

Your Guide to **Frequent Urination & Incontinence**



Frequent Urination & Incontinence: You Don't Have To Live With It

Many Middle-aged men may not know the name for it, but they know the drill. It's frequent urination, getting up at night to go, difficulty starting urination, starting and stopping, a sensation of incomplete emptying and returning to urinate almost immediately after finishing.

Sound familiar? These symptoms describe the effects of an enlarged prostate, often called benign prostatic hyperplasia, or BPH. It is, by far, the most common prostate issue for men over 50, affecting about half of men between age 51 and 60 and up to 90 percent of men older than 80.

Fortunately, it's not cancerous.

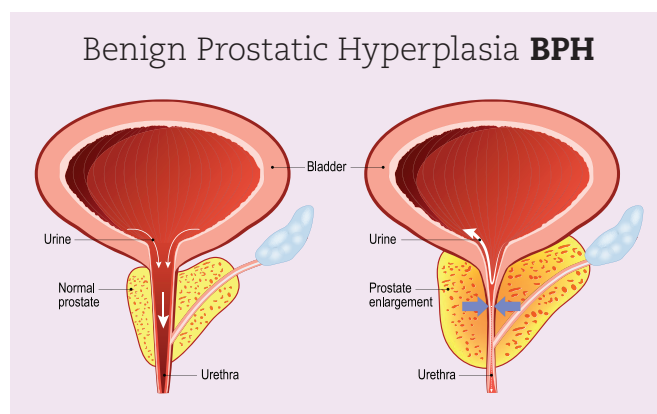
But it can be a disruption and aggravation in your daily life. If you've been diagnosed with an enlarged prostate or the symptoms above sound all too familiar, a Hartford HealthCare Tallwood Men's Health urologist can help you restore normal urinary habits.

How Is BPH/Enlarged Prostate Diagnosed?

Your medical history (including urinary symptoms), a physical exam and blood and urine tests are all considered when diagnosing an enlarged prostate.

How do we evaluate your urinary symptoms? With the American Urological Association's BPH Symptom Score Index (see the seven questions below), we are better able to evaluate the extent and severity of what you are living with:

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 less than 2 hours after you finished urinating?
3. How often have you stopped and started again several times when you urinated?
4. How often have you found it difficult to urinate?
5. How often have you had a weak urinary stream?
6. How often have you had to push or strain to begin urination?
7. How many times did you most typically get up to urinate from the time you went to bed at night until the time you got up in the morning?



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The Conservative Approach

Depending on the severity of your symptoms, your doctor might choose a conservative path beginning with lifestyle changes such as:

- Avoiding alcohol and caffeine, particularly after dinner.
- Avoiding decongestants and antihistamines, which make it more difficult for the bladder to empty.
- Urinating as soon as you feel the urge.
- Maintaining a healthy weight and regular exercise.
- Reducing stress, which can trigger more frequent urination.

Medication Options

Medications such as alpha blockers and 5-alpha reductase inhibitors may be recommended to address your urinary symptoms. Alpha blockers help to relax the bladder and prostate, smooth muscle and improve flow. Possible side effects include dizziness and retrograde ejaculation.

The 5-alpha reductase inhibitors, such as finasteride and dutasteride, work to shrink the size of the prostate over time. Although they may help with your symptoms, they take up to six months for maximum effect.

This class of medications has possible side effects of sexual dysfunction and increased risk of high-grade prostate cancer (though this has been largely disproven in follow-up research studies).

Surgical Procedures

If medications are not helping enough or you would like a more definitive option, our urologists will discuss available BPH surgical procedures. Your medical history, other medications and prostate size will guide the decision making process.

Rest assured, though the list of surgical options below seems daunting, our expert urologists will help select the right one for you:

- UroLift
- Transurethral incision of the prostate (TUIP)
- Transurethral vaporization of the prostate (TUVAP)
- Laser vaporization of the prostate (GreenLight or HOLAP)
- Transurethral resection of the prostate (TURP)
- Simple prostatectomy (open or robotic)
- Prostate arterial embolization (PAE)



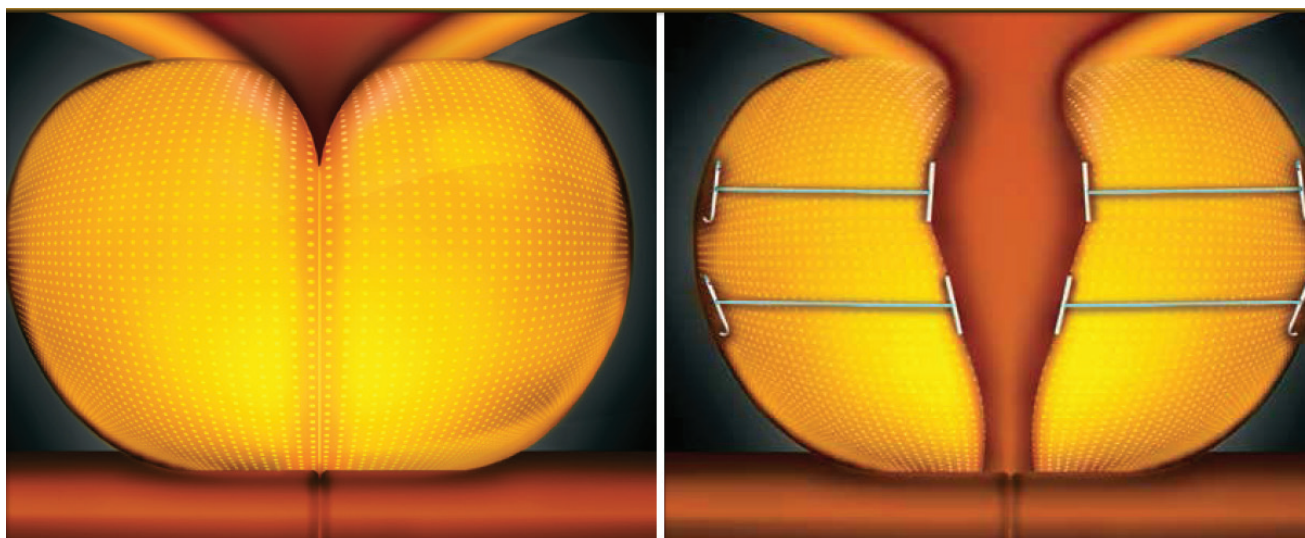
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What Is UroLift?

Traditional BPH surgical procedures offer significant symptom improvement but may cause undesired sexual side effects, namely retrograde ejaculation, a condition in which part or all of a man's semen goes into the bladder instead of out the tip of the penis during ejaculation. A new technique called UroLift, however, eliminates this risk.

UroLift is a quick and minimally invasive procedure that does not require an overnight stay in the hospital. The prostate, a chestnut-size gland sitting below the neck of the bladder, often swells as men age and exerts pressure on the urethra – the tube that transports urine from the body.

The UroLift technology, approved by the Food and Drug Administration in 2013, allows a surgeon to open the urethra with tiny implants that hold back the enlarged tissue, according to the manufacturer, “like tiebacks on a window curtain.” With no cutting or heating, it's the first BPH treatment that does not remove prostate tissue or affect sexual function.



Virtually all patients go home the same day, without a catheter, with symptom improvement in as little as two weeks. Some patients may experience some urinary discomfort during recovery, up to a month.

Recovery for UroLift patients, in two- and four-year studies funded by the manufacturer, was faster than recovery from traditional transurethral resection (TURP) surgery that trims excess prostate tissue.

What Is Urinary Incontinence?

Urinary incontinence, or leakage, can turn a man's life upside down. The fear of unintentional loss of urine can make you drop out of the summer golf league. It can make you fear going to an outdoor wedding. It can make you think twice about sexual intimacy. Yes, it can be embarrassing.



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Possible Causes of Urinary Incontinence

- Bladder muscles that weaken with age
- An overly full bladder that doesn't empty properly
- Enlarged prostate
- A blockage or scar tissue (stricture) in your urethra
- Muscles surrounding urethra not functioning properly
- Bladder stones
- Chronic cough
- Constipation
- Obesity
- Nerve damage
- Diabetes
- Stroke
- Alzheimer's disease
- Parkinson's disease
- Prostate cancer treatment

Types of Urinary Incontinence

Male Stress Urinary Incontinence (SUI): Involuntary urine leakage that usually occurs with activity or physical exertion, whether a cough, sneeze or laugh, exercise or heavy lifting. It's caused by the external force or pressure to the bladder that overcomes a weakened urethral sphincter, allowing urine to be expelled involuntarily.

This type of leakage may develop with:

- **Benign prostatic hyperplasia:** a noncancerous enlargement of the gland.
- **Transurethral resection of the prostate (TURP):** Removal of a portion of the prostate gland through the urethra.
- **Simple prostatectomy:** Removal of only the part of the prostate blocking urine flow through open or robotic incisions.
- **Radical prostatectomy:** Removal of the entire prostate for cancer.

Urge Urinary Incontinence (UUI): Urge incontinence is the involuntary loss of urine, usually after a strong, sudden need to urinate. This type of incontinence is often associated with other symptoms of overactive bladder, such as urinary frequency (going more than eight times per day), urgency (the feeling that you may leak if you don't go immediately) and nocturia (awakening more than once per night to urinate).

It is most commonly caused by involuntary contractions or "spasms" of the bladder and may be associated with severe sudden episodes of incontinence with little to no warning or activity.

Mixed Urinary Incontinence: Some men suffer both stress and urgency urinary incontinence. Leaking can be caused by a cough, sneeze or physical exertion. You may also experience strong, sudden urges to urinate and often not make it to the restroom in time.

Climacturia or Orgasmic Incontinence: After a radical prostatectomy, which removes the entire prostate gland, you might leak urine when sexually excited and also eject urine from the urethra during orgasm. This commonly occurs along with stress urinary incontinence, frustrating both you and your partner.



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How to Avoid Urinary Incontinence

You can control some causes of temporary urinary incontinence. Limit alcohol, caffeinated beverages or other liquids that cause a loss of bladder control. And talk to your doctor about possible side effects of muscle relaxants, sedatives and heart and blood pressure medications.

Here's how to reduce the risk of urinary incontinence:

- Keep fit! Ask your doctor about exercises that will strengthen the muscles controlling your bladder.
- Maintain a healthy weight. Target a Body Mass Index score in the normal range (between 18.5 and 25kg/m²).
- Follow a sensible, good-for-you diet.
- Limit caffeine and alcohol.
- Do not smoke.

What's The Difference Between Urinary Incontinence and an Overactive Bladder?

It might seem subtle, but urinary incontinence is a symptom (when something causes you to lose control of your bladder) and an overactive bladder is a condition (when the bladder can't hold urine as it should).

Men are more likely to have an overactive bladder than stress urinary incontinence. The prostate gland often helps prevent stress incontinence in men, making it more common for men to notice stress leakage after prostate cancer surgery.

Post-Prostatectomy Incontinence

Urinary incontinence is a potential byproduct of a radical prostatectomy that removes the prostate gland and surrounding tissue. Chemotherapy, hormone therapy and radiotherapy can also contribute to incontinence.

Surgery and radiation to treat prostate cancer can cause urinary incontinence (leaking urine) or erectile dysfunction (not being able to achieve or maintain an erection). The degree and duration of urinary incontinence and the quality of erections a man has after treatment depends on the aggressiveness and number of treatment options needed.

Oral medications, vacuum erection devices and penile injections may help men who have erectile dysfunction following treatment. Some men will recover part or most of their ability to have an erection within the first 1-2 years after surgery.

The Post-Prostatectomy Rehabilitation program at Hartford HealthCare's Tallwood Urology & Kidney Institute uses the latest diagnostic tools and therapeutic technologies to determine the best treatment plan for you.



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If You Need Surgery for Male Stress Urinary Incontinence

Here's how to reduce the risk of urinary incontinence:

The AdVance Male Sling, a strip of soft mesh placed inside the body, stops leakage by supporting the sphincter muscle. The sling, available since 2003, moves the sphincter back to its natural position to help restore bladder control. It requires no action by the patient to function.

The Procedure: The sling procedure, performed under anesthesia in the hospital, is usually done on an outpatient basis. Your doctor accesses the urethra and the urinary sphincter through small skin openings.

The sling is then placed under the urethra and tensioned to reposition the urethra, optimizing the sphincter's function. Most patients are continent immediately following the procedure and can resume normal, non-strenuous activities within a few days.

Artificial Urinary Sphincter Urinary Control System

The AMS 800 Urinary Control System – also called the Artificial Urinary Sphincter (AUS) – provides proven, discreet bladder control. This system, available for more than 40 years, is widely considered the best treatment for male stress urinary incontinence.

The AMS 800 offers men with the most severe incontinence an effective and durable cure, dramatically improving quality of life. The device, implanted surgically using small incisions, includes a pump (implanted in the scrotum), an inflatable cuff (placed around urethra) and a balloon reservoir (implanted in the abdomen).

Filled with saline, the device uses fluid hydraulics to open and close the cuff surrounding the urethra. When you need to urinate, squeeze and release the pump in the scrotum several times to remove fluid from the cuff. When the cuff is empty, urine can flow out of the bladder. The cuff automatically refills in a few minutes, squeezing the urethra closed to restore bladder control.

The Procedure: The AUS procedure is performed under anesthesia and can be performed on an outpatient basis or may require an overnight stay. Small openings are made near the scrotum and below the abdomen to insert the components including the inflatable cuff, a pump, and a small, pressure-regulating balloon.

Four to six weeks after surgery, you'll return to our office to have the AUS activated and learn how to use the device, restoring control over your life.

Our physicians' experience in urologic procedures, both routine and complex, means better outcomes and lower complication rates for our patients. It's made Tallwood the market leader in Connecticut in Men's Health – so if your urination pattern is out of control because of an enlarged prostate or you're experiencing urinary incontinence, request an appointment today. You don't have to live with it.



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5 More Reasons To See A Urologist

Always talk to your primary care physician about any urological irregularity. The next step is a referral to a urologist who can identify and diagnose the problem. Most urological issues are easily resolved or managed in their earliest stages.

Here are five more issues that should be checked out by a urologist:

- **Blood in urine**

If your urine is brownish or pink, not the usual pale yellow, it could include blood. This could be relatively harmless, the result of an injury or physical activity, or it could be an early warning sign of kidney, bladder or prostate cancer. Other possibilities: bladder or kidney infection, kidney stones.

- **Testicular pain, lump or mass**

When detected early, a testicular tumor can be as small as a pea. A urologist can determine if it's cancerous. (It's one of the most curable cancers at this early stage.) If undetected, however, the tumor will continue to grow, accompanied by pain, general discomfort or numbness.

- **Bulge in abdomen or groin (hernia)**

A hernia creates that bulge in the abdomen or groin when an organ pushes through weakened muscle or connective tissue. In a common scenario, the intestines push through a weakened part of the abdominal wall. An inguinal hernia (inner groin) is a common type of hernia in men. Symptoms include a bulge that's more apparent when you're standing up, pain or discomfort – usually in the lower abdomen, intensifying when you cough, bend over or lift something – and weakness or pressure in the groin area.

- **Pain or burning during urination (urinary tract infection)**

An estimated 12 in 100 men have at least one UTI in their lifetime, when bacteria that gets into your urine passes into the bladder. Symptoms include frequent urination, a sudden urge to urinate, painful urination with a burning sensation, blood in urine and pain in the lower abdomen.

- **Pain in the lower stomach, groin, back or side (kidney stones)**

On the Richter scale of pain, kidney stones rate an 8.6. Most kidney stones, hardened buildups of salt and minerals (usually calcium or uric acid), pass on their own. Smaller ones might remain in the kidney, causing no discomfort. But when a bigger stone moves into the ureter, the duct that transports urine to your bladder, the pain can become extreme. It can start suddenly, becoming more acute as the ureter contracts while attempting to move the stone through the urinary tract. For men, this is as close as they'll get to experiencing the pain of childbirth.

Nausea, vomiting, fever, blood in urine and difficulty urinating are all characteristic of kidney stones. These symptoms also could be caused by other urologic issues, so see a urologist as soon as possible.

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