

Living HEALTHY



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BPH: Common and Treatable

Aside from bothersome symptoms, BPH can in some cases lead to more serious problems, such as bladder and kidney damage, bladder stones, and urinary tract infections.

TREATING BPH

Fortunately, there are many effective treatments available. Your physician can prescribe medication that helps improve the flow of urine from the prostate or can help shrink the prostate.

There are also surgical options, including minimally invasive procedures that can be done in the office with a microwave (TUMT) and laser surgery that can be done in the operating room without incisions. Only your physician can determine if your symptoms are caused by BPH or a more serious condition, such as prostate cancer.

Diagnosis and evaluation of BPH will include a physical exam and blood work including a prostate-specific antigen (PSA). If you think you have BPH, you should talk to your physician about your symptoms and which treatment options are right for you. ■

EIGHT OUT OF 10 URINARY PROBLEMS among men are the result of an enlarged prostate. Although it's an age-related condition just about as common as graying hair or wrinkles, most men don't want to talk about it.

An enlarged prostate, also called benign prostatic hyperplasia (BPH), is a condition shared by more than half of all men age 50 and older, regardless of race. In fact, 90 percent of men have BPH by the time they reach their 80s. With numbers like these, it's time to talk about it.

An enlarged prostate can potentially block the normal flow of urine from the bladder and

may cause bothersome symptoms during urination. Symptoms of BPH are common in men after the age of 50.

You should make an appointment with a urologist if you experience symptoms such as:

- Weakened urinary stream
- Difficulty starting your stream
- Frequent need to urinate
- Intense urge to urinate
- Sensation of not emptying your bladder completely
- Frequent urination at night (two or more times)
- Urinary retention or inability to urinate

the doctor

Geoffrey Nuss, M.D.
Urology

If you need a specialist, please call **(888) 444-USMD** for a free physician referral.



Breast Cancer: A Battle You Can Win



HERE'S A HARD TRUTH ABOUT BREAST cancer: About one in eight women will develop the disease in her lifetime. In fact, next to skin cancer, breast cancer is the most commonly diagnosed cancer in women. Furthermore, the American Cancer Society estimates there will be approximately 3,900 new cases of breast cancer diagnosed in the Dallas-Fort Worth metroplex in 2013.

But the news isn't all scary. The five-year overall survival rate for newly diagnosed breast cancer has increased from 75 percent in the 1970s to 90 percent in the 2000s. The keys to beating any cancer are prevention, early detection, and expedited therapy.

GREAT CARE CLOSE TO HOME

The USMD Center for Breast Care is designed specifically to assist women through each step of their care, from screening to diagnosis to treatment and survivorship. All of the involved medical specialists and support services, including

breast surgery, medical oncology, radiation oncology, reconstructive surgery, genetics counseling, American Cancer Center support groups, and integrative health services, are also available on-site.

USMD currently partners with Solis for both screening and diagnostic mammograms. Ultrasound-guided biopsies are performed on-site at USMD. If a biopsy confirms a cancer, Carol Knipping, the USMD ONN certified nurse navigator, is notified immediately. The role of nurse navigators in cancer care is to expedite and streamline the referral process and to guide patients through every step and phase of their care.

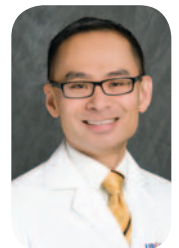
For those with a high-risk family history, the USMD Center for Breast Care has partnered with the genetics department of UT Southwestern Medical School to provide on-site board certified genetics counselors for comprehensive genetics counseling and testing.

During treatment, women are invited to attend a quarterly "Look Good, Feel Better" program cosponsored by the American Cancer Society, during which beauty tips are discussed. The Integrative Health Program offers numerous novel yet research-proven beneficial services, including acupuncture, massage therapy, image-guided relaxation, and yoga, to help offset the potential treatment-related side effects. ■

the doctor

C.K. Wang, M.D.
Oncology

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Relief for Incontinence

EMBARRASSMENT CAUSES MANY women to keep quiet about urinary leakage. But their silence may only be stopping them from addressing this common condition.

IN THE KNOW

Are the following statements about incontinence true or false?

1. Incontinence is usually caused by childbirth. **True False**
2. All women are equally likely to develop incontinence. **True False**
3. Surgery is the only treatment for incontinence. **True False**
4. There is nothing a woman can do to prevent incontinence. **True False**

THE TRUTH ABOUT INCONTINENCE

1. False. Childbirth can weaken pelvic muscles, which contributes to stress incontinence. Women who have stress incontinence involuntarily lose urine during physical exertion, such as when exercising.

However, childbirth is only one cause of pelvic muscle weakness. Stress incontinence also develops or worsens after menopause, when estrogen levels are low. The hormone estrogen helps keep pelvic muscles toned.

In addition, another type of urinary leakage, called urge incontinence, is not related to weak pelvic muscles at all. In fact, it is the result of bladder muscles that are too active. However, weak pelvic muscles can exacerbate bladder overactivity.

Urge incontinence might be caused by nerve damage or an injury. It sometimes accompanies serious health problems, such as bladder cancer, diabetes, and multiple sclerosis.

Women who have urge incontinence get sudden urges to urinate. This can happen when they touch or hear running water or even while they are sleeping.

Some women experience mixed incontinence, which is typically a combination of stress and urge incontinence.

2. False. Some women run a higher risk than others. Stress incontinence affects Caucasian women more often than African-American women. Both stress and urge incontinence are more likely to develop in overweight women.

Urge incontinence is also more common in women who are older, suffer from

diabetes, or have had frequent urinary tract infections.

Both types of incontinence occur more often in women who have had hysterectomies.

3. False. It's really a matter of finding what works best for each individual. Many women get significant relief from behavioral methods, such as the following:

- Bladder training techniques, such as urinating on a set schedule
- Pelvic muscle exercises, which involve tightening and relaxing pelvic muscles to improve pelvic muscle strength
- A woman's physician may suggest other therapies, including medication, in-office procedures such as bulking injections or Botox injections, surgery, or supportive devices

Most patients with urinary incontinence can be treated, and many will achieve a better quality of life as a result of their treatment.

4. False. Some research shows that pelvic muscle exercises, described above, may prevent stress incontinence. ■



the doctor

Marie-Blanche N. Tchetchgen, M.D.
Urology



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Living HEALTHY

Living Healthy is published by USMD Hospital at Arlington to educate readers about issues important to their health. It is not intended to replace consultation with a personal physician.
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upcoming seminars

The following **FREE** seminars and support groups will be offered at USMD Hospital at Arlington.

Female Incontinence Seminar

Get the facts on female incontinence issues. Presented by Dr. Tchetgen.

6:30 p.m.

- June 26

Bariatric Seminar

Learn more about your surgical weight-loss options. Presented by Dr. Lyons and Dr. Dyslin.

6 p.m.

- July 18
- August 1
- August 15
- September 5

Bariatric Support Group

Already had bariatric surgery? Meet with others who have gone through the same thing.

6 p.m.

- July 9
- August 13
- September 10



TO SIGN UP for one of these **FREE** seminars, visit our website at usmdarlington.com and click on "Register for Seminars," or call **(888) 444-USMD**.

Bariatric Surgery for Effective Weight Control

WHEN OBESITY IS TREATED EFFECTIVELY, patients can expect significant improvement in common conditions such as hypertension, type 2 diabetes, and cardiovascular and pulmonary disorders. Unfortunately, for many patients, interventions that rely on medically supervised diet, exercise, and behavior modification produce only modest and often transient results.

But for patients who meet the criteria—and who have a plan and support in place—bariatric surgery can be an effective alternative for weight loss, long-term risk reduction, and improved quality of life.

SELECTING FOR SUCCESS

Successful bariatric surgery depends on proper patient selection. Current guidelines identify candidates for surgery as patients with a BMI of at least 40 (or 35 with another obesity-related condition), a history of failed diets, no medical or psychological contraindications, a proper understanding of the procedure and its risks, and strong motivation to comply with a regimen after surgery.

Poor patient knowledge and certain psychological issues are predictors of poor outcomes, so it is essential to educate patients about the procedure and help them develop realistic expectations. Patients also need psychological counseling since certain psychiatric disorders—as well as disturbed eating habits, substance abuse, and limited social support—can lead to poor outcomes. Nutritional counseling and developing an exercise program will help patients understand the importance of behavioral changes.



POST-OP PLANS

As with any surgery, bariatric procedures do come with risks and complications, commonly gastrointestinal ones. More than 50 percent of patients experience nausea and vomiting, often from eating too much or too rapidly.

That's why having a postoperative plan is so important for success. Successful weight management after surgery requires a long-term commitment from both patients and health care professionals. With this support, bariatric surgery can help improve health-related quality of life. ■

the doctor

Augustus E. Lyons, M.D.
Bariatric Surgery

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