

What's Up in Urology Journal, Autumn 2010?

Urol J. 2010;7:290.
www.uj.unrc.ir

Urology for People is a section in the *Urology Journal* for providing people with a summary of what is published in this journal and describing urological entities in a simple language.

Important Note. The findings in medical papers are usually not directly applicable in clinical practice and patients should consult their physicians before any utilization of the results of medical studies.

PROSTATE SURGERY IN ELDERLY MEN

The prostate gland is a thick ring of muscle and gristle which lies between the outlet of the bladder and the penis. It is rather like the bung in the outlet of a bottle, holding the outflow tube in place. It makes the fluid that carries sperm. Sometimes the center of the prostate ring becomes narrow because of overgrowth. This is benign prostatic hyperplasia. This causes difficulty in passing urine, and back-pressure effects on the bladder and the kidneys. Nearly one-third of men will need prostate surgery in their 70s. There are few methods to remove the enlarged section of the prostate. In transurethral resection of the prostate method the center of the prostate ring is widened by coring out the tissue using an instrument (resectoscope) passed up the penis. In open prostatectomy, the tissue is taken out by opening up the bladder through a cut just below the tummy button. Most patients are numbed from the waist down with an injection in the back. If this is the case, you will be awake during the operation, but feel no pain. The operation takes about 40 to 60 minutes.

See page 262 for full-text article

BLADDER CARE AND MANAGEMENT IN SPINAL CORD INJURY

The body's urinary system has three major functions. It produces urine in the kidneys, stores urine in the bladder, and eliminates urine from the body through the urethra. Nerves at the end of the spinal cord (sacral level) organize how the urinary system works. The changes that usually occur after a spinal cord injury (SCI) are how the bladder and sphincter muscles work. After a SCI, individuals usually can not feel when the bladder is full or they do not have the "urge" to urinate. After SCI, a bladder management scheme enables you to plan for the bladder emptying in an acceptable mode when it is convenient for you. This helps you evade accidents and prevent infections. Because each person's injury is different, your doctor will probably perform some tests to determine how your bladder functions. You also require considering

your hand function. How effortless is it for you to do your own bladder program? Can you handle alone or will you need help? During your rehabilitation, you learn different methods to empty your bladder. The methods most frequently used are intermittent catheterization, indwelling urethral catheter (Foley), and the condom external catheter for men.

See page 249 for full-text article

RADICAL PROSTATECTOMY FOR PROSTATE CANCER

Unfortunately, prostate cancer is a relatively common cancer in men. With increasing patients' awareness and widespread prostate-specific antigen (PSA) testing, more than 650 000 men worldwide are diagnosed with prostate cancer every year. A radical prostatectomy means an operation to remove the entire prostate gland. Often, a radical prostatectomy is performed using keyhole (laparoscopic) surgery. A long tube with a light at the tip is used to see inside the body. The prostate gland is cut away from adjacent tissues and removed through a small cut in the abdomen. The main advantage with this surgery is that you will not have a big wound in your abdomen afterwards. The endeavor of this type of surgery is to cure the cancer. Your surgeon may suggest radical prostatectomy if your cancer has not spread outside your prostate, and you are younger, rather than older, and have a high grade tumor. After removal of the prostate, the urethra is sewn to the neck of the bladder over a urinary catheter. Radical prostatectomy may result in erection problems (impotence) in up to 70% of men. Impotence means you can not have an erection. This is more likely to occur if you are older. The operation can also cause problems controlling the flow of urine (incontinence). With modern surgery techniques, these evils are less common than they used to be. For many men, the incontinence is temporary and does not persist longer than 6 months.

See page 243 for full-text article