A NOVEL BREAKTHROUGH THERAPY FOR MEN

PROSTATE ENLARGEMENT, RESULTING URINARY ISSUES, AND A RELIABLE SOLUTION

THE SAD STATE OF MEN'S HEALTH

The statistics are sobering: men die more often than women from 14 of the top 15 causes of death, and live six fewer years. This disturbing pattern is partially related to the fact that, compared to women, men take less care of themselves, wait longer to see a doctor, and are less likely to have a continuing relationship with a health care provider. This article focuses on a very common, bothersome, but not typically life-threatening condition called Benign Prostatic Hyperplasia (BPH). Even then, prostate cancer (men's most common cancer), which usually causes no symptoms, can be diagnosed when evaluating BPH.

PREVALENCE OF BPH

The prostate gland is a golf ball sized organ beneath the bladder which produces the semen expelled with ejaculation. Since the urethral tube runs through it, BPH, or prostate growth, often explains changes in urination affecting aging men. Urinary bother slowly increases so that by the 60s over 70% of men are affected (>500 million men worldwide).

BPH SYMPTOMS:

- A FREQUENT AND URGENT NEED TO URINATE, DAY AND NIGHT
- A WEAK STREAM, OFTEN SLOW TO START, SOMETIMES INCOMPLETE EMPTYING
- URINE THAT STOPS AND STARTS, AND DRIBBLING

Some men tolerate these annoyances, assuming they're a natural part of aging. Or they try unproven over-the-counter supplements. Yet, left untreated, progressive BPH can lead to infections, bladder dysfunction, and even kidney damage. Fortunately, BPH is quite treatable.

BPH PILLS

Three types of BPH medications are available: one relaxes the prostate, one shrinks it, and one improves blood flow. Though these can help, one-third of men soon discontinue their pills (often for cost, dizziness, or sexual side effects). Some men are then referred to a urologist, but some just give up (and their BPH inevitably progresses).

TURP

Developed around 1935, this surgical procedure, which removes the obstructing prostate tissue using a telescope and heated wire, is performed in an operating room under general or spinal anesthesia. While there have been technical advances, this "Gold Standard" surgery causes bleeding and requires a catheter afterward, and sometimes a short hospital stay. TURP definitely improves symptoms but carries risks: besides anesthesia and bleeding, a 60+% inability to ever again ejaculate, and 10% risk of erectile dysfunction. Newer LASER versions of TURP cause less bleeding but still require anesthesia and a catheter, have a longer recovery period, and higher re-treatment rates than TURP. Not surprisingly only 2% of BPH patients choose TURP/ LASER. Urologists have looked for alternatives for years.

FAILURES

Explored between 1990-2000, balloon dilation and metal stents, similar to heart procedures, simply did not work.

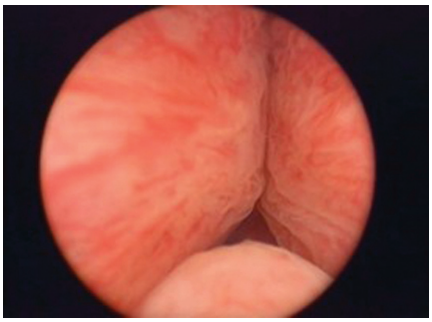
HEAT

Microwaves (TUMT) and radiofrequency (TUNA), both designed for the office setting, ultimately proved quite painful and often failed within 2 years. A new steam treatment called Rezum® looks promising, but longer studies are needed. All heat procedures require a catheter afterward.

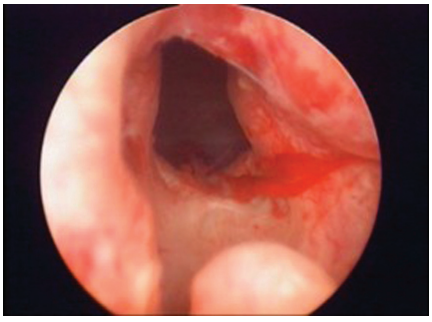
UROLIFT®

Invented in 2004 and FDA-cleared in 2013, this novel procedure allows urologists to place tiny anchors, pulling the prostate open (think: curtain tie-backs). Since UroLift® is quite tolerable under local anesthesia, it is often performed in a urologist's office, in under 10 minutes. Catheters are rarely needed; mild side effects (like bleeding, burning, aching) resolve within two weeks allowing for rapid return to full activity. When compared to TURP in a recent study, UroLift® patients recover faster and are more satisfied. And in >7,000 cases worldwide no one has reported any sexual side-effects.

Obviously not everyone with BPH needs procedural intervention, and not everyone is a UroLift® candidate. To learn more go to www.urolift.com or make an appointment with a urologist who uses UroLift®.



Urologist's view of Prostatic Obstruction



Following UroLift

Steven N. Gange, MD FACS

Summit Urology Group
A Division of Granger Medical Clinic
Salt Lake City, Utah
801-993-1800

Dr. Gange graduated from the UCLA School of Medicine in 1986 and, after completing his urology residency, served in the US Army for six years where he helped train upcoming Army and Navy urology residents, and served on the clinical faculty of UC San Francisco and the University of Hawaii. He then moved to Salt Lake City in 1996 joining Western Urological Clinic (which has recently merged and become Summit Urology Group) and has a thriving private practice.

Dr. Gange enjoys cutting edge medicine, and has participated in over 50 clinical trials, many as Principal Investigator, and has published over a dozen papers in the medical literature. Although he treats adult men and women, he has developed a strong interest and expertise in Men's Health, and has sought extra training in the areas of BPH, prostate cancer, low testosterone, vasectomy reversal, and erectile dysfunction. In his practice he always emphasizes the role of minimally-invasive options, like UroLift®, when available.

As Principal Investigator the UroLift® trials that led to FDA clearance, Dr. Gange was the first urologist in North America to perform UroLift® in February 2011, and was the first in the world to do so under local anesthesia. Currently Summit Urology Group has performed more in-office UroLift® procedures under local anesthesia than any clinic in the world.

Dr. Gange continues to enjoy teaching and regularly lectures to and trains urologists from across the country in UroLift® implantation. And as the favorable evidence supporting UroLift® for BPH continues to mount, he and his colleagues are witnessing the powerful impact that this minimally-invasive intervention is having on the quality of life of so very many men worldwide.

Feel free to contact Dr. Gange by email: ppmd@wucmd.com, or call 801-993-1800 for an appointment.