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Diabetes and Erectile Dysfunction: Take Control

By William M. Harper IV, MD, FACS, CPI

Erectile Dysfunction (ED) may be the most important symptom and diagnostic tool when it comes to general health in the baby-boomer population! Often times, it's the first symptom that men may notice and the one that leads them to the doctor. ED is not a disease but rather a symptom brought on by another condition. If a man is experiencing ED, it is suggested that he be screened for more serious health conditions such as low testosterone, heart disease, hypertension, and diabetes.

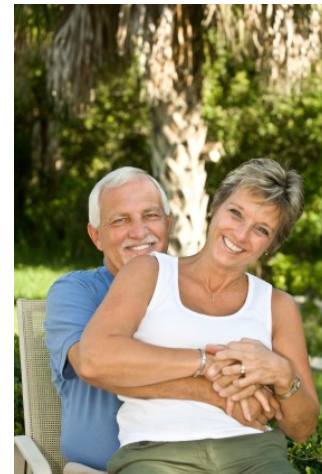
What's the link between ED and diabetes? Erectile dysfunction is a common complication of diabetes. Up to an estimated 85 percent of men who have diabetes may experience erectile dysfunction, according to the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). The longer you've had diabetes and the more severe it is, the more likely you are to have trouble with erections. High blood sugar can permanently damage the nerves and blood vessels responsible for erections.

Also, poor blood sugar control can inhibit the release of a chemical known as nitric oxide. Low levels of nitric oxide can limit the blood flow to your penis---blood flow required to achieve and maintain an erection. Left untreated, erectile dysfunction can leave you feeling frustrated, discouraged or depressed. But it doesn't have to be that way.

Most men experience episodes of erectile dysfunction from time to time, but you're not doomed to a lifetime of erectile dysfunction just because you have diabetes. Take action today!

Recent advances and treatment methods have changed the way this condition is now treated. Some offer a temporary solution; others provide a more permanent way to resolve the problem. Goal-directed therapy for ED can include oral medications, testosterone replacement, vacuum devices, injection therapy, or a penile implant. It is important to take that first step and have a candid discussion with your urologist to determine the best course of treatment for the individual and their significant other.

Work closely with your diabetes treatment team to prevent erectile dysfunction and contact a urologist to keep it from interfering with your sex life. Our goal is to provide you with the information you need to find the solution that's most satisfying to you and your partner!



UCC Diagnoses and Therapies

Men's Health

- Erectile Dysfunction
- Prostate Health
- BPH (enlarged prostate)
- Chronic Prostatitis
- Hypogonadism (low testosterone)
- Vasectomy & Vasectomy Reversal
- Infertility
- Peyronie's Disease
- Prostate Cancer
- Testicular Cancer

Women's Health

- Sexual Health
- Bio-Identical Hormones
- Sexual Dysfunction
- Hormone Imbalance

Men and Women

- Overactive Bladder
- Chronic Pelvic Pain/ Interstitial Cystitis
- Urinary Incontinence
- Kidney Cancer
- Bladder Cancer
- Kidney Stones
- Human Growth Hormone Deficiency
- Osteopenia/Osteoporosis
- Hormone Replacement

Health Topic: Low Testosterone (Hypogonadism)

Are you experiencing lack of energy?

As well as increased body fat, decreased muscle mass and strength or low sex drive?

These symptoms can be associated with low testosterone.

4 to 5 million American men may suffer from low testosterone but only 5% are currently being treated.

It is common and it is treatable.

Hypogonadism is the term given to diminished testosterone production. Testosterone is the most important sex hormone in men. It is important for maintaining sex drive, muscle mass, stamina, energy level, exercise capacity, bone density, and sense of well-being throughout life.

What causes Hypogonadism?

It can be caused by insufficient activity in the testicles or pituitary gland (located at the base of the brain). The pituitary gland's function is to produce hormones that stimulate other glands (such as the testicles) to produce hormones. The cause of this reduced activity of the glands is not well understood. It may be caused by a previous injury, loss of blood supply to a gland, trauma, radiation treatment, a viral infection, an autoimmune reaction, or the aging process. In the pituitary gland, the dysfunction may be caused by a tumor or other problems.

The condition of hypogonadism is very common in adult men. It can vary in severity from mild to severe. Many men are suffering from the symptoms of hypogonadism without knowing their cause.

Symptoms:

Decreased sex drive (libido)
 erectile dysfunction
 reduced energy and stamina
 muscle weakness
 fatigue, irritability, depression, mood swings
 decreased exercise capacity
 hot flashes
 decreased sense of well being
 osteoporosis
 insomnia
 loss of muscle mass
 weight gain

Diagnosis:

Any man who complains of low libido and decreased energy level should be evaluated for low testosterone. The normal levels can vary widely. The most important aspect of diagnosis is the history. Although testosterone does diminish normally as a man ages, that does not mean elderly men cannot benefit from testosterone therapy. Any man who complains of erectile dysfunction should also be evaluated for hypogonadism as well as other causes of ED. If ED is treated without addressing the underlying problem of low testosterone, the treatment will be much less effective. The following tests may be administered:

- Blood testosterone levels
- Sex hormone binding proteins
- LH and FSH (hormones secreted by pituitary gland to stimulate testicles)
- Prolactin—a hormone that can indicate overall pituitary health
- Other hormones may be checked as they may contribute to the same symptoms.

Treatment:

The treatment goal is to increase levels to the point where symptoms are much improved but below the point that side effects would occur. There are several ways to augment testosterone:

- Injections: Usually administered every 1-2 weeks—should include a 2nd shot called HCG which stimulates internal production of testosterone and prevents testicular atrophy
- Patches: Usually put on skin everyday.
- Gel: Rubbed into skin everyday.
- Buccal Tablets: Applied to gums twice per day.
- Pills: not recommended for long term use.

If you are experiencing symptoms of low testosterone give our office a call...

We Welcome You as a Patient! 706-324-7700

The “V” Word

A vasectomy, or “vas” (pronounced *văhz*), is a minor surgical operation with the aim of male sterilization by disconnecting the spermatic cords (vas deferens) that conduct sperm from the testes to the penis. Although general anesthesia is not required, a local anesthetic will be injected into the scrotal area.

Things to consider:

- Generally, a vasectomy is an irreversible procedure. Although a reversal process exists, a patient considering a vasectomy should accept in advance that his sterilization is permanent.
- A small percentage of men will have reunion of the two cut ends of the vas deferens. A positive sperm sample would confirm this. Thus, two sperm samples are collected and assessed in the 1st and 2nd months post-op. A third sample may be taken twelve months post-op.



Frequently Asked Questions:

- **Does it hurt?** Most men report the procedure as being “uncomfortable”. The worst part for many is the administering of the anesthetic (similar to an injection at the dentist).
- **Are men usually happy they had it done?** The satisfaction rate of vasectomy patients is generally pretty high—95% or more glad they had it done.
- **What is the difference between male and female sterilization?** Vasectomy is usually done under a local anesthetic, and tubal ligation is done under general. Vasectomy is less intrusive, more reliable, and has less complications.

Urology Center of Columbus Welcomes our new Nurse Practitioner!



Urology Center of Columbus would like to welcome our new Nurse Practitioner, Jennifer Walker! Jennifer Walker, RN, MSN, FNP-BC, GNP-BC is a Georgia native and 2000 Graduate from Delta State University in Cleveland, MS with a Master of Science in Nursing, Family Nurse Practitioner and a 1996 Graduate from the Medical College of Georgia where she received her Bachelor’s of Science in Nursing. She passed the American Nurses Credentialing Center’s National Certification Exam for Family Nurse Practitioners in February 2001. Jennifer has worked in Psychiatry, Family Practice, and most recently in Geriatrics/Long Term Care. After six years in the field of Geriatrics, Jennifer sat for and passed the American Nurses Credentialing Center’s National Certifying Exam for Gerontological Nurse Practitioners, making her dually certified. Jennifer is a member of the Gerontological Advanced Practice Nurses Association and the Georgia Chapter of the same organization where she served on the planning committee for the 2011 CE day. Jennifer has been married to her husband, Tyler for 10 years and they have one son, who is four years old.

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Making Life a Little Better



Mission Statement

The Urology Center of Columbus is committed to providing quality healthcare to our patients through education, training, clinical research, and support. Our organization is dedicated to improving the health and well-being of our patients by providing the most current diagnostic and therapeutic alternatives while counseling and treating our patients with care and respect. We will take an active community role in public healthcare, education, and leadership.

Vision Statement

Urology Center of Columbus will be recognized as the premier regional provider of urologic care shaping the future for quality healthcare delivery, superior outcomes, patient satisfaction, innovation and community leadership.

Please visit our website at www.harperurology.com!

Check us out on Facebook!