Balloon Dilation
A New Procedure To Treat Prostate Enlargement

As men age it is normal for the prostate gland to enlarge. Unfortunately, in some cases this enlargement, known as benign prostatic hypertrophy (BPH), may cause urinary obstruction. One study published in the Journal of Urology reported that approximately 50% of all 60-year-old men will be affected by BPH. Changes in the strength of the urine stream, difficulty in starting to void, the need to urinate during the night, and urgency (the need to rush to the bathroom immediately after the first sensation of bladder fullness), are a few common symptoms which may indicate that prostate enlargement is causing problems. However, several nonsurgical options are becoming available.

Balloon dilation of the prostate, known as TUDP (transurethral dilation of prostate) is one nonsurgical treatment for BPH. A catheter with a deflated dilator balloon is inserted into the urethra (see diagram) and the balloon is properly positioned. Before beginning the dilation, your physician will check the balloon's exact position in one or more of the following ways: (1) by inserting a well-lubricated gloved finger into the rectum to ascertain the location by touch; (2) by looking at the balloon placement through an endoscope (a small instrument which is inserted through the urethra for viewing); and/or (3) use of an imaging technique similar to x-ray. It is important the positioning is correct, otherwise inappropriate dilation of the external sphincter could lead to incontinence.

Once the position has been thoroughly checked, fluid is placed into the balloon causing it to inflate. The procedure may be done under local anesthetic, intravenous sedation, spinal anesthetic, and/or general anesthetic. Depending upon the type of anesthetic used, some discomfort may still be felt, along with an urge to empty the bladder.

The balloon is inflated against the prostate for approximately ten to twenty minutes, deflated, and removed. The inflated balloon when pushed against the prostate gland results in a widening of the urethra, thus allowing urine to flow more freely.

Although patients often remain in the hospital for a brief overnight stay, balloon dilation is considered by most to be an outpatient procedure and some men may return home on the same day. For safety, an indwelling catheter usually remains in the bladder after the procedure. Without it, some men would be unable to void until the swelling in the prostate has subsided. The bladder can also be irrigated (flushed with saline solution) through the catheter. This may be necessary to prevent a blood clot from blocking the urethra as some bleeding from the procedure will in all likelihood occur. Also, as a precaution against urinary tract infections, your physician may prescribe antibiotics.

According to the authors of The Bladder Book (1990): "Doctors at the University of Minnesota, where this procedure was popularized, report that obstructive symptoms disappeared or were significantly lessened in nearly 74 percent of cases for up to two years in certain patients who had minimal obstruction, no previous surgery, no evidence of cancer, or who had enlargement of only a certain portion of the prostate. At this time the long-term effectiveness of this procedure remains to be determined."

Another report on this procedure by Joseph B. Dowd, M.D. was published in the official newsletter of the American Urological Association, AUA TODAY continued on next page

Simon Says...  
I WILL MANAGE... A new I WILL MANAGE group (the Foundation's self-help program) will begin this fall in Philadelphia. Those readers who would like to attend should contact: Joyce Kunkle, R.N., Coordinator, The Incontinence Center, The Graduate Hospital, 606 Pepper Pavilion, Philadelphia, PA 19146, 215-893-7109. Several more programs will be starting around the country during the next several months. Watch the Informer for updates.

WELCOME NEW MEMBERS OF IPPY, INCONTINENT PEN PALS  
YAKKING... Adam Parks, 434 Atlantic Lane, Elk Grove, Illinois 60007; Bill Grady, 2813 Salter Court, Orlando, Fl. 32818; Mike Smith, P.O. Box 1771, Marathon, Fl. 33050; Dale Simpson, 1354 Lake Place Ct., #D16, Miami, Fl. 33014; Mr. A. Jacklie, 990 E. 346th Street, Eastlake, Ohio 44095; Chris Sommers, 2281 Rosecrest Court, Sparks, NV 89434-0760; John Biedebach, 7266 Rogers Avenue, Pennsauken, N.J. 08109; Michael Szadziwczik, 5445 Chipewa Road, Medino, Ohio 44256; and Stephen G. Lemaster, 1041 Columbine, Denver, Colorado 80206.

NEW BOOKS YOU SHOULD KNOW ABOUT... Two new books have been published this summer which may be of interest to Informer readers: Nursing for Continence and Overcoming Bladder Disorders. Nursing for Continence was written for nurses by nurses. Very readable and interesting, it also offers a great deal of information for the layman who is a determined information seeker and unfraid of some technical sections. Edited by Jeter, Faile, and Norton, it is available for $29.95 from WB Saunders Company, Harcourt Brace Jovanovich, Inc. 6277 Sea Harbor Drive, Orlando, Florida 32821-9989, 1-800-545-2522. Overcoming Bladder Disorders from continued on next page
Prostate
continued

(May-June 1989). Dr. Dowd reported
that post-TUDP follow-up on patients for
3- to 34-months after the procedure
showed that:

- 10 patients experienced success without further help
- 9 patients voided with further help after 4 weeks
- 10 patients experienced failures

As with all medical interventions, careful
patient selection, i.e. matching the
patient with the treatment most likely to
help his or her symptoms, is crucial. Not
all men with BPH are good candidates
for balloon dilation. For some, the pros-
tate may already have become suffi-
ciently enlarged to cause changes in the
bladder. Dilation is also not a treatment
of choice for post-prostatectomy
patients, for men with urethral strictures
or in cases of prostate cancer.

Before it can be determined if TUDP
would be helpful for you, your physician
will take a thorough history and perform
a physical examination. Some of the
tests which may be included are: a digi-
tal examination of the prostate, urinal-
ysis, cystoscopic examination,
measurement of the amount of urine left
in the bladder after voiding (called
residual urine), and uro dynamics. Only
after obtaining data in this manner can it
be determined if you are a candidate
for TUDP.

Preliminary results seem to indicate that
balloon dilation may offer effective,
nonsurgical relief for appropriately
selected patients. Because it is a rela-
tively new procedure, duration of the
benefits from the procedure remain
certain. Also, balloon dilation is vul-
nerable to insurance reimbursement
challenges and may not be reimbursable
by your medical coverage (private insur-
ance and/or Medicare).

Balloon dilation's effectiveness in com-
parison to other newly developed thera-
pies for BPH such as medication,
hyperthermia (the destruction of pro-
tate tissue by microwave generated
heat), and stents (to keep the urethra
propped open) has not been fully deter-
mined by scientific investigation at
the present time. Once your physician has
become completely familiar with your
individual case, he or she can answer
your questions about which intervention
will be most helpful to you. So, be sure
to see your doctor if you are experienc-
ing any symptoms. (Watch for further
articles on other new treatments for
BPH in upcoming editions of The
Informer.)

Simon Says…
continued

Harper and Row is written for the
person with bladder problems. It covers
incontinence, cystitis, interstitial cystitis,
prostate problems, and bladder cancer.
Co-authored by Rebecca Chalker, a jour-
nalistic and women's health activist, and
Kristene E. Whitmore, M.D. a leading
researcher and practitioner in the field
of urology, Overcoming Bladder Disor-
ders at $19.95 should be available from
your local bookstore.

LAUGHTER FOR THE DAY… from the
church bulletin, "When parking on the
north side of the church, please remem-
ber to park on an angel." "The scouts
will hold their annual picnic on the
church grounds. In case of rain, it will
be hell in the church hall."

"Come join us this Saturday for our work day as we wash the widows." "Tonight's sermon:
'What Is Hell?' Come early and listen to
choir practice."

In Memory
Of A Wonderful
IPPY

Recently, the husband of one of the orig-
inal members of our IPPY (Incontinent
Pen Pals Yabbing) Club telephoned us
with the sad news that she had died sud-
ddenly in an automobile accident. Her
name was Jean Davis and many of our
members are going to miss her
immensely. Jean's story, and her passage
from silent incontinence sufferer to
helpmate of hundreds, is a story with
hope for us all. She readily admitted in a
moving letter to the Foundation that ini-
tially she had asked her husband to tele-
phone us for her, and to say that the
information requested was for an older
parent. Jean suffered from Multiple Scler-
sis. At first she didn't want anyone to
know about her incontinence problem.

Over time her attitude changed. Jean
shared that new courage with many of
us. We will miss her and we send a spe-
cial thanks to her husband, Dr. Davis.
He has taken the time to correspond
each of her pen pals personally
because he understood how important a
confidant like Jean can be to a pen pal,
and he wanted to assure each of Jean's
friends of their specialness. May the
ability of the human spirit to triumph
over adversity continue in your life, Dr.
Davis. Our thanks goes across the bar-
rier to your wonderful wife.

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.
One Voice: An Editorial

Wars, natural disasters, and accidents create environments where behavior is often stretched beyond the limits of human capacity. From such times courageous people emerge whose words and actions will live on through the pages of history. For example, most of us can recall the Diary of Anne Frank, or Churchill’s “we shall never surrender” speech. Although becoming incontinent is not a catastrophic event of the same calibre, as I have worked on incontinence for seven years, I have had a unique opportunity to encounter many examples of human capacity stretching to reach new heights. Most of what I’ve witnessed will not be recorded in history books, but never the less courageous individual actions demonstrating personal growth in the continence field are also changing the face of human history.

One example of what I’m trying to express happened recently on an eight hour flight en route to a medical conference. As I was getting some exercise, a fellow passenger, who was also walking the aisles, struck up a conversation. He is an executive employed in international operations for a Fortune 500 company who was traveling with several colleagues to buy a business abroad. Although most of his friends were seated nearby, peer pressure did not stop him from discussing his prostate problem, asking direct questions about his own anatomy and symptoms, or requesting explicit details about possible medical intervention. In several rows around our aisle location, book pages stopped turning. It became clear that although nobody else had the courage to enter into the spirit of the conversation, several people were none-the-less glued to their seats listening intently. This man had the ability to stretch the human capacity and tackle a taboo subject as open as if we were talking about our flight plan. Because of our conversation I’m sure several other passengers will be talking to their doctors about their prostate symptoms, and soon. He certainly challenged this writer’s ability to practice what she preaches... to converse about incontinence just as if we were talking about eyeglasses and the need for glasses. In my view, this is a man of courage whose actions will influence others.

Another stellar example of stretching human capacity was expressed in a letter from a 16 year old boy named Adam Parks (see Penn Pal list) who stated that he had been using diapers since he was two years old due to bladder control problems. People were really ignorant on the topic, but became interested in learning about incontinence. You know, after class a few of those kids that used to make fun of me actually apologized! I know one thing now. I may have to wear a diaper for the rest of my life, but I’m going to keep moving forward and not stop because of it. Many, if not most of us, would have difficulty finding the courage to stretch our capacity this far.

Christa McAvilles, the school teacher turned astronaut, once said that she taught school because it allowed her to “touch the future.” She must have meant that she encountered kids like Adam. If Adam is the future, then there truly is a new age coming, and maybe incontinence will go down in the history books after all. Perhaps incontinence will not produce records of one person’s efforts or famous quotations of words spoken, but if each of us decide to take Churchill’s words as our personal battle cry, the “we will never surrender” to the taboos of body function problems. If each of us courageously stretch the limits of human capacity like these two men did in their own separate ways, together we can change the behavior of the whole human race. And that would certainly be one for the history books!
Dear Informer:

I have been a member of the Simon Foundation for several years and I especially like the idea of starting the pen pal club. I would like to suggest that you include the ages of the pen pals if possible. I would think that some people might prefer to correspond with people their own age. Please add my name to your pen pal list.

Mr. A. Jacklie
990 E. 346th Street
Eastlake Oh. 44095
age 36

Dear Mr. Jacklie:

We are happy to try your suggestion. New listing in the IPPY Club will include the age of the individual if they choose to include it with the information that they furnish the Informer.

Dear Ms. Gartley:

I have so much to say that I don’t know where to begin. As I told you some time ago, growing up as a bedwetter was bad enough, but having it follow you into adulthood was worse. The adult diapers that I wore to bed were at the same time a godsend, and a terrible embarrassment. Just the thought that someone might know that I had to wear them was almost more than I could stand. I really thought that I was all alone out there. I was very touched when I read Mr. Beckwith’s tender but straightforward letter on how to tell a prospective mate about your bedwetting. I will always keep this issue handy, and will re-read it often. Some day, I hope that I will have to face this situation. You see, I am widowed. My wife died a little over a year ago, and so far, I haven’t dated much. Part of the reason, I’m sure, is that I know that if I get into a serious relationship with someone, I will have to tell her about my incontinence, and this prospect is very frightening.

I want to share a small personal triumph with you. I went to see a friend who had been in an accident. She told me: “You know Craig, I can handle the pain and the inconvenience, but I just can’t cope with this incontinence.” I was a bit surprised, and told her that I didn’t know this. She went on to explain how the injury had affected the nerves to her bladder and she could no longer control it. She then said, “I feel just like a baby. I’ve been wearing diapers for months.” I took a very deep breath and said, “ Judy, I know how you feel, I have something to tell you...” For the next hour we laughed and cried together. I told her about the Simon Foundation, and loaned her my copy of Managing Incontinence. I even gave her one of my diapers to try! Well, Mrs. Gartley, I guess that’s about it. I really don’t know where I am at on the road, but I do know that things are better. Sharing and talking helps! I really hope that one day I’ll be able to share a cabin with a buddy on a hunting trip and say something like, “By the way Joe, I have a little urinary problem at night, and I have to wear a diaper to bed... hope that doesn’t bother you!” I guess that may be asking too much of myself, but is it really?

Florida

Dear Friends at the Simon Foundation:

I have been receiving your most informative news letter for approximately three years now. I find it to be very helpful in a way that may be rather unique. I do not have a continence problem, but I do have a urinary fistula that I receive treatment for every six weeks. Consequently when I visit my urologist I come in contact with people who do have continence problems. It is with a good feeling that I tell whomever will listen about the Simon Foundation for Continence.

Perhaps it is possible that a Pen Pal would have the same problem that I am experiencing. My purpose for writing to such a person is to learn of any new developments relating to restorative surgery. I would appreciate communicating with any one from anywhere regarding this topic.

Royal Grooms
1617 Walnut Lane
Paradise, CA. 95969

Dear Royal:

Thanks for promoting continence in your doctor’s office! We hope that all of our readers are doing the very same thing in their communities and physicians’ offices.

Reprint Series

If you’ve been an Informer reader for just a short time you may have missed an article which would be valuable to you. The Simon Foundation Reprint Series may be just what you need. Titles currently available:

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