

Arizona Institute of Urology to open new East side location in December 2014!

We are excited to announce the re-location of our East side location. Our office at 1106 N El Dorado Pl. is temporarily closed to move to a new location. We will re-open our new East side location on the St. Joseph's campus in the month of December. Dr. Sanjay Ramakumar and Dr. Michael Levin will see patients at our West or North-west locations in the meantime. Thank you for your patience during this transition as we make these necessary changes to better serve you. Stay tuned for more information.

Please take a few moments to tell us about your experience today:



<http://goo.gl/zG8BB6>



Arizona Institute of Urology

*Comprehensive Care,
Focused on You.*

520.618.1010
www.aiurology.com

Hold Please?! The Facts About Incontinence

The term incontinence refers to the act of leaking urine without control. It is a very common issue among patients that is often overlooked or ignored in the clinical setting. In some cases, this is due to embarrassment on the patient's part. In other cases, patients may feel that it is a natural part of the aging process and that there is nothing that can be done to improve his or her symptoms. In any case, it is important to discuss this symptom with one's provider, as it can significantly affect one's quality of life, and in some cases, can be a sign of something more serious at play.

Different types of urinary incontinence exist, and in some cases, a patient may have a combination of more than one type of leakage.

- **Stress incontinence (SUI):**

Urine leakage as a result of any process that puts pressure on the bladder. Examples of these processes include, coughing, sneezing, heavy lifting, running, etc. This type of incontinence is often seen in patients that have had some type of weakening in the pelvic floor muscles, whether that be from pregnancy, childbirth, or menopause (decreased estrogen) in women, or following surgical removal of the prostate gland in men with prostate cancer.



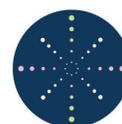
- **Urge incontinence (UI):** Usually characterized by the sudden, intense urge to urinate, followed by an involuntary loss of urine. This type of incontinence is usually related to instability of the bladder muscle or bladder spasms. These involuntary contractions may occur in response to hearing running water, cold weather, or can be related to more serious conditions such as poorly controlled diabetes or diseases of the nervous system (Parkinson's disease, MS, dementia).

- **Overflow incontinence:** This type of incontinence occurs in response to poor bladder emptying. Patients may experience constant or intermittent dripping of urine due to the bladder being too full. This often occurs in those with nerve damage to the bladder from poorly controlled diabetes, low back issues, or other spinal cord conditions.

It is important to identify this type of incontinence to ensure that the kidneys are not being harmed by consistently elevated bladder pressure.

- **Functional incontinence:** Incontinence related to a physical or mental impairment that inhibits one from reaching the restroom in time.
- **Mixed incontinence:** Any combination of the above mentioned types of incontinence.

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CT SCANS

Did you know that AIU has a facility to perform your CT scans? CT scans are scheduled at our Northwest location on Tuesdays through Fridays with great availability.

Call **520.618.6445** for more information or to schedule
5670 N Professional Park Dr
#120

Prostate Cancer Support Group

A support group for you and your spouse addressing the concerns of the emotional and physical side effects of prostate cancer. Please join us to learn from the experience of others and to share your experiences and life stories.

2nd Wednesday of every month
5670 N. Professional Park Dr.
Arizona Institute of Urology's
Cancer Therapy Center
5:30 pm - 6:30 pm

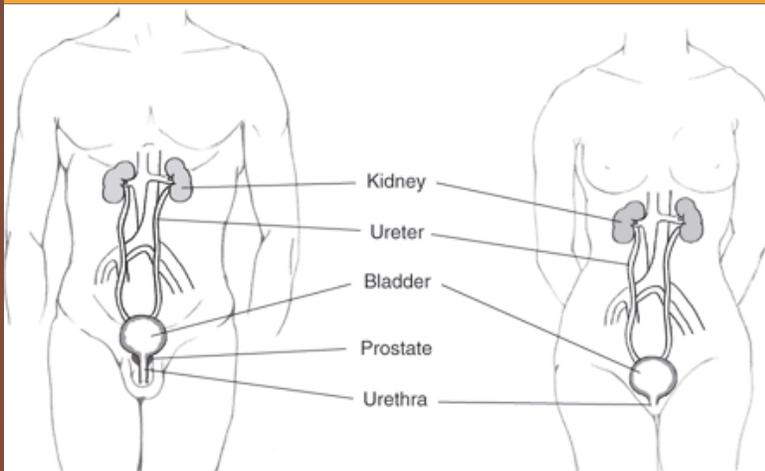
Mediator:

Stephanie Keresztes, PA-C
Please RSVP to: Tresta
520.784.7084
tanderson@aiurology.com

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Diagnosis:

Evaluation of urinary incontinence should always start with a thorough history. This might include major medical conditions that may contribute to a one's voiding habits. Some of these could include Diabetes Mellitus, Multiple Sclerosis, spinal cord injuries, thyroid abnormalities, low back or spine surgeries, Parkinson's disease, obesity, or even progressing dementia. In addition, it is important to discuss daily habits, such as caffeine intake, exercise habits, and medication regimens. Once a thorough history has been obtained, a urinalysis should

be done to rule out infection as the possible source of incontinence. Depending on the type of incontinence suspected, conservative measures may be recommended, such as pelvic floor (Kegel) exercises for those with stress incontinence or limiting caffeine intake in those with urge incontinence. If conservative measures are not enough, the next step may be to try a medication to help relax the bladder muscle, thereby decreasing muscle spasms and contractions. Once consideration is made to try medication, one should be referred see an urologist for further diagnostic testing.

The evaluation of incontinence in the urology setting often includes complex urodynamic testing and cystoscopy. Urodynamic testing is used to determine the nerve and muscle function of the bladder, as well as the presence or absence of blockage of urine flow, such as in



male patients with benign enlargement of the prostate. Cystoscopy is a procedure done in the office whereby a small camera is inserted into the bladder through the

urethra to evaluate for prostatic growth, and any abnormalities of the bladder tissue. This can be used to determine whether bladder stones or tumors may be contributing to irritative urinary symptoms, as well.

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Treatment:

Conservative measures are a mainstay of treatment for mild incontinence. Encouraging those with diabetes to control his or her glucose levels, caffeine avoidance, encouraging weight loss in the obese, and timed voiding can be helpful for many patients. Kegel exercises and pelvic floor therapy can be very helpful in those with mild to moderate stress incontinence. Management with overactive bladder medications is often helpful in those with primarily urge type incontinence and in those with mixed urge and stress incontinence. More complex cases may require more invasive treatments including nerve stimulation, Botox or Collagen injections in the bladder, chronic catheter, or surgical options. All of these options can be discussed with the urologist once thorough diagnostic testing has been completed.

~Suzanne Sexton PA-C

Save the Date!

ZERO Prostate Cancer - Golf Tournament

Omni Tucson National

Thursday,
April 9, 2015



Grab your clubs, invite your friends, and join Arizona Institute of Urology in the fight to end prostate cancer at the ZERO Prostate Cancer Golf Tournament!

www.zerocancer.org/golf/tucson

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