



UROLOGICAL SURGEON DR MARTIN ELMES

Men's Health Matters

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www.goldcoasturologist.com.au

WELCOME to the third edition of **Men's Health Matters** for 2018. It has been a great year and we would like to thank you for your ongoing support. We hope our newsletters provided you with insightful information on Urology and we look forward to sharing more great updates with you in the New Year.

IN THIS ISSUE OF MEN'S HEALTH MATTERS...

- Snapshot of erectile dysfunction in Australia.
- **Treatment options for Erectile Dysfunction.**
- Laser vs UroLift BPH treatments. What is right for me?
- Dr Elmes acknowledged for performing over 100 UroLift procedures.
- Events to keep an eye out for in 2019.

SNAPSHOT - ERECTILE DYSFUNCTION

How prevalent is it in Australian men?

- **In 108,477 men aged 45 years or older, the overall prevalence of erectile dysfunction was 61%** (25% with mild erectile dysfunction; 19% with moderate erectile dysfunction; 17% with complete erectile dysfunction).
- More than 20% of healthy men aged 60 - 65 years with no risk factors had moderate or complete erectile dysfunction.

Risk factors

- Advanced age
- Atherosclerosis
- Neurological conditions
- Pelvic surgery
- Obesity and metabolic syndrome
- Peyronie's disease
- Psychological and psychiatric conditions
- Medications and substance abuse

Encouraging the conversation with patients about ED is the first step to regaining their confidence. Many men are reluctant to bring the conversation up - In a telephone survey of 5990 Australian men aged 40 years or older, only 30% of men with moderate-to-severe erectile dysfunction discussed their problem with a health professional.

Ref: Shoshany, O, Katz DJ & Love C. Much more than just prescribing a pill - Assessment and treatment of erectile dysfunction by the general practitioner, AFP Vol. 46, No.9 2017, 634-639.

TAILORED ERECTILE DYSFUNCTION TREATMENTS BY EDSAustralia

Knowing the nature of your patients ED can help determine the correct management moving forward. This includes asking about their current relationship, libido, erectile performance and gaining insight into the risk factors, for example their medical history, comorbid conditions, anxiety, depression and lower urinary tract symptoms.



Stage 1 - RAPID ACTING SUPER STRENGTH VIAGRA

RAPID is an oral administration lozenge containing a combination of sildenafil and phentolamine for a more effective treatment of mild ED. This non-invasive option is commonly used for first stage of treatment. The lozenge simply dissolves under a patient's tongue and the medication becomes active 5-10 minutes later. RAPID is recommended as first stage use to treat ED.



Stage 2 - INJECTION THERAPY

This is an effective therapy for men with erectile dysfunction who cannot take oral agents or for whom oral agents are not effective. The medication we offer for injection is designed to ensure a strong and lasting effect. Varying degrees of strength are available and tailored to each specific patient. Either needle injectable or a more comfortable option of **hidden needle** is available through EDSAustralia.



Stage 3 - PENILE PROSTHESIS

For men who have erectile dysfunction resistant to oral medications and injection therapy, Penile Prosthesis allows a permanent solution to this debilitating and often psychologically distressing condition. In addition, some men who want to maintain spontaneity can go straight to a prosthesis after lozenge failure. Studies indicate 93.8% of men were moderately or completely satisfied with their penile prosthesis choice. EDSA implants both major types of penile prosthesis, AMS & Coloplast. The choice of implant is primarily dependant on each patient's anatomy.

See the pros and cons table for Injection therapy and penile prosthesis on the next page

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Pros and cons - Injection therapy and penile prosthesis

INJECTION THERAPY		PENILE PROSTHESIS	
PROS	CONS	PROS	CONS
<ul style="list-style-type: none"> - No procedure - Tailored medication - Available in hidden-needle device - Quick response 	<ul style="list-style-type: none"> - Needle injection - Dosage increments may be required over a period of time to get the right result - Priapism, scarring and bruising - Results can vary 	<ul style="list-style-type: none"> - Immediate result - Cost-effective - Long lasting result - Permanent solution 	<ul style="list-style-type: none"> - Hospital stay required - Training on how to use the device - Infection (1%) - Device failure (10% overtime)

CONGRATULATIONS DR ELMES ON REACHING OVER 100 UROLIFT CASES!



UroLift has acknowledged Dr Elmes for his achievement in performing over 100 UroLift procedures.

Ted Lamson, co-founder of Neotract inc. who recently visited Australia made a visit to Dr Elmes to present him with the plaque.

Dr Elmes is committed to providing high quality care for patients and continues to offer his super specialised experience with the UroLift treatment.

SOCIAL MEDIA NEWS

Watch our new procedure videos on our YouTube channel.

Video content is proving valuable in educating patients on what each procedure involves and provides a visual aid to assist with comprehension. We will continue to produce video content in 2019.

Check out our latest videos here...

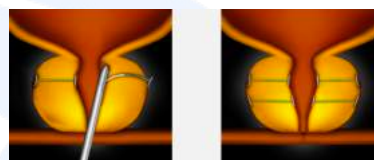
ROBOTIC RADICAL PROSTATECTOMY LEFT SIDED NERVE SPARE → <https://www.youtube.com/watch?v=0dQniuXbVQ0>

VASECTOMY REVERSAL → <https://www.youtube.com/watch?v=B0fJelL2GwY&t=14s>

WHAT'S THE DIFFERENCE? Laser vs UroLift for treatment of BPH

This is a common question raised by patients and it is important to highlight that each procedure is uniquely different and each is suitable for different reason depending on each patient's anatomy, function and wishes.

UroLift – Insertion of several small internal stitches into the prostate, compressing the tissue outwards widening the internal diameter of the urethra.



1. Compresses adenoma
2. No cutting and bladder neck remains functional thus **no risk** of:
 - ED
 - Stress incontinence
 - Retrograde ejaculation

HoLEP Laser – Removal of the enlarged prostate tissue with a laser resectoscope inserted through the urethra



1. Adenoma enucleated and still able to be examined pathologically for prostate cancer
2. Minimal ED risk BUT will result in retrograde ejaculation

EVENTS IN 2019...

The **Active Improvement for Men with BPH (AIM)** event will be held in May 2019 and our annual **Minimally Invasive Surgical Advancements** dinner will take place in June 2019. Keep your eye out for the invite early next year and be sure to RSVP!

Dr Elmes will continue to make his GP visits next year to keep you up to date with everything Urology related.

For more information on the treatments and procedures we offer contact our rooms on (07) 5575 7922 or visit our websites <http://www.goldcoasturologist.com.au> <https://www.prostatesurgeon.com.au>

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