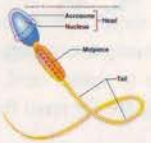
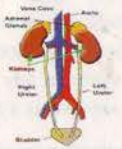
Philippine Urological Association, Incorporated presents...

COMMON

UROLOGIC

PROBLEMS...





HEMATURIA

Gross hematuria is blood in the urine seen by the naked eye. Microscopic hematuria is the presence of 5 or more red blood cells per high power field (RBC / hpf) as seen under the microscope. The most common causes for the presence of blood in urine are infection, stones and /or tumors. The appropriate investigation for the cause of hematuria or blood in the urine is vital to the appropriate management of the problem.

Urinary Tract Infections are treated accordingly with antibiotics and correction of any underlying problem. Tumors are identified, investigated, staged and treated accordingly.

URINARY STONES/UROLITHIASES

Urinary stones (Urolithiasiases) are managed with different modes of therapy ranging from management with medications, Extra-corporeal Shock Wave Lithotripsy (ESWL), Endoscopy or Endourology with Lithotripsy (stone fragmentation), laparoscopic urology or open surgery.

BENIGN PROSTATIC HYPERPLASIA (BPH)

YES / NO

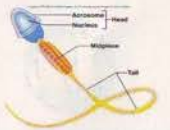
- Is your urine flow weak or slow? ____
- Do you notice that your urine flows in trickles? ____
- Do you often strain to urinate? ____
- Can you control your urination? ____
- Does it take long for you to initiate urination? ____
- Do you feel like there is some urine left in your bladder after urinating? ____
- How many times do you wake up at night to urinate? ____ times

The prostate is a walnut-sized gland that formspart of the male reproductive system. The prostate is located in front of the rectum and just below the bladder, where urine is stored. The prostate also surrounds the urethra, the canal through which urine passes out of the body. Commencing 40 years of age, the enlargement of the prostate may cause difficulty in urination as one ages. Functions of the prostate gland is to provide the fluid to nourish and energize the sperm and another is to make the vaginal canal less acidic.

ERECTILE DYSFUNCTION

Is a condition described as a man's persistent inability to achieve and maintain an erection sufficient for satisfactory sexual performance. This results from a diminution of blood flow into the penis resulting in the lesser stiffness of the penis. The causes of ED may be diseases that affect the penile blood vessels and its lining, like diabetes mellitus and vascular diseases, like hypertension and atherosclerosis. Other risk factors such as stress, lack of exercise, alcohol, drugs, smoking and an unhealthy lifestyle contribute to such a distressing condition for the man and his partner. This condition can gradually occur over a period of time but can occur suddenly with an identifiable event. Treatment includes counseling, behavior and lifestyle changes, oral medications, penile injections and the placement of penile prostheses.

MALE INFERTILITY



Is the inability of a sexually active, non-contracepting couple to achieve pregnancy in one year (WHO, 1995). Simultaneous examination of the female partner is advisable as it is presumed that each partner carries 50 % of the reasons for the infertility. The prevalent causes of male infertility are varicocoeles, testicular and epididymal abnormalities, prostatic and seminal vesicle problems. However, other conditions predispose to male infertility like undescended testes, mumps orchitis (testicular enlargement with pain due to mumps), testicular torsion or twisting, chemotherapy, radiotherapy and endocrine and genetic conditions.

NEOPLASMS

Neoplasms are new or abnormal growth of tissues. This may be benign, wherein the tumor grows in an abnormal way and on the other hand, a malignancy is characterized by an uncontrolled cell division with the ability of these cells to invade other tissues, either by direct growth into adjacent tissue (invasion) or by migration of cells to distant sites (metastasis).

Neoplasms may arise from most of the organs of the genito-urinary tract such as the kidneys, ureters, bladder, adrenal glands, penis, testis and prostate. Any cancer, for that matter, warrants the appropriate and immediate attention for the health and wealth of benefit of every patient. This is why the urologists recommend annual check-ups especially for those with family histories of cancer.

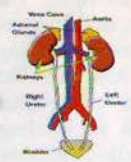
1957-2007
Philippine Urological Association, Inc.

1957 - 2007
UROLOGY 50 years

Celebrating ***50 years of Urology*** Service to the Filipino Community

A friendly reminder….

SCHERING
making medicine work



Urology & the Urologic Surgeon

Urology is the medical specialty concerned with the study, diagnosis and surgical treatment of diseases of the urinary tract in males and females. It is also concerned with the reproductive organs and genitals in males and the surgical management of adrenal gland disorders.

A urologist is a "physician and surgeon" who specializes in this branch of surgery and is knowledgeable in the anatomy, physiology and disorders of the adrenal glands, kidneys, ureters, and urinary bladder in men and women, as well as the male reproductive and genital tract.

The practice of urology includes general and pediatric urology, urologic oncology, renal transplantation, female urology, neuro-urology, andrology including male infertility and sexual disorders like erectile dysfunction and premature ejaculation, endourology, laparoscopic urology, urinary tract stones and urinary tract infections.

PEDIATRIC UROLOGY

Pediatric Urology is a subspecialty of urology that deals with the disorders of children's genitourinary systems. Pediatric urologists provide care for both boys and girls ranging from birth to early adult age. The most common problems are those involving disorders of urination and testes.

Some of the problems they deal with are:

- Bladder control problems such as bed-wetting
- Undescended testes (cryptorchidism)
- Hypospadias (the urethral opening is not at the penile end)
- Urolithiases (bladder and kidney stones)
- Chordee (abnormal curvatures of the penis)
- Phimosis (inability to retract the foreskin over the glans penis)
- Urinary obstruction and ureteral reflux
- Neurogenic bladder (e.g., associated with spina bifida)
- Tumors and cancers in the pediatric patient
- Genitourinary trauma repair
- Genitourinary malformations and birth defects
- Prune belly syndrome
- Cloacal exstrophy, bladder exstrophy, and epispadias
- Ambiguous genitalia and intersex conditions

SEXUALLY TRANSMITTED DISEASES

STDs are diseases that are acquired after having sexual contact with an infected individual. They are most common in young, sexually active people. Manifestations vary depending on the organism that had been transmitted. They may be present days to months after the initial sexual activity. Symptoms include penile or vaginal discharge, genital ulcers, vesicles, papules and warts; also, there may be associated painful urination, tender testicles and enlarged inguinal lymph nodes. Diagnosis depends on the initial presentation. Specimens from the penile/cervical discharge, base of the ulcer or ulcer exudates can be submitted for gram staining and culture studies. Sometimes, special serologic tests are necessary for a confirmatory diagnosis. All recent sex partners should be examined and treated as well. Patients are advised to avoid sexual intercourse until cure, either medically or surgically, had been established.

URINARY TRACT INFECTION

UTI causes inflammatory changes in the urinary tract secondary to the presence of an invasive, infectious agent. Whereas females more commonly acquire UTI during adulthood, more boys than girls get UTIs during the first year of life. Typical symptoms include frequent urination accompanied by pain and a sudden need to urinate (urgency), small-volume voiding and lower abdominal discomfort. Urine may be cloudy and foul-smelling and if the kidneys are involved, patient may present flank pain, fever and chills. A midstream urine sample (for adults) or a suprapubic aspirate (for infants) is initially taken to check for the presence of inflammatory cells and bacteria. A urine culture confirms the diagnosis of a UTI. No imaging study is needed for uncomplicated UTIs. However, for complicated cases, either an ultrasound or an X-ray study may be requested. Early antimicrobial coverage is the primary treatment and appears to be the most effective means of preventing complications

VOIDING DYSFUNCTION

Voiding dysfunction is a term used to describe problems that arise from the ability to hold and release urine from one's bladder. Symptoms may include recurrent urinary tract infections, small frequent urinations, urgency, dribbling of urine, infrequent voiding, a weak or intermittent stream and/or straining to void. Brain or spinal cord problems, either congenital or acquired, are the primary causes of voiding dysfunction. In an otherwise normal individual, without any anatomic urinary tract obstruction or neurologic disease, voiding problems are thought to be caused by behavioral factors that had affected toilet training during childhood. This may have prevented a successful transition from an infantile to an adult pattern of urinary control. Treating these patients aims to preserve renal function and to prevent unavoidable and embarrassing public "leaks" and so provide for socially acceptable control of urine patterns. To achieve these goals, management requires early identification of the status of any brain or spinal cord injury to the urinary tract that represents a risk factor for renal function deterioration.