

Men's Health

With Dr. Raj Persad

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Dr. Raj Persad

A consultant urologist at the Bristol Royal Infirmary.

Qualified Doctor since 1983.

Specialises in sexual dysfunction on men's health and in the detection and treatment of prostate cancer.

Chairman of the research ethics committee and national adviser on research ethics and clinical effectiveness.

Over 230 papers published to his name.

Written five books on the subjects of urology and men's health.

Professor of medical robotics at the University of West England.

NHS and Targets

Prostate Cancer

Diagnosis to be made, scans performed and treatment accomplished by the end of a 62-day time scale (After referral).

Seen within two weeks and then treated before the 62-day mark.

Important to consider holiday times, capacity issues and convenience for the patient which all can delay the process.

Needs to be a greater discrimination between which ones need to be treated urgently and which ones don't.

No sort of discrimination within the target-driven system

Certain prostate cancers less likely to kill you than being run over by a bus.

Bladder Cancer should be treated very quickly.

Unhealthy way of life in the NHS: erratic eating, waking late.

High cortisol levels.

Increase in diabetes and metabolic syndrome.

Urology is a popular specialisation alongside ENT.

Nice combination of scientific research, evidence-base treatments

Speciality

Raj specialises in Prostate and Bladder cancer but also treats kidney and testicular.

Real specialisation is becoming more and more confined to two areas.

Results in highly-skilled experts of their field.

Like manual therapists, GPs are often hesitant to refer too often.

There is so much for GPs to know and learn, making it such a tough job.

UK Cancer Treatment in global comparison

Field of Prostate Cancer, results would suggest the US is better.

However, the results are skewed by the **treatment of cancers which are unnecessary.**

Crude survival terms, Canada, Australia and Scandinavian countries see better cancer survival results.

Evaluating results in cancer is very difficult

Lead time bias

Earlier pick-up means earlier treatment which suggests longer life but actually people are living the same amount of time.

Treatment bias: treatment of cancers which don't biologically progress or threaten life.

Again, skews results.

Management of breast, prostate and colon cancer outside of hospital is very important.

Exercise and diet can reduce your recurrence rate after curative treatment by 30%

Better than any chemotherapy results.

After suffering from cancer, certain people pay much more attention to general health, exercise and mindfulness to try and reduce reoccurrence rate in the following 5 year period.

Lifestyle Advice for Patients

Cessation of smoking.

Reduce risk of exposure to fumes from text and printing materials (Bladder Cancer)

There are still unidentified carcinogens which may have an effect.

Eat less unhealthy saturated fat, animal fat, diabetogenic and carcinogenic foods.

Eat more isoflavonoids, soya-type things, things rich in antioxidants and fresh vegetables

Lycopene in cooked tomatoes is also very good.

Difficult: certain enzymes activate carcinogens.

Also, people can be fast acetylators, slow acetylators, less likely get cancer because of their body composition

Certain bodies handle carcinogens in different ways.

Smoking 100 cigarettes may have little effect in some people.

Never ignore blood in the urine.

Bladder Cancer

Connection between Bladder Cancer and Smoking.

Procarcinogens are activated in the body and are excreted in the urine.

The longer time they spend in the bladder, the more likely you are to get bladder cancer.

Other symptoms other than blood in the urine:

Parasites in the vein around the bladder

They cause irritation and then cause squamous cancer

Prevalent in Egypt, Sudan, Malawi and there's also a Far East strain.

In advanced cases, there could be pelvic, penile or kidney pain.

Many non-specific symptoms like weight loss and anemia

Treatment: If caught early, it is very treatable.

If left to grow into the bladder, the percentage of five-year survival can be damaged up to 60%.

Blood in the Urine

An alarming sign.

Most will go to their GPs if it occurs to them.

Sometimes women are continually treated for cystitis or infection when, in reality, bladder cancer is

present.

In men, 1 or 2 treatments for this is enough to refer.

In women, it may reoccur a few times. Over the age of 50, this should be alarming.

Cystitis occurs quite frequently in younger women: menstruation, urine contamination etc..

Prostate Cancer

If caught early, the survival rates are pretty high.

Symptoms:

Obstruction of the ureter causes back pain, which can also spread to become pelvic pain.

Blood in the urine

Benign Enlargement

Can still be dangerous even if patient's ability to pass urine is unaffected.

Small proportion of patients treated too late can lose bladder function.

Unable to pee or there's pressure on the kidneys causing kidney damage.

Very rare to reach that stage these days.

Patients at this stage are taught intermittent self-catheterisation, to drain the bladder 2-3 times a day in order to reduce the chance of stone formation and infection.

Colon Cancer

Still considered one of the biggest killers

Always get checked out if there is a dramatic change in bowel habits and/or there is blood present in the stools, sluggishness can also be viewed as a general symptom.

In particular, if occult blood is present but fresh blood should also be checked out.

If symptoms are ignored, one can suddenly present a metastatic disease.

A major issue is young men and women presenting themselves with really advanced colonic cancer without showing many symptoms of it.

Tolerance levels are pretty high.

Check if there's a familial incidence as it can be transmitted down the line.

Practitioners would only need a few seconds to ask questions about bowel function to the 45-50 age group.

Examination

Bladder Cancer

Simple, flexible cystoscopy

A very small fiber optic lens and it's the same sort they use to look down the gullet for ulcers

Within the two-week NHS waiting target.

Imaging Study: either Ultrasound or CT scan of the upper tracts.

To see areas that may not be seen in screening (in the folds of the bladder)

NB: 1/3 bladder cancers are in women (Women who smoke can get bladder cancer)

Practitioner examination:

Unexplained back pain which doesn't follow musculoskeletal pattern could be related to kidney cancers.

Metastasis will cause bone pain if it spread

Prostate Cancer

PSA test is better than a rectal examination.

Many more false positives and negatives in rectal examination.

Similar PSA elevation to a cancerous prostate would only be seen from a very big benign

enlargement.

5% of cancers are awful, in that they don't secrete PSA.

Rectal examination useful for an elderly gentleman as a good discriminator.

Smooth and enlarged prostate should refer to tablet therapy and management as opposed to hard, craggy and cancerous prostate which would need referral.

Research is going into using an MRI scan as an alternative form of biopsy instead of rectal examination.

Traditional method is a probe up the rectum with a needle that transgresses the rectal mucosa into the prostate.

Involves pain, hematuria, hemospermia, discomfort and sepsis rate.

Only picks up 1/10 cancers through this method.

Sniffer dogs have also been found to be pretty good at smelling cancer from bodily fluids.

A system of gas chromatography is in development which uses samples of volatile gases from your urine.

Seemingly more accurate than PSA and accurate for bladder cancer as well.

Dietary factors, plasticisers, the menstrual cycle and other compounds have all be looked at in developing this test.

So-called 'Odor reader' is currently in development.

Also, there's interest to whether this development could be used for kidney cancers too.

Colon Cancer

Diagnostically, a colonoscopy or CT colonoscopy are normal screening tests.

Traditionally, people still do use barium enema.

Do men still have the stereotype of not reporting to GPS etc?

Most come forward with blood in the urine as it is very alarming.

Around 20% possibility of finding something when you test blood in the urine.

Practitioners have a set of screening questions for over 50s

Is the patient aware of the symptoms of prostate cancer, has difficulty passing water? Etc

Also, ethnicity is important:

African, Caribbean then West African and American-African individuals have a three times higher incidence of prostate cancer.

Familial history can reveal gene carriers etc.

Familial incidence screening should be carried out around the age of 45.

There is no evidence base for this but 45 has become the appropriate age to do so.

Be careful not to worry patients: most symptoms from questions are as a result of prostate enlargement which is often benign.

E.g. Noticeable symptoms are seen in 60% of 60-year olds.

1/10 are actually harbouring prostate cancer.

Other Men's Health issues

Erectile dysfunction can be caused by diabetes or occurs post-surgically (prostate surgery)

Around 30% of Dr. Persad's patients who are beginning treatment for prostate cancer have osteoporosis.

GPs

As above, GPS are often hesitant to refer too many cases.

Debate over whether structure of practice should stay the same or whether a practice should sectorise it's interests.

One male GP has got a lot of interest in prostate cancer etc.

Erectile Dysfunction

Strong connection between it and cardiovascular disease.

Beginning to be recognised by GPs and cardiologists.

Flaring up of the penile arteries can be a three-four-year indication prior to a heart attack

Organic dysfunction is much more common than psychological factors.

Pure psychogenic erectile dysfunction can occur e.g. after losing a job or splitting up with a partner but happens and can be regained suddenly.

In clinic:

Prostatitis, which may cause erectile dysfunction, can lead to chronic pelvic pain.

Peyronie's disease

Thickening of the palmar fascia in the case of Dupuytren's.

Not too dangerous but can have extreme psychological effects when patients research it on the internet and come across very extreme abnormalities.

However, it has no connection to STDs etc.

Curved erections result in the man taking up strange sexual positions, which can lead to various musculoskeletal disorders seen in clinic.

Prosthesis

Either semi-rigid or use of a pump to flood a cylinder from the reservoirs, which then reverses with another pump.

Made of silicon

Used vigorously, you can strain the base of the penis which, in turn, results in groin or pelvic pain.

Erectile dysfunction can be linked to diabetes, middle-aged spread and metabolic syndrome

Although tenuous, the practitioner should take a role in giving advice to improve on general health in any of these areas.

Important to solve as it can be a cause of chronic pelvic pain.

Robotics

The Da Vinci System made by Intuitive Surgical

Not a true robot- no artificial intelligence involved.

Smooth and refined movements using console. 'Master slave'

3-D Picture

Much smaller 'stab wound' incisions to operate.

Magnifies anatomic landmarks to reduce chance of damaging areas such as the erectile nerves etc.

Research into robots for assisted living in the elderly, safety in the home, as well as Parkinson's and Dementia.

Detecting and sending signals if you haven't woken up

Suggesting exercises that you can do

Switching of a gas cooker in the home.

The development of a robotic arm with a much bigger degree of movement

Post-Surgery

Referrals to both osteopathy and physio

Removing the bladder or the prostate can damage the pelvic floor.

More problematic with men who have less awareness of their pelvic floor.

Combatted with the teaching of pelvic floor exercises by physios and nurses.

Women have a much better understanding of the pelvic floor.

Whilst the specific role of osteopaths in this is undefined, there is a definite overlap as previous patients who have had surgery will be seen in clinic.

General Prostate Information

Normal size is like a plum at around 30 grams.

Average benign enlargement can be around 40-50 grams.

However, removal of prostates around the 100-gram mark are not infrequent.

Cancerous prostates do not tend to grow massively.

In these cases, they are often inoperable.

There would be too big a risk of damaging the surrounding areas.

Instead, radiotherapy combined with hormone treatment is used to shrink them down.

Nutrition

Proving protective factors of things such as pomegranate juice are difficult as their trials are very expensive and difficult to prove long-term.

You have to get a legally binding summary of medical product characteristics, which have to be supported by trials.

Too expensive to make it a 'licensed drug'.

Evidence-Base behind Cancer Research

The MHRA have clamped down on trials not being published if they revealed totally negative results.

Trial protocols have to be established as well as ethics.

All of this is highly regulated nowadays.