

# Insights

Spring/Summer 2019

## New referral service boosts urology care

Access to urologists has improved for patients in Calgary and surrounding areas thanks to a partnership between Alberta Health Services (AHS) and specialists at the Southern Alberta Institute of Urology (SAIU).

This new alliance has also led to the development of initiatives including a Urology Central Intake (UCI) program based out of Calgary's Rockyview General Hospital.

*"Most importantly, it provides patients with the right care at the right time, the first time."*

Launched in January, the UCI program serves as a one-stop resource for family physicians to access when referring a patient to an SAIU urologist. AHS now receives and manages all urology referrals, connecting the patient to the most appropriate urologist based upon the patient's symptoms and the specialist's area of expertise.

"This new resource really takes the guesswork out of the referral process for family doctors,"



says Derek Bley, manager, Surgical Services at the Rockyview. "It reduces administrative burden for the patient's primary care physician and for the urologist's office and, most importantly, it provides patients with the right care at the right time, the first time."

The SAIU umbrella covers more than a dozen independent urology practices, says Heidi Stachniak, senior planner for the System & Service Planning team in Calgary Zone. Prior to the new referral program, family physicians didn't always know which specialist would be best-suited to meet their patient's unique needs.

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# 5 tips for managing interstitial cystitis



**I**nterstitial cystitis (IC), also called bladder pain syndrome, is a condition that causes chronic pain in the bladder or pelvic area. In addition to pain, common symptoms of IC include a persistent urge to pee and frequent urination during the day and night. Symptoms may be relieved temporarily by urinating.

IC is a challenging syndrome to diagnose and treat. Often, patients will go through many lab and diagnostic tests to rule out other causes for their symptoms. The process of diagnosis and treatment can be lengthy and frustrating. IC is only diagnosed once all other known potential causes of bladder/pelvic pain have been ruled out.

To date, we don't know what causes IC, but we do know that it can severely impair an individual's quality of life. Below are some strategies for managing interstitial cystitis.

## Resources

**Interstitial Cystitis Network:** [www.ic-network.com](http://www.ic-network.com)

**Interstitial Cystitis Association:** [www.ichelp.org](http://www.ichelp.org)

**Alberta Psychological Association:** [www.psychologistsassociation.ab.ca](http://www.psychologistsassociation.ab.ca)

## 1. Come prepared for your specialist appointments

Complete any requested lab work or questionnaires prior to your appointments. Make a list of your symptoms, highlighting one or two symptoms that are the most bothersome. Think about how you would rate the worst symptoms on a scale from one to ten. One being minimally bothersome and ten being the worst pain imaginable.

## 2. Be open to trying a combination of treatments

Often trial and error is required to find the right treatment or combination of treatments for IC. Treatments may include diet modification, pelvic physiotherapy, stress-relieving activities, oral medications, medication inserted directly into the bladder (bladder instillation), bladder distention (stretching the bladder during a procedure called a cystoscopy), medication inserted into the bladder wall (such as Botox or steroids), nerve stimulation or surgery. Most often, a combination of these treatments provides the best results for patients.

## 3. Set realistic expectations

Unfortunately, there is no magic pill or surgery that will cure IC. It may take months or longer for you to experience improvements in symptoms following treatment, and many treatments will require effort and regular practice, such as physiotherapy exercises or dietary changes.

## 4. Keep a treatment journal

Keep track of the treatments you've tried and keep notes of their effectiveness. Tracking your progress will help your urologist assess the effectiveness of the treatment and make recommendations for further treatment. A journal is also helpful if you're referred to another type of specialist or health professional, such as a physiotherapist or a chronic pain specialist, as you'll have specific information at your fingertips. Your urologist may also ask you to keep a bladder diary.

## 5. Find support

IC can be a difficult topic to discuss with friends and family. You may find it helpful to join a support group or work with a counsellor.



Find us on Facebook and Twitter

[@saiuCalgary](#)

# Take our kidney quiz

1. In addition to removing waste products from the body, the kidneys perform which of the following roles?
  - a. Release hormones that regulate blood pressure
  - b. Remove drugs from the body
  - c. Control the production of red blood cells
  - d. Produce vitamin D
  - e. All of the above
2. Which of the medications below can have a negative effect on kidney function?
  - a. Ibuprofen (Advil®, Motrin®)
  - b. Blood pressure medication
  - c. Estrogen therapy
  - d. Antacids (Tums®, Gaviscon®)
  - e. All of the above
3. The kidneys are the most-commonly transplanted organ?
  - a. True
  - b. False
4. Who should have their kidney function tested at least once per year?
  - a. Diabetics
  - b. People with high blood pressure
  - c. People with heart disease
  - d. People with high cholesterol
  - e. All of the above
5. How many Canadian adults live with kidney disease?
  - a. 2% of Canadians
  - b. 7.5% of Canadians
  - c. 12.5% of Canadians
  - d. 17% of Canadians
6. How can you improve the functioning of your kidneys?
  - a. Stay hydrated
  - b. Exercise regularly
  - c. Quit smoking
  - d. Eat a healthy diet
  - e. All of the above

**Answers on page 12**

# Calgary's Prostate Cancer Centre is turning 20

Over the past 20 years, Calgary's Prostate Cancer Centre has accomplished incredible things and has positively impacted the lives of thousands of men affected by prostate cancer.

In 1999, Calgary's Prostate Cancer Centre opened their doors at the Rockyview Professional Building. They later moved to the present

day Southern Alberta Institute of Urology building, where a new model for prostate cancer care, education, and research was developed. Part of the model is that all the urologists in Calgary operate under one roof to provide patients with rapid access to prostate cancer treatment and care. This is the only place in Canada where this innovative model of prostate cancer care exists.

As a non-profit, world-class centre of excellence, their mission is and will continue to be to promote overall health and well-being, inspire hope, and reduce the impact of prostate cancer in the community.

Calgary's Prostate Cancer Centre exists because of community support and looks forward to seeing what the next 20 years will bring.



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## Research updates

Since October 2018, our urologists have published 12 articles in scientific journals and have presented their research at international conferences.

Congratulations to Dr. Hilary Brotherhood on winning the Canadian Urological Association-Pfizer Incontinence Fellowship award.

The Prostate Cancer Centre is participating in the PROpel study. PROpel is a new clinical trial, investigating the treatment of patients with metastatic castration-resistant prostate

cancer (mCRPC) with the drug LYNPARZA™ (Olaparib). Previous lab studies have suggested that this drug, when combined with standard treatment, may significantly reduce the growth of prostate cancer cells. The Prostate Cancer Centre plans to enroll 5-10 patients.

For information on our research publications, go to our website at [www.saiu.ca](http://www.saiu.ca) and click Research.

# Fear Factor: Vasectomy

If the thought of getting a vasectomy causes you to break into a sweat, you're not alone. We've got responses to the most common vasectomy-related concerns and questions.

## What is a vasectomy?

A vasectomy is a method of male birth control in which the tubes that carry sperm are cut and sealed to prevent sperm from entering the semen.

## Is a vasectomy safe?

The short answer is "yes". Vasectomy is a safe and effective procedure. Complications are rare. However, like any surgical procedure, there are risks including the following.

Right after the surgery:

- Infection
- Bleeding or blood clot
- Bruising/swelling
- Mild pain

Delayed complications:

- Failure of the procedure to work as birth control
- Chronic scrotal pain
- Inflammation caused by leaking sperm (granuloma)
- Inflammation of the tube that collects and transports sperm

A vasectomy does not increase the risk of cancer or affect sexual performance. It will not change testosterone levels.

## How effective is vasectomy as a form of birth control?

A vasectomy is 99.85% effective for preventing pregnancy. However, a vasectomy does not provide immediate birth control. Patients should use alternate forms of birth control for at least three months following a vasectomy. Typically, it takes 10 to 20 ejaculations to completely clear sperm from the semen. A vasectomy offers no protection from sexually transmitted infections.

## Is there anaesthetic for the procedure?

Yes. Most often, local anaesthetic is used to minimize discomfort during the vasectomy. However, patients with complicating factors, such as previous scrotal surgery, may require sedation or general anaesthetic.

Advances in the vasectomy procedure, including the use of no-needle anaesthetic spray and local anaesthetic cream have made vasectomies more tolerable for patients.

## How long is the recovery time?

Patients are advised to rest for 24 hours after a vasectomy. After a couple of days, it is safe to do light activity, but lifting, sexual intercourse and playing sports should be avoided for a week to give the body time to heal.

## How will my body feel after the vasectomy?

It's normal to feel some pain. Your doctor may recommend that you apply ice packs to your



scrotum for the first couple of days to help reduce the swelling and bruising. You may also choose to wear tight-fitting underwear or a jock strap to support the scrotum.

It's not normal to run a fever, have worsening pain or swelling, or to have blood oozing from the incision. These may be signs of infection.

### **Can a vasectomy be reversed?**

A vasectomy should be viewed as a permanent form of birth control. However, our urologists routinely perform vasectomy reversals. The likelihood that a vasectomy reversal will lead to conceiving a child depends on multiple factors, particularly the length of time since the original vasectomy. The longer the time between the vasectomy and the reversal, the less likely the reversal will be successful.

### **Is the cost of a vasectomy covered by Alberta Health?**

Alberta Health pays the cost of vasectomies for Alberta residents. Vasectomy reversals are not covered, and patients must pay out of pocket. Likewise, men choosing to have a vasectomy after a vasectomy reversal also have to pay.

## **Vasectomy much less painful than anticipated**

Researchers from the Department of Urology at the University of Oklahoma Health Centre found that patients greatly overestimated the level of pain they would feel from a vasectomy<sup>1</sup>. 172 patients undergoing a vasectomy were asked to rate their anticipated pain prior to the procedure. Patients were then asked to rate their actual pain within 30 minutes of the procedure.

The researchers summarized their findings stating, "Our data shows that on an average, the pain experienced is only half as bad as expected... in other words patients' 'fear factor' was making their anticipation of pain to be twice as bad as their actual experience during the procedure."

<sup>1</sup>Furr J, Baker R, Pham Q, Sindhvani P. Comparative analysis of anticipated pain versus experienced pain in patients undergoing office vasectomy. Can J Urol. 2017 Apr;24(2):8744-8748.

# Keep your urinary system healthy

Looking to make healthy choices this spring? We've got you covered. Check out our five, easy tips for keeping your urinary system healthy.



## 1. **Skip the spicy food**

Spicy foods can irritate the bladder, as can citrus fruits and juices, carbonated beverages, dairy products, tomato-based foods and chocolate. So skip the hot wings and samosas, and opt for choices like hummus and spinach dips, mixed nuts, mini quiches and shrimp rings.

## 2. **Indulge in naturally sweet fruits and vegetables versus high-sugar or artificially-sweetened goodies.**

Like spicy food, high-sugar and artificially-sweetened foods can irritate the urinary system. Instead, load-up on naturally-sweet foods like squash, corn, melon and berries.

## 3. **Limit alcohol and caffeine**

Caffeinated and alcoholic beverages can irritate the bladder causing more bladder contractions and greater urgency and frequency of urination. Great alternatives to coffee and cocktails include herbal teas, smoothies and water naturally flavoured with cucumbers or berries.

## 4. **Drink lots of water**

Drinking water and other clear, non-caffeinated and non-alcoholic fluids helps to dilute urine and ensure regular emptying of the bladder, so that bacteria get flushed from the urinary system.

## 5. **Don't wait to urinate**

It may be more convenient when you're at the park or at work to "hold it", but frequent emptying of the bladder ensures that bacteria are regularly removed from the urinary system.

# Patient questionnaires

**A**s a patient at the Southern Alberta Institute of Urology (SAIU), you may be asked to complete a questionnaire while you wait to see your physician. These short questionnaires, sometimes called patient-reported outcomes or quality-of-life surveys, ask about how you have been feeling lately.

At SAIU, we use two basic types of questionnaires:

- Questionnaires that ask about your physical and mental health and your ability to complete your usual activities (e.g. work, hobbies, social activities)

and

- Questionnaires that ask specifically about your urinary or reproductive function, such as how frequently or how severely you experience symptoms or impairments.

## How are these surveys used?

Patient questionnaires are used to help your physician better understand how you are feeling. Your responses will inform how your condition is managed and treated. They may also be combined with responses you gave in previous surveys, to get a sense of how your symptoms are changing over time.

Also, patient-reported outcomes may be used for research. They provide patient perspectives on the personal impact of urologic conditions or the effectiveness of a treatment. When used for research, responses from hundreds or thousands of patients may be combined with other data, like lab results, pathology reports, or surgery

notes. The data is made anonymous and analyzed and interpreted to answer specific research questions aimed at improving patient care.

## Getting personal

The questions asked in patient-reported outcome surveys can get personal and may be awkward to answer. Who wants to answer questions about how much they pee or how hard their erection gets? However, it is important that you answer these questions thoughtfully and honestly, as your responses will help your physician treat you.

The responses you provide will never be shared beyond the SAIU care team, and you are under no obligation to answer any question that makes you feel uncomfortable. Completion of surveys is voluntary.

The next time you are asked to complete a questionnaire while waiting for your appointment, take the time to think about all the good you are providing with your answers. Not only are you helping to improve your own care, you may also be helping to improve the care of future patients.



# Managing chronic scrotal pain

**C**hronic scrotal pain (CSP), also called chronic orchialgia or testicular pain syndrome, is one of the most challenging urological conditions to diagnose and treat. Often, patients seek medical treatment from multiple specialists and undergo many diagnostic tests. In many cases, physicians are unable to determine the cause of the pain.

Not surprisingly, CSP can be extremely frustrating and debilitating. More than 50%

*Chronic scrotal pain is one of the most challenging urological conditions to diagnose and treat.*

of patients experience limited ability to work, decreased sexual activity and overall limitations to their daily activities. Patients with CSP also report feelings of depression, anxiety and isolation.

Recently, the Canadian Urological Association released its best practice report on the management of chronic scrotal pain. Below is a summary.

## **Medical definition of chronic scrotal pain**

CSP is defined as intermittent or constant pain in the scrotal structures (testicles and surrounding areas) for three months or longer. The pain significantly impacts daily activities and prompts the individual to seek medical help. It is estimated that CSP affects 1-4% of Canadian men.



## **Causes of chronic scrotal pain**

Up to 50% of patients with CSP have no clear biological cause for their pain. Other patients experience CSP as a result of trauma, infection, a cyst, previous urological surgery or pain referred from other parts of the body, such as pain in the hip or groin muscles.

## **Diagnosing the problem**

The process for diagnosing the cause of CSP involves multiple steps, which may include the following.

- Patient medical history
- Physical examination
- Infection screening
- Symptom questionnaire
- Ultrasound
- Spermatic cord block
- Psychological evaluation
- Testicular function screening

## Treatment

Men with CSP are treated in a stepwise approach, starting with the least invasive options. Sometimes patients will be referred to other specialists for treatment (e.g. pain specialists or sports medicine specialists).

Conservative treatment and management of CSP may include scrotal support devices, heat or cold therapy, avoidance of physical activities that aggravate the condition, physiotherapy, active release therapy, acupuncture and psychological counselling.

Medication can be helpful for either pain management or treatment of infection, depending on the cause of the CSP. Common types of medications for CSP include the following.

- Non-steroidal anti-inflammatory drugs (NSAIDs), such as Ibuprofen or Naproxen
- Antibiotics
- Neuropathic pain medications, such as Gabapentin or Nortriptyline

For patients who don't experience relief after conservative treatment measures or medications, a nerve block may be recommended. This involves injecting local anaesthetic into the spermatic cord to provide pain relief.

As a last resort, surgical management of pain may be considered. The type of surgery recommended will depend on the cause of the pain.

The Canadian Urological Association report describes CSP as "a common, complex, yet poorly understood condition that can be difficult to manage." A combination of lifestyle changes, physical therapy, counselling and medication are helpful tools for many patients with CSP, providing coping strategies and empowerment.

## Patient Feedback

"I recently had pelvic organ prolapse surgery (cystocele, enterocele, rectocele) under the care of Dr. Kevin Carlson. Dr. Carlson provided exceptional care and skill in every aspect of this experience - from diagnosis to surgery and post-surgery. I was also very impressed with Dr. Carlson's team. Now, I feel so much better - like myself again. I would definitely recommend Dr. Carlson. He is a gifted surgeon and seems dedicated to providing excellent care."

Emilie W.

“Urologists, like most specialists, develop expertise in certain conditions,” she says. “With input from the urologists at the SAIU, a comprehensive list of sub-specialties was developed. This list is cross-referenced with patient-specific information provided by referring physicians, allowing us to match each patient with an appropriate urologist.”

Beyond the UCI, referring physicians also benefit from the recent addition of urology to Specialist LINK, a service that includes a tele-advice line, clinical pathways and other resources for family doctors in the Calgary area.

Specialist LINK gives referring physicians access to care pathways for urological advice, consultations and urgent or emergency care, while a tele-advice service allows them to speak with a urologist, within one hour, to consult on the best course of action for their patient.

Additionally, the Alberta Referral Directory has been revised to include a UCI listing as well as updates to contact information and areas of specialization for each SAIU urologist. The

Alberta Referral Pathway for Urology (Calgary) also provides referring physicians with information to assist with the referral process, including recommended labs and appropriate diagnostic imaging.

A centrally-managed intake program allows for the collection of standardized data so that delays or gaps in care can be identified and addressed, a critical benefit Stachniak says will help to ensure that no one falls through the cracks.

“With UCI, we can now track and measure each step of the patient journey from primary care physician to specialist — and benchmark key indicators like wait times to ensure patients move through the healthcare system safely and efficiently,” adds Stachniak.

“Collectively, these resources will significantly enhance urology patient care in southern Alberta.”

*Written by Blain Fairbairn  
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### Kidney quiz answers:

- 1. Answer:** e. In addition to these roles, the kidneys also balance the volume of fluid in the body.
- 2. Answer:** a. Ibuprofen is a type of Non-steroidal anti-inflammatory drug (NSAIDS). Chronic use of NSAIDS can cause damage to the kidneys, especially if you also take diuretics (water pills) or ACE inhibitors. Other common NSAIDS include aspirin and naproxen. If you use these medications regularly, talk to your doctor about having your kidney-function checked.
- 3. Answer:** True. In 2017, 16,338 Canadians received a kidney transplant.
- 4. Answer:** e. Diabetes, high blood pressure, high cholesterol and obesity are risk factors for kidney disease.
- 5. Answer:** c. Approximately 12.5% of Canadians, 3 million people, have kidney disease.
- 6. Answer:** e. The best way to keep your kidneys healthy is to take care of your body. Most kidney problems occur because of the strain on the kidneys from other health issues, such as diabetes or heart disease.

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