

MEN'S HEALTH MATTERS

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BY UROLOGICAL SURGEON
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Offering your patients
quality Urological care

*Minimally Invasive Prostate BPH Treatments
Robotic Prostate and Kidney Surgery
Tailored ED Medications and Surgery*

THIS ISSUE

NEWS AND UPDATES:

- Which BPH treatment is right for my patient?
- Holmium Laser (HoLEP) update
- Erectile Dysfunction prevalence and treatments

WHICH BPH TREATMENT IS RIGHT FOR MY PATIENT?

Determining if medical therapy or surgery is most appropriate is the first step here.

INVESTIGATIONS

- Urine analysis or MSU – blood or infection
- UEC
- Renal ultrasound– gives information on prostate size, sometimes shape and importantly chronic bladder damage (trabeculation and diverticulae), incomplete emptying and also kidney damage
- PSA

MEDICAL VS. SURGICAL

Medical therapy generally should be initiated before considering surgical therapy.

Surgical intervention is necessary in patients with urinary retention or infections

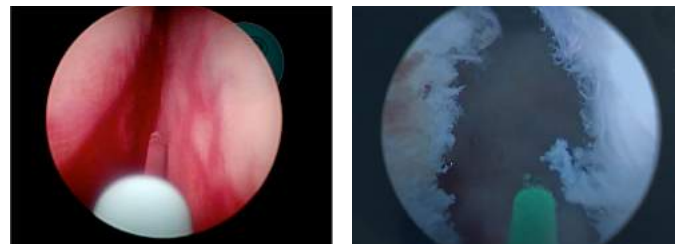
Choosing the right procedure for your patient:

HoLEP: size independant, histology obtained

UroLift: 80g or <, Not suitable in patients with obstructing median lobe

Rezum: 30-80g, ideally no medium lobe, minimal obstructive symptoms

THE HOLEP OUTCOME ON QUALITY OF LIFE



Data collected supports **Quality of Life (QoL) scores improve soon after HoLEP** and continues to rise during extended follow-up. Multiple articles highlight the success of HoLEP in comparison to other treatments:

- The QoL index at each follow-up visit, that being over a 60month period was significantly decreased during the entire follow up period compared with that at the baseline.
- Laser surgery compared with TURP, shows comparable efficacy and lower post operative morbidity.
- Storage symptoms improve gradually with time after surgery where voiding symptoms do improve dramatically from the immediate post operative period after surgery.
- QoL improvement is maintained up to 5 years.
- HoLEP did not adversely affect sexual function but probability of **retrograde ejaculation** is 75% after operation.
- **Blood loss, catheterisation time and the length of hospital stay were lower in HoLEP groups.**
- At the 6 month post operative follow-up patients in the HoLEP group demonstrated **higher Qmax values than those of TURP.**
- HoLEP was the only surgical treatment for which re-operation was not required for the resection of a prostate adenoma within 5 years.

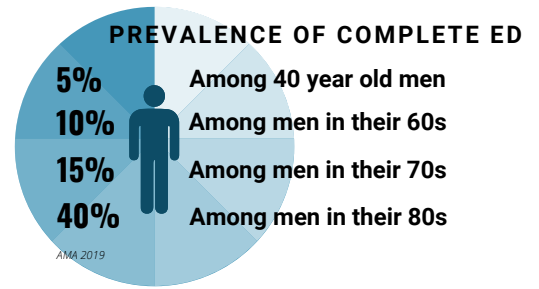
ED TREATMENT OPTIONS

We have successfully treated new and existing patients with Erectile Dysfunction medications. Below are the treatments available we can offer your patients:

LOZENGES: First line therapy for patient with mild ED. Our lozenges have a fast onset with a combination of Sildenafil and Phentolamine.

INJECTION THERAPY: Second line treatment for mild to severe ED and patients who do not respond to lozenges. We offer tailored levels of strength depending on each patients level of ED with great results.

PENILE PROSTHESIS: Permanent solution for men offering the latest 'no touch' technique to minimise infection. Satisfaction with this device is approximately 90% and device durability at 10 years is 75%



PENILE IMPLANT TO CURE ERECTILE DYSFUNCTION – THE “NO TOUCH” TECHNIQUE

Dr Elmes utilises the “no touch” technique that lowers the chance of infection rates when inserting a penile prosthesis.

With the use of “no touch” technique we offer a safer procedure for men. Essentially preventing direct contact with the source of bacteria (the skin) is the most effective way of preventing infections.

As a result, the no touch technique was invented and pioneered by Dr. Eid in 2005. “This technique allows the surgeon to completely insert a penile prosthesis in a patient without touching the skin to reduce the incidence of peri-prosthetic infection. The penile implant technique was developed on the belief that eliminating any contact between the penile prosthesis and the skin, either directly or indirectly via surgical instruments or gloves, should reduce the incidence of contamination of the penile device with skin flora responsible for the infection” (Dr Eid).



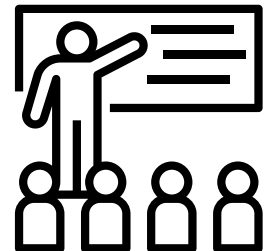
As a result of COVID-19 we have postponed our GP education event this year. We will confirm new details once safe to do so. In the meantime be sure to register your interest at marketing@goldcoasturologist.com.au to receive new details.

REGISTER YOUR INTEREST FOR OUR GP EDUCATION EVENT

**UROLOGICAL
ADVANCEMENTS**
CPD EVENT

DATE: **TBC**

RSVP: **MARKETING@GOLDCOASTUROLOGIST.COM.AU**



The HoLEP outcome on Quality of life Journal references:

Woo MJ, Ha YS, Lee JN, Kim BS, Kim TH & Yoo ES 2017, 'Comparison of Surgical Outcomes Between Holmium Laser Enucleation and Transurethral Resection of the Prostate in Patients with Detrusor Underactivity

S Inyoung, Yoo Sangjun, P Juhyun, Cho SY, Jeong H, Son Hwancheol, Oh SJ, Paick JS & Choo MC 2019, 'Quality of life after photo-selective vaporization and holmium-laser enucleation of the prostate: 5 year outcomes', *Scientific Reports*, 9 (8261).

I Alka, AOzveri, Y Akin, T Ipekci & Y Alican 2016, 'Holmium Laser enucleation of the prostate: surgical functional, and quality-of-life outcome upon extended follow-up', *Intenational Brazilian Journal of Urology*, 42 (2).