

UrologyToday

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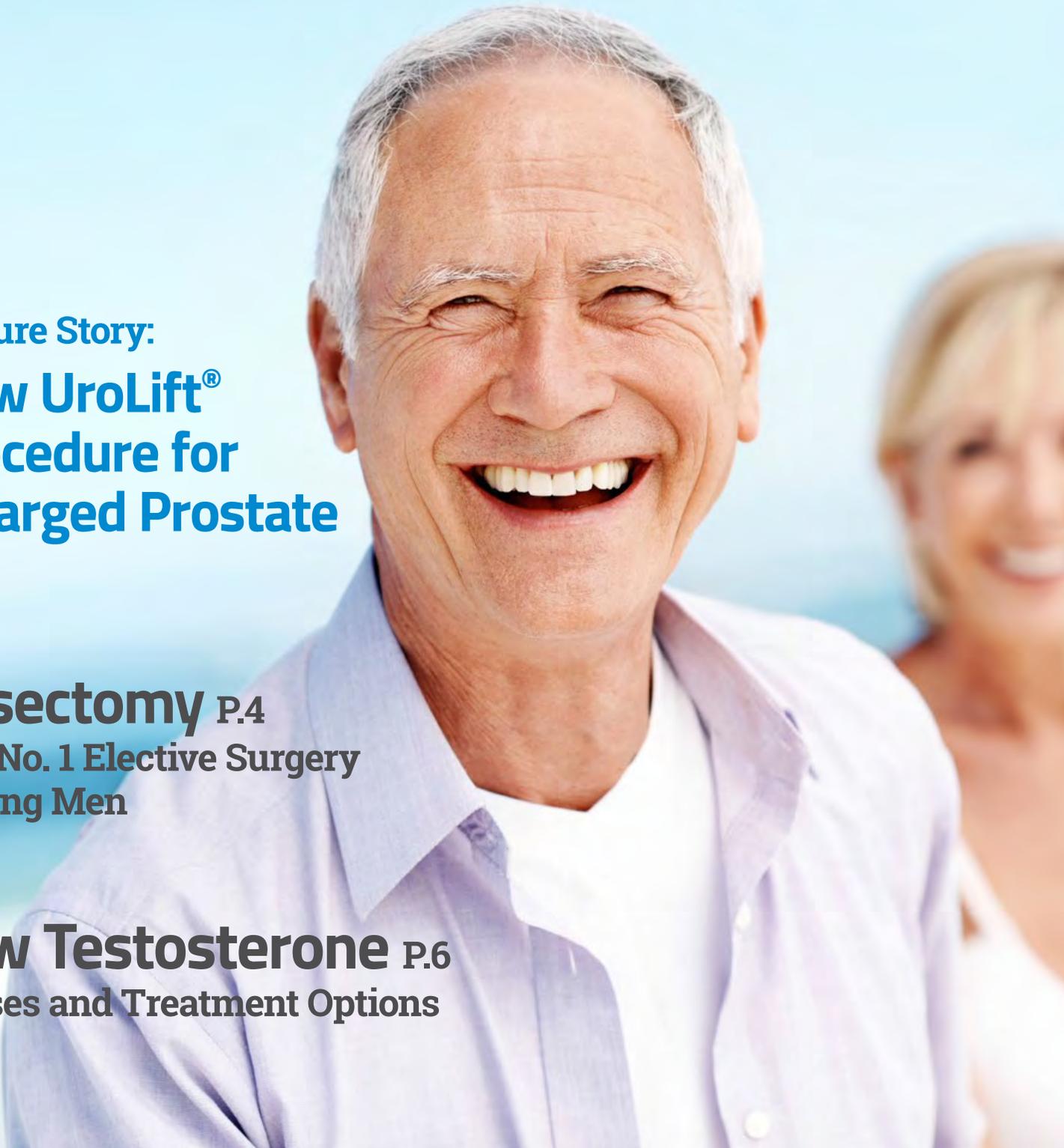
Feature Story:

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The No. 1 Elective Surgery
Among Men

Low Testosterone P.6 Causes and Treatment Options





Paul A. Brower, M.D.

Personal Welcome to Patients From Our President

On behalf of the physicians, surgeons, and staff of Orange County Urology Associates (OCUA), I would like to welcome you to our practice.

The 11 physicians and 85 staff members of Orange County Urology Associates are dedicated to providing state-of-the-art urologic care in a cost-effective manner. Our medical team offers a full spectrum of expertise in all aspects of urologic care. These include general urology, urologic oncology, robotic and laparoscopic surgery, minimally invasive surgery, female urology, men's health, male infertility, erectile dysfunction, stones, and incontinence.

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

Sincerely,

Paul A. Brower, M.D.
President & CEO
Orange County Urology Associates, Inc.



UrologyToday

NEWSLETTER OF ORANGE COUNTY UROLOGY ASSOCIATES, INC.

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UroLift®

OCUA Pioneers New Surgical Treatment for BPH (Enlarged Prostate)

New Device Shows Excellent Results in Preserving Male Sexual Function



LtoR—Joseph Catanese III, Ph.D., NeoTract Inc. co-founder and vice president of professional education, NeoTract urology consultant Andrea Rocca, and Orange County Urology Associates urologist/urologic surgeon Dr. James Meaglia after performing the first UroLift® case in Orange County. NeoTract is the manufacturer of UroLift.



JAMES P. MEAGLIA, M.D.
Urologist / Urologic Surgeon
Orange County Urology Associates

LAGUNA HILLS, California – A new, less-invasive surgical system called UroLift® that is designed to treat benign prostatic hyperplasia (BPH), or enlarged prostate, is delivering excellent clinical outcomes for Orange County Urology Associates surgeons.

James Meaglia, M.D., an Orange County Urology Associates (OCUA) urologist/urologic surgeon, has pioneered UroLift in Orange County. He performed the first UroLift implant in Orange County in November 2014.

One in four men experience symptoms of an enlarged prostate by the age of 55, and that rate increases to 90 percent in men over the age of 70.

UroLift is an outpatient surgical procedure approved by the FDA in the United States for the treatment of BPH that provides total preservation of sexual function.

“So far I have done 98 implants using the new UroLift surgical system for treating enlarged prostate, and I couldn’t be more pleased with the patient and clinical outcomes,” Dr. Meaglia said. Other OCUA physicians also are beginning to use the device.

About BPH and the UroLift Treatment System

BPH is a common condition affecting more than 500 million aging men worldwide. Chronic lower urinary

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Vasectomy

The No. 1 Elective Surgery Among Men



BY KARAN J. SINGH, M.D.
Urologist / Urologic Surgeon
Orange County Urology Associates

Each year more than 500,000 American men choose to have a vasectomy, an outpatient surgical procedure that is one of the most reliable forms of permanent birth control available today.

In the United States, vasectomy is used as the method of birth control by 7% of all married couples.

Among the many benefits of a vasectomy:

- Vasectomy is nearly 100% effective in preventing pregnancy.
- The cost of a vasectomy is far less than the cost of female sterilization (tubal ligation), or the long-term cost of birth control medications for women.
- Vasectomy has a low risk of complications or side effects.
- You won't need to take birth control steps prior to sex, such as putting on a condom.
- Vasectomy is now considered "virtually pain-free" because of numerous technological advances in the procedure.

"A vasectomy is a safe procedure that has no effect on a man's sexual performance or pleasure. The procedure does not lower a man's testosterone, nor does it change his erections, stamina or drive."

What Occurs During a Vasectomy

A vasectomy is a 15- to 20-minute surgical procedure in which the two vas deferens (tubes that carry sperm from the testicles en route to the penis) are cut, cauterized (burned or seared) and/or clipped. After a waiting period directed by the doctor, semen will no longer contain sperm and conception cannot occur. The testicles continue to produce sperm, but they die and are resorbed by the body.

Vasectomy is safe and has no effect on a man's sexual performance or pleasure. The procedure does not lower a man's testosterone, nor does it change his erections, stamina or drive. The procedure also will not permanently damage sex organs, and there is no concrete evidence that it will increase your risk of certain cancers or increase your risk of heart

disease. After a vasectomy, a man will still ejaculate nearly the same amount of fluid (only 3% of ejaculate contains sperm), and he still will experience the same intensity of sexual climax.

A man desiring to have a vasectomy has two options for his procedure: a traditional vasectomy or the newer "no-needle, no-scalpel" vasectomy. Although both procedures are safe and effective, there are some notable differences.

Traditional Vasectomy

During a traditional vasectomy, which can be done under general or local anesthetic, an incision is made on each side of the scrotum with a scalpel and the procedure is performed within the scrotum – resulting in more swelling and discomfort. Because of the larger incisions, the skin needs to be sewn shut.

No-Needle, No-Scalpel Vasectomy

To numb the area prior to surgery, an anesthetic solution is sprayed using a high-pressure jet instrument through the scrotum around the vas deferens. A small puncture is then made in the scrotal skin using special instruments, through which the vas deferens is brought out to the surface. The doctor then divides, dissects, and seals the vas deferens. Often stitches are not required to close the small puncture opening, and only one puncture may be required to seal both vas deferens.

You should discuss with your Orange County Urology Associates physician which surgical approach is most appropriate for you.

After the Procedure

You may be given a pain medication following the procedure. However, for many patients, just Tylenol® is adequate. Medications such as aspirin, Motrin®, ibuprofen and Advil® are blood thinners and, therefore, should be avoided for 24 to 48 hours after the procedure, as well as a week prior to the procedure, since this may result in increased risk of intra- or post-operative bleeding.

The local anesthetic will begin to wear off after a few hours. At this time you will feel some discomfort and experience some

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swelling, but this is usually mild. Here are a few things you can do to aid your recovery:

- Place a bag of crushed ice (or a bag of frozen peas) intermittently on your scrotum for 24 hours after the procedure to minimize any pain or swelling. Gel cold packs become rock hard, so they're difficult to mold around the scrotum.
- Wear an athletic supporter or cotton briefs for a few days after the procedure.
- Limit physical activity, and either sit or lie supine, as much as possible during the first 24 hours.
- Avoid heavy lifting for the first week.

Because of these post-surgery instructions, many men have their vasectomy on a Friday so they can recover on the weekend.

Patients may return to desk work the next day, but vigorous activities and sexual intercourse should be avoided for one week.

Note: A vasectomy doesn't provide immediate protection against unwanted pregnancy. Therefore, your doctor will give you a "waiting period" before you can have unprotected sex. The reason: some sperm can remain in the upper portion of your vas deferens. Therefore, you need to continue to use a form of birth control until you have had a semen analysis that shows your sperm count is zero. You should schedule this sperm analysis at least 3 months after your vasectomy. Generally speaking, it takes about 20 ejaculations to flush sperm from each of your vas deferens. The sperm analysis confirms that your vasectomy surgery was a success. Your doctor will then give you the "all clear" for unprotected sex.

Possible Risks and Complications

Even though vasectomy is considered a safe surgery, there are risks that come with all surgeries, and complications can occur. Here is a rundown of the risks and complications associated with a vasectomy:

- Infections or bleeding are risks associated with any type of surgical procedure.
- In rare cases, the vas deferens can spontaneously reconnect (a phenomenon called recanalization). This can make you fertile again and can result in an unwanted pregnancy.
- Bruising of the scrotum.
- Blood in the semen (rare).
- Fluid build-up in the testicle, which can cause a dull ache that gets worse with ejaculation (rare).

- Epididymitis, an inflammation of the epididymis that can cause scrotal pain. This usually will resolve without any treatment, but may require anti-inflammatory medications for relief.
- Sperm buildup can cause some soreness in the testicles. Anti-inflammatory medications can provide relief.
- Sperm granuloma, a small and harmless lump that can form where the vas deferens is sealed off.
- Long-term testicular discomfort (orchialgia) can occur in very rare cases after this type of procedure.

Your physician will instruct you on the few symptoms that necessitate you calling the office immediately.

The only men who would be excluded from having a no-scalpel vasectomy are those who have had extensive scrotal surgery.

Is a Vasectomy Reversible?

Vasectomy should be considered a permanent form of birth control. But in many cases it is possible, in the hands of a skilled surgeon, to have a vasectomy reversed to restore fertility.

About 5% of men with vasectomies choose to have them reversed at a later date. While not all vasectomies are reversible, advanced microsurgical techniques enable skilled urologic surgeons to reverse a vasectomy with greater success than ever before. The success rates for reversing a vasectomy are dependent on several factors, including how well the original surgeon left the anatomy intact.

Reversing a vasectomy – called a vasovasostomy – involves opening the sealed ends of the vas deferens and reconnecting them. It requires the skills of an experienced microsurgeon, who must perfectly align and rejoin the pinhole-size openings of the tubes using sutures that are finer than a human eyelash.

It has been reported in the medical literature that men whose vasectomies were performed less than three years before the reversal had a 97% chance that sperm flow would be re-established, and a 76% chance that a pregnancy would result. If the vasectomy was performed 15 or more years earlier, chances dropped to 71% for re-establishing sperm flow and 30% for initiating a pregnancy.

"No matter how complex the situation, it's rare that a vasectomy can't be reversed by an experienced urologist," said Dr. Aaron Spitz, an Orange County Urology Associates (OCUA) microsurgeon who performs vasectomy reversals.

Low T

Many of Men's Maladies Can Be Traced to Low Testosterone



BY AARON SPITZ, M.D.
Urologist / Urologic Surgeon
Orange County Urology Associates

Millions of men have low testosterone, or "low T". This condition can cause a myriad of problems such as low sex drive, erectile dysfunction, and fatigue.

The good news about low testosterone is that it can be easily treated – commonly with testosterone skin gels, long- and short-acting injections, and under-the-skin pellets that release testosterone slowly. In addition to helping resolve problems with sexuality, mood and energy, testosterone replacement therapy (TRT) can help protect men against several serious medical problems including cardiovascular disease, osteoporosis, and diabetes.

What is Testosterone?

Testosterone is the sex hormone primarily responsible for turning boys into men. This hormone is key during puberty and the development of male physical features. Testosterone levels can affect men's sex drive, erections, mood, muscle mass, and bone density. Testosterone also is needed for men to produce sperm. It is important to note that sperm rely on testosterone that is naturally produced by the man, and sperm production will fall if a man uses testosterone supplements.

What is Hypogonadism or 'Low T'?

Some men have low levels of testosterone. This is called hypogonadism or "low T". Men with low T may experience symptoms and health impacts such as:

- Reduced sex drive
- Erectile dysfunction (ED)
- Decreased penile sensation
- Decreased ability to reach climax
- Shrinkage of testicles
- Decreased energy/fatigue
- Depressed mood/irritability
- Reduced muscle mass/strength

- Increased body fat
- Anemia
- Loss of bone density

If you notice one or more of these symptoms, it is important that you share this information with your urologist.

Causes of Low Testosterone

After age 30, most men experience a gradual drop in testosterone. But low testosterone levels – or low T – also can be caused by a wide variety of medical conditions, or by the use of some drugs.

Following are some medical conditions that can cause significantly lower-than-normal testosterone levels in men:

- Age
- Previous use of steroids/testosterone
- Varicocele (enlarged veins around the testicle)
- Testicular cancer or treatment for testis cancer
- Chemotherapy
- Radiation
- Injury to the testicles from trauma or surgery
- Severe infection
- Mumps involving the testicles
- Cirrhosis of the liver
- Chronic kidney disease
- HIV/AIDS
- Obesity (defined as a Body Mass Index, or BMI, higher than 30 kg/m²)
- Prolactinoma (prolactin-secreting tumor) in the pituitary gland
- Genetic causes
- Autoimmune diseases
- Type 1 and type 2 diabetes

Some drugs also are associated with low testosterone levels, including:

- Excessive alcohol consumption
- Chronic marijuana usage
- Chronic opioid pain medication
- Chemotherapy
- Cimetidine (antacid)
- Spironolactone (diuretic)

Sometimes the cause of low testosterone in a man is unknown, and many men have several different causes.

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A study published in the *Journal of Clinical Endocrinology & Metabolism* in 2007 found that a 4- to 5-kg/m² increase in BMI is associated with a drop in testosterone comparable to that associated with 10 years of aging.

What is Testosterone Replacement Therapy (TRT)?

Testosterone replacement therapy (TRT) is approved by the FDA to treat men with hypogonadism (low T). It most often comes in the form of gels, patches, injections (shots), and pellets placed under your skin.

Treatment Options

The best treatment for low T depends on its cause. Sometimes testosterone replacement therapy is needed. In other cases, low testosterone can be treated with lifestyle changes such as efforts to lose excess weight with diet and exercise.

When an underlying medical condition is causing or contributing to low T, treating that condition can return the testosterone level to normal.

Replacement testosterone can be delivered to the body in a variety of ways:

- **Injections into a muscle** can be given every week or two either by a medical professional or by self-injection. Injections that last 10 weeks are now available. They are administered in the doctor's office.
- **Patches or gels containing testosterone** can be applied to the skin daily.
- **Testosterone pellets** are a newer form of treatment. The pellets are inserted under the skin of the buttocks, where they release testosterone for three to four months.
- **Natural ways** to increase testosterone levels. For example, medical research has shown that considerable weight loss among obese men can lead to an improved testosterone level.

Risks

The use of testosterone replacement therapy is typically very safe. However, like most medications, it is not without risks – some real, some sensationalized by the press. The American Urological Association (AUA) has taken the step of issuing a position statement on testosterone replacement therapy:

“The diagnosis and management of testosterone deficiency should be made by a physician with training in the condition and its treatments. The diagnosis should be made only after taking detailed medical history, physical examination, and obtaining appropriate blood tests. Testosterone therapy should not be offered to men with normal testosterone levels. Testosterone therapy is never a treatment for infertility.



AndroGel® (testosterone gel) is one of several prescription medications used to treat adult males who have low or no testosterone.

“The potential adverse effects of testosterone therapy should be discussed prior to treatment. These include acne, breast swelling or tenderness, increased red blood cell count, swelling of the feet or ankles, reduced testicular size and infertility. Current evidence does not provide any definitive answers regarding the risks of testosterone therapy on prostate cancer and cardiovascular disease, and patients should be so informed.

“The optimal follow-up of men on testosterone therapy has not been defined, but should include measurement of testosterone level, PSA and hematocrit. Other patient-specific measures may be appropriate.”

Can Women Require Testosterone Replacement Therapy?

Low testosterone is a condition that can also affect women.

While testosterone therapy has yet to be approved for women in the United States, some doctors prescribe it off-label to treat sexual problems and other symptoms associated with low testosterone levels in women.

Men and women who are being treated with testosterone need to have follow-up blood tests to assess how they are responding to treatment.



BY JENNIFER GRUENENFELDER, M.D.
Urologist / Urologic Surgeon
Orange County Urology Associates

10 Tips for Preventing UTIs

Urinary tract infections, or UTIs, account for 9 million doctor's office visits each year. The only thing patients visit the doctor for more frequently are respiratory tract infections, such as the common cold. The majority of UTI cases occur in women.

What can you do to help prevent urinary tract infections from interfering with your life? Our physicians here at Orange County Urology Associates (OCUA) recommend the following tips:

- 1. Water helps flush your urinary tract**, so be sure to drink plenty of plain water daily. We recommend 8-10 glasses of clear liquids a day. Avoid beverages that contain caffeine, which can irritate the bladder and cause bladder spasms.
- 2. Don't hold it when you need to urinate.** Holding it when you need to go can help any bacteria that may be present develop into a full-fledged urinary tract infection.
- 3. Be sure to wipe from front to back** after a bowel movement. This is especially important to help prevent bacteria from the anus from entering the vagina or urethra.
- 4. Take showers instead of baths.** This helps prevent bacteria from entering the urethra and causing a UTI.
- 5. Drinking cranberry juice** is an easy and natural way to help prevent UTIs. It works by preventing bacteria from sticking to the wall of the bladder, where it can multiply and cause infection. In other words, cranberry juice acts as a natural "antibiotic" for the urinary system. Drinking cranberry juice also can help speed up recovery when a UTI develops.
- 6. Take vitamin C supplements.** Vitamin C increases the acidity level of urine, which helps decrease the amount of harmful bacteria that may be present in your urinary tract system.
- 7. Always wash your genital area** before and after sexual intercourse to help prevent transferring bacteria to the urethra or vaginal area, which can create a breeding ground for a UTI.
- 8. Decrease the frequency**, or eliminate altogether, your use of feminine hygiene sprays or douches – particularly scented douches – as they can irritate the urethra and potentially lead to a UTI.
- 9. Always wear panties with a cotton crotch.** Cotton allows moisture to escape while other fabrics can trap moisture, creating a potential breeding ground for bacteria.
- 10.** If you are one of many women who suffer from frequent urinary tract infections, **talk with your doctor** about a prescription antibiotic that can be taken immediately following sex to prevent the recurrence of UTIs.



BY J. BRADLEY TAYLOR, M.D.
Urologist / Urologic Surgeon
Orange County Urology Associates

Open Invitation to Our Patients: Please Ask Your Doctor Questions

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:

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.

UroLift® – OCUA Pioneers New Surgical Treatment for BPH

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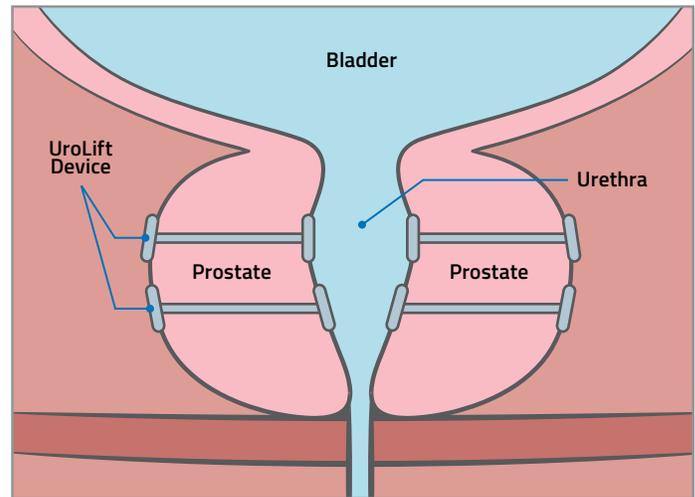
tract symptoms associated with BPH can cause loss of productivity and sleep, depression and decreased quality of life.

Medication is often the first line therapy, but relief can be inadequate and temporary. Side effects can include sexual dysfunction, dizziness and headaches, prompting many patients to quit using the drugs. For these patients, the classic alternative is surgery that cuts or heats prostate tissue to open the blocked urethra. Although effective, patients have to “earn” their symptom relief after a difficult period of irritative voiding symptoms and catheterization.

Even the “gold standard” surgery, TURP (transurethral resection of the prostate), can leave patients with permanent side effects such as urinary incontinence, erectile dysfunction (ED) and very commonly retrograde ejaculation (dry orgasm).

The UroLift system is designed to open the urethra directly without applying incisions, surgical resection or thermal injury to the prostate. Obstructive prostate lobes are transurethrally pushed aside and small permanent UroLift implants hold the lobes in the retracted position, thus opening the urethra while leaving the prostate gland intact. The prostate gland is similar in size and shape to a walnut.

Adverse reactions associated with the UroLift treatment system are comparable to other minimally invasive surgical therapies as well as standard cystoscopy. The most common adverse events reported during clinical trials included pain or burning with urination, blood in the urine, pelvic pain, urgent need to urinate, and the inability to control urine because of an urgent need to urinate. Most symptoms were mild to moderate in severity and resolved within two to four weeks after the procedure.



The UroLift® device gently compresses the prostate to open the urethra that runs through the prostate. This allows urine to flow normally again for men diagnosed with benign prostatic hyperplasia (BPH), the medical term for enlarged prostate, while preserving sexual function.

In a two-year randomized controlled study of UroLift in 206 people, which was published in *Urology Practice* (a journal of the American Urological Association), symptoms, quality of life, and urinary flow improved rapidly and remained durable to three years, with only 10.7% of the men who had the UroLift system needing additional BPH procedures. Treated men returned to normal activity within eight days and showed significant improvement in symptoms by two weeks. While urinary symptoms were effectively treated, not a single patient lost ejaculatory or erectile function as a result of the treatment.

By comparison, 90% of men undergoing the standard surgery (transurethral resection of the prostate, TURP) lose the ability to ejaculate.

“The advent of the UroLift treatment system underscores the need for men with BPH to discuss male orgasmic dysfunction with their doctor prior to treatment,” Dr. Meaglia said.

The UroLift system is currently available for patients in the United States, Canada, Europe, and Australia.

OCUA Doctors Earn 2015 'Physician of Excellence' Honors



NEYSSAN TEBYANI, M.D.

For the fifth 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 was honored as a "Top Doc" in the January 2015 issue of *Orange Coast* magazine.

Dr. Tebyani practices in comprehensive adult urology with an emphasis in robotic 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.



AARON SPITZ, M.D.

For the third consecutive year, **Dr. Aaron Spitz** of Orange County Urology Associates has been selected as a "Physician of Excellence" by the Orange County Medical Association. He was honored as a "Top Doc" in the January 2015 issue of *Orange Coast* magazine.

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.



KARAN J. SINGH, M.D.

For the second consecutive year, **Dr. Karan Singh** of Orange County Urology Associates has been selected as a 2015 "Physician of Excellence" by the Orange County Medical Association.

This list of "Top Docs" was published in the January 2015 issue of *Orange Coast* magazine. In all, the Orange County Medical Association honors more than 200 physicians in over 50 specialties. Dr. Singh graduated from the UCLA School of Medicine, and completed his internship and residency at the University of California San Diego Medical Center.



UC Irvine Honors Dr. Aaron Spitz as a 2015 'Physician of Excellence'



AARON SPITZ, M.D.

Dr. Aaron Spitz of Orange County Urology Associates (OCUA) has been selected as a "Physician of Excellence" by UC Irvine Health. He was the lone physician honored in the Urology specialty.

Physicians were honored for their exceptional dedication to delivering world-class care to the communities served by UC Irvine Health. Dr. Spitz is on staff with the UC Irvine Health Center for Urological Care.

Dr. Spitz is a member of the American Association of Clinical Urologists, American Medical Association, American Society for Reproductive Medicine, American Urological Association, The Society for Male Reproduction and Urology, Society for the Study of Male Reproduction, and the Pacific Coast Reproductive Society. He also is frequently interviewed in the news on a wide variety of men's health issues.

Six OCUA Physicians Named *Super Doctors* by *Los Angeles* Magazine



Six Orange County Urology Associates (OCUA) physicians have been named 2015 California *Super Doctors*® by *Los Angeles* magazine. All OCUA physicians were selected in the Urology category.

Named as *Super Doctors* are: **Paul Brower, M.D.**, Laguna Hills; **Moses Kim, M.D.**, Laguna Hills; **Josh Randall, M.D.**, Mission Viejo; **Karan Singh, M.D.**, Laguna Hills; **Aaron Spitz, M.D.**, Laguna Hills; and **Neyssan Tebyani, M.D.**, Laguna Hills.

Only 5 percent of the doctors in California were selected for the honor. The list of selected physicians can be found by specialty and city at SuperDoctors.com.



Paul A. Brower, M.D.



Moses Kim, M.D., Ph.D.



Josh Randall, M.D.



Karan J. Singh, M.D.



Aaron Spitz, M.D.



Neyssan Tebyani, M.D.

Patients Encouraged to Sign Up for New Online Portal

Orange County Urology Associates is excited to announce the launch of our secure Patient Portal system. The new portal can be found via our home page at OrangeCountyUrology.com.

The new portal empowers patients to take care of frequently-requested tasks. Using the new online portal, you can:

- Request appointments
- Request prescription refills
- Receive copies of your test results, and
- Complete (or update) paperwork in advance of your appointment.

"We are very proud to be able to offer this enhanced functionality for our patients via our website," said **Paul A. Brower, M.D.**, President & CEO of Orange County Urology Associates. "The new patient portal redefines the way you can work with us."

"We would love it if every patient would sign up to use the Patient Portal," said **Christie Leach**, Practice Administrator. "There is not a more efficient way for you to be a true partner in your care. And it only takes a few minutes to sign up."

The new patient portal went live on June 1, 2015.



Kidney Disease

Early Detection, Treatment Key to Prevent Progression to Kidney Failure



BY MOSES KIM, M.D.
Urologist / Urologic Surgeon
Orange County Urology Associates

Chronic kidney disease is a condition characterized by a gradual loss of kidney function over time. Chronic kidney disease also is known as chronic renal disease.

According to the National Kidney Foundation, more than 26 million people in the U.S. have chronic kidney disease and millions of others are at risk. High-risk groups include people with diabetes, hypertension, and family history of kidney failure. Others at risk are people over 60 years of age, African Americans, Hispanics, Pacific Islanders, American Indians, smokers, and those who are obese.

Early detection of kidney disease and treatment are key in preventing kidney disease from progressing into kidney failure, which requires dialysis or a kidney transplant to sustain life.

How Kidney Disease Impacts the Role of the Kidneys

The kidneys filter wastes and excess fluids from your blood, which are then excreted in your urine.

Chronic kidney disease reduces the ability of your kidneys to do its normal functions. You may develop complications like high blood pressure, anemia (low blood count), and nerve damage. Kidney disease also increases your risk of having heart/blood vessel disease. These problems may occur slowly over a long period of time.

When chronic kidney disease reaches an advanced stage, dangerous levels of fluid, electrolytes and wastes can build up in the body. This can cause kidney failure, which means the organs can no longer function to sustain life.

Symptoms

Early in the disease, you may have few signs or symptoms.

In fact, chronic kidney disease may not become apparent until your kidney function is significantly impaired. Earlier symptoms can include:

- High blood pressure that is difficult to control
- Appetite loss
- Headaches
- Nausea, vomiting
- General ill feeling and fatigue
- Itching (pruritus) and dry skin
- Weight loss (without trying to lose weight)
- Changes in urine output

Symptoms that may occur when kidney function has gotten worse include:

- Abnormally dark or light skin
- Bone pain
- Numbness or swelling in the hands and feet
- Decreased mental sharpness
- Excessive thirst
- Easy bruising

Causes

The two main causes of chronic kidney disease are diabetes and high blood pressure (hypertension). These two conditions cause two-thirds of the cases of chronic kidney disease. Other conditions that affect the kidneys are:

- Glomerulonephritis, a group of diseases that cause inflammation and damage to the kidney's filtering units. These disorders are the third most common type of kidney disease.
- Inherited diseases, such as polycystic kidney disease, which causes large cysts to form in the kidneys and damage the surrounding tissue.
- Malformations that occur as a baby develops in the womb. Example: a narrowing that can prevent normal outflow of urine, which causes urine to flow back up to the kidney. This causes infections and can damage the kidneys.
- Lupus and other diseases that affect the body's immune system.
- Obstructions caused by problems like kidney stones, tumors or an enlarged prostate gland in men.
- Repeated urinary infections.

“Treatment for chronic kidney disease focuses on slowing the progression of the kidney damage, usually by controlling the underlying cause.”

– Dr. Moses Kim

FYI

Exams and Tests

To determine whether you have chronic kidney disease, your doctor may order tests such as:

- **Urine tests** – A sample of your urine may help identify the cause of chronic kidney disease.
- **Blood tests** – Kidney function tests look for the level of waste products, such as creatinine and urea, in your blood.
- **Imaging tests** – Ultrasound can assess your kidneys' structure and size. CT and MRI scans may be ordered as well.
- **Kidney tissue biopsy** – A kidney biopsy removes a sample of kidney tissue for lab testing.

Your doctor may also order a glomerular filtration rate (GFR), which is the best way to tell how much kidney function you have.

Treatment

Your physician will work to control (slow) the cause of your kidney disease. Treatment options vary, depending on the cause. The most common forms of treatment:

- **High blood pressure medications** – People with kidney disease may experience worsening high blood pressure. The goal is to keep blood pressure at or below 130/80 mmHg.
- **Cholesterol medications** – Medications called statins can be used to lower your cholesterol.
- **Anemia medications** – In certain situations, your doctor may recommend supplements of the hormone erythropoietin, sometimes with added iron.

- **Fluid retention medications** – People with chronic kidney disease may retain fluids. This can lead to swelling in the legs, as well as high blood pressure. Diuretics can help.
- **Bone protection medications** – Calcium and vitamin D supplements help prevent weak bones and lower your risk of fracture. Kidney disease patients also may be given a medication to lower the amount of phosphate in your blood.
- **Lower protein diet** – As a diet high in protein causes your kidneys to work harder to eliminate waste, you may be given a lower-protein diet. Dieticians have special diets for people with kidney disease.

Treatment for Kidney Failure

When your kidneys can't keep up with clearing waste and fluid on their own, you develop end-stage kidney failure. At that point, dialysis or a kidney transplant is needed.

- **Dialysis** – Dialysis artificially removes waste and extra fluid from your blood when your kidneys can no longer do their job. You typically begin dialysis when you have only 10%-20% of your kidney function left and have a GFR of <15. Dialysis frequently is done three times a week.
- **Kidney transplant** – If your doctor says you are a candidate, you may choose to be placed on a waiting list for a new kidney. Transplanted kidneys can come from deceased or living donors (in most cases, people can live on only one kidney). You'll need to take medications for the rest of your life to keep your body from rejecting the new organ. People who are waiting for a kidney transplant may need dialysis while waiting.

Patients: You May Be A Candidate For A Clinical Trial

As a patient of Orange County Urology Associates (OCUA), you may qualify for one of our clinical trials. Clinical trials help facilitate new, cutting edge medical treatments in medicine. A clinical trial explores whether a new treatment (e.g. a prescription medication or medical device) is safe and effective for humans.

At Orange County Urology Associates, we are participating in clinical trials to:

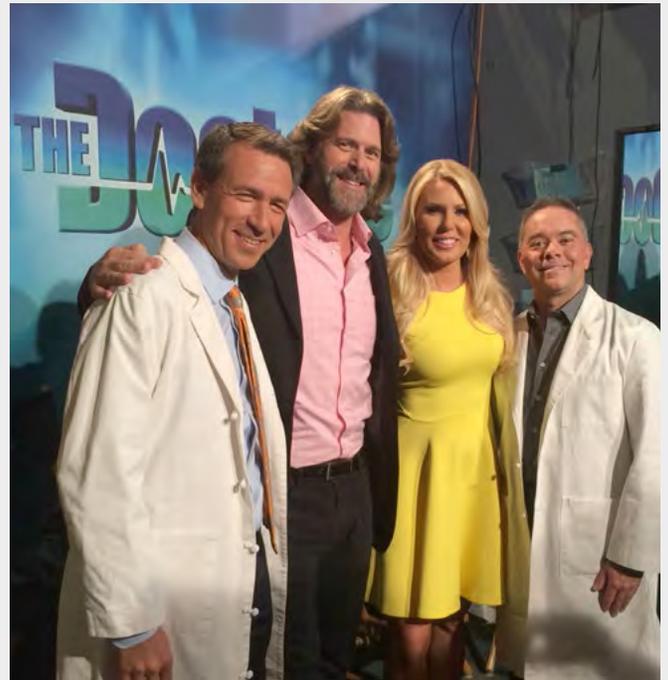
- Treat cancer
- Find and diagnose cancer
- Prevent cancer, and
- Manage common urological diseases



Our research patients come to us from all cities within Orange County, California. For today's most advanced urology research, ask your Orange County Urology Associates urologist if you might qualify for a clinical trial. You may help advance medicine.

News&Notes

- **Dr. J. Bradley Taylor** and **Dr. Neyssan Tebyani** received honors at Doctor's Day 2015 presented by Mission Hospital Foundation. Doctor's Day is an annual event where members of the local community honor individual physicians for their spirit of giving to the hospital on a daily basis.
- **Karan Singh, M.D.**, had articles on benign prostatic hyperplasia (BPH) and urinary frequency published in the Spanish news magazine *El Panamericano*.
- **Dr. Aaron Spitz** presented a state-of-the-art lecture to a national audience on the topic of Telemedicine and Urology at the annual American Urological Association (AUA) meeting in New Orleans.
- **Dr. Don T. Bui** has appeared several times on the Saigon TV Vietnamese broadcasting network (Southern California Ch. 57.5) discussing various urology topics.
- **Dr. Aaron Spitz** attended the American Telemedicine Association (ATA) annual meeting May 2-5, 2015, in Los Angeles. He was the only private practice urologist in attendance among several thousand physicians. He will be pioneering telemedicine services for urology in the very near future.
- **Dr. Leah Nakamura** participated in a podcast recently for Memorial Care. The podcast was titled, "More Than a Weak Bladder: Understanding and Treating Incontinence."
- **Dr. Aaron Spitz** presented an update on the successful treatment of chronic testicular pain with OCUA's exclusive TMR electrotherapy. Long-term pain relief was achieved with 3 or fewer 10-minute treatments in the majority of patients.
- **Dr. Leah Nakamura** and **Dr. Don T. Bui** participated in the Fall Festival for Life at Orange Coast Memorial Medical Center on November 8, 2014. They provided information about prostate cancer to participants.
- **Dr. Aaron Spitz** participated in the Annual American Urological Association (AUA) Health Policy Committee meeting, where he serves as the lead delegate to the American Medical Association (AMA) as well as a member of the workforce workgroup.
- **Dr. Moses Kim** was voted the "Physician of the Quarter" at Hoag Hospital Irvine for the last quarter in 2014.
- **Dr. Aaron Spitz** presented the recommendations that he and a panel of experts developed for the roles that Physician Assistants and Nurse Practitioners should perform in Urology practices. A white paper on this subject, which he co-authored, will appear in the fall edition of *Urology Practice Journal*, the official practice management journal of the American Urological Association (AUA).
- The Huntington Beach office on Center Avenue has moved to 18785 Brookhurst Street, Suite 105, in **Fountain Valley** 92708 to better serve patients in the area. The new location also offers easier access and better parking.
- **Dr. Aaron Spitz** has been tirelessly lobbying in Washington, D.C., for the last several years for the repeal of the Sustained Growth Rate formula (SGR) legislation which for years had threatened drastic cuts in Medicare payments to doctors which would have shut our doors. This legislation was finally repealed in April thanks to the efforts of many who, like Dr. Spitz, continued the fight for payment reform.
- **Dr. Aaron Spitz** was in Chicago in June to preside over the urology delegation to the American Medical Association House of Delegates, where new AMA policy was set. Last year, Dr. Spitz introduced policy that resulted in AMA support for coverage for all treatments for erectile dysfunction (ED) in all states, and by all insurers.



Dr. Aaron Spitz of Orange County Urology Associates was featured on *The Doctors* TV show in March. It was his 25th appearance on this Emmy-winning, nationally syndicated TV show. LtoR—Dr. Aaron Spitz, Slade Smiley, Gretchen Rossi (*Real Housewives of Orange County*), and Dr. Brian Acacio on the set of *The Doctors*. For this episode, Dr. Spitz performed microsurgery to obtain the sperm and Dr. Acacio performed the IVF procedure.

10 Common Urological Conditions

Conditions We Treat Frequently at Orange County Urology Associates



BY KARAN J. SINGH, M.D.
Urologist / Urologic Surgeon
Orange County Urology Associates

1. **Urinary Incontinence** – Urinary incontinence, characterized by the loss of bladder control, is a common and often embarrassing problem. Millions of men and women have this problem, especially as they get older. Solutions exist ranging from simple lifestyle changes to medications to minimally invasive procedures or surgery.
2. **Overactive Bladder** – Overactive bladder 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. A brief evaluation can help determine the cause, then you can receive treatments that may greatly alleviate your symptoms.
3. **Kidney Stones** – One of the most painful urologic disorders, kidney stones have plagued humans for millennia. For unknown reasons, the number of people in the U.S. with kidney stones has been increasing over the past 30 years. Most kidney stones pass out of the body without any intervention by a physician. But stones that cause lasting symptoms are most commonly broken up by sound waves (lithotripsy).
4. **Hematuria** – Hematuria is defined by the presence of red blood cells in the urine. In microscopic hematuria, urine appears normal to the naked eye, but red blood cells are seen under a microscope. In gross hematuria, the urine is red or the color of cola. Although the majority of times the cause is not life threatening, hematuria is often the only warning sign for cancer of the kidney, ureters or bladder — so timely evaluation is important.
5. **Urinary Tract Infections (UTIs)** – Millions of men and women in the U.S. each year are treated for urinary tract infections. A urinary tract infection (UTI) is an infection that can occur anywhere along the urinary tract. UTIs are caused by germs that typically enter the urethra, then the bladder. Symptoms include: cloudy or bloody urine, foul-smelling urine, low-grade fever, pain, or a burning sensation while urinating.
6. **Rapid Ejaculation** – Rapid ejaculation (aka premature ejaculation) is the occurrence of ejaculation prior to the wishes of both sexual partners, typically within only a minute or two of foreplay or intercourse. Treatment approaches are either behavioral or medicinal. Behavioral treatments emphasize control of ejaculation by learning new techniques, gaining confidence, and lessening anxiety. There are also certain classes of prescription medication that are highly effective.
7. **Erectile Dysfunction (ED)** – Erectile dysfunction is the inability to initiate and maintain an erection for satisfactory sexual intercourse. ED is increasingly prevalent with age. At age 40, there is 40% prevalence (typically mild), increasing to 70% in men at age 70. Other factors that relate to higher prevalence include heart disease, hypertension, diabetes, and associated medications. There are many excellent treatment options available to patients.
8. **Enlarged Prostate** – The prostate is a walnut-sized gland located just below the male bladder. It surrounds the urethra, the tube through which urine passes out of the body. In many men, the prostate begins to enlarge after age 40. Enlargement of the prostate gland is a condition known as benign prostatic hyperplasia (BPH). When the prostate grows, it can constrict the urethra and cause urination and bladder problems.
9. **Prostate Cancer** – Prostate cancer is the second leading cause of cancer-related deaths in America, second only to lung cancer. The tests urologists use to diagnose prostate cancer include: digital rectal exam, prostate-specific antigen (PSA) lab test, PCA3 urine test, transrectal ultrasound, and prostate biopsy. The best opportunity for successful treatment is when the cancer is detected at an early stage before it has spread.
10. **Male Infertility** – Infertility is defined as the inability of a couple to conceive. In some cases couples are advised to try for at least a year, but this is not always appropriate as some couples have conditions affecting one or the other, including maternal age, that make a year too long to wait. Male infertility affects about 30% of men in infertile couples. This condition ranges from hidden abnormalities of otherwise normal-looking sperm to no sperm at all in the semen. Sometimes male infertility is a sign of a more serious underlying condition.

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Introducing the OCUA Physician Group



Paul A. Brower, M.D.



Don T. Bui, M.D.



Jennifer Gruenenfelder, M.D.



Moses Kim, M.D., Ph.D.



James P. Meaglia, M.D.



Leah Nakamura, M.D.



Josh Randall, M.D.



Karan J. Singh, M.D.



Aaron Spitz, M.D.



J. Bradley Taylor, M.D.



Neyssan Tebyani, M.D.

As one of California's largest and most skilled urology group practices, Orange County Urology Associates (OCUA) frequently accepts referrals from other physicians and group practices for specialized urologic treatments.

If you have a patient who requires the care of a specialist, please contact our dedicated staff at: (949) 855-1101.

To learn the latest about OCUA, visit our website at:

OrangeCountyUrology.com

