Understanding Prostatitis

With increased public awareness of prostate cancer and benign prostatic hyperplasia (BPH) more men are becoming aware of the changes that can occur because of their prostate gland. Symptoms might be urgency, frequency, pain upon urination or a hesitancy when voiding. These changes should be reported to a doctor. Fortunately, for most men, the prostate gland is trouble free until they are well into their forties or fifties. However, prostatitis can occur at any age.

Prostatitis means "inflammation of the prostate" and is often difficult to treat. According to the authors of Overcoming Bladder Disorders one classification system divides infection or irritation of the prostate into four categories:

1. Chronic Bacterial Prostatitis, in which vague irritative voiding symptoms may exist for a long time before they become genuinely bothersome, and testing will find bacteria in the urine or prostatic secretions;

2. Acute Bacterial Prostatitis, in which irritative and obstructive voiding symptoms flare up suddenly and bacteria can be found in the urine or prostatic secretions;

3. Non-Bacterial Prostatitis, in which irritative symptoms are present, but no bacteria can be found in spite of other signs of inflammation such as pus cells in the prostatic secretions;

4. Prostatodynia, in which prostatic discomfort or pain and/or irritative voiding symptoms are present, but no signs of prostatic infection or inflammation can be found.

Symptoms of chronic bacterial prostatitis and acute bacterial prostatitis can be similar. The difference is that you may not find chronic bacterial prostatitis extremely troublesome at first, whereas acute bacterial prostatitis usually begins suddenly and can also be accompanied by fever and flu-like symptoms.

Finding the cause of prostatitis can be difficult, sometimes impossible. In most cases, the identified bacteria is E. coli, a bacteria commonly found in the bowel. E. coli is frequently identified in bladder infections also. The secretions from the prostate enter the urethra (the tube leading from the bladder to the outside of the penis) through tiny prostatic ducts. It is theorized that bacteria either from infection in the urethra or infected urine, enters the prostate through these ducts.

Since the symptoms for many problems of the prostate are similar a doctor will need to determine if your symptoms indicate prostate caused obstruction, bacterial caused problems, or inflammation without the presence of bacteria. Patients should be prepared to relate their medical history including details of past urinary tract infections, prostate problems, and how your body responded to the treatments which were prescribed in the past.

You will probably be asked to collect a series of urine specimens and perhaps prostatic secretions will be collected for testing also. A kidney X-ray (intravenous pyelogram or IVP) or a kidney ultrasound may also be ordered to check for obstructions or stones. An abscess, stones, and tumors can form in the prostate and may become a source of repeat infections. A prostatic ultrasound can help to determine their presence.

I Will Manage Program Update

The I WILL MANAGE educational/support groups continue to bring together people with incontinence and health care professionals who are knowledgeable about treating incontinence. The I WILL MANAGE program series educates consumers on every aspect of incontinence. The first lecture explains how the bowel and bladder function and the causes of incontinence. Treatments for cure and improvement is the topic of the second session. Additional sessions cover products and devices available for management, coping skills, and becoming a knowledgeable caregiver. "I had all my questions answered while meeting the nicest people" wrote an Informer reader after attending an IWM series.

continued inside
Dr. Simon Says...

NEVER GIVE UP...
Because of the heavy response of reader inquiries for copies of the cartoon "Never Give Up" in our last edition, a color rendition on a three inch button is now available. To order a button send $1.00 and a self-addressed stamped envelope to "Never Give Up" The Simon Foundation for Continence, P.O. Box 835, Wilmette, IL 60091. This button would make a great gift for your favorite physician or nurse.

KEEP YOUR BOWELS HEALTHY...
Prevent constipation by: drinking plenty of fluids; eating high-fiber foods such as fresh vegetables, fruits, and whole grain products; and exercising regularly. Report constipation and other bowel problems to your doctor. Readers who have bowel incontinence or wish to learn more about good bowel health might wish to contact The International Foundation of Bowel Dysfunction, P.O. Box 17864, Milwaukee, WI 53217, 414-964-1799.

ATTEND SIMON’S INTERNATIONAL CONTINENCE SOCIETY’S WORKSHOP...
Attending the ISC meeting this fall? Be sure to plan to attend the preconference workshop, “Continence Organizations Worldwide,” sponsored jointly by the Simon Foundation for Continence (USA) and the Continence Foundation (England). The workshop will be co-chaired by Stuart Stanton, M.D. (Continence Foundation, England), David Fonda, M.D. (Continence Foundation, Australia), and Cheryle B. Garley (Simon Foundation for Continence, U.S.A.). Registration information for the Rome 1993 ICS and Workshop #3 can be obtained from: Francesco Peace, M.D., Chairman ICS 93, Department of Urology, "Tor Vergata" University, P.O. Box 7229, 100040 Roma, Nomentano, Italy.

JOIN OUR PEN PAL CLUB...
Following are a list of people who have written the Informer since our last edition wishing to join the penpal club: Glen Bailey, P.O. Box 1317, Gervinville, CA, 95446; Joel Alvarez, 3026 Emmet, Dallas, TX, 75211; Art Cooley, Jr., R.D. #1 Box 228, Smithfield, MA, 01578; Bob Holcomb, P.O. Box 1164, Welches, OR, 97067; Timothy A. Holt; 4406 Markle Rd. #B, LaCrosse, WI, 54601 (age 32); William Bygrave, 350 24th Street, N.W., Apt. 201B, Winter Haven, FL, 33880 (age 40); Mary Burrell, 21 Orchard Street, Towanda, PA, 18848; Archie Gittins, 710 Jane Street, Pinconning, MI, 48650 (age 36); Robert B. Cook, 1330 Kanawha Blvd. East, Apt. 203, Charleston, W.Va., 25301; and Michael Keely, 201 Dogwood Ct., Vacaville, CA, 95687.

SAVE THE DATE...
Whether you are a permanent resident or a winter visitor in Phoenix, please be sure to mark your calendar for Saturday, January 22, 1994. The Simon Foundation and Help for Incontinent People, in cooperation with the National Multi-Specialty Nursing Conference on Urinary Continence will be sponsoring a patient education day. Included in the program is a panel of health care professionals who will share their expertise by addressing specific questions from the audience. After the program, attendees can visit the extensive exhibit of products and devices for the management of incontinence. Registration information will be sent to all Simon Foundation members in late fall.

PLEASE RENEW YOUR MEMBERSHIP...
A word of thanks to all of our loyal members who renewed their membership for 1993. If you haven’t done so already, remember that we depend upon you to be part of our team.

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REQUEST FOR MEMBERSHIP

Yes, I would like to be a member of the Simon Foundation for Continence.
Please mail to me the Foundation’s quarterly newsletter, The Informer.
Enclosed is $15.00 for my membership.
I understand that all mailings will come to me in an unidentified envelope.

The Simon Foundation
P.O. Box 815
Wilmette, IL 60091

Name __________________________
Address _________________________
City ____________________________
State _______ Zip Code ________

NOTE: Your annual membership will begin with the next edition of the Informer. Contributions and membership in the Simon Foundation are tax deductible.
Letters To The Editor

Dear Informer Readers:
I guess that by now my name is MUD or worse! Sorry it took so long to let you know how things worked out. The wedding and honeymoon cruise both were wonderful and I did figure out how to dispose of diapers on the ship. Very easy...you just roll it up and put it inside the seacock bag which are found in all the cabins, then toss it into the wastecan...no worries!

Craig

Dear Craig:
All of your fans who have kept up with you through the Informer over the years were certain you'd solve the problem of how to dispose of diapers on a ship. I do feel for the person who serviced your cabin, however. He or she probably spent a lot of time wondering about the poor fellow who was so seasick that his supply of seacock bags had to be replenished every day!

Dear Ms. Gartley:
As a reader of The Informer for about three years, I can't tell you how grateful I am. I thought I was the only one! Recently my aunt told me in the strictest confidence, that she is incontinent. "So am I," I said. She actually cried on the phone. She is too embarrassed to call you so, would you please send her materials. What a shame that I, who live in California, give her the name and address of an organization whose office is in Wilmette just a few minutes away from where my aunt lives.

California

Dear Montreal:
Adults struggling with enuresis may be a much larger subgroup of people with incontinence than is currently known. We certainly hear from hundreds of adults with questions like yours and I am sure we will hear from many readers with suggestions for you.

Dear Simon Foundation:
I have just read "Women's Waterworks." I took exception to the last sentence in your preface where you state that incontinence can be cured. I have tried for over 25 years to find a cure and have had no success. Because I live in the Boston area I am lucky to have access to some of the best medical centers and persons staffing them. For the past year, Dr. David Slaskin's nurse, Mimie Gallo, has helped me with bladder support exercises. While I am sure that I have better support now than before, it is still not a cure. Mimie has been a great support to me personally, as this is the first time I have been able to discuss my condition on a regular basis with anyone other than my physicians.

In short, I feel that it was careless and misleading of you to promise that incontinence can be cured. It has disturbed and upset me a great deal because I have not been "in hiding," but have searched high and low for someone able to help me.

Dear Boston:
You certainly haven't been in hiding. You sound like you have been a great patient—someone who doesn't give up easily, seeks knowledgeable people...

THANK YOU.

(Editor's Note: This issue of The Informer was underwritten by an educational grant from Laborie Medical Technologies Corp. The Simon Foundation for Continence does not endorse specific incontinence products or medical treatments. Inclusion in this column in no way implies endorsement.

Interested in worry-free home delivery?
Then give us a call!

Inspired by his mother's struggle with her incontinence, it is no wonder that Ray Laborie, President of Laborie Medical Technologies Corporation, has directed the focus and resources of our company into the development of sophisticated medical equipment for the diagnosis and treatment of urinary and fecal incontinence.

Laborie Medical works closely with urologists, nurses, gynecologists, geriatricians and urogynecologists in the U.S. and internationally. Because these medical professionals have encouraged Laborie to expand our activities, we set out to create the most complete mail order incontinence care products catalog, filled with high-quality products, affordably priced. The name of the catalog is "Active Living" because we believe that's what it's all about!

All products are discreetly shipped by UPS to your home in unmarked boxes. The service we provide is completely confidential! The "Active Living" catalog includes many of those hard-to-find items, helpful hints and some really exciting "international" products of which we plan to offer more in the future.

When you call us, you'll be greeted by a professional, caring customer service representative.

Call 1-800-522-3393 (in Vermont call 802-860-7230) to receive a free catalog or write to us at Laborie Medical Technologies Corp.
7 Green Tree Drive
Suite 4
South Burlington, Vermont 05403

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One Voice...An Editorial

Never before has the American public's attention been so focused on healthcare. Nor, for that matter, have Americans had so many opinions about improving our nation's healthcare system. Whatever the future structure of our nation's healthcare system, much of what drives the successful practice of medicine will remain the same. What makes medicine work is physicians and nurses who go into medicine to provide excellent patient care and to advance the science of medicine.

Patients can also help professionals to advance the science of medicine. One way is to never be "lost to follow-up." "Lost to follow-up" is a phrase used in scientific papers to refer to individuals who participated in a controlled medical study, but could not be located for questioning or examination following the study to determine the outcome.

A person does not have to be part of a medical study to be lost to follow-up. Many Informer readers probably fall into the category. For instance, suppose that you had bladder neck suspension surgery in New York City. After the surgery your incontinence was cured. Now it's two years later, you've relocated to San Francisco, and sadly you are having problems with incontinence again. You seek out a local doctor who is knowledgeable about incontinence. But, like most people, you probably haven't contacted your NYC surgeon about your reoccurrence of leakage.

If several of the doctor's patients begin to leak again, but no one reports the leakage the result is a doctor who mistakenly believes a wonderfully high surgical cure rate has been achieved. In reality, the outcomes are disappointing. Without the feedback that you can provide, even the most conscientious, caring physician may continue to offer a treatment he or she would change with proper knowledge of the real results. As you can see, "lost to follow-up" in the best of circumstances means incomplete feedback, and in the worst of circumstances a total misperception of treatment results. Imagine you purchased a new car and six months later the brakes failed. Who among us wouldn't call the dealership? Our healthcare providers deserve the same opportunity to receive feedback about the outcomes of the advice they gave, medicine they prescribed, and/or surgery they performed. Don't forget positive feedback too! A note several years after a procedure saying all is well is important information also.

The next time you change doctors, seek a second opinion, or move to a new area, be sure to tell the physician you left behind the outcome of the treatment you had in their care. By reporting the outcomes of our treatments, the collective impact all of us could make upon scientific knowledge and improved healthcare would be significant.

Equally important is for patients to understand the meaning of compliance. Mosby's medical dictionary defines compliance as "the fulfillment by the patient of the care-giver's prescribed course of treatment." When a physician, nurse, or other healthcare provider defines a course of treatment, you have several responsibilities. First, ask questions until you thoroughly understand what is being asked of you and why. Then either follow the treatment exactly or tell your healthcare partner that the treatment suggested will not gain your compliance. If you intended to comply with the treatment, but for some reason can not, be sure to report your non-compliance. This feedback will save your caregiver from incorrectly assuming that the treatment failed.

To improve health care in America, each of us must take charge of ourselves and become knowledgeable and trustworthy partners with our physicians and nurses. Providing feedback and compliance should be an important part of the formula for our nation's better health. Next time the conversation turns to health care, please be sure to remind people that we are all responsible for improvements in our health care system.

Understanding Prostatitis

Curing chronic bacterial prostatitis can be difficult. Antibiotics can be used to fight chronic bacterial prostatitis, but often they do not effect a cure. An alternative to full strength dosages of antibiotics, depending on the individual circumstances, may be suppressive therapy. Although suppressive therapy may not eliminate all of the bacteria, it usually relieves symptoms with long-term low-dose antibiotic therapy. However, reinfection often occurs when the medication is stopped.

Acute bacterial prostatitis merits immediate medical attention. If symptoms occur such as painful urination, trouble starting your urine stream, accompanied by fever, low back pain, and flu-like symptoms you should report them immediately to your physician or an emergency room physician. Acute bacterial prostatitis can lead to severe systemic illness if left untreated. Often patients with acute bacterial prostatitis are hospitalized so that antibiotics can be given intravenously. Patients who respond well to IV antibiotics may be discharged after a few days to continue treatment with oral antibiotics. As with all medications, it is important to take as directed and report any recurring symptoms to your doctor immediately.

Very often, when men report symptoms of prostate problems, there is no identifiable infection, but there is evidence of inflammation. When inflammation is present, without infection a disease of non-bacterial prostatitis is made. Anti-inflammatory drugs may bring relief from this type of prostatitis. Patients often find heat, rest, and stress reduction have helped to alleviate symptoms of prostatitis and avoid a flare-up.

Readers who wish to learn more about prostate problems and their bladder will find Overcoming Bladder Problems by Chaikin and Whitmore, M.D. helpful. Published by Harper and Row, you can find it at your local library or bookstore.

Letters (continued)

medical care, and is willing to work hard to improve your incontinence.
The book preface you refer to states: "This book joins an increasingly broad based effort by government, industry, not-for-profit organizations, and consumers—an effort which will produce greater public awareness of incontinence, increased educational tools, and growing availability of health care. There is a space in this coalition reserved for you. Help stamp out the myths about incontinence by telling everyone you know that incontinence can be cured, treated, or managed."

For more than a decade we have promoted continence with the following messages: "See your doctor," "Incontinence is a symptom," and "Incontinence can be cured, treated, or managed." The state of knowledge about the bladder today makes you absolutely right, not everyone can be cured. However, increasing the category to cured, treated, or managed, and we all are covered in one of these categories. I'm glad to know that our information is read so closely. Your point is well taken and the next edition of the book will be corrected to read "or managed."