Benign Prostate Hyperplasia And Incontinence

Benign prostate hyperplasia, often called BPH, refers to the natural enlargement of the prostate gland in many men as they age. This enlargement commences in most men between age 40 and 50 and is usually accompanied by voiding difficulties, sometimes even incontinence.

In order to comprehend this disease and its relationship to incontinence, it is necessary to understand the anatomy related to the problem. Urine is drained from the bladder through the penis to the outside by a tube called the urethra. The first part of this channel is called the prostatic urethra because it passes through the center of the prostate gland. This gland sits at the base of the bladder. The prostate can be visualized as an apple that has been cored. The "cored" space allows for a channel forming the urethra.

However, as the prostate begins to enlarge (by multiplication of its cells) the channel often becomes blocked. This process takes place gradually for most men. The patient's first awareness of prostate change usually is through voiding changes. Some report that it is difficult to begin voiding, and that their urine stream is weak. Other symptoms include: urgency (the need to use the washroom immediately after receiving a full bladder signal); frequency; and leakage immediately after leaving the washroom.

These problems and others are effects of the enlarging prostate on the bladder. Without prostate complications, voiding is a simple matter. The sphincters relax, the bladder muscles contract, and emptying takes place—the urethra carries the urine to the outside of the body. However, when BPH causes partial resistance in the pathway, the bladder must compensate by working harder to squeeze the urine out. Because the bladder is a muscle this added "exercise" causes increased muscle buildup. The floor of the bladder (called the trigone region) is a very sensitive area of the bladder and the first part of the muscle to build up, thus causing increased frequency of voiding in the daytime in addition to the already frequent nighttime problems (nocturia) that affect most men with BPH. In some cases the muscle buildup is so extreme that the irregularity of the bladder wall contains outcroppings or pockets called diverticula.

For most men these symptoms and the resulting bladder changes appear slowly over several months or years. When the bladder begins to exert itself in order to overcome drainage resistance, it is referred to as "compensated". Eventually, if the process worsens, the bladder may reach a point where it can no longer empty (known as a "decompensated bladder"). New problems, including incontinence, can begin at this stage of the process.

As the bladder becomes unable to empty completely, progressively larger amounts of urine will be left after voiding. Not only may infection begin in this highly vulnerable condition, but involuntary leakage of urine known as overflow incontinence is likely.

Benign prostate hyperplasia and its resulting symptom progression are different for each individual. But regardless of the symptoms you are experiencing, it is important to see your doctor so that he or she can monitor your condition and decide if treatment is desirable. For some surgery will be indicated, especially if the disease has progressed to the point of residual urine, frequent infections, loss of continence, kidney involvement, or acute urinary retention (the inability to void at all). Many patients fear prostate surgery because of the prevalent myth that it will end the patient's sex life. If you are suffering from these symptoms,

BECOME A PEN PAL. The last issue of The Informer included a list of several readers who wished to have pen pals. Participating members tell us it was a great success and that they are receiving enlightening and heartening letters from their fellow Informer readers. Therefore, future editions will support this emerging tradition of person-to-person communication. If you have not already given us written permission to publish your name and address on our pen pal list and would like to be included, write to Pen Pal Club, The Simon Foundation for Continence, Post Office Box 835, Wilmette, Illinois 60091.

A NEW MAGAZINE designed especially for people with spinal cord injuries. Called Spinal Network EX-TRA, the first issue covers medical topics, sports and travel, civil rights, sexuality, and much more.


WE ARE ALWAYS LOOKING FOR MORE FRIENDS... Do you know someone who might benefit from association with the Simon Foundation for Continence? Perhaps someone with the problem, a family member, a medical professional? If they are not receiving our information, please tell them to write and ask for it. We would appreciate a self-addressed stamped business envelope to help defray expenses for sending material. We want to reach everyone who needs or wants support. Please tell your friend or acquaintance that we must have their personal permission to send material. It is our policy only to mail on upon request.
Prostate continued

Most physicians agree that certain symptoms must be corrected when present. Among these are: residual urine, recurrent infection, bladder stones, decreasing kidney function, overflow incontinence, and inability to void (acute urinary retention).

The great majority of men who undergo a transurethral resection of the prostate, or TURP, experience complete relief from their voiding difficulties. This is because the surgery has removed most or all of the prostate tissue which was blocking the prostatic urethra, thus urine is now able to flow freely. Most prostate surgery is done through the penis. Less common is an “open” approach which may be necessary in the case of a very enlarged gland. Patients will usually have a catheter in the bladder for a few days after surgery, but can expect minimal discomfort post-operatively. If you are contemplating surgery, be sure to ask your doctor what to expect after the surgery. One medical text states that between one-third and two-thirds of all patients experience retrograde ejaculation as a result of prostate surgery. This means that at the time of ejaculation the semen flows into the bladder rather than exiting the body through the penis. This occurs because the surgery may have weakened and thus no longer closes completely during orgasm. Most patients report no change in their sexual lives due to this surgical outcome. The sensation of orgasm is the same, although those men who do experience retrograde ejaculation have little likelihood of fathering a child.

Another uncommon post-TURP complication can be incontinence due to damage to the sphincter muscles during the surgery. This type of incontinence is very unusual and not necessarily irreversible or permanent. Some may heal on their own, while for others various medications, exercises, or an artificial sphincter may remedy the problem.

Readers who would like more information about prostate problems will find The Prostate Book by Stephen N. Rous, M.D. to be an excellent resource. The publisher is W.W. Norton and Company, Inc., 500 Fifth Avenue, New York, N.Y. 10110. Hardbound, $18.95.

One Voice, An Editorial...

"Patient compliance" is a term used by medical professionals to indicate whether or not a patient is following the doctor or nurse’s instructions for treatment. The first time I heard this term I was truly puzzled...didn’t patients consult their doctors and nurses for their best advice? Therefore, wouldn’t they follow the treatment in order to prove or disprove the effectiveness? And, if for some reason the patient didn’t understand or couldn’t tolerate the treatment, wouldn’t they simply tell their doctor this?

A June 5, 1989 TIME Magazine article reopened these questions for me with a sad tale. "Adultproof Cap: A Way to Keep Patients Honest." The article reports that later this year a company “will begin marketing a high tech medicine bottle designed to help doctors make sure patients obey orders. Called MEMS, (for medication event monitoring system), the container comes with a tiny computer chip embedded in its cap. When the patient takes off the cap to remove a pill, the chip records the day and time. At the patient’s next checkup, the doctor can ask for the bottle back. Then the physician inserts the cap into a special electronic machine that analyzes the data contained in the chip and lets the doctor know how regularly the pills were taken.”

How sad that there is a need for technology to find a way to keep a patient honest! I’m sure that in a few specific instances this technological breakthrough will be a great help, however, in the majority of cases I would like to suggest a better way.

It’s called respect. Patients need to remember that the doctor sitting before them spent long years in research laboratories, waded through difficult medical textbooks, and worked hard in internships in order to learn enough to provide good patient care and treatment. The investment this individual has made deserves respect, enough respect to openly admit to the doctor that the treatment they are suggesting is not possible for you to comply with.

But achieving patient compliance also requires something on the part of the physician too. Doctors must slow down, take a hard look at what is being asked of the patient, ask the patient directly if they think they can do it, and if the answer is no, respect the patient’s judgement. Remember you have a human being before you with all the idiosyncracies inherent in that condition.

I believe what we’ve just described

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.

*Contributions and membership in the Simon Foundation are tax deductible.

Name
Address
City
State............Zip Code

*NOTE: Your annual membership will begin with the next edition of The Informer.
The Simon Foundation Needs Your Help

"Apart from the ballot box, philanthropy presents the one opportunity the individual has to express his meaningful choice over the direction in which our society will progress."

George G. Kirstein

Have you ever heard the expression: "vote with your dollars"? It usually refers to the merchandising choices that consumers make with their purchasing power. But as the above quote implies, there is even a more significant "vote" you can cast with your dollar. By giving to the charities of your choice, you are helping to decide the priorities of our society.

For instance, suppose no one had given their financial support to the American Cancer Society. Today, instead of the great advances which have been made in the battle against this disease, cancer would most likely be taking more and more lives, while the stigma that once surrounded the disease might still prevail. Instead, millions of Americans influenced the progress of our society by financially supporting the fight against cancer.

THE FIGHT AGAINST INCONTINENCE desperately needs financial support also. Perhaps you've never before thought of using the word "fight" in conjunction with incontinence. Neither had this author until several years ago at an annual International Continence Society meeting. When taking leave from a dear friend, a nurse in Sweden who has contributed greatly to continence in her country, she said to me with conviction—"keep up the fight."

To tell the truth, I had no idea initially of what she was talking about. "Fight?" Today, years later, I understand. Being small of stature, I prefer to think of "the fight" as "the challenge or opportunity." Because the fight against incontinence does create many opportunities: opportunities for television, radio, and newspapers to see their function as helping educate the public; there are opportunities for deans of medical and nursing schools to revise their curriculums to include whole courses on continence and then make these courses a requirement for graduation; insurance companies have the opportunity to create logical and fair reimbursement rules for medical treatments and product costs; and, of course, the government has the opportunity to stop neglecting a condition that affects over 12 million citizens by providing adequate funding for research into cures.

Most importantly, there is an opportunity for YOU. Together we can continue to focus the attention of the media, medical professionals, government and industry on the needs of incontinence.

Winston Churchill once said: "We make a living by what we get, but we make a life by what we give." Can you help choose "the direction our society will progress" by mailing $1,000.00; $100.00; $10.00; or even $1.00 to the Simon Foundation's HELP MAKE A DIFFERENCE FUND? Please give as much as you can, because together we can make a difference. For instance: Many types of incontinence could be cured today IF (1) the patient reported the problem to their doctor, and (2) if their doctor is knowledgeable about cures and treatment of incontinence. Of course we all know that this is not happening today, but it can be changed WHEN the Simon Foundation's mission has been fulfilled, and all patients report their incontinence, and all doctors are knowledgeable about its treatment.

In our lifetime, most if not all types of incontinence can be cured IF bright dedicated minds are given the resources to get on with the research. This can be changed WHEN the drive and financial power of all of us join together to not only fight, but lick incontinence.

This is a story about four people named Everybody, Somebody, Anybody, and Nobody.

There was an important job to be done and Everybody was sure that Somebody would do it. Anybody could have done it, butNobody did it.

Somebody got angry about that, because it was Everybody's job. Everybody thought Anybody could do it, but Nobody realized that Everybody won't do it.

It ended up that Everybody blamed Somebody when Nobody did what Anybody could have done!

PLEASE DON'T LET CURING INCONTINENCE BE THE JOB ANYBODY COULD HAVE DONE BUT DIDN'T! Help us get the job done.

THANK YOU. Editor's Note: This issue of The Informer was underwritten by an educational grant from Kimberly-Clark Corp., makers of Depend. The Simon Foundation does not endorse specific incontinence products or medical treatments. Inclusion in this column in no way implies endorsement.

Save up $4.00 to Depend Absorbent Products

America's Leading Retail Brand of Absorbent Products for Loss of Bladder Control

We'll send you 2/$2.00 coupons or $1.50 cash by mail when you purchase Depend products.

MAIL-IN REQUEST FORM

Send PROOF OF PURCHASE-SEAL totaling 3 points clipped from packages of DEPEND® Shields, Undergarments, Fitted Briefs or Underpads along with your name, address and cash register receipt(s) dated after July 1, 1989.

Please check one of the following:

☐ $4.00 OFFER: 2/$2.00 coupons good on any Depend products
☐ $1.50 OFFER: $1.50 cash refund

Mail to: DEPEND® Products Offer PO. Box 410359 El Paso, TX 85541-0359

OFFER EXPIRES DEC. 31, 1989

Send my refund/coupons to:

Name [Please Print] [Please Print]

Address

City [Please Print] [Please Print]

State Zip [Please Print] [Please Print]


Consult your physician about bladder control problems.
Dear Simon:
I have three daughters. When my middle daughter was almost four, the family doctor decided to do some testing, as she was not potty trained yet. We found that she had only one kidney and had been born with spina bifida. We were sent to the leading children's hospital in our area. I thank God we were. This past September our daughter, age 8, had a bladder neck reconstruction.
IT WORKED! She is no longer on medication, her energy level is fantastic, and you should see her run and jump!

Please urge your readers to seek medical help from qualified doctors. Please urge them not to be ashamed. Not everyone will be cured, but there is help available; and tell them to read all they can on incontinence. It helps.

I would also like to add that Diana had to learn how to catheterize herself after the operation. We were proud of her as she was only eight years old. Maybe this letter will help some mothers and fathers of children who are incontinent to seek help. Maybe older people will be encouraged to seek help. I know my letter is long, but if any parts of it are worthy of printing in your newsletter, you have my permission.

I too would like to have my name and address on a mailing list distributed to Simon members. I would like to hear from other parents. I feel that my daughter would benefit from hearing from a girl or boy her age who is incontinent. We are happy for Diana, but we live with the knowledge that something could go wrong, and that her incontinence could return in time...so we have always tried to teach our girls to accept themselves and to deal with the incontinence.

Nona Rumsey
7 S. 3rd Street
McSherrystown, PA 17344

Dear Mrs. Rumsey:
When Simon first began I used to take a few minutes to read some of our mail at the post office, just to have a break from the office. But I tended to make a fool out of myself in public crying over some of the needless suffering expressed in the letters. Now I find myself unable to read the mail in front of our volunteers, because of beautiful letters such as yours which touch my emotions. There is no greater gift you can give a child than the opportunity for self-esteem. So much of the mail we now receive (and don't have room to print) is like yours...great attitudes! I'm going to return to the closet, not because of my incontinence, but because now my eyes leak!

Simon Foundation:
I was pleased to receive the recent edition of The Informer and was particularly interested in the letters to the editor. Eric Ross said that buying diapers or adult plastic pants should not be any more embarrassing than buying sanitary napkins. In my own town (in England), it is impossible to buy adult diapers from any of the chemists (pharmacies) or even their suppliers. I have to buy diapers from a large branch of Boots (chain drugstore), and even then, I have to special order them. Unlike the situation in America, adult diapers are not advertised on TV., and therefore, the public and chemists do not realize demand exists for these products.

The letter from William Lacey about wanting thicker rather than thinner diapers, also rang home. I am a 26 year old chronic bedwetter, and I find that following overnight use, my diapers are saturated, and often leak out of the side. This especially happens in the winter, when I seem to pass more urine. In an effort to overcome the leakage, I have to place a pad of Terrycloth Towling inside my diaper for increased security. I have a very understanding girlfriend, but I think that even she gets tired of washing and drying all of these towling pads.

I would be interested in receiving any correspondence from other bedwetters or persons with incontinence who have similar difficulties.

Yours faithfully,
Julian Ashburner
2, New Row,
Back Lane,
Badsworth, West Yorkshire
WF9 IA9 England

Dear Julian:
It is always helpful to learn about other cultures and especially differences concerning the treatment and management of incontinence. Many of our readers would be most interested in your advice as to how to find incontinence products when they are visiting your country on holiday. If you have any suggestions for our readers please advise us.

Dear Informer:
I finally took some of your advice, and I responded to some of the letters in The Informer. I found this difficult to do, and I was amazed at how much I learned by doing it. I have a lot to learn, so please add my name to your list of people wishing to receive correspondence. I'll answer all I get.

Steve G. Lemaster
1041 Columbine Street
Denver, CO 80206

Dear Steve:
Taking advice is sometimes very difficult. I'm glad mine worked out so well for you. For all of our readers who haven't already done so, here is more good advice...tell your doctor about your incontinence. It is important to know the reason for incontinence and to learn about your options for cure and treatment.

We Do CARE—
Continence Awareness, Research and Education