

All the latest Urologic News from Urology Specialists of Waterbury

When is PSA OK?

New Prostate Guidelines—Anthony Kim, MD

Prostate cancer is the number one cancer affecting men over the age of 50 years old. The American Cancer Society currently recommends prostate cancer screening for all men over the age of 50. Screening includes a yearly prostate exam and blood test for PSA (Prostate Specific Antigen). PSA is a blood test which urologists use to stratify patients as high or low risk for prostate cancer. The normal range

for PSA has historically been a level less than 4.0 ng/ml. Anything over the normal range is an indication for prostate biopsy to determine if a patient has prostate cancer. Recent data published by the New England Journal of Medicine which has also been quoted in the New York Times, Wall Street Journal, and National Public Radio, has determined that 15% of men with "normal"

PSA levels have prostate cancer. Some of these patients with "normal" PSA have an aggressive type of prostate cancer. Recently, there has been a push to decrease the normal threshold for PSA.

The National Comprehensive Cancer Network has revised its guidelines towards

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How Our Patients Can Benefit from Research - Robert Feldman, MD

Urology Specialists has been deeply involved in clinical research for well over 10 years. We have participated in the development of new drugs and devices for most types of urologic problems. All of the studies are FDA approved and are performed under the most rigorous conditions to assure safety. One of the first drugs we helped develop was Viagra and our work helped make it

available to the public. At any particular time we have 12–15 studies for which we are recruiting patients. These studies allow patients to receive the newest medications long before they are available at the pharmacy. These include potentially life saving Prostate Cancer Vaccines and lifestyle enhancement drugs, such as those used for erectile dysfunction in men and urinary incontinence

in women.

Clinical research is done in a very compassionate, caring and convenient way. While in the studies, all medication and medically related services are paid for by the pharmaceutical companies. If you have any questions or would like to find out which studies are right for you, contact Nancy Scacco at 754–3588.

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IMPORTANT DATES:

Prostate Cancer Screening

Wednesday Sept. 29
Heritage Village
Call for free appointment
and PSA

Prostate Cancer Support Group

Featuring Dr. Kim
Oct. 19 at 5:45 PM
in our office

TUNA Therapy Discussion with Dr. Siegel

Oct. 26 at 5:45 PM
in our office

*September is
Prostate Cancer
Awareness Month*

Can TUNA put your Prostate on a Diet? – Stephen Siegel, MD

Fifteen million men over the age of 50 have Benign Prostatic Hyperplasia (BPH). This is a disease in which the prostate gland grows and blocks the release of urine from the bladder. Symptoms include a slow urinary stream, frequency, urgency, difficulty starting the stream, and getting up at night to urinate. Even though this is a benign disease, it can cause serious long term effects. If untreated, BPH can lead to chronic need for a drainage catheter and, even, kidney failure.

The treatment options include medication, surgery in the hospital and minimally invasive therapy in the office. The traditional surgery is called the Transurethral Resection of the Prostate (TURP). This

procedure requires general or spinal anesthesia and 1-2 nights in the hospital. Risks include need for blood transfusion, urinary leakage and erectile dysfunction.

The current medications cause a relaxation of the prostate to allow for some symptom relief.

*Most men describe their
urination as being
“like I was 20!”*

These medications will need to be taken for the rest of a man’s life and cost about \$1000 per year.

Transurethral Needle Ablation (TUNA) is a minimally invasive procedure that is done in the office. It causes the prostate to shrink in a more permanent way without the need for long term medication. It can be done with simple local

anesthesia and takes only 20-30 minutes to perform.

TUNA is done by passing a telescope into the urethra and into the middle of the prostate. Two small probes are then extended into the prostate tissue. Using radio frequency, the probes heat up to a very high temperature causing destruction of the interior part of the prostate.

This procedure has been available for five years and has shown to be effective over the long term.

You deserve relief! For more information, come to a TUNA seminar October 26 at 6:00 in our office. You will hear Dr. Siegel discuss the procedure and have a chance to ask questions.

Worried About the Location of the Next Bathroom? Here’s Help – Joseph Antoci, MD

Overactive Bladder (OAB) is a condition that affects at least 33 million Americans. The syndrome is characterized by frequent voiding with a strong urge. It is associated with loss of bladder control in 17 million people. As a result, this disorder interferes with the lives of those afflicted on occupational, social and psychological levels. Medicare spends up to \$26 billion per year in treating incontinence. Some people have identifiable causes for OAB. These include neurological problems such as

Parkinson’s, strokes or spinal cord injury. Non-neurologic causes include infections, stones or tumors. Enlarged prostates in men can also cause OAB. Many people have no obvious cause for the syndrome.

Initially, most patients try to cope with the problem. These strategies include knowledge of bathroom locations, use of absorbent pads, wearing dark clothing and decreasing their fluid intake.

It is also important to realize that many individuals employ

these coping strategies in lieu of seeking professional treatment. The reasons for this often include embarrassment, the fear that surgery may be necessary, the mistaken belief that this is a part of “normal aging,” or that there is no treatment available.

Once OAB is diagnosed, there are a variety of treatment options available. While these include behavioral modification techniques, biofeedback, and pelvic floor exercises, most patients are

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Overactive Bladder

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managed with medication. The major class of drugs is called anticholinergics. They stop the bladder from contracting inappropriately, thus improving the bladder's storage capacity, as well as reducing the urgency and frequency of urination. There are newer drugs on the market that have reduced the side effects of dry mouth and constipation. These drugs, Ditropan XL, Detrol and Sanctura, can be taken less often and have proven effective.

There is also a patch, Oxytrol, that can deliver the medication. There is no "right" or standard dose for every patient with OAB. Treatment is individualized to each patient.

There is a mistaken belief that this is a normal part of aging or that there is no treatment available.

Many patients can see further improvement when they combine medical therapy with behavioral therapy as well.

Finally, it is important to have

realistic expectations as to what treatment can achieve. Total dryness is not always possible. The goal of therapy is improvement in symptoms so that patients can once again become active in their community and family. We strive to improve the patients' social and psychological well being. Virtually all patients can be helped, but only if they make the first step which is discussing the issue with their doctor.

Dr. Anthony Kim joins Urology Specialists

Dr. Anthony Kim is the newest member of Urology Specialists. He has just completed his residency at Yale University where he served as chief resident for the prior year.

Dr. Kim is originally from Chicago and attended both college and medical school at Boston University. Dr. Kim has experience in both pediatric

and adult urology.

He has done extensive minimally invasive work with laparoscopy. He also has an interest in kidney stones and urologic cancers.

Dr. Kim started seeing patients in early July. He and his family have recently relocated to Cheshire. He is the proud father of a one year old girl and

the proud husband of another physician. He is excited to be part of the Waterbury community. Please call the office for available office appointments.

"I am excited to be part of a group that is known for their excellence in care."

PSA Screening *(Continued from Page 2)*

PSA screening. The revised guidelines state that prostate cancer screening, with a prostate exam and PSA, should begin at the age of 40. If the PSA in a man over the age of 40 is greater than 0.6, he should be followed annually with PSA and prostate exam. If the PSA is lower than 0.6, then a repeat PSA test should be obtained at age 45. If the PSA remains less

than 0.6, follow-up PSA should be tested at age 50, and then continued yearly. However, in African American men, annual screening should begin at age 45. If PSA level increases over a level of 2.5, a prostate biopsy should be performed. The goal of this is to further increase our ability to identify patients with prostate cancer and diagnose it at an earlier stage. Prostate

cancer is much more likely to be cured if caught early. PSA screening has been helpful in identifying patients with early disease. With all of these changes it is important to consult your urologist to help you understand how these changes affect you. If you have any questions, or are due for a new PSA, please contact our office.



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**RESEARCH PATIENTS
ARE NEEDED.**

- ◀ Prostate Cancer Prevention
- ◀ Erectile Dysfunction
- ◀ Urinary Frequency
- ◀ Urinary Incontinence
- ◀ Benign Prostatic Hyperplasia

Call Nancy at (203) 754-3588
for more information.

We're on the web!
www.urospect.com

AMERICAN UROLOGICAL ASSOCIATION
PROSTATE SYMPTOM SCORE

Six possible answers:

Not at all	0 points
Less than 1 time in 5	1 point
Less than half the time	2 points
About half the time	3 points
More than half the time	4 points
Almost always	5 points

- 1) How often have you had a sensation of not emptying your bladder completely after you finished urinating? _____
- 2) How often have you had to urinate again in less than 2 hours after you finished urinating? _____
- 3) How often have you found it difficult to postpone urination? _____
- 4) How often have you had a weak urinary stream? _____
- 5) How often have you had to push or strain to begin urination? _____
- 6) How many times do you wake up at night to urinate? _____

TOTAL SCORE _____

Scoring

0-7 Mild Symptoms of BPH

8-19 Moderate Symptoms of BPH

20-35 Severe Symptoms of BPH

Any score can be bothersome, and all can be treated!

NATIONAL BLADDER HEALTH WEEK

Nov. 14-20 With Connecticut Continence Center

Mon. 11/15 9AM **Bladder Screening with Breakfast at Urology Specialists office**

Tue. 11/16 2-4 PM **Bladder Screening Be Well Center**

Thur. 11/18 1-3 PM **Bladder Screening Be Well Center**

Fri. 11/19 Noon **Lunch & Learn Be Well Center**