



UROLOGY

NEWSLETTER OF ORANGE COUNTY UROLOGY ASSOCIATES

TODAY

VOLUME 4 WINTER 2014

COVER STORY

Prostate Cancer: What You Need to Know

By Don T. Bui, M.D.
Orange County Urology

In 2010, approximately 217,000 American men were diagnosed with prostate cancer. It remains the most common solid-organ malignancy in males. The lifetime risk of developing prostate cancer is about 15%. However, being diagnosed with prostate cancer is not necessarily a death sentence. Advancements in PSA screening, surgery, and medical treatments have pushed the mortality rates to the lowest levels in over 30 years.

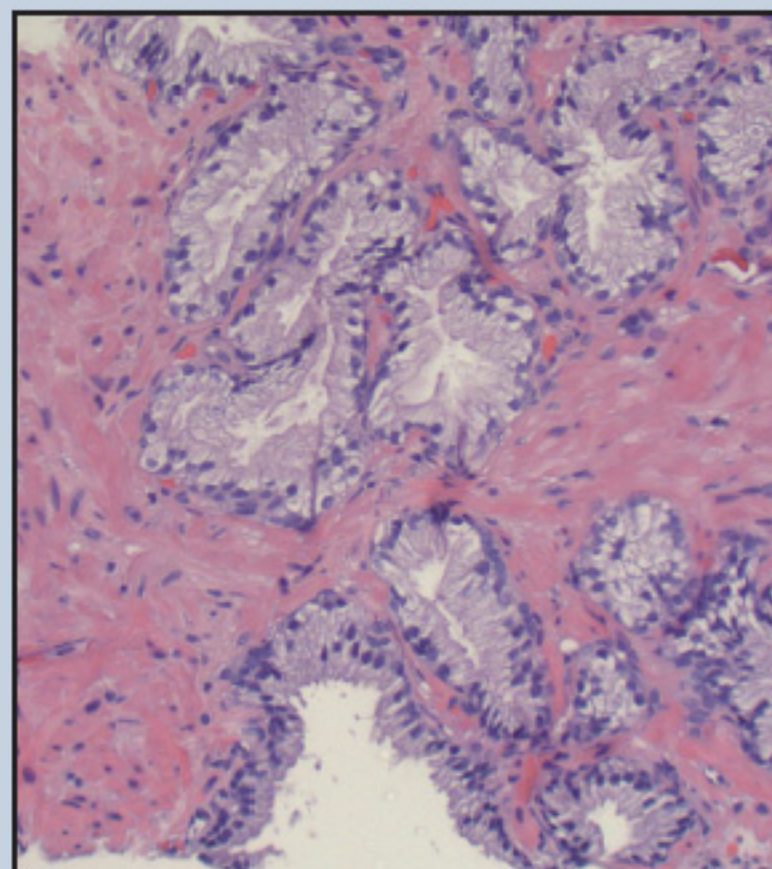
What is the prostate?

The prostate is a walnut-sized organ that sits at the base of the male pelvis. Its function is purely reproductive in nature, producing fluid and preparing the male ejaculate for the process of fertilization. The organ itself has no direct function in libido, erections, or continence.

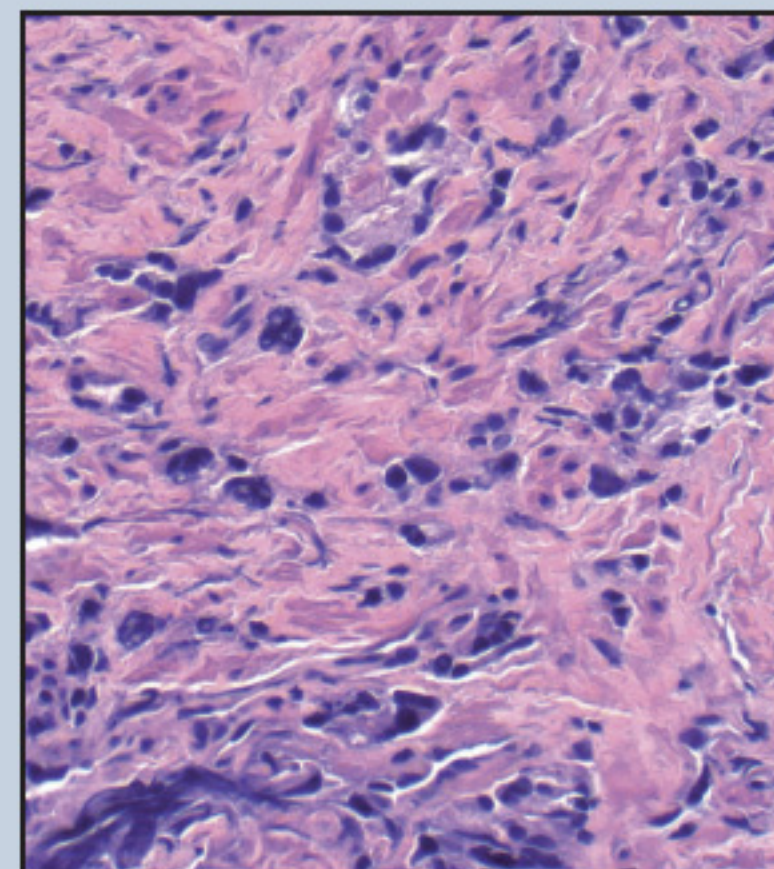
How is prostate cancer diagnosed?

Prostate cancer is a disease that generally does not produce symptoms until in its late stage. In fact, about 70% of all newly diagnosed prostate cancer is non-palpable and completely asymptomatic. At this point in time, no imaging modality exists that can accurately detect prostate cancer. The two best methods currently available for detecting prostate cancer at an early and treatable stage are PSA screening and the digital rectal exam (DRE).

NORMAL PROSTATE CELLS



PROSTATE CANCER



This is a side-by-side comparison showing healthy prostate cells (left slide) vs. high-grade prostate cancer (right slide). On the prostate cancer slide, note the lack of organization and structure.

Prostate specific antigen (PSA) is a protein secreted only by prostate cells into the bloodstream. Cancerous prostate cells leak greater amounts of PSA into the bloodstream, thus elevating levels higher than normal. However, factors other than prostate cancer such as inflammation, infection, and an enlarged prostate can elevate the PSA level as well. Despite these shortcomings, an elevated PSA is often the first sign of prostate cancer. The American Urological Association recently published recommendations for PSA screening to start at the age of 55 and potentially even younger for those with risk factors. The decision for PSA screening is a complex one and should be personalized after an in-depth discussion with your physician.

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Prior to the discovery of PSA, the digital rectal exam was the only way to detect cancer early. A gloved finger is inserted into the rectum and the back of the prostate is directly examined for suspicious nodules and irregularities. This is a simple, free examination that provides more information whether to move on to a biopsy.

If a patient has an elevated PSA or abnormal DRE, then he may require a prostate biopsy. A prostate biopsy is an office procedure where small prostate samples are taken and checked for cancer. The amount and apparent aggressiveness of the cancer can be estimated based on the biopsy results.

The aggressiveness of prostate cancer is graded by the pathologist using the Gleason score. It is an international standard that was developed to predict prognosis and help guide treatment. Cancers range from six to ten, with a higher Gleason score being more aggressive and having a worse prognosis.

How is prostate cancer treated?

Treatment for prostate cancer should be individualized to each patient. Factors that need to be considered are the aggressiveness of the cancer, age and clinical condition. There are many treatment options including active surveillance, surgery, radiation, and hormones.

Within the spectrum of prostate cancer, there are some that progress slowly and are not lethal.

For those who qualify, “active surveillance” is a viable option. This involves monitoring the cancer through repeat PSAs, digital rectal exams, and prostate biopsies. The cancer is treated if there is an increase in tumor volume or aggressiveness. Although there is a risk of progression, the latest studies show that when active surveillance is done appropriately, the prognosis is excellent with a 10-year survival of 99%.

Definitive treatment options for localized prostate cancer include radiation therapy and surgery.

“With early detection and modern treatment options, most men can be cured without compromising quality of life.”

Radiation can be delivered through external beams or directly by placing special small implants (radioactive seeds) or wires. The various side effects of radiation such as urinary and sexual dysfunction should be discussed with your physician.

Surgery can be performed with the latest da Vinci® robotic surgery system. Robotic arms with instrument attachments are introduced through small incisions

to remove the prostate. One arm holds the 3D HD camera, which provides a detailed view of the surgical field. The other arms have tools that cut, grasp, cauterize and suture. The robot perfectly mimics the movements of the surgeon, who is sitting at the control console. The superior visualization, dexterity, and precision of robotic surgery decrease hospital stays and minimize post-operative discomfort. In experienced hands, the robot is safe and provides the benefits of minimally invasive surgery to realms that previously were impractical.

For those who have prostate cancer that has spread outside the prostate gland, systemic therapy involving the whole body is required. Most commonly, medication is used to reduce the male hormone, testosterone. Since testosterone stimulates prostate cancer, this approach suppresses the cancer. Over time the cancer may become resistant to hormone ablation and grow despite low testosterone. In that case, further treatment such as chemotherapy or immunotherapy may be helpful.

As with many cancers, the key to successful treatment of prostate cancer is early detection. Appropriate PSA blood testing and physical exams can help detect prostate cancer at an early stage when it is most successfully treated. With early detection and modern treatment options, most men can be cured without compromising quality of life.

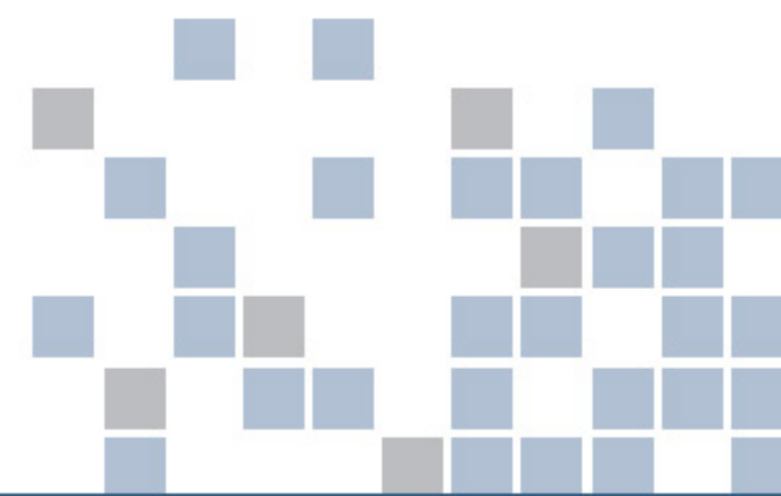
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Personal Welcome to OCUA from Our President



Paul A. Brower, M.D.

On behalf of the physicians and staff of Orange County Urology Associates (OCUA), we would like to welcome you to our practice. We are pleased that you have chosen us to provide your urologic care.

The 10 physicians and 70 staff members of Orange County Urology Associates are dedicated to providing state-of-the-art urologic care in a cost-effective manner. The physicians and surgeons of OCUA offer a full spectrum of expertise in all aspects of urologic care. These include general urology, urologic oncology, robotic and laparoscopic surgery, male infertility, female urology, erectile dysfunction, stones, incontinence and men's health.

It is our privilege and promise to provide the highest quality of healthcare to you and your family. Thank you again for choosing Orange County Urology Associates for your care.

Sincerely,

Paul A. Brower, M.D.

President & CEO

Orange County Urology Associates

Open Invitation to Our Patients: Please Ask Your Doctor Questions

By J. Bradley Taylor, M.D.



J. Bradley Taylor, M.D.

We are pleased that you have chosen to trust your urology care to our doctors. Here are some questions you might want to ask at the time of your first visit. After discussing your symptoms and past medical history, and having performed an examination, your doctor has an initial impression. Please feel free to ask us the following:

Questions at your first visit

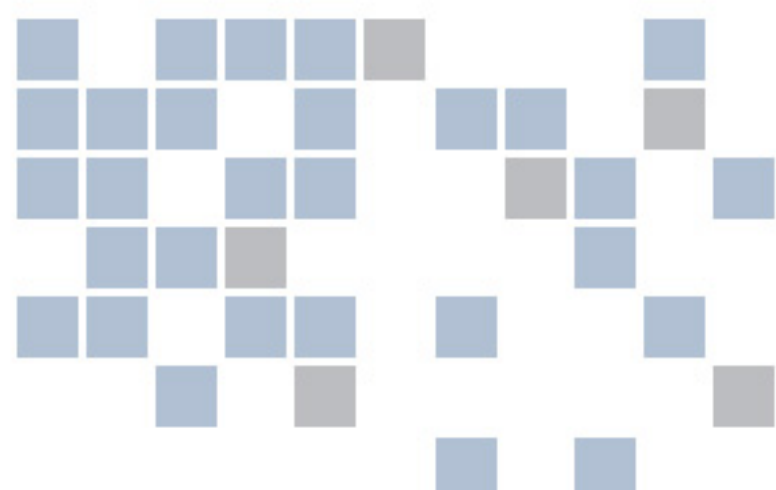
1. Do you have a diagnosis?
2. Do I need further tests before you can make a diagnosis?
3. What treatment options are available?
4. Can you tell me what your long-range treatment strategy may be?
5. Can you tell me what my outcome may be?
6. Is my current mix of medications acceptable, given my symptoms and condition?

After your evaluation is completed, surgery may be recommended. Here are some questions you should consider asking if that is the case.

Questions to ask before undergoing surgery

1. Can you describe the surgery and what it will do for me?
2. Should I have the surgery right away, or can it wait?
3. What, if anything, will I lose if we watch the condition and delay the surgery?
4. What alternatives to surgery may improve my condition?
5. What outcome can I expect if I have surgery?
6. How long should the recovery take?
7. What are the possible side effects?
8. How many of these procedures have you performed?
9. How do you feel about me getting a second opinion?

As the doctors of Orange County Urology Associates, we look forward to answering all of your questions.



Frequent Urination

By Karan Singh, M.D.
Orange County Urology

Do you feel like you are urinating too frequently during the day? Are you annoyed at having to wake up several times a night to relieve yourself?

When the need to urinate occurs more than once every two or three hours during the day or requires getting up several times during the night, it is a distressing situation.

In addition to being a sign of a medical condition, frequent urination can affect your sleep, work and general well-being.

Causes

Frequent urination can be caused by conditions affecting the urinary tract at any level. The urinary tract includes the kidneys, the tubes connecting the kidneys to the bladder (ureters), the bladder, and the tube through which urine flows from the bladder (urethra).

Urinary frequency or urgency can have a number of causes, including, but not limited to:

- Dietary factors, such as excess consumption of caffeine or alcohol
- Urinary tract infection (UTI)
- Urinary incontinence
- Enlarged prostate
- Kidney or bladder stones
- Interstitial cystitis (a chronic inflammation of the bladder wall)
- Bladder or prostate cancer
- Overactive bladder
- Pregnancy
- Certain medications (i.e., diuretics)
- Diabetes (Type 1 or Type 2)

- Radiation treatment affecting the pelvis or lower abdomen
- Neurological disorders, such as stroke or multiple sclerosis

Diagnosis

The process of making a diagnosis typically begins with a physical examination and a review of your symptoms, including whether the problem came on suddenly or has been ongoing.

Your physician also will ask you questions such as whether there has been a change of your urine color, and whether the symptoms include increased thirst, fever or pain.

The physical exam may be followed by one of more of these common diagnostic tests:

- **Urinalysis** - to check for bacterial, fungal or viral infections
- **Ultrasound** - a non-invasive test that uses high-frequency sound waves to examine abdominal or pelvic organs
- **Cystoscopy** - to examine the lining of the bladder and urinary tract by inserting a scope into the urethra (the tube that carries urine out of the bladder)
- **Cystometrogram / Urodynamic studies** - to evaluate bladder function

Treatment Options

Treatment for frequent urination varies depending on diagnosis, but may include one or more of the following options:

- **Dietary changes** - including a reduction of liquid intake,

particularly after 8 p.m., and avoiding certain irritants to the bladder

- **Medications** - including medicines to treat an overactive bladder, antibiotics for infections, or medications to treat other underlying illnesses such as interstitial cystitis
- **Medication changes** - certain prescription medications can

(continued on next page)

MODIFYING YOUR DIET CAN HELP

Certain foods and medications are eliminated through the urinary system, which can irritate the bladder. This is especially true if you have bladder irritation symptoms or an infection.

Here is a list of foods to avoid if you are experiencing urinary problems:

Foods to Avoid

- Alcohol (beer, wine, liquor)
- Caffeine (coffee, tea, soda, energy drinks)
- Citrus (lemon, lime, grapefruit, orange, pineapple, cranberry, tomato)
- Pepper / spicy foods

Although cranberry juice can prevent urinary tract infections (UTIs), it can result in urinary frequency and urgency due to its acidic nature.

OCUA Doctors Earn 2014 'Physician of Excellence' Honors



Neyssan Tebyani, M.D.

For the fourth consecutive year, Dr. Neyssan Tebyani of Orange County Urology Associates has been selected as a "Physician of Excellence" by the Orange County Medical Association. He will be listed as a "Top Doc" in the January 2014 issue of **Orange Coast** magazine.

Dr. Tebyani practices in comprehensive adult urology with an emphasis in robotic surgery and minimally invasive surgery. In 2008, Dr. Tebyani performed the first robotic surgery at Mission Hospital. He is certified in robotic surgery and has undergone advanced robotic surgery training in Germany.

Dr. Tebyani graduated from UCLA medical school and received many honors, including Top Medical Graduate and The Warren Medal.



Karan J. Singh, M.D.

Dr. Karan Singh of Orange County Urology Associates has been selected as a 2014 "Physician of Excellence" by the Orange County Medical Association.

This list of "Top Docs" will be published in the January 2014 issue of **Orange Coast** magazine. In all, the Orange County Medical Association honors more than 300 physicians in over 50 specialties. Selection criteria included board certification, physician leadership, teaching/mentoring, medical research and humanitarian service.

Dr. Singh, who graduated from the UCLA School of Medicine, completed his internship and residency at the University of California San Diego Medical Center. He is a Diplomate of the American Board of Urology in adult and pediatric urology.



Aaron Spitz, M.D.

For the second consecutive year, Aaron Spitz, M.D., of Orange County Urology Associates has been selected as a "Physician of Excellence" by the Orange County Medical Association. He will be honored as a "Top Doc" in the January 2014 issue of **Orange Coast** magazine.

Dr. Spitz also has been selected by **Los Angeles** magazine as a 2014 Southern California "Super Doctor." This story will be published in January.

Dr. Spitz graduated from Cornell University Medical College in New York, N.Y. He completed his internship and residency at L.A. County and University of Southern California Medical Center in Los Angeles, and completed a fellowship in urology at Baylor College of Medicine in Houston, Texas.

Frequent Urination (continued from Page 4)

increase the volume of urine output or affect bladder function

- **Physical therapy** - including pelvic floor (Kegel) exercises
- **Biofeedback or electrical stimulation** - to assist with Kegel exercises
- **Other surgery** - to remove tumors, repair urinary tract structures, or treat stones if present.

Warning Signs

See your doctor as soon as possible if you have frequent urination along with any of these signs or symptoms:

- Blood in your urine
- Red or dark brown urine
- Painful urination
- Pain in your side, lower abdomen or groin
- Difficulty urinating or emptying your bladder

- A strong urge to urinate
- Loss of bladder control
- Fever

Urinary tract disorders may cause these symptoms, but so can other serious diseases or health conditions.

A urologist can help find out what is causing your frequent urination and how to treat it.



FDA Approves Botox to Treat Overactive Bladder

By Jennifer Gruenenfelder, M.D.
Orange County Urology

Overactive bladder (OAB) is a problem with bladder function that causes a sudden urge to urinate. The urge may be difficult to suppress, and overactive bladder can even lead to the involuntary loss of urine (incontinence).

If you have this condition, you may feel embarrassed, isolate yourself, or limit your work and social life. People with overactive bladder often start relying on absorbent pads and disposable undergarments, which are bulky, a nuisance and expensive. But there is good news: A brief evaluation can help determine the cause, and then you can receive treatments that may greatly alleviate your symptoms.

If you have overactive bladder and have tried other medications, but found that they didn't work well enough for you or that you couldn't tolerate the side effects, Botox® may be the answer for you.

Botox is now FDA approved for adults 18 and older to be injected directly into areas of the bladder muscle to treat OAB symptoms such as a strong need to urinate with leaking or wetting accidents (urge urinary incontinence), a strong need to urinate right away (urgency), and urinating often (frequency).

Botox treatment helps prevent the chemical messenger acetylcholine from signaling the bladder muscle. This reduces the overactivity of the bladder muscle and can help:

- Reduce daily leakage episodes
- Reduce the number of times

that you need to empty your bladder daily, and

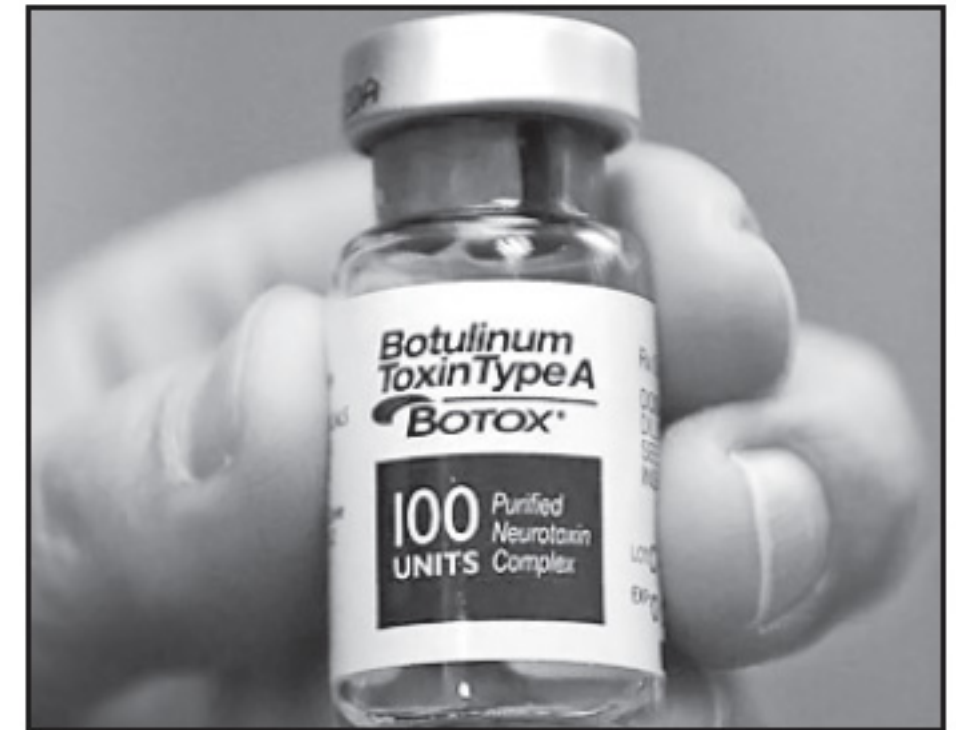
- Increase the volume that you are able to void when you do urinate.

If you and your physician believe you will benefit from this treatment, your office visit should take about an hour. The Botox treatment usually only takes 20-30 minutes, then you will be observed for about half an hour before you leave the office.

Botox therapy is a new way for clinicians to treat overactive bladder without life-long medications.

During the procedure, your doctor will access your bladder through your urethra. You will be given a local anesthetic to numb your bladder. Sometimes you also may be given a sedative to keep you calm during the procedure. Your physician will then inject Botox into several areas of your bladder.

In clinical trials, patients treated with Botox experienced an average of up to six months of positive response. There was a 60% reduction in incontinence episodes, and 30% of patients became dry. Also in the clinical trials, 6% of patients experienced a temporary inability to fully empty their bladder following a Botox treatment, which is called urinary retention. If this

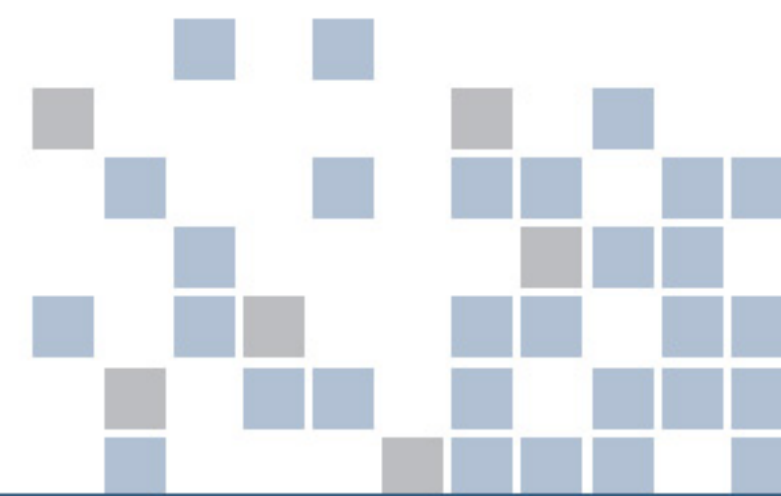


The FDA recently approved Botox® for use as a new treatment for overactive bladder (OAB). It works by interrupting signals to the bladder that cause urges to begin urination prematurely.

occurs, patients may need to use disposable self-catheters to empty their bladder a few times a day until their bladder is able to start emptying again. The treatment can then be renewed with a 30-minute follow-up treatment. Orange County Urology Associates still is working on these clinical trials to refine our understanding of how Botox works. If you have overactive bladder, ask your physician if you might be eligible to participate in a Botox clinical trial.

At Orange County Urology, many of our patients who suffered from overactive bladder have experienced very positive outcomes after undergoing Botox treatment. In fact, we've had some patients report back that they are now able to purchase regular underwear again. It's a quality of life change like this that makes us feel good about being urologists.

Editor's note: Dr. Gruenenfelder recently appeared on the national TV show *The Doctors* as a urology expert on the topic of using Botox to treat overactive bladder.



Dr. Terrence D. Schuhrke retires after 4 decades in urology



Terrence D. Schuhrke, M.D.

Orange County Urology Associates wishes to formally congratulate Terrence D. Schuhrke, M.D., for his long and distinguished career in the field of urology. Dr. Schuhrke officially retired Dec. 31, 2013.

"We would like to take this moment to thank Dr. Schuhrke for the wealth of personal contributions he made to our medical practice," said Paul Brower, President & CEO of Orange County Urology Associates. "During Dr. Schuhrke's 38 years of service, OCUA became the pre-eminent urology practice

in Orange County and Southern California."

Dr. Schuhrke was raised in the Chicago, Ill., area suburbs and returned for his undergraduate studies at Loyola University, where he received a Bachelor's of Science degree in Biology. He received his Doctor of Medicine degree from Loyola University Stritch School of Medicine in Maywood, Illinois.

Dr. Schuhrke completed his internship at the Santa Clara Valley Medical Center in San Jose, Calif., followed by another year of general surgery residency at Highland Hospital in Oakland, Calif.

He then served in the United States Navy Medical Corps for two years in Vietnam before returning to Naval Medical Center, San Diego, Calif., to complete four years of residency training and board certification in urologic surgery. There he met his future bride, Deb, a Navy neonatal nurse, and they married before leaving San Diego for Orange County.

He met his long-time urology partner, Dr. Richard Cerruti, during academic urology rounds at UC Irvine. Soon after, they

joined forces to form the nidus of Orange County Urology Associates.

Dr. Schuhrke took subspecialty post-graduate courses in urologic pathology, laparoscopic urologic surgery, and extracorporeal shock wave lithotripsy, among others. Dr. Schuhrke has served as Chief of Staff at Memorial San Clemente Hospital as well as on numerous hospital committees in area hospitals. He also served as president of the Orange County Urological Society for a number of years. He also has been an active member of the Orange County Medical Association and the California Medical Association.

"As I enter retirement, I reflect on over four decades of advances in urologic care and the transition to minimally invasive and robotic surgeries, as well as non-invasive treatments for stone diseases of many types," Dr. Schuhrke said. "Prosthetic devices have matured into reliable use in erectile dysfunction as well as incontinence care. Use of medications such as Botox® and Viagra® have allowed improved quality of life for our patients. Newer chemotherapy drugs are becoming less toxic while obviating the need for radical surgeries in some cases. Our radiation therapy colleagues continue to aid in adjunctive care of urologic cancers."

"My greatest hope is that all my patients will continue their care with Orange County Urology Associates, who will always serve their needs. I will truly miss my patients and friends from the past 38 years," Dr. Schuhrke said.

Dr. Schuhrke lives in Dana Point with his wife, Deb, a retired neonatal nurse. During his retirement, he looks forward to spending time traveling, hiking, and catching up on fiction reading. He concluded: "See you at the Home Depot after the garage has been cleaned out. Warm regards to all urology colleagues and staff I worked with along the way."

NEW TECHNOLOGY

AUA Creates Urology Guidelines Mobile App for Primary Care MDs

The American Urological Association (AUA) recognizes the difficulty for primary care physicians to keep up-to-date in the constantly evolving field of urology. To this end, the AUA has developed a smartphone app, AUA Guidelines-At-A-Glance for primary care physicians, for both the iPhone and Android.

Orange County Urology Associates is excited about this innovative app. It touches on urologic topics that primary

physicians encounter on a regular basis such as hematuria, benign prostatic hyperplasia, and PSA screening. Using evidence-based medicine, recommendations are delivered in succinct sections and flowcharts that are easy to navigate.

Download the free AUA Guidelines-At-A-Glance mobile app to your Apple or Android device from the iTunes App Store or Google Play Store by searching for "AUA Guidelines". The app also is available on the AUA website, www.auanet.org.

News & Notes

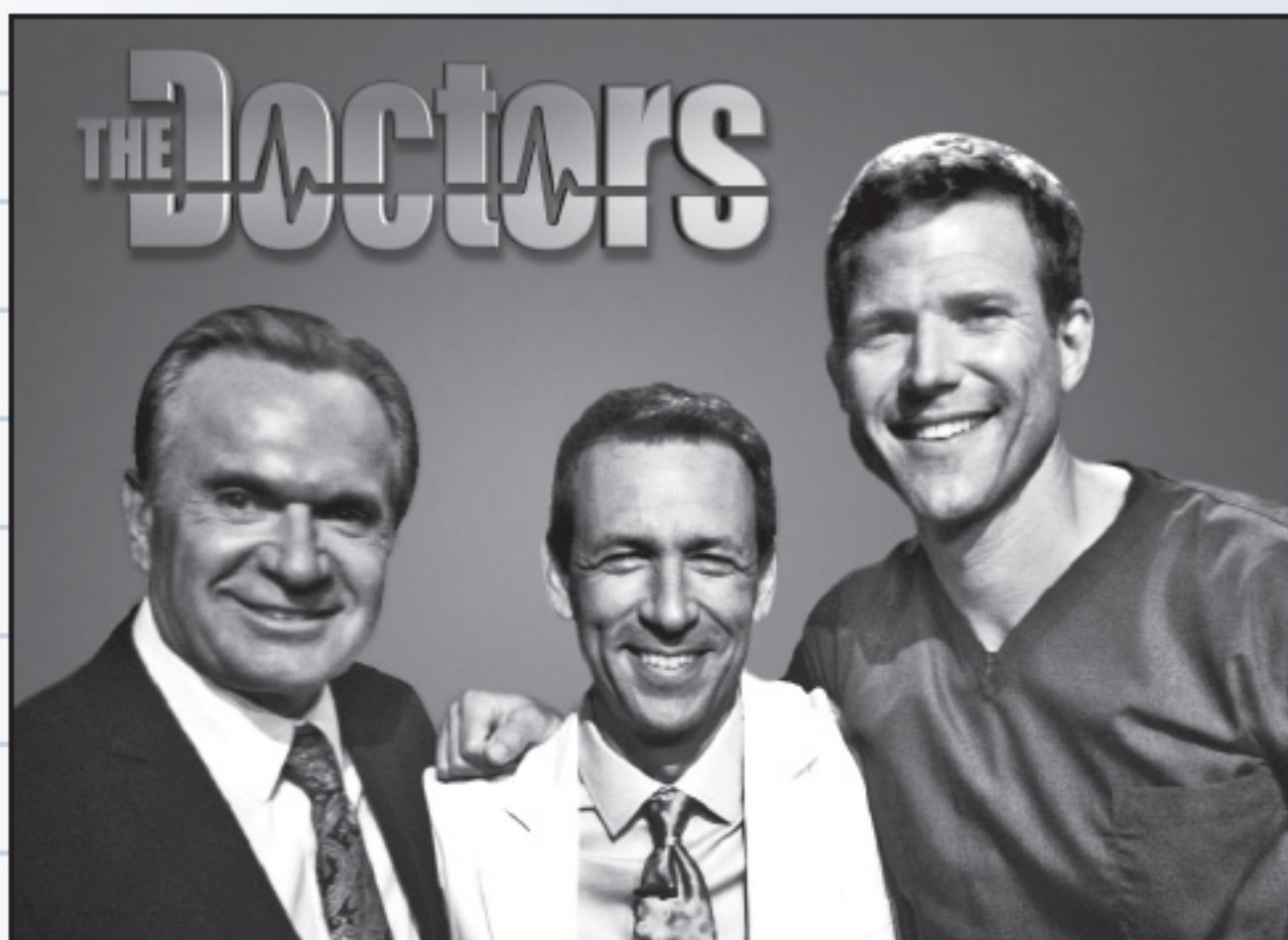
ORANGE COUNTY UROLOGY ASSOCIATES

- **Jennifer Gruenenfelder, M.D.**, received notification from the American Board of Urology that she has completed all requirements for subspecialty certification in Female Pelvic Medicine and Reconstructive Surgery. She is certified as a Diplomate of the American Board of Urology with this subspecialty certification. Dr. Gruenenfelder graduated from the College of Physicians and Surgeons of Columbia University, New York, New York. Her internship and surgical residency in urology was completed at Baylor College of Medicine, Houston, Texas.
- **Paul Brower, M.D.**, serves as President & Chief Executive Officer of Orange County Urology Associates and does extensive lecturing and mentoring on business topics to new physicians around the world.
- **Karan Singh, M.D.**, recently made two presentations. He gave a talk on overactive bladder to 20 internal medicine physicians from Orange County. He also made a presentation at Mission Hospital to patients about treatment options for benign prostatic hyperplasia (BPH), including the GreenLight™ laser procedure.
- **Aaron Spitz, M.D.**, is active in health policy on a national level. He serves as the head of the urology delegation to the American Medical Association House of Delegates. At the request of the American Urological Association, he lobbies in Washington, D.C., on healthcare issues facing urologists. He also serves on the AUA health policy committee, and is the Orange County district representative for the Western Section of the AUA health policy council.
- **Paul Brower, M.D.**, was selected by *U.S. News & World Report* as a Top Doctor in the United States. He also was named a Top Doctor in urology by Castle Connolly for the 10th consecutive year.



Jennifer Gruenenfelder, M.D.

- **Moses Kim, M.D.**, spent a week of July in Nicaragua providing general healthcare to the residents living at the outskirts of Managua, the capital city. He traveled there with a team of healthcare professionals, which included doctors, pharmacists, nurses and acupuncturists. They provided care for more than 200 patients a day, treating common ailments such as hypertension, diabetes, chronic back pain, and the common cold. In 2012, Dr. Kim traveled to Thailand to provide general healthcare to the people of Koh Yao, an undeveloped island off the southern coast of Thailand. He is currently planning a trip to Africa in 2014, this time to teach and perform urologic surgeries.
- **Aaron Spitz, M.D.**, was voted President-Elect of the California Urological Association (CUA) Nov. 4 at its semi-annual meeting at the Western Section American Urological Association (AUA) meeting in Monterey, California. The CUA is the primary professional society for California urologists at the state level. Dr. Spitz will become President in two years.
- **Don T. Bui, M.D.**, staffed the Orange County Urology booth Nov. 6 at Saddleback Hospital for a cancer awareness conference.
- **Karan Singh, M.D.**, participated in a Botox® injection course for the treatment of overactive bladder and neurogenic bladder. The course was given by a world-renowned expert on Botox injections from USC.
- **Aaron Spitz, M.D.**, was featured in the June 2013 issue of *Parenting OC*. The article focused on the no-needle, no-scalpel method of vasectomy, the most advanced procedure of its kind today.
- **Karan Singh, M.D.**, had an article on enlarged prostate published in the April 2013 issue of *El Panamericano*.
- **Orange County Urology Associates** has opened a new office in Huntington Beach. **Don T. Bui, M.D.**, will be the urologist seeing patients there. He also sees patients at our offices in Laguna Hills and Irvine.
- **Aaron Spitz, M.D.**, presented a lecture on Kallman syndrome to an international symposium on the condition Oct. 26 in Laguna Hills. Kallman syndrome, a rare genetic cause of male infertility, was featured on *The Doctors* television show with Dr. Spitz.
- **Karan Singh, M.D.**, attended the Large Urology Group Practice Association (LUGPA) annual meeting in Chicago.
- **Aaron Spitz, M.D.**, presented the plenary lecture on the latest research and advances in the field of male infertility to an international audience of thousands at the national meeting of the American Urological Association (AUA) in San Diego. His presentation served as the basis for an article he authored featured in the June edition of the *AUA News*.



In September **Dr. Aaron Spitz** (middle), OCUA urologist/surgeon, made his 15th appearance on the Emmy Award winning TV show *The Doctors*. Dr. Spitz also was featured recently on *The Real Housewives of Orange County*.

To learn the latest about Orange County Urology, visit our website at: www.OrangeCountyUrology.com.

There you can request appointments, learn more about our physicians and various urology conditions, and see news updates about our practice. Orange County Urology is embracing **social media** and is the top-ranked OC urology practice on Angie's List.

Urologist, Robotic Surgeon Don T. Bui, M.D., Joins OCUA



Don T. Bui, M.D.

Orange County Urology Associates (OCUA) is pleased to announce that Don T. Bui, M.D., has joined our physician staff. In addition to practicing general urology, Dr. Bui is a urologic surgeon with specialized training in advanced robotic and minimally invasive surgical techniques.

“We are very pleased to have Dr. Bui join our medical practice,” said Paul Brower, M.D, President & CEO, Orange County Urology Associates. “He is a talented urologist and robotic surgeon. We are very fortunate to have him on our physician staff to provide less invasive procedures to our patients so they can recover more quickly and have the best possible clinical outcomes.”

Dr. Bui joins OCUA from Emory University in

Atlanta, Georgia, where he served as a clinical instructor in the department of urology. At Emory, he also gained experience in oncology and advanced robotic surgery. Emory University is a highly regarded teaching medical center.

Prior to joining Emory University, Dr. Bui completed a six-year residency (resident/chief resident) at William Beaumont Hospital in Royal Oak, Michigan. Beaumont is one of the busiest hospitals in the U.S. with over 30 fellowship trained urologists on staff.

Dr. Bui attended medical school at Northeast Ohio Medical University. He completed his undergraduate education at the University of Akron, where he received his B.S. in basic science (Cum Laude) in the six-year accelerated B.S./M.D. program.

Dr. Bui is a native Southern Californian and was raised in Cerritos. Dr. Bui is fluent in English and Vietnamese. Appointments with Dr. Bui can be made by calling Orange County Urology Associates at (949) 855-1101.

Irma Acosta Joins OCUA as a Certified Physician Assistant



Irma Acosta, PA-C,
MSPAS, MPH

Irma Acosta has joined Orange County Urology Associates as a Certified Physician Assistant. In her new role, she will be supporting all urologists on staff.

Acosta comes to Orange County Urology from the Bariatric Medicine Institute/Surgical Weight Loss Center and the Heartburn Care Center at Salt Lake Regional Medical Center in Salt Lake City, Utah. There she served as a physician assistant, clinical coordinator, and supervisor of clinical staff. In her career, she has a wide range of clinical

experience — from cardiology to bone marrow transplant.

Acosta has earned two master’s degrees from Touro University California’s College of Health Sciences in Vallejo, California. She has a master’s of science degree in physician assistant studies, as well as a master’s degree in public health. She received her bachelor’s degree in nutritional science from Brigham Young University.

She is fluent in both English and Spanish.

Kidney Stones: Drinking More Water Helps Prevent Them

By Josh Randall, M.D.
Orange County Urology

One of the most painful urologic disorders, kidney stones have plagued humans for millennia. The first recorded surgery performed on humans was done in ancient Egypt and was for the removal of stones from the bladder.

Kidney stones usually form when salts in the urine crystallize, gradually getting larger to form stones. According to the U.S. National Institutes of Health (NIH), about 1 person in 10 develops kidney stones during their lifetime. Kidney stones are most prevalent in patients between the ages of 30 and 45, with men affected three times more often than women. Overall incidence declines after age 50. Kidney stones are also seen more often in areas with warmer climates and areas with hard water.

About 85% of stones are calcium oxalate or calcium phosphate. The other most common form of kidney stone is made of uric acid. Most stones form due to dehydration, but diet also plays a role in the formation of stones. Drinking more water (6 to 8 glasses a day) is the best way to prevent kidney stones from forming. Lowering your salt intake and decreasing animal protein in your diet also can help prevent stones. Once diagnosed with stones, your doctor can run tests on your blood and urine to help determine why you formed stones.

A kidney stone usually has no symptoms until it is dislodged from the kidney and migrates into the ureter, the tube that carries urine from the kidney to the bladder.

This can cause severe, excruciating pain that often begins in the lower back and radiates to the groin. A lodged stone can block the flow of urine, causing pressure to build in the affected ureter and kidney. Increased pressure results in stretching and spasm, which cause the severe pain. The pain is often associated with nausea and vomiting, as well as fevers and infection of the urine.

Occasionally stones are diagnosed incidentally when a patient is getting X-rays for other reasons, but most patients learn they have stones when they are already experiencing pain from the stone trying to pass. Most kidney stones pass out of the body without any intervention by a physician, but stones that cause lasting symptoms can be treated by various techniques, most of which do not involve open surgery. Stones measuring 4mm and smaller (less than 1/4-inch in diameter) pass without intervention in 90% of cases; those 5-7mm do so in 50% of cases; and those larger than 7mm rarely pass without a surgical procedure. Stones can be diagnosed by X-ray, CT scan or ultrasound. Depending on the size, shape and exact location of the stone, your urologist can decide which form of treatment is best.

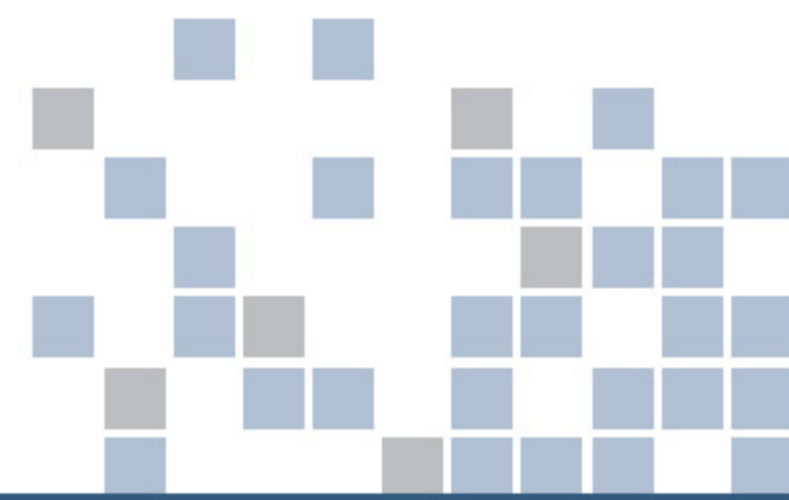
In the majority of cases, sound waves can be used to break up a kidney stone. This is called extracorporeal shock wave lithotripsy (ESWL) and it uses highly focused impulses projected and focused from outside the



Kidney and bladder stones can range in size from small pebbles to the size of a small marble. Most stones form due to dehydration.

body to pulverize kidney stones anywhere in the urinary system. The stone usually is reduced to sand-like granules that can be easily passed in the patient's urine. If a stone cannot be treated with ESWL, then ureteroscopy may be used to remove the stone. A special fiber-optic instrument (ureteroscope) is inserted through the urethra and passed through the bladder and up the ureter to the stone. Once the stone is located, the urologist either removes it with a small basket inserted through the ureteroscope (called basket extraction), or breaks up the stone with a laser or similar device. The fragments are then removed.

While kidney and bladder stones can cause excruciating pain, the good news is we now have numerous treatments to quickly get you back to your normal routine.



Good Treatment Options Exist for Peyronie's Disease

By Aaron Spitz, M.D.
Orange County Urology

A bent, narrowed or painful erection, known as Peyronie's (pay-roh-nee-z) disease, is a common condition that affects over 10% of men.

A scar-like tissue called "plaque" forms on the lining of the chambers that form the shaft of the penis. The penis cannot stretch or expand properly at the site of this plaque, and this part of the penis then bends or narrows during erection.

Peyronie's disease usually arises spontaneously and suddenly with no obvious injury. Occasionally it is caused by trauma such as a sudden bend during intercourse. Rarely it is a family trait and may be associated with Dupuytren's (du-pwee-tranz) contractures of the palms. Fortunately, it does not progress to a life-threatening ailment.

For some men, scar tissue arises as a side effect of injections he is using to enable his erections. The condition also may occur in a small percentage of men who have had their prostate removed to cure prostate cancer.

In the early stages of the condition, a patient may notice a painful area of his penis during erection. He may also notice a palpable lump or hardness in the shaft of the penis, known as a plaque, and he may notice a bending or narrowing of his erection.

The pain is almost always temporary, typically resolving in a few months to a year. But the deformation of the penis is usually permanent and may gradually

worsen over a one- to two-year period. A small percentage of men will spontaneously improve over that same time period.

Peyronie's disease may result in a curvature of the penis so severe that intercourse is painful or impossible. In some cases the Peyronie's also causes impotence. Mild cases may be managed conservatively and left alone.

Surgical correction can be performed and in many cases is quite successful, but there can be side effects. Plication surgery is a shortening of the unaffected side to straighten the penis. Graft surgery is a lengthening of the affected side with a patch material. Surgery is reserved until after the disease process has stabilized for a year. There can be a risk of developing erectile dysfunction with some corrective surgeries. If a man has both significant curvature and severe erectile dysfunction, penile prosthesis surgery will usually be the best solution for him. The prosthesis will straighten the penis significantly and provide on-demand, reliable, rigid erections.

Non-surgical treatment is oriented toward preventing, reversing or breaking down collagen (the substance of scar tissue) and inflammation. Oral medications that had been recommended historically include POTABA (potassium para-aminobenzoate) and vitamin E. Studies have shown these to be minimally effective and recent evidence indicates large doses of vitamin E can be a health hazard. More recently, colchicine,

L arginine, erection medications such as Cialis® and Viagra®, and pentoxifylline have been shown by different clinical investigators in different combinations to result in more significant results.

Mechanical therapy can be more effective than pills. Prolonged and regular daily traction of the penis — often in combination with a series of injections of verapamil directly into the plaque given every two weeks — results in a gradual breakdown of the scar-like tissue and allows for the ingrowth of healthy tissue. As a result, the penis lengthens and straightens. The duration of treatment is typically six months. The majority of men improve with this therapy.

A new injectable medication called Xiaflex® was recently studied in clinical trials at Orange County Urology and this led to its recent approval by the U.S. Food and Drug Administration (FDA).

Xiaflex is the first FDA-approved, non-surgical treatment option for men with Peyronie's disease. It is a collagenase, which is a chemical that breaks down scar tissue. It is injected into the penis every 6 weeks for 3 or 4 cycles.

Editor's note: Aaron Spitz, M.D., has been featured on the nationally syndicated health television program **The Doctors** explaining Peyronie's disease. To see this video and learn more, go to "HelpforED.com" and click on "Peyronie's." Orange County Urology Associates has successfully treated many men with Peyronie's disease and restored their sexual health.