductive Medicine Program at Memorial Sloan Kettering Cancer Center in New York.

Both ED and coronary disease have a major vascular component. Narrower to begin with, the penile arteries are the first to go with

plaque build-up. If nothing is done to reverse that narrowing, the coronary arteries eventually follow suit. “Fifteen percent of men will have a cardiovascular event seven years after the day they develop ED,” says Mohit Khera, M.D., a urologist who is director of the Laboratory for Sexual Medicine at the Baylor College of Medicine in Houston.

### Risk factors

Who is likeliest to experience ED? Men over 50, those who are overweight, inactive, have high cholesterol, high blood pressure, or diabetes, and those who have had physical trauma, a history of depression, or are taking antihypertensives or certain antidepressants. Stress-related life problems figure in too, as does ED dread, which “generates



**John P. Mulhall, M.D.**  
Director of the Male Sexual and Reproductive Medicine Program at Memorial Sloan Kettering Cancer Center

anti-erection adrenaline at any age,” says Dr. Mulhall.

### The mechanics of ED

Erections involve a complex interaction between the brain (which conveys that psychic energy known as libido) and the penis, causing the penis muscles to relax, thereby permitting blood flow and producing an erection. “Anything that decreases blood flow into the penis makes it difficult to obtain an erection. Or

if the blood leaves the penis too fast, the erection can’t be maintained,” says Dr. Khera.

### Treatments

- Viagra, Levitra, and Cialis, to increase blood flow.
- Injection therapy—drugs containing muscle-tissue relaxants, painlessly self-injected at the base of the penis shortly before sex.
- Testosterone supplementation. (See Treating With Testosterone, page 7)
- MUSE. The Medicated Urethral System for Erection, a urethral prostaglandin suppository allowing for blood flow.
- Penile implants—for cases involving severe valve-leakage. According to Dr. Mulhall, an unde-

tectable implant gives the highest satisfaction rate—almost 94 percent.

■ Psychotherapy and sex therapy—for patients and their partners, as well, suggests Dr. Khera.

### Reversing and preventing ED

The same measures taken to maintain a healthy heart and reverse coronary disease apply to ED: A healthy diet, exercise, taking statins, and stopping smoking. Diet and exercise alone have been shown to significantly improve ED after two years, says Dr. Khera.

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**“All Rx’s Are Not The Same”**

NEWS

# Treating with testosterone

**The male hormone testosterone has emerged as a treatment option for erectile dysfunction, and “is currently reaching peak usage in its history as a hormone supplement,” says Dr. Mulhall.**

He cites testosterone as beneficial for the achievement and intensity of orgasm. “Recent studies have demonstrated that men with low testosterone are less responsive to Viagra-like drugs,” adds Dr. Khera. “If given testosterone, their Viagra becomes much more effective. In addition, testosterone has been shown to help preserve penile tissue health.”

But testosterone has far-reaching health implications, as well,

both for men and for women—who also produce testosterone, though in lesser amounts. Testosterone protects the heart; decreases body fat, cellulite, and insulin resistance; and increases lean muscle mass, stamina, mental clarity, and bone density, says Rebecca Glaser, M.D., a testosterone researcher and assistant clinical professor of surgery at Wright State University in Dayton, OH.

**How can a hormone provide so many health benefits?**

Dr. Glaser notes testosterone’s anti-inflammatory and strengthening powers. Dr. Mulhall refers to its importance for stabilizing the endothelium—which protects the circulatory system and

blood cells throughout the body. With the body’s testosterone production decreasing starting in the twenties, supplements of this hormone are proving to have wide-ranging restorative powers, particularly in older patients.

Testosterone is available in gel, patch, injectable, and pellet-insert form. Slightly larger than a grain of rice, pellets are implanted beneath the skin of the hip in a quick outpatient procedure once every three to six months. In use since the 1930s, testosterone implants mimic natural hormone output, allowing for sustained release.

LINDA DYETT

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# Prostate cancer support group advocates

**Us TOO, the International Prostate Cancer Education and Support Network, is a powerful grassroots organization for those affected by prostate cancer. Two of its active members share their insights here.**

Fred Gersh, of Alexandria, VA, a Vietnam Air Force officer, brings a straight-talking approach when representing Us TOO at the Cancer Leadership Council, One Voice Against Cancer, and the Veterans Health Council. Diagnosed in 1989 at 52, Gersh has had surgery and radiation and is cur-

rently on chemotherapy and hormone therapy. That’s not stopping him from planning a major ski trip this winter. His advice:

- You’ll be overwhelmed at the doctor’s office, so bring your spouse or friend, a list of questions, and a tape recorder.

- Watch your diet and exercise frequently. To win this battle, you need to get in shape.

- Start a hobby.

Armed with a masters degree in nursing, Shirley Grey of Buffalo Grove, IL, serves on Us TOO’s Circles of Love Advisory Panel (for companions and families), and co-founded for the Greater Chicago Prostate Cancer Run/

Walk event. For her efforts, she was honored with the Edward C. Kaps Hope Award in 2008 for outstanding Us TOO leadership and dedicated support. That same year, Grey’s husband Herb died of prostate cancer. Positive and determined, Shirley’s remained a committed advocate, noting:

- Each treatment option has its own side effects. Learn them. They affect both patient and family.

- Have a strong support system.

- Men tend to be loyal to their doctor, but the facts trump loyalty. So find multiple opinions.

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INDUSTRY SPOTLIGHT

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MICHAEL FAGAN  
President and CEO

# Frequent BATHROOM TRIPS?

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- **Incredible results.** It’s hard to believe a non-drug item is producing such quick relief. I suffered for 20 years with frequency and embarrassments. I now sleep through the night. *Linda Kleber, 62, Millford, NJ*
- **First surgery didn’t work.** After drinking tea for 12 days, Glory to God, I had relief. Cancelled dreaded second surgery. I’m eternally grateful. *Gail F. Moore, 68, Round Pond, ME*
- **I had this embarrassing overactive bladder problem** for 30 years. Had countless tests and endless prescribed pills. My numerous urinary infections are gone. I’m glad I didn’t have surgery. *Ellen Bower, Kanata, ON*
- **After trying every medication** in the last 5 years, tea gave complete relief in 6 days. Thank you for this great product, and above all, for truth in advertising. *Marina Rosa, 57, Las Vegas, NV*

## Bell Prostate Ezee Flow Tea #4a



■ **Relief in 3-5 days** from dribbling, burning and rushing to the toilet. If you are considering surgery, try this tea first. Must work of money refunded. 99% success rate. Helps virtually everybody quickly. The only prostate remedy that works so well that it comes with a **money-back guarantee**. Literally hundreds of delighted men testifying on our web site: ■ **Doctor said** to keep on drinking the tea. Prescribed prostate drugs did not help. *Leonard Pearcey, Wassiss, NB* ■ **I cancelled my prostate surgery.** Get up once a night. I’m so happy not to have to face the torment of a prostate operation and incontinence or impotency. *Albert E. Blain, 74, Schumacher, ON* ■ **Even after TURP prostate surgery** and microwave therapy had to get up many times. Now down to 1-2 times. Tea is 100% better than drugs. *Robert G. Stocker, Eustasis, FL* ■ **After 1st year drinking tea** my PSA went down to 4.5; after 2nd year to 2.9; after 3rd year to 2.3. I highly recommend the tea. A real life saver. *Thomas M. Thurston, Forsyth, GA*



## SNORING? SLEEP APNEA?

**Most older men and many women snore and have sleep apnea (gasping for air) :**

To my surprise, after taking **Bell Sleep & Apnea Relief #23** I really didn’t snore or gasp for air anymore. I sleep through the night and feel rested and refreshed in the morning. *Mark Wilson, 40, Hudson, NH*

- **Sleep apnea capsules worked first night!** For last 15 years I had sleep apnea and my doctor made me buy a C-Pap machine, which I could not use. Finally Bell #23 helped the first night and every night thereafter. Like a miracle. Unbelievable. *Karen Braun, 67, Glace Bay, NS*
- **For 20 years I was waking up frequently gasping for air.** During the day I would start napping every time I would sit down, because I was tired. Since taking Bell #23 sleeping 6 hours is heaven. It made a substantial change in my life. *Mary C. Myrick, 62, Jackson, MS*

#23

- **For 27 years I suffered with sleep apnea** and would wake up with a hangover even though I don’t drink. After I started to use the CPAP sleep machine 3 years ago my life improved a great deal but not 100%. Only after I used your Bell Snoring & Sleep Apnea Eze #23 for 2 days sleep got even better. I woke up today refreshed for the first time. *Samuel Moses, Markham, ON*



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