Essential Urology in General Practice

Note

Health care practice and knowledge are constantly changing and developing as new research and treatments, changes in procedures, drugs and equipment become available.

The author and publishers have, as far as is possible, taken care to confirm that the information complies with the latest standards of practice and legislation.

Essential Urology in General Practice

Edited by

Manit Arya, Iqbal S. Shergill, Nitika Silhi, Philippe Grange and Simon R. J. Bott

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Foreword

Being a General Practitioner today is a challenging profession. The GP is often presented with a variety of urological conditions, having had no or little urological experience. Many of these conditions are now dealt with in primary care – e.g. urinary tract infections, erectile dysfunction and female urinary incontinence. Unfortunately, there is no book currently available aimed primarily at GPs and trainees which satisfactorily covers this important field. Having read through this book I would like to congratulate the editors on filling this void with a simple practical text which should be essential reading to all those professionals in and related to primary care. Of particular importance is that each chapter is written as a collaboration between GPs and urologists. In these uncertain, changing times it is important to establish and maintain relationships between primary and secondary care.

I would suggest that each practice obtains a copy of this book for its library. Indeed, perhaps many hospital departments would also benefit from having a copy. In addition many GP trainees may benefit from perusing this text prior to sitting the nMRCGP.

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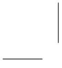
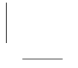

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Preface

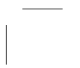
Urology forms a significant proportion of primary care consultations. Most doctors and medical students have less and less exposure to this important speciality and so an easy, concise and up to date reference manual providing the essentials of urology in primary care is required.

We have produced this book for the busy General Practitioner and trainee with day-to-day practice in mind. Our aim is to promote a simple and practical approach to all urological consultations. This text will also provide an invaluable source of information and guidelines on urological management which are logical and evidence based. We hope the scope provided by this book will be useful to those sitting the nMRCGP exam. The book will additionally be of considerable interest to specialist nurses, medical students and junior doctors in related specialities.

With these goals in mind each chapter has been written by a general practitioner in conjunction with a urologist and is heavily influenced by trainee co-authors. Where possible, the chapter begins with a case study followed by suggestions for important points in the history and examination. Relevant investigations and treatment in primary care are then discussed. Further management of the condition in secondary care is mentioned in order to supplement the reader's understanding and knowledge. A list of key points can be found at the end of each section.

This book has been an exciting and challenging project. We would like to give our heartfelt thanks to all of the authors for their time and hard work. To the reader – 'Enjoy!'.

Manit Arya
Iqbal S. Shergill
Nitika Silhi
Philippe Grange
Simon R. Bott



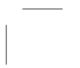
This book is dedicated to the following:

Subhash Arya and Saroj Arya, both of whom were devoted General Practitioners and who are now enjoying retirement. They have taught me, by example, to try and live my life with dignity.

Mohan Singh and Surinder Kaur for their tireless support and sacrifices.

Ranweer and Savita Silhi for always being there. I owe it all to them.

Alan and Caroline, who have been there for me through thick and thin.



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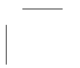

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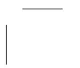
PART I

Adult urology



CHAPTER 1

Erectile dysfunction

Jas Kalsi, Gus Cabre, Davendra Sharma and Suks Minhas

Case history 1

A 65-year-old man attends his GP surgery with two-year worsening history of erectile dysfunction. Now having relationship problems. In desperation has used the Internet to order Viagra tablets. Has had no benefit. Also complaining of increasing lethargy and tiredness.

On direct questioning also complains of loss of libido and confidence. Normal examination. Morning serum testosterone is found to be low (7 nmol/l). His FSH, LH, prolactin and glucose are within normal limits. PSA 1.2. Started on testosterone replacement patches. Libido improves and erection significantly better. Adds in Viagra again; now successful intercourse.

Case history 2

Twenty-nine-year-old male. Never been able to maintain relationship as cannot get a sustained erection. No history of trauma. No long-term partner. Family worried as getting very depressed.

On direct questioning good nocturnal erections and can get successful erections when masturbates. Normal blood tests and examination. Referred to a psychosexual counselor and had eight sessions over four-month period. Improved confidence and starting new relationship.

Case history 3

Seventy-year-old male. Never been to see the GP before. Recently returned from Thailand after getting married to 25-year-old lady. Has had gradually worsening erections for many years and now cannot get an erection at all.

On direct questioning, no early morning or nocturnal erections any more. Gradual onset of problem. Complaining of passing urine frequently day and night. Normal examination. Fasting glucose 9.2. Fasting cholesterol 7.7; PSA 2.5; BMI 30. Waist circumference raised. Started oral hypoglycaemic agents and lipid lowering agents. Currently using Levitra successfully.

Introduction

Erectile dysfunction (ED) has been defined as the persistent inability to attain and/or maintain an erection sufficient for sexual performance.

ED is closely associated with many important physical conditions and may affect psycho-social health. As such, ED has a significant impact on the quality of life of patients and their partners. Several large epidemiological studies have shown a high prevalence and incidence of ED worldwide (see Further reading).

Increased awareness of the disease has resulted in more men seeking treatment from their GPs. Oral, intracavernosal and intraurethral pharmacological agents are now widely available in primary care. As a result, fewer patients require referral to urological surgeons, as surgical intervention has only a small specialised role in the overall management of ED.

Risk factors

Penile erection is a complex neurovascular event under hormonal control. The risk factors for ED (sedentary lifestyle, obesity, smoking, hypercholesterolemia and the metabolic syndrome) are common to the risk factors for cardiovascular disease. Furthermore, ED itself is a cardiovascular risk factor conferring a risk equivalent to a current moderate level of smoking.

History

A detailed description of the problem, including the duration of symptoms, should be obtained. Other factors that should be elicited are:

- Original precipitating factor(s)
- Predisposing factors
- Maintaining factors
- Any subsequent investigations
- Treatments, with the response achieved
- Enquiry regarding rigidity with quality of morning awakening erections, and spontaneous, masturbatory or partner-related activity erections
- Sexual desire, ejaculatory and orgasmic dysfunction
- Issues around any sexual aversion or sexual pain
- Previous erectile capacity
- Partner issues, e.g. menopause or vaginal pain
- Concurrent medical, psychiatric and surgical history
- Current relationship status and history of previous sexual partners and relationships
- Alcohol, smoking and illicit drug misuse

In the history, sudden onset of ED, presence of early morning erections and erections during masturbation/with a different partner (if has one) point to a psychological rather than organic cause of ED. The use of validated questionnaires, particularly the International Index of Erectile Function (IIEF) is advised to assess the baseline function as well as the impact of treatments and interventions.

Examination

All patients should have a focused physical examination. A genital examination is recommended, especially if there is a history of rapid onset of pain, deviation of the penis during tumescence (suggesting Peyronie's disease), the symptoms of hypogonadism or other urological symptoms. A digital rectal examination (DRE) of the prostate is recommended in the presence of genitourinary or ejaculatory symptoms. Blood pressure, heart rate, waist circumference and weight should be measured in all patients.