

COMMON UROLOGIC CONDITIONS AFFECTING MEN

Because both urine and sperm pass through the penis, the urinary and reproductive systems in men are interrelated. Therefore, the urologists at West Shore Urology may treat men for health issues affecting their reproductive organs as well as the urinary system. Figure 1B depicts the organs of the male reproductive system and the common urologic conditions that may affect them.

Figure 1B: Common Urologic Conditions Affecting Men

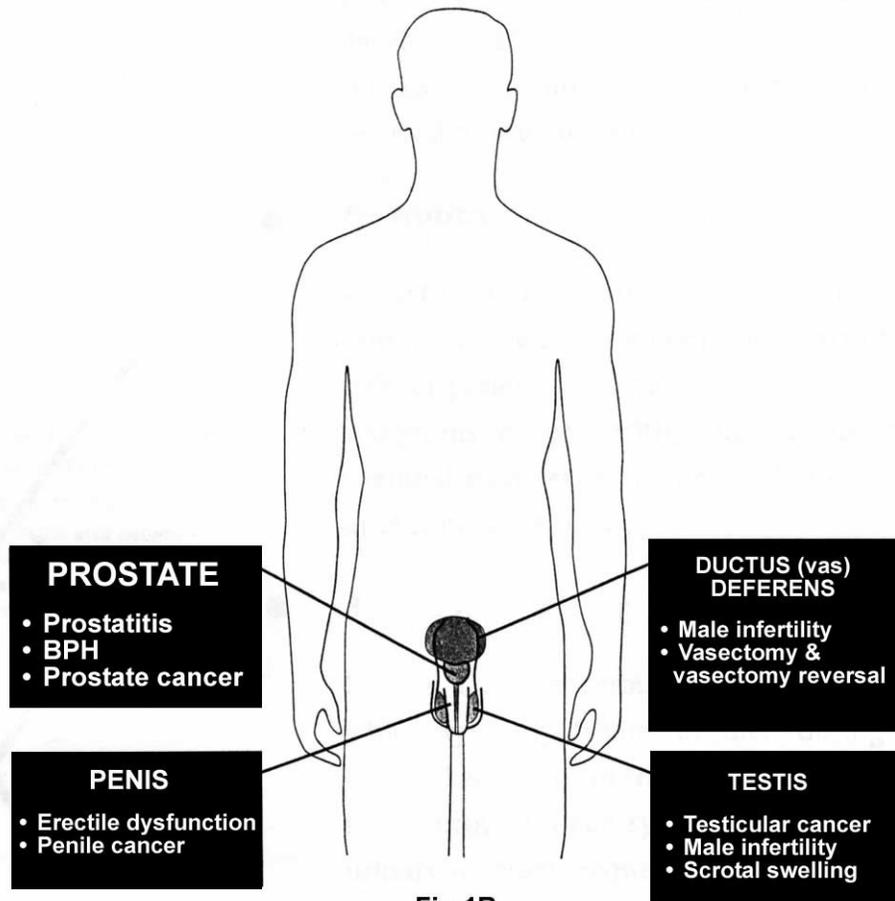


Fig 1B

❖ **Erectile Dysfunction**

The generally accepted definition of erectile dysfunction (ED) is the inability to obtain and maintain a penile erection sufficient for satisfactory sexual intercourse. Erectile dysfunction affects over 30 million men worldwide and over 50% of men between the ages of 40-70 years old. Male erectile disorders are common and increase as men get older, often because of other medical conditions. For example, risk factors for ED include vascular diseases such as diabetes, hypertension, and arteriosclerosis (hardening of the arteries). Some common medications may cause ED, including some high blood pressure medications and some antidepressants. Excessive alcohol consumption can also negatively impact erectile function. Men who smoke have an increased risk of developing ED. Some men may experience ED after common surgical procedures, such as radical prostatectomy (surgical removal of the prostate).

❖ **Prostatitis**

Prostatitis is inflammation of the prostate characterized by symptoms such as frequent and/or painful urination. About 20% of patients who seek treatment in a urology office have symptoms of prostatitis, such as malaise, low back and perineal pain, fever and chills. Prostatitis may be acute (rare) or chronic (common).

❖ **Benign Prostatic Hyperplasia (BPH)**

BPH is a noncancerous enlargement of the prostate gland, which typically begins in men during their 40s and 50s. Unchecked, BPH can interfere with normal voiding and cause lower urinary tract symptoms (LUTs), including increased urinary urgency, frequency, or difficulty urinating. Treatment begins when the patient's health is at risk due to urinary tract infections, bladder dysfunction or other urinary conditions, or when urinary symptoms are sufficiently bothersome to the patient and need to be alleviated.

❖ **Male Infertility**

A fertility evaluation is typically initiated when a couple fails to achieve conception after one year of unprotected intercourse. In 50% of infertile couples, the male possesses at least one of the factors leading to the infertility. The urologist performs various tests (for example, semen analysis) to determine the possible cause of the male infertility, which may involve hormonal disorders, abnormalities in sperm production, ejaculatory disorders or poor sperm quality.

❖ **Vasectomy and Vasectomy Reversal**

A vasectomy is a form of male contraception in which the left and right vas deferens, ducts through which sperm are transported, are surgically closed. Even though normal sperm production continues uninterrupted in the testes, the sperm can no longer travel through the vas deferens to reach the urethra, and they degenerate in the body.

A vasectomy has no effect on sexual desire or performance. It is the most common urologic surgical procedure and is typically performed as an outpatient procedure using local anesthetic. For men who later decide that they want to participate in conception, a vasectomy reversal can be surgically performed to re-open the vas deferens and allow sperm to travel through the ducts to the urethra.

❖ **Scrotal Swelling**

Scrotal swelling and/or pain may be a sign of a hernia or a benign testicular condition, such as epididymitis, hydrocele, or spermatocele.

❖ **Prostate Cancer**

Prostate cancer is the second most common cause of cancer-related death in men in the United States. In 2001, over 1.7 million men in the United States had prostate cancer. It does not generally cause symptoms until the disease is advanced and often incurable. Routine screening for prostate cancer is recommended starting at age 50, except in high-risk cases that include men with a family history of prostate cancer and African American men. In these high-risk men, screening is recommended starting at age 40. Prostate cancer can range from a slow-growing tumor to more aggressive forms of the disease. Therefore, treatment options range from observation to surgery, radiation, hormonal therapy and chemotherapy, depending upon the age and general health of the patient. Certain prostate cancer treatments may contribute to erectile dysfunction.

❖ **Testicular Cancer**

Over 150,000 men in the United States had testicular cancer in 2001. The most common presenting symptom is a painless enlargement of the testis. All patients undergo surgical removal of the testis (known as inguinal orchiectomy) to stage the disease and determine further treatment. Testicular cancer is very responsive to radiation therapy and chemotherapy, and 5 year survival rates are more than 90%.

❖ **Penile Cancer**

Cancer of the penis is rare in the United States; it accounts for less than 1% of cancers in men. It occurs most frequently in men in their 60s. The most common causative factor is poor hygiene.