

A publication of the Urology Care Foundation

UrologyHealth^{extra}

Spring 2013



Urotrauma:

A Devastating but
Little-Known Injury of War

Circumcision:

What Parents Should Know

STRESS URINARY
INCONTINENCE
(SUI) TOOL KIT

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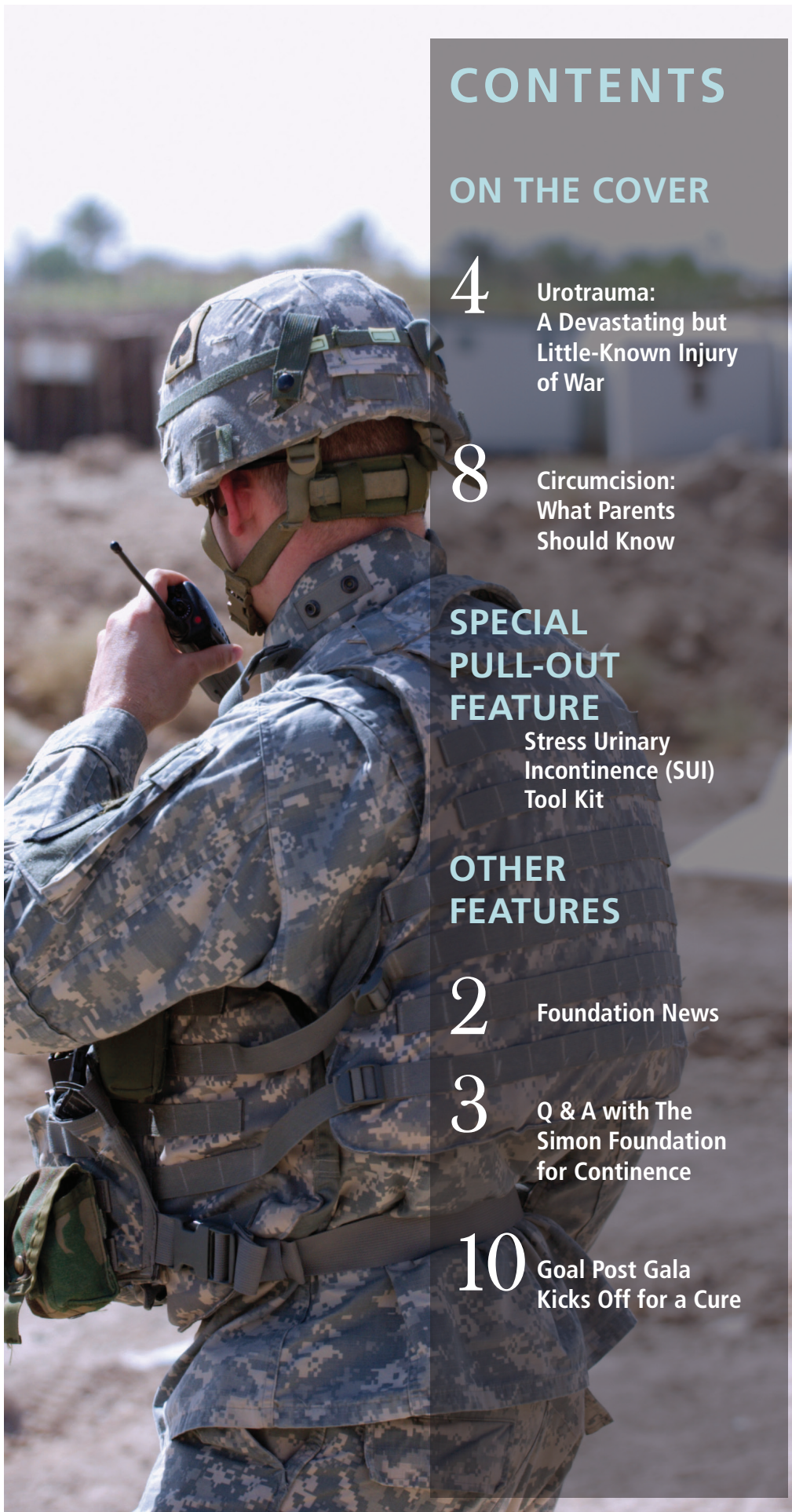
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**Goal Post Gala
Kicks Off for a Cure**





AUA member urologists Dr. Wayne Hellstrom and Dr. Raju Thomas with Know Your Stats® spokesman Mike Haynes at the Super Bowl prostate cancer screening.

TACKLING PROSTATE CANCER AT SUPER BOWL XLVII

The Baltimore Ravens and the San Francisco 49ers weren't the only teams at Super Bowl XLVII in New Orleans this past February. The Urology Care Foundation *Know Your Stats About Prostate Cancer*® team was also there, leading the charge to tackle prostate cancer! In interviews from the Super Bowl media center, *Know Your Stats*® spokesman and Pro Football Hall of Fame member Mike Haynes, along with fellow football legends LaVar Arrington, Marcus Allen, and Harry Carson, reached 27 million TV viewers and sports radio listeners with prostate cancer health information.

The *Know Your Stats*® team asked other players, prostate cancer survivors and fans to sign a pledge to fight prostate cancer. The pledge encourages signers to raise awareness, know their risk factors for prostate cancer, talk to a health care professional about testing and support prostate cancer research. The *Know Your Stats*® pledge is still going strong today. Sign the pledge and join the team at KnowYourStats.org.

In addition to raising awareness, the Urology Care Foundation was excited to participate in the NFL Player Care Foundation 2013 Healthy Body and Mind medical screening program. This health program was offered in the Super Bowl media center to

former NFL players attending Super Bowl XLVII. Retired players received a series of critically important tests including coronary CT scan, electrocardiogram, echocardiogram and prostate cancer testing. With the assistance from partners the Living Heart Foundation, the Urology Care Foundation and the Satcher Health Leadership Institute at Morehouse School of Medicine and local support from the Tulane Institute of Sports Medicine and the Tulane Urology Department, the Player Care Foundation conducted state-of-the-art cardiovascular and prostate screenings and offered mental health resources to retired NFL players.

The success of this event would not have been possible without assistance from the Tulane Urology Department. A special thank you must be given to lead physicians Drs. Raju Thomas and Wayne Hellstrom and urology residents Drs. Kush Patel, Arthur Caire and Megan Powers for all of their hard work. In addition, much appreciation goes to Mrs. Demesia Roberts who helped coordinate all of the staffing and screening logistics. The Foundation looks forward to working with these individuals when we return to the Louisiana area.



Q & A with The Simon Foundation for Continence

The Simon Foundation for Continence is currently celebrating its 30th anniversary. They have kicked off their year-long celebration with the release of the book *Managing Life with Incontinence*. Founded in 1983, the Simon Foundation for Continence has made it their mission to bring the topic of incontinence (loss of bladder or bowel control) out into the open.



The Simon Foundation's President and Founder, Cheryl B. Gartley, was the first person with incontinence to speak publicly about loss of bladder control. She has promoted continence with keynote speeches and interviews on prime-time television. The Urology Care Foundation was delighted to speak with her about her efforts and the Simon Foundation's upcoming projects.

Question: How did you make the transition from patient to the founder of an international advocacy group?

Answer: Before I answer, I need to set the stage for what life was like prior to the way we address continence issues today. I refer to that time as the “Dark Ages.” Back then, you would never see television ads about absorbent products or even medications. You would never see articles in popular magazines about the topic or even be able to find common continence products in your local grocery store. In fact, the term ‘Overactive Bladder’ did not even exist. Amongst that atmosphere, I was in graduate school getting my MBA when I suddenly started having severe urinary tract infections (UTIs) leading to a loss of bladder control.

My life became controlled by my condition—I started shopping at night to avoid long lines, stopped participating in the activities I enjoyed, and I even started avoiding my friends. One day, a friend asked me if he had done something wrong, because he noticed I was avoiding him. That was when I had what I call the “aha” moment. Then I found myself telling him the truth. Being supportive, my friend used humor to make me feel better. He suggested connecting a portable toilet to my horse so we could resume horseback riding. Then, putting all jokes aside, he gave me a valuable piece of information—NASA was about to send the first female astronaut into space. We wondered what continence support NASA might be planning for her. I called NASA and spoke with Dr. Doris Ralph, a technology transfer

specialist, who was not at all surprised by my call. During our conversation, I asked her, “Why doesn’t someone do something about this issue?” To which she asked, “Why don’t you?” And that began my career.

Q: Simon is celebrating its 30th anniversary. What are you doing to celebrate this milestone?

A: The launch of this year’s festivities featured the release of our new book, *Managing Life with Incontinence*. This book is unique in that it features sections from both patients and health care professionals. There are chapters written by various experts on how incontinence affects body image, product and practical management. There is even a whole chapter on life coaching and how guiding life-coaching principles can apply to someone with incontinence. Between each chapter is a personal testimony from different people around the world sharing stories about how incontinence has impacted their lives. We hope the readers walk away inspired by these stories and empowered by the experts’ advice.

We are also about to host our biannual conference: Innovating for Continence: The Engineering Challenge. What makes this conference different is that people who have had or are currently experiencing continence problems address the audience about how their needs are being met and the gaps that remain. We also invite speakers and attendees not traditionally thought to be experts in the continence world who have technological expertise that could potentially influence the future development of new tools or support for someone

living with incontinence. For example, we invited a speaker to lecture on the topic of odor. Research has found that as you age, your ability to smell is lessened. Often, people are terrified that there is a smell associated with their bodies due to incontinence. I have met and interviewed people living in very nice eldercare facilities who do not socialize or participate in activities because they are afraid they smell. Speakers addressing this issue can help us understand the gaps in care. This shows us where industry, biotechnology companies and/or manufacturers can produce tools that can alleviate the problem. Our goal in bringing these experts together is to foster collaboration to develop better products and services that can help people living with incontinence.

Q: What information do you want individuals living with incontinence to have before they see their health care professionals about their condition?

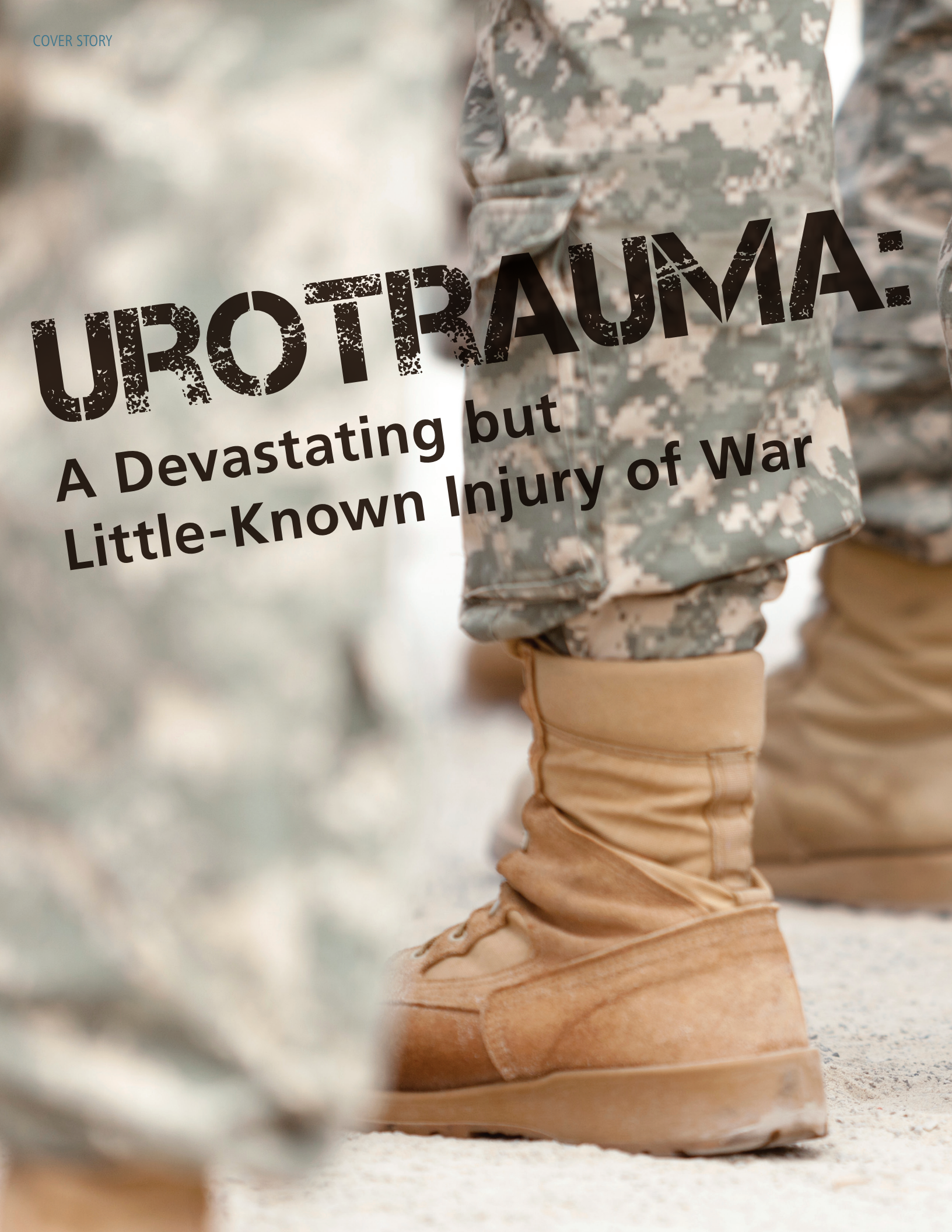
A: To prepare for your appointment, bring a list of issues you would like your health care professional to address. Be aware that some problems may take longer than one visit to resolve. However, it is important to make sure that you and your health care professional are on the same page and will continue to work together on whatever ailments are bothering you. It is important to know that while you may not have control of the condition itself, you can control how you work to solve the problem.


Q: What is the final message you want to leave with the readers?

A: The last message I have for your readers is to help the Simon Foundation accomplish its mission of removing the stigma of incontinence. Most people have heard parents, friends and family members tell a child who is in the process of bladder and bowel training that they are a good or bad girl based on whether they had or did not have an accident. We would like every reader to help change that dialogue. It isn’t about whether you are good or bad. It is about knowing that you are putting forth the effort to get your bladder or bowels to understand what you want them to do regardless of the outcome. ♦

UROTRAUMA:

A Devastating but
Little-Known Injury of War





While on foot patrol in Afghanistan one day in early September 2009, 29-year-old Navy SEAL Lt. Dan Crossen stepped on an improvised explosive device (commonly known as an IED), which exploded. Fortunately, Dan survived the blast, but he suffered horrific injuries.

IEDs are homemade bombs, made in a variety of ways and often easily hidden, usually on roads and walkways. They have caused more U.S. military casualties in Afghanistan and Iraq since 2001 than traditional weapons. Especially in Afghanistan, where many roads are not passable by motor vehicles, soldiers are constantly in danger of stepping on an IED. Due to the nature of IED blasts, the resulting injuries are often more complex than bullet wounds. Frequently, soldiers lose both their legs—and often the extent of the injuries does not stop there.

As many as 12 percent of combat-related injuries from casualties in Afghanistan and Iraq have resulted in a type of injury collectively called “urotrauma.” As American Urological Association (AUA) member urologist and Operation Iraqi Freedom veteran Dr. Mark Edney explained, “urotrauma includes any damage to the urinary tract or reproductive organs (including the kidneys, ureters, urinary bladder, urethra, and male and female genitalia) from a penetrating, blunt, blast, thermal, chemical or biological cause.” The extent of urotrauma may be very severe. It can affect one’s sexual function, fertility and ability to urinate. According to Dr. Edney, “while urotrauma may not be as readily apparent as amputations or as widely discussed as neuropsychological wounds of war, including post-traumatic stress disorder (PTSD) or traumatic brain injury, it is no less physically and psychologically debilitating.”

When Dan stepped on that IED, “everything was a blur.” His fellow soldiers acted quickly and got him to safety, but significant damage had already been done. Dan needed to have both legs amputated above the knee. Beyond that, he had a fractured pelvis and injuries to the bladder, urethra, scrotum, testicles and rectum.

Continued on next page ➔



Dan Crossen hopes to represent the USA at the 2014 Paralympics Winter Games in Sochi, Russia.

Dan was stabilized at a military hospital in Germany. He was then sent to Walter Reed National Military Medical Center in Bethesda, Maryland. There he spent several months undergoing more than 30 surgeries. “I was very happy with the quality of care I received. My medical team really could not have been better,” Dan reported. “But,” he says, “the doctors couldn’t fix everything at once because my injuries were very complicated. There were also some things that were just beyond repair.”

“Part of my testicle is gone, and my urethra was severed. The tissue died. There was no chance of repairing the pathways completely.”

According to Dan, “the worst part is the colostomy bag and the catheters. And having to wake up at night to go to the bathroom more often. The surgeons rebuilt my bladder, but it’s smaller now, so it doesn’t hold as much. I also have a problem where sometimes I spasm and urine leaks out of my wound site. But I’ve learned to deal with it.”

“Recovery is all about having a positive attitude,” Dan explained. “I always think to myself, ‘It could be worse.’ It turns out I can still have kids if I want to. Not the traditional way, but the tests say I’m still producing sperm. I still have a healthy testosterone level.”

“While urotrauma may not be as readily apparent as amputations or as widely discussed as neuropsychological wounds of war...it is no less physically and psychologically debilitating.”

Unlike Dan, many wounded warriors end up infertile as a result of urotraumatic injuries. This can have a dramatic psychological effect on men and women alike.

“I couldn’t think of anything more devastating than not being able to have kids,” said former Marine and 27-year-old New Yorker James Byler. “For me, it was much worse than coping with the loss of my legs.” James joined the Marines after he graduated college, and was deployed to Afghanistan in September 2010.

“I stepped on an IED just a month later, on the morning of October 17,” James remembered. “It was almost like being in

a dream, because I sort of knew what was going on, but not completely. I was in so much shock that I didn’t feel any pain at that time. But I could see right away that both my legs were gone above the knee. There was blood everywhere, and honestly, I’m a man, so the first thing I remember thinking was ‘what about my penis?’”

James’ fellow Marines jumped into action immediately after the blast. The alleyway where he was wounded was too narrow for a nearby Afghan pickup truck to fit through, much less a medevac helicopter. So James was put in a wheelbarrow and pushed to the pickup truck. “My friends were good at thinking quickly on their feet,” James said. He was then transferred to the back of the truck to be taken to his base. “They had to hold me down in the back of the truck because the roads were so bad and bumpy, and we were driving for about 20 minutes,” James remembered. “They started treating me right there in the back of the truck, with bandages and tourniquets. They acted very quickly and did well. It’s amazing what people can do in that kind of situation,” he said. “I was awake the whole time, but at first I couldn’t talk, I was too shocked.” When James’ shock lessened enough for him to speak, “the first thing I did was ask my buddy to pull down my pants and look to see if that part of me was ok. He thought I was crazy, but I had to know.”

James was airlifted to Germany for further medical attention. “At one point, I woke up there and found out that my testicles were swollen. The left one had lost some mass and the right one needed stitches,” he remembered. By the end of that week, James was brought to Walter Reed. “I couldn’t tell you how many surgeries I had, but it was a lot,” James recounted. “The doctors were operating on me for two or three months,” he says. “I remember I kept asking if my reproductive system was going to work. They told me that I had blood flow to the area, but they were concentrating on my vital organs first,” James says. “I thought to myself: ‘what do you mean? I’m a man, that’s the most vital organ.’”

James was also doing physical therapy; and by January 2011, he started using prosthetic legs. “That was a full-time job. Each day for eight months I concentrated on my exercises for four or five hours,” James remembered. “I made small improvements every day.” Still, James remained concerned about his fertility and visited a urologist in February 2011. His tests came back negative for sperm. “The doctor told me it was possible that my body had just shut down sperm production while recovering from my trauma. There was no way to know at that point if it would come back,” he remembered. “That was a very difficult time for me. I was really depressed, and it was hard for me to feel positive about anything.”

The following August, James was finally able to live on his own, and moved into an apartment. “Getting that sense of independence back was really important to me,” he remembered. “It helped me start to move on, and I knew I was ready to leave the military,” James said. He started an internship with the National Security Administration, working as an analyst. “I can’t share all the details,” James explained, “but I was actually tracking IED cells—pieces used to make the same type of weapon that injured me.”

Soon after James began his internship, he returned to the urologist for another fertility test. This time, he tested positive for sperm. “It wasn’t enough to conceive naturally,” James explained, “but I learned I can bank my sperm and have kids through in-vitro fertilization.” That day was a turning point for James’ outlook and his recovery. “It meant a lot to me. I’m not ready for fatherhood yet, but I had always seen myself becoming a dad someday. I realized then that my injury wasn’t going to stop me from having the life I wanted,” he said.

“I couldn’t think of anything more devastating than not being able to have kids...for me, it was much worse than coping with the loss of my legs.”

To help prevent others from experiencing everything he went through, James suggests that all soldiers being deployed to a combat zone be given the opportunity to bank their sperm or harvest their eggs. “It was the last thing on my mind when I left for Afghanistan. I had never even heard of urotrauma before. I want to do what I can to raise awareness, anything I can do to help.”

As for urotrauma prevention in the field, “soldiers are issued a groin-protective garment that attaches to their tactical vest, but the triangle-shaped shield’s design and positioning is felt by many to be awkward,” Dr. Edney explained. “It is suspended by snaps, is large and cumbersome and not easy to

wear. Most soldiers don’t wear it because it prevents them from moving freely.” Dan and James agree. According to Dan, “wearing that garment makes it hard for us to do our job, because we can’t move that easily. It depends on your mission, but most soldiers aren’t going to wear it.” Dr. Edney is working with the AUA Legislative Affairs Committee. They want Congress to pass legislation that would raise awareness of urotrauma, provide data to inform trauma research and improve urotrauma prevention and treatments. In March, Rep. Brett Guthrie (R-KY-2) introduced the bills H.R. 984.

“This issue needs attention. Addressing urotrauma is vital for our soldiers’ and veterans’ well-being and their future,” Dr. Edney stated.

Dan and James are both living examples of how urotrauma can be overcome. Since he received the results from his second fertility test, James has started to pick up the pieces. He is now enrolled in graduate school at New York University’s Stern School of Business and looks forward to a promising internship this summer. As for Dan, he was awarded a Purple Heart and Bronze Star with V (for valor) from the Secretary of the Navy for his bravery on the day he was injured. Today he is still in the military, serving active duty at Fort Carson in Colorado. This location allows him to train for the U.S. Paralympic Biathlon/Cross-Country team. He now plans to compete in the 2014 Paralympics in Sochi, Russia.

“At the tail end of my time at Walter Reed, I started going to training camps to strengthen my arms and upper body. Suddenly I had joined other wounded soldiers and veterans participating on the Paralympic team,” Dan explained. “I learned to walk again, and I just wanted to keep moving forward.” ♦

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

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CIRCUMCISION:

What Parents Should Know

In recent years, newborn circumcision, or the removal of the skin that covers the tip of a baby's penis, has been a hot topic of debate. Varying opinions and advice may leave many new parents with more questions than answers.



For some people, the decision on whether to circumcise their sons may be a question of religious or cultural norms. For example, circumcision is customary according to Jewish and Muslim traditions. In other cases, parents may simply want their son to look like his father or other male relatives.

“But the trend in the United States is clearly changing,” explained Dr. Anthony Atala, American Urological Association (AUA) member and Director of the Wake Forest Institute for Regenerative Medicine. “The rate of circumcision is falling. In the 1970s and 1980s, over 80 percent of boys born in the United States were circumcised. Today the rate is estimated to be 55 to 60 percent.”

In San Francisco, a referendum to ban circumcision was even proposed for the 2011 election ballot. However, state judges later had that referendum removed. Circumcision rates in the United States vary by region. Western states have the lowest rates, and the north central region has the highest.

Only about one in three males are circumcised worldwide. Around the world, the highest rates for circumcision are in the Middle East, South Korea and the United States. In Latin America, Europe and most of Asia, circumcision is rare. It is on the rise in Africa, where studies have shown that circumcision lowers the risk of transmitting HIV by 50 to 60 percent. According to Dr. Atala, “this is because the foreskin is different from skin on other parts of your body. It’s not like the skin on your arm, for example. The foreskin has a type of cell called Langerhans cells, which are more likely to attach to HIV cells.” Based on these findings, in 2007 the World Health Organization endorsed circumcision as a way to help prevent the spread of HIV. However, this reasoning has less traction in parts of the world where HIV is not as rampant. In fact, in 2010 the Royal Dutch Medical Association in the Netherlands called for a ban on circumcision for young males, stating that the procedure is “medically unnecessary and violates children’s rights.”

In the United States, the AUA and the American Academy of Pediatrics (AAP) each have policy statements on circumcision that recommend the procedure be presented as an option to parents. The AUA “believes that neonatal circumcision has potential medical benefits and advantages as well as disadvantages and risks.” The AAP states that “health benefits [from circumcision] are not great enough to recommend routine circumcision for all male newborns ... [but are enough] to justify access for families choosing it.” Parents should discuss the medical risks and benefits with their health care provider. With that information, parents should then consider what will work for their family’s own religious, ethical and cultural beliefs and practices.

So what should parents know about the medical risks and benefits of circumcision? “Well, of course, circumcision can cause pain and stress for the patient,” said Dr. Atala. To re-

duce pain for newborn circumcision, an anesthetic may be used. Dr. Atala further explained that, “with newborns, there is some evidence that the high level of endorphins [substances made by the body that reduce pain] babies experience for seven to 10 days after birth may help [minimize discomfort].” Also, as with any surgical procedure, there is a risk of complications. “When circumcision is not performed properly, there may be injuries to the urethra or the penis overall. In rare cases, death has even occurred,” reported Dr. Atala. However, circumcisions done by qualified physicians rarely have complications. And the problems that occur are usually not serious. The most common side effect is bleeding or infection. To help avoid problems, parents choosing circumcision for their son should make sure that whoever is doing it is skilled and experienced. Parents should also feel free to ask any questions they may have.

Parents who choose circumcision should be sure to care for the penis and teach their son good hygiene as he grows older. “After circumcision, caring for the penis is simple but important,” explained Dr. Atala. “Wash the area gently with warm water. Pat dry, and apply a new bandage with antibiotic ointment each time you change the diaper,” he advised. The healing process should take about a week. “It is normal for there to be a little swelling, redness and maybe blood at first,” Dr. Atala explained. However, if these problems continue for several days or get worse, if the baby develops a fever or is not able to urinate normally within 12 hours of circumcision, it is important to seek medical attention. “Almost all circumcision-related problems are easily treated,” assured Dr. Atala.

On the plus side, boys who have been circumcised are 10 times less likely to have a urinary tract infection in the first three to six months of life. As they grow older, circumcised males are also less likely to develop penile cancer. However, this type of cancer is rare in the United States. Also, “practicing proper hygiene and ensuring that the area under the foreskin is cleaned properly can help prevent these issues in uncircumcised males,” according to Dr. Atala.

Parents who opt out of circumcision should wash their baby’s penis with soap and water with each bath. Parents should also be sure to teach their son good hygiene and care for his penis as he grows older. “Treat the foreskin gently and make sure not to pull it back forcibly,” advised Dr. Atala. “Once it starts to retract, usually around age five, it is important to clean beneath the foreskin with soap and water regularly. See a doctor if there is any swelling, discomfort or if the foreskin is itchy,” he explained.

Ultimately, circumcision is a family decision, and different choices work for different families. “When parents ask me whether to have their son circumcised, I tell them whatever they feel is best for their son is the right decision,” said Dr. Atala. “In the end, if he is kept safe, clean and well cared for, then the parents are doing the right thing.” ♦

“For some people, the decision on whether to circumcise their sons may be a question of religious or cultural norms. In other cases, parents may simply want their son to look like his father or other male relatives.”

IT'S TIME
TO TALK
ABOUT SUI

Frequently Asked Questions About Stress Urinary Incontinence

What is Stress Urinary Incontinence?

Stress Urinary Incontinence (SUI) is a common medical condition that involves the involuntary loss of urine that occurs when pressure on the bladder is increased during physical movement of the body.

How do I know if I have SUI?

When you leak urine involuntarily, whether loss of only drops to tablespoons or more, this is SUI. If it is mild incontinence, you will have light leakage during rigorous activity such as playing sports or exercising, or when you sneeze, laugh, cough, or lift something. If it is moderate or more severe incontinence, you will leak urine even with low impact movement such as standing up, walking, or bending over.

How is SUI different from Urge Incontinence, or Overactive Bladder (OAB)?

SUI is different from Overactive Bladder (OAB, also known as Urge Incontinence), which is the strong, sudden urge to urinate at unexpected times, such as during sleep, while SUI is leakage. (This fact sheet does not pertain to OAB.)

How common is SUI?

Estimates of the number of women experiencing SUI vary widely because there is no one definition of the condition. However, urinary leakage is a common medical condition occurring in about one out of every three women at some time in their lives. Among these women, about six in ten have both SUI and OAB. Of this group, about one in three have SUI. Approximately one-third of women age 30 to age 60, and one-third of women under the age of 30, experience urinary incontinence.

How did I get SUI?

SUI is more common among older women, but is not caused simply by aging. It occurs in younger, active, healthy women as well. Caucasian or Hispanic race, being obese, smoking, and chronic cough (which places frequent strain on the pelvic floor muscles that can, in turn, cause bladder leakage) are risk factors for development of SUI. Pregnancy and childbirth increase the chances of SUI because they may stretch, weaken, or damage the pelvic floor muscles, resulting in bladder leakage. Nerve injuries to the lower back and pelvic surgery are also potential causes of SUI because they weaken the pelvic floor muscles.

Why does it matter if I have SUI?

SUI can interfere with your life and day-to-day decisions about your social activities. You may be embarrassed by your body and feel you can't talk about urinary leakage to your friends and loved ones. SUI can affect the relationship with your partner, especially because you may be embarrassed about having sex. This can lead to feeling isolated and even hopeless.

To know if SUI is a problem for you, ask yourself: Is SUI limiting my daily activities? Have I stopped playing sports? Have I stopped other recreational activities or changed my lifestyle in any way because I'm afraid of urine leakage? Have I become uncomfortable with myself and my body? Am I avoiding sex because I am worried that I may leak urine and be embarrassed? If any of your answers are yes, you need to know that there is hope and there are options to help you better manage and treat SUI.

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STRESS URINARY INCONTINENCE (SUI) TOOL KIT



**IT'S TIME
TO TALK
ABOUT SUI**

Is it a problem that I use pads?

Treatments for SUI are not perfect. If a woman's SUI cannot be resolved with conservative approaches such as pelvic floor muscle training and daily practice, lifestyle changes, urinary control devices, or surgery, it is recognized that she may need to rely on sanitary or incontinence pads from time to time. Pads may also be an appropriate strategy for women who are not bothered by their urinary leakage or who do not consider it to be a major problem in their life.

What should I do if I think I have SUI?

- ▶ You can make an appointment with your primary health care provider, who may do a basic evaluation or refer you to a specialist.
- ▶ You can talk with friends, or learn more about SUI online – go to **UrologyHealth.org/SUI** for more information.
- ▶ You can keep a bladder diary (like a food diary) to record your urine leakage episodes. This tool can be helpful to your health care providers. Please check out the Bladder Diary on **UrologyHealth.org/SUI**

Where can I find professional help?

Not all health care providers address SUI, so it sometimes goes undiagnosed and untreated. If your health care provider is experienced with SUI they may be able to perform basic tests and suggest lifestyle changes to help reduce urinary leakage or refer you to an incontinence specialist who will perform more specialized tests in order to confirm the diagnosis.

I feel uncomfortable talking about my urine leakage even with my doctor. What should I do?

See the Urology Care Foundation publication, "Talking to Your Doctor About SUI," for helpful tips.

Should I think about surgery to cure my SUI?

Surgery is an option when behavioral or nonsurgical treatments fail or if you don't want them. Before going ahead, you should have a clear diagnosis of SUI from an incontinence specialist during a physical examination. Additionally, you should only consider surgery if the SUI significantly bothers you or affects your daily activities. Surgery is also not easily reversible, and depending on the type of surgery, is not always a long-lasting solution.

Are there any risks with surgery?

All surgery carries some level of risk. SUI surgery is not easily reversible, and depending on the type of surgery, is not always a long-lasting solution. It is important to have a full exchange of information and discussion with your provider before making the final decision to go ahead.

It's not convenient for me to have surgery right now. Can I wait?

SUI surgeries are voluntary procedures that you can have at any time, without risk that waiting will cause you harm. Unlike some other medical conditions, there is no evidence that delaying surgery for SUI makes the outcome worse.

**IT'S TIME
TO TALK
ABOUT SUI**

I don't want surgery. What else can I do?

- You can keep your weight in a healthy range, stay in good overall health, and do not smoke. Weight loss is especially important for obese women and can reduce or eliminate SUI.
- Pelvic Floor Muscle Exercises. Your provider can help you locate the pelvic floor muscles and teach you exercises to strengthen them each day in order to help prevent stress urine loss.
- Urinary control devices are good for women who are not physically fit or interested in other treatments. They are a way of reducing pressure inside the pelvis or supporting the bladder, neck and urethra, which can then reduce stress urine leakage. Your provider can explain these and help you decide which if any are appropriate for you.

Are there any drugs I can take for SUI?

There are currently no approved drugs in the United States to treat SUI.

Common myths about SUI:

- ▶ "It's a normal part of being a woman."
- ▶ "My mother had SUI, so I have it – it's hereditary."
- ▶ "SUI is a normal, inevitable part of aging – it only happens to older, not younger women."
- ▶ "Urine leakage happens because of a dropped bladder."
- ▶ "I could have prevented it with pelvic exercises."
- ▶ "SUI can't be treated."
- ▶ "Surgery is the only way to treat SUI."
- ▶ "If you get treatment early, you'll prevent it from getting worse."
- ▶ "SUI surgery is not permanent and will only last a few years."

1 in 3 women will experience SUI in their lifetime. Talk to your doctor and get the help you need.

For more copies of this and other materials about SUI, incontinence and other urologic conditions, visit UrologyHealth.org/Order or call 1-800-828-7866.

For more information, contact:

Urology Care Foundation™
1000 Corporate Blvd.
Linthicum, MD 21090
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STRESS URINARY INCONTINENCE (SUI) TOOL KIT

IT'S TIME
TO TALK
ABOUT SUI

Talking to Your Doctor About SUI

Doing the Research

Before you visit with your health care provider, you may want to research Stress Urinary Incontinence (SUI). We've provided a number of online resources on **UrologyHealth.org** to assist you in finding helpful information.

Understanding SUI is the first step toward discussing it with your doctor.

Starting the Conversation

In the course of a normal exam, SUI is not likely to come up. So it's important to initiate the conversation. That way, your health care provider can diagnose the condition and help you understand your treatment and management options.

Typically, women wait until the end of their office visit to broach the subject. Bringing up SUI at the *beginning* of your visit will ensure that there's enough time for an adequate conversation – and help you get any anxiety over with quickly.

Here are a few things you could say:

- ▶ *"I'm having a bladder control problem. Are you the right person to talk to?"*
- ▶ *"I've noticed that when I cough, sneeze or exercise (or whatever the activity may be), a little urine comes out. Can you help me?"*
- ▶ *"I'm uncomfortable talking about this, but I've noticed some urine loss during physical activity. What do you suggest?"*

If your health care provider is experienced in SUI, he/she can perform basic tests and suggest lifestyle changes that may help reduce urine loss.

If your health care provider isn't the right person to speak with, just ask for a referral to a urinary incontinence specialist, who can perform specialized tests and confirm your diagnosis.

Remember, millions of women experience SUI. If you're one of them, it's time to get the help you need.

1 in 3 women will experience SUI in their lifetime. Talk to your doctor and get the help you need.

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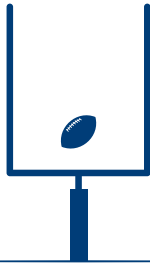
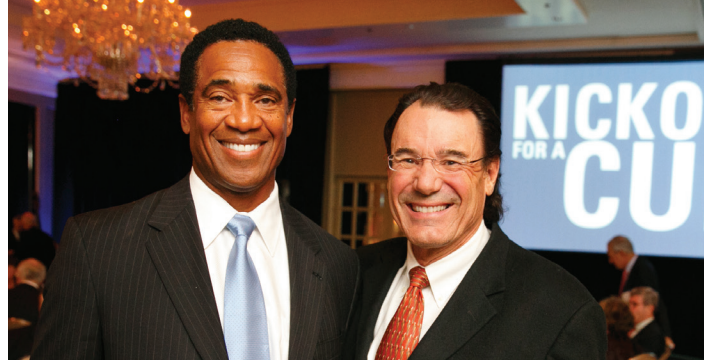
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Right: Sports legend Mike Haynes, NFL Hall of Fame member and prostate cancer survivor, along with Tim Fox, former All-American and NFL safety for the Patriots, Chargers and Rams, help to raise support for prostate cancer at the Goal Post Gala.



Goal Post Gala

KICKS OFF FOR A CURE

The Urology Care Foundation recently hosted Kick Off for a Cure at the Goal Post Gala, an evening celebration of Foundation friends and supporters coming together to raise awareness and funding for prostate cancer research and urologic health. The event featured a cocktail reception and silent auction at the Four Seasons Hotel in Boston. Mr. Robert Kraft, owner of the New England Patriots and founder, chairman and CEO of the Kraft Group, served as the honorary chairman for the event. Notable attendees included: Mr. Mike Haynes, Pro Football Hall of Fame member, *Know Your Stats About Prostate Cancer*[®] spokesman and prostate cancer survivor; Master of Ceremonies Steve Burton, sports anchor and reporter for WBZ-TV News in Boston; and former American Urological Association (AUA) Board member Dr. Richard Babayan of Boston University Medical Center, as well as several NFL alumni from the New England Patriots.

A delightful evening was had by all, and thanks to the generosity of many, the event was a resounding success, raising over \$260,000 for prostate cancer research. Proceeds from the event enabled the Foundation to endow the Robert J. Krane, MD, Urology Research Scholar Fund. This legacy of hope and urologic health established in memory of an extraordinary man will continue to inspire urologic discovery and support the work of valuable research efforts in prostate cancer, erectile dysfunction and neurourology for many years to come.

We are pleased to announce the new 2013 Robert J. Krane Urology Research Scholar Award recipient, Mark Preston, MD, from Massachusetts General Hospital. Dr. Preston was selected among dozens of applicants through a highly competitive peer review process administered by the AUA Office of Research. Dr. Preston's research project will investigate the etiology and epidemiology of Finasteride's relationship with prostate cancer.



Above: Diane Krane, Event Chair, enjoying the Gala with her children Jessica Krane, Jonathan Krane and Jennifer Krane in memory of their father Robert J. Krane, MD.

The Foundation would like to express its deepest appreciation to the generous sponsors and supporters of the Kick Off for a Cure at the Goal Post Gala:

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This past year, dozens of corporate, foundation and association donors helped to make a significant difference in the lives of millions of Americans diagnosed with urologic diseases through their support of the Urology Care Foundation's research and education programs. We are grateful for their continued generosity and commitment to urology.



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Your commitment and generosity to the Urology Care Foundation's Research and Education programs is helping to make a difference. We are truly grateful for your continued support in 2012, and invite you to go to UrologyHealth.org to see a full list of Foundation donors of \$100 or more from the past year.



Urology Care Foundation Hosts Overactive Bladder Patient Advocacy Roundtable

Recently the Urology Care Foundation hosted an Overactive Bladder (OAB) Patient Advocacy Roundtable as an initiative of the *It's Time to Talk About OAB* campaign, welcoming 12 groups that provide patient education and advocacy for people with OAB. The participants contributed ideas and insights to identify and prioritize needs in the areas of public policy, education and other services provided to patients with OAB. Based on information gathered from the Roundtable, the Foundation plans to produce a fact sheet for health care professionals: "Talking to Your Patients About OAB," as well as a Needs Assessment for OAB Advocacy.

It's Time to Talk About OAB offers free educational resources to help both patients and health care providers to start talking about OAB symptoms and treatment options. Visit ItsTimetoTalkAboutOAB.org for more information.

We would like to thank the following groups for their participation in the Roundtable:



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The Urology Care Foundation is committed to advancing urologic research and education. We collaborate with researchers, health care professionals, patients and caregivers to improve patients' lives. The Urology Care Foundation is the official foundation of the American Urological Association (AUA) and was formerly known as the AUA Foundation.



Learn more about the Foundation! Visit UrologyHealth.org to:

- Access patient information on over 140 urologic conditions
- Find free screenings and events in your community
- Discover the latest news and research in urologic health
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