The Importance of the Men’s Health Center

Urological issues – from prostate cancer to erectile dysfunction and infertility – can affect not only the quality of life, but also length of life for men. When patients seek care for urological symptoms related to urinary or sexual function, they open the door for physicians to provide basic health education.

The Men’s Health Center was established as one of four clinical areas within Emory’s Department of Urology to emphasize the importance of offering gender-specific care to this population, who often are reluctant to schedule routine exams, discuss healthcare issues, and seek preventive measures.

“We are working to develop the premier academic health center for men,” says Dr. Chad Ritenour, Director of Outpatient Services. “We want Emory Urology to be a model across the country for the importance of men’s health and how those issues relate to overall well being and preventative medicine.”

He adds, “We know that what happens below the belt is often suggestive of what is happening in the heart and other places. By talking to patients about sex or something that bothers them on a day-to-day basis, we may uncover other issues that could be life threatening.

“For example, the connection between sexual dysfunction and cardiovascular disease makes sense – something that affects the bigger vessels of the heart, the neck, the legs and lungs may show earlier in an area where there are smaller vessels than those that control erection.”

Ritenour observes that many men get health information from newspapers, magazines and television. “But that doesn’t replace the need to have a personal relationship with a physician. Men have many unanswered questions.”

He adds, “It is phenomenal how much general health education we do when they come in for a specific visit. Rather than leaving those questions left unanswered, we need to go ahead and get things checked. Some research shows having baseline lab values like a PSA at a younger age may be more predictive and helpful as we get older.”

The following scenarios are also seen in the Men’s Health Center:

**Enlarged prostate:**
- It is important for this problem to be evaluated early while there are still many treatment options. It is important to note that urinary symptoms may cause problems with the bladder and kidneys which, after a certain point, might not be recoverable.

**Infertility in young men:**
- 20 percent of couples have problems with fertility, and in half of those cases the cause can be traced to the male.

**Cancer screenings:**
- Screening checks for common male malignancies, including those that affect the prostate, bladder, and testis.

“We hope through the Men’s Health Center that we can establish an early relationship with male patients so we can control things that might happen later in life by adjusting things early in life.”

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**Ten Things for Men to Discuss with Their Doctor at Any Age**

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<tr>
<th>Exercise</th>
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<td>Healthy eating</td>
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<td>Sexual health</td>
<td>Colon cancer</td>
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<td>Hypertension</td>
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Reference: Kirby and Kirby, Urology 66(5A), 52-56, 2005
during their lives. Ten percent of men in Georgia suffer from kidney stones. A quarter million get prostate cancer, and the majority of men over 65 experience erectile dysfunction. Some 50,000 Georgians a year get bladder cancer and 40,000 kidney cancer – more than leukemia and lymphoma, diseases which support many cancer centers.

We also serve women with urinary tract infections, kidney stones and incontinence, and serve children with congenital anomalies and offer pediatric urology.

We look at the whole patient, assessing non-urolological issues such as their age and their weight, their heart and other diseases, all of which may be primary factors in the decision-making process for the management of their care.

Looking to the Future

The research we conduct and the care we provide to benefit Urology patients has helped Emory Department of Urology become one of the premier teaching hospitals in the country. What has been established will continue to grow and flourish if we achieve the endowed gifts we critically need to continue attracting the best and the brightest and discerning new treatment techniques.

My goal is to find support for each of the sub-sections we have created within the department:

- Oncology for prostate, kidney, bladder, testicular and adrenal cancer
- Continence center and female urology
- Stone Center and minimally invasive surgery, and
- Men’s health for prostate problems, PSA, vasectomy, erectile dysfunction and infertility.

The leader of each area, as well as our research team, deserves endowment support to continue advancements in care and treatment. We have the privilege of helping people directly and indirectly, of trying to develop innovative new treatments for tomorrow. We hope you will join us by supporting these endeavors.

For more information on supporting Emory Department of Urology’s endeavors, please contact Kristin Boggs, Director of Development, at 404-778-5429 or kboggs@emory.edu.

Fray F. Marshall, M.D.
Chairman, Department of Urology
Emory University School of Medicine

Minimally Invasive Treatments Help Improve the Outcome for Kidney Tumor Patients

Emory’s comprehensive program for treating and managing kidney tumors gives patients options with shorter hospital stays and reduced opportunities for infection while speeding up their recovery periods. In many cases, some or all of the organ can be preserved.

We have experienced high success rates with new minimally invasive procedures such as freezing or heating tumors. Faculty members of Emory’s Kidney Stone and Minimally Invasive Surgery Centers have developed expertise with specialized treatments not commonly seen in other medical facilities.

Neither Too Small or Large

“At Emory, we have multiple faculty members with experience in treating any type of kidney tumor – from the smallest that need no treatment to the largest ones that need surgery and systemic therapy,” comments Dr. Kenneth Ogan, co-director of the Kidney Stone Center.

“What we can offer patients in treating kidney tumors runs the gamut – nothing is too small or too large. Today, the vast majority of people with tumors have no symptoms and are picked up incidentally when having x-rays for other reasons.

“Small tumors may not need therapy, so rather than putting someone through surgery, we have a strict surveillance protocol involving imaging studies several times a year,” Ogan explains. “Sometimes you can avoid having any type of surgery. We are seeing small, localized tumors and having higher success rates and better prognoses and are more amendable to less invasive therapies.

“After that, we have options for minimally invasive surgery for tumors that do need treatment, either because of the way they look or the way they are growing,” Ogan adds. “We can do renal tumor ablation and either freeze the tumors (cryotherapy or cryoblation) or heat them (radiofrequency ablation), which can be administered laparoscopically or subcutaneously.

Understanding Kidney Cancer

Kidney cancer is among the top 10 forms of cancer afflicting Americans. Some 48,000 new cases will be diagnosed in 2008 – representing 4 percent of all malignancies.

In comparison, there will be 180,000 new cases of prostate cancer diagnosed this year.

“Though kidney cancer is much less common, the number of deaths is equivalent to prostate cancer,” says Dr. John Pattaras, co-director of the Kidney Stone Center and director of Minimally Invasive Surgery. “The numbers are increasing, but we really don’t know why. Part of it is that more patients are getting more accurate tests. We are finding more tumors at an earlier stage, and they are being treated earlier.”

Emory Presents at Statewide Urology Meeting

Emory urologists provided the keynote address and 15 additional presentations during the February meeting of the Georgia Urological Association at Lake Oconee.

This was the fifth annual spring meeting and Urology Resident Research Expo held by the organization. Emory Healthcare served as a sponsor of the event with The Medical College of Georgia School of Medicine and the Medical University of South Carolina.

Dr. Peter Nieh provided a keynote faculty lecture, “High Risk Bladder Cancer: Who Needs Early Cystectomy and Neoadjuvant Chemotherapy?”

Other presenters included John DeCaro, Bradley Figler, Kelly Healy, Wayland Hsiao, Timothy Johnson, Kate Kraft, Kelvin Moses, Audrey Rhee, Daniel Sainte-Elie, John Tillet, and Justin Watson.