

UROLOGY

Lessen the impact: Through understanding and managing your condition you can minimise the affect urological health has on your life



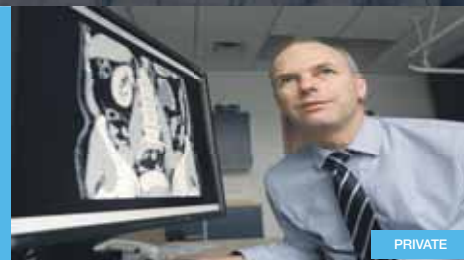
LEARNING TO COPE

Know the signs
How acting fast can help you survive prostate cancer



PRIVATE

Regain control
How understanding your condition will make a real impact



PRIVATE

PHOTO: YURI ARCURS/SHUTTERSTOCK

"I wanted to be able to stay in my home. So I spoke up."

The Age UK Group has teamed up with Handicare, one of the leading suppliers of home access equipment, to bring people in later life the things they need to make living in their own homes easier. All stairlifts, walk-in-baths and showers come with a low price guarantee*

Call now on **0800 566 8695** and quote **MP1** for more information



Age UK is the new force combining **AGE** and **HELP THE AGED** **WE WILL** *Concise*

Handicare manufactures and provides the stairlifts in association with Age UK Trading Limited and Age UK (charity number 1128267) and up to 50% of the stairlift net profits generated from this ad go to the Charity. Exact mechanism for profit-share calculation available in writing upon request. Age UK Trading Limited is a trading company of Age UK which donates net profits to that Charity. *If you find the same, or similar product and service level at a lower price, Handicare will happily match it.

CHALLENGES

Urology issues will affect almost everyone at some point. It's one of the most dynamic areas of healthcare in which pioneering innovation is transforming lives, minimising the need for surgery and enabling better management of conditions that many people find embarrassing - and yet are often easily treated

Empowering doctors and patients

This supplement focuses on urology, one of the most varied branches of surgery. Urologists manage diseases affecting the kidneys, bladder, prostate and testes, including the treatment of common cancers of the urinary tract. The successful treatment of these conditions and others including stone disease, urinary tract infections, prostate problems, impotence and infertility can fundamentally change people's lives.

Urology and men's health issues have never been more relevant. Every day 40 men in the UK die due to prostate cancer - 14,000 men every year. Forty per cent of men over 60 experience prostate-related problems. The population of people aged over 65 in the UK is expected to rise to 12.9 million in 2011. This aging population will mean increasing demands for urological care.

The practice of urology has adapted rapidly to developments in healthcare over the past 20 years. It is one of the most innovative surgical specialities, combining traditional surgical methods with the most modern high-tech, digital and robotic techniques.

Urology has led the way for many ground-breaking surgical discoveries - it was the first speciality to use so-called 'keyhole' surgery. Today, most operations on the kidney are minimally invasive allowing a quicker time to recovery for our patients. Due to advances in management of urological conditions, the number of patients who need surgical intervention to treat their problems is decreasing.

Approximately 40 per cent of men over the age of 60 experience some degree of erectile dysfunction, the main risk factors of which are directly linked to our more sedentary lifestyle, obesity, smoking and high cholesterol. Treatment involves a combination of lifestyle modification in conjunction with specific

medical therapies of which there are many options. Surgery is reserved for patients who fail to respond to medical therapy or external devices. Children can also experience embarrassing problems in relation to control of urination and enuresis or "bedwetting". It is estimated that 5 - 10 per cent of seven year olds still wet the bed; nearly 5 per cent at the age of 10. Most children have resolved this by their teenage years, but it is important to realise that therapies are available.



Adrian Joyce
President of The British Association of Urological Surgeons (BAUS)

FACTS

→ The aging population means increasing demands on urological care.

→ Cancer of the bladder and kidneys are more prevalent among the over 50s. Most, if caught early, can be dealt with effectively, often by minimally invasive surgery.

→ For women, urinary tract infections and incontinence become more common as they get older. Don't do nothing, even if it's embarrassing - they can usually be dealt with.

medical therapies of which there are many options. Surgery is reserved for patients who fail to respond to medical therapy or external devices.

Children can also experience embarrassing problems in relation to control of urination and enuresis or "bedwetting". It is estimated that 5 - 10 per cent of seven year olds still wet the bed; nearly 5 per cent at the age of 10. Most children have resolved this by their teenage years, but it is important to realise that therapies are available.

The British Association of Urological Surgeons (BAUS) welcomes the publication of this supplement on the common urological conditions that affect the patients we see. We hope this will increase readers' understanding about the subject, and reassure potential patients - who often feel embarrassed - that effective treatments are frequently available and that simple measures can often make a major improvement to an individual's quality of life.



WE RECOMMEND



Mr Andrew Hextall
Consultant obstetrician and gynaecologist at St Albans city hospital

PAGE 7

'Fortunately there are now simple day case operations to treat stress incontinence'

Erectile dysfunction p.3

1. Understand the reason behind the problem and use treatments correctly

Prostate cancer p.4

2. Be aware, get tested, and it could save your life

**MEDIA
PLANET**

We make our readers succeed!

UROLOGY, 1ST EDITION,
JANUARY 2011

Managing Director: Willem De Geer
Editorial Manager: Katherine Woodley

Sales Manager: Simon Kenneally

Project Manager: Victoria Winward
Phone: 0207 665 4401

E-mail:
victoria.winward@mediaplanet.com

Distributed with: The Independent,
January 2011

Print: The Independent

Mediaplanet contact information:

Phone: 0207 665 4400

Fax: 0207 665 4419

E-mail: info.uk@mediaplanet.com

Mediaplanet takes full responsibility for the contents of this supplement



The Urology Foundation undertakes to improve the diagnosis, treatment and management of urological disease through the development and support of medical education, including periods of training for urologists at centres of excellence overseas and in the U.K. and sponsorship of scientific research into the cause and treatment of urological disease.

Urology matters to patients, their families and their physicians.

The work of The Foundation can only continue thanks to the dedication of the people who so generously give their time and expertise to supporting our fundraising events and of course to those of you who provide funding for our medical education and research programmes. If you would like to make a donation to The Foundation, know more about what we do or find out about our forthcoming events then please go to our website at www.theurologyfoundation.org or call us on 020 7713 9538.

Why not join us on our next fundraising Cycle Challenge in 2012 across the continent of South America crossing the Andes from Argentina to Chile.

Charity Registration No. 1128683



Discover the healing effects of a drinking cure

Natural medicinal water can help alleviate

- Cystitis
- Kidney and urinary stones
- Bladder weakness

Come experience gentle, time-tested, natural healing in a health resort. To find out more, visit us at

www.traveltorecover.com



travel to recover e.K. · Im Wunderhorn 32 B · 26135 Oldenburg
Germany · Phone ++49-441-3049024 · info@traveltorecover.com

PROFESSIONAL INSIGHT

One of the problems with erectile dysfunction is that there is no proof - a patient's word must be taken at face value and it can mean different things to different people. Many men don't know about treatment but there are solutions, says Mike Foster, consultant urologist at Good Hope NHS hospital, Birmingham, and Spire Little Aston hospital

How to fight back

“Most of my patients are referred by their GP. Many of them have already tried tablets for erectile dysfunction, either via GP or their own route - tablets available on the blackmarket and passed through friends or in the pub.

“The huge trade in these drugs illustrates the psychological barriers many men have with erectile dysfunction (ED): they don't want it on their records or their GP to know.

“ED is often caused by a combination of factors. There is frequently a psychological component on top of the organic [physical] cause - that is, performance-related anxiety. It's similar to a golfer who misses a 3ft putt because he remembers missing the last one and the pressure is on.

“To get an erection the brain has to be working - to send appropriate messages to the blood vessels, which then open up and send blood into the penis - so stress and depression may cause ED. Stress may be caused by external factors

(work, finances) or by relationship issues. One problem is sexually inexperienced younger men: once they have a failure they lose all their confidence. Older widowers may have feelings of guilt when attempting intercourse with a new partner after their wife's death.

“ED leaves many men trying to avoid sex altogether, which can cause relationship problems and a cycle of frustration. It's quite common for men to say it takes away their manhood: many simply want to know that they can do it, even if they don't wish to do it at that time.

“Tablets - PDE5 inhibitors - are safe for the vast majority of men, unless they are on angina medication. They are effective in about 70 per cent of cases and do not cause heart attacks - that's a myth.

“Other options include injections, where a man has to inject himself with a drug every time he wants an erection (many men find it easier than it sounds), and suction devices, which work by creating a vacuum in a sleeve which

ERECTILE DYSFUNCTION

‘It's quite common for men say it takes away their manhood: many simply want to know that they can do it’



Mike Foster, Consultant urologist at Good Hope NHS hospital, Birmingham, and Spire Little Aston hospital

is placed over the penis and then blood is held in the penis by a tight rubber band placed around the base.

“Implants or prostheses are a last resort, but are usually very effective when all else has failed - it just depends how far the patient wants to go, many men give up before this stage. Either an inflatable or a malleable semi-rigid implant is inserted by operation into the penis, giving it sufficient rigidity for penetration. The devices can be inflated and deflated as required and give an excellent cosmetic result.

“The average age of patients on which I operate is in their late 50s, with straightforward erectile failure. Some in their early 60s and I do operate on a few younger men, though those tend to be of a smaller number, with non-organic causes, such as having had spinal injuries or major pelvic surgery. I do about 15 - 20 implant operations a year in patients who have failed other methods of treatment and most of the patients are very satisfied.”

6

MIKES BEST TIPS

- 1 In the first instance try simple treatment - a discussion with a partner, taking the emphasis off penetrative sex where possible while still maintaining a loving relationship.
- 2 In specific and obvious psychological cases counselling may have a place.
- 3 Lifestyle measures to avoid erectile dysfunction are the same as for maintaining general good health. While old age will affect erectile function, it's always advisable to take regular exercise, follow a good diet, keep weight and alcohol consumption under control and to not smoke.
- 4 One of the problems is that men don't use the tablets they have got properly. They either try to have sex too quickly (two of the three tablets prescribed take an hour to work), or they wait for something to happen before they take the tablet, or they don't take a full dose.
- 5 I advise men to keep their expectations realistic. Taking medication won't improve or create desire - it will only work with appropriate stimulation to give you a better erection.
- 6 There is pretty good evidence to show that ED is a good early marker of other vascular disease - so any man experiencing ED should have their blood pressure and cholesterol checked.

It can be hard...

..to talk about sensitive medical problems like **Erectile Dysfunction, Premature Ejaculation** and **Hair Loss**

- With the Lloydspharmacy Online Doctor you can:
- Learn about the range of treatments available
 - Purchase genuine medicines discreetly online
 - Collect in-pharmacy or we can deliver the next day

www.lloydspharmacy.com/men

A trustworthy way to get genuine medicines at affordable prices

Delivery next working day for orders placed before noon Monday - Thursday. Treatment subject to assessment. Service provided in partnership with DrThom, who are registered with the Care Quality Commission. Lloyds Pharmacy Limited, Sapphire Court, Walsgrave Triangle, Coventry CV2 2TX

Lloydspharmacy 
Healthcare for life



SOMAerect
Penile Rehabilitation

Restoring intimacy naturally

Try SOMAerect systems -
World's first fully customizable vacuum therapy systems: **92% successful** with up to 40% recovery rate when used regularly, and no restriction on frequency of use.
On NHS prescription from your GP - Schedule II restriction. (SOMACorrect Xtra - NHS order code 15111)

Call **0208 207 5627** today for your **FREE GP and Patient Guide.**
iMEDicare Ltd, Elstree Business Centre, Elstree Way, Borehamwood, Herts, WD6 1RX
Fax: +00 44 (0)20 8953 8403
Mobile +00 44 (0)7841 579 499
www.iMEDicare.eu

Suffering from **erectile dysfunction?**

INSPIRATION

Question: How did one man's life change when his new partner noticed something was not right with his health?

Answer: Monty Cuthbert's prostate cancer diagnosis came as the direct result of an unexpected series of events - which, it soon turned out, were responsible for saving his life

The secret of my survival

CHANGE

"In 2007, my wife died suddenly and quite unexpectedly of heart problems," explains Monty Cuthbert, 68, a retired councillor from Doncaster.

"Whilst going through the slow process of grieving over my wife, I was contacted by a colleague called Patricia, who phoned to offer her condolences. Her husband had recently died of prostate cancer and so she knew what I was going through. As it turned out, we both had a lot in common, and we started to see each other socially, which eventually turned into something more."

"On our fifth date, Patricia did something that, without wanting to sound overly dramatic, probably saved me from an early grave: she advised me to get checked out for prostate cancer as she had noticed my regular visits to the toilet."

An alarming explanation

Monty told Patricia how in 2000 he had had a hernia diagnosed and repaired and that in 2002, while visiting his doctor for an unrelated problem, mentioned his regular visits to pass water - the doctor examined him and told Monty that it was possible it was the start of another hernia. "The doctor advised me to return if the symptoms got worse - they didn't so I never went back," Monty explains. "Regular visits to pass water became a way of life and after a while I never thought anything of it."

But for Patricia, this explanation rang alarm bells - before being diagnosed with prostate cancer, her late husband Andy had also been told he might have a hernia. "Andy had originally been diagnosed as having a hernia, then cystitis," says Monty. "Patricia knew from his manner that this diagnosis was wrong and told Andy to go back to his doctor. When Andy's doctor did a PSA test it revealed a level of 120. Andy battled away for 13 years (having been bluntly told at his diagnosis that he had only six months to live) before succumbing to prostate cancer."

Urgent tests

"Upon returning to my GP on Patricia's instructions, I had a few tests and found I had a PSA of 12, a Gleason score of 7 - and a diagnosis of prostate cancer."

Monty's GP told him that had he received this news at 75, he would almost certainly die of natural causes, "but as I was 65, prostate cancer was more likely to be on my death certificate if I didn't pursue any form of treatment."

One of the options put forward was a two-year course of radiotherapy, the success of which would not be known until it had finished: "This didn't sound like a very good plan to me, so I opted for a radical prostatectomy, which was carried out successfully in September 2007," Monty explains.

I now have my PSA tested annually and my last level was in the



'Prostate cancer was likely to be on my death certificate if I didn't pursue any form of treatment'

Monty Cuthbert
prostate cancer sufferer

region of 0.04. While recovering from this disease, I started thinking about the lack of information on prostate cancer symptoms and what might have happened if Patricia hadn't sent me to my GP. In talks with Patricia, these thoughts turned to action and we decided we would start a campaign to increase awareness of prostate cancer symptoms and the importance of prevention.

Risk factors

The charity Prostate Action points out that it has been estimated that 5-10 per cent of all prostate cancer cases and 30 per cent of early onset cases (men diagnosed under the age of 55) are caused by inherited susceptibility genes. That risk increases two to three times for men with a first-degree relative diagnosed with prostate cancer. A strong family history of breast cancer may also affect a man's risk of developing prostate cancer, particularly if the family members were diagnosed under the age of 60.

There is no conclusive evidence regarding diet and prostate cancer, despite widespread and extensive research into this topic, point out Prostate Action, highlighting research published in 2007 from World Cancer Research Fund and American Institute for Cancer Research (*Food, nutrition, physical activity and the prevention of cancer: A global perspective*), which reviewed the evidence and concluded that foods

containing lycopenes (found in tomatoes) and selenium probably have a protective effect while diets high in calcium may increase risk.

Taking action

Now, Monty - joined by Patricia - continue to campaign for better knowledge of prostate cancer and the importance of getting tested, targeting local councils to increase awareness wherever they can. "During the first half of 2008 I placed a motion in front of Doncaster Metropolitan Borough Council to display posters in all public and workforce urinals describing the symptoms of prostate cancer and advice to any man who has them to get checked out with his GP. This motion was carried."

Today they are in contact with 286 of the 434 UK councils and 134 of those are taking positive action with more joining them every day. "All we are attempting to do is to inform men that what they see as minor waterworks problems might not be so minor - and that they should get their symptoms checked out by their GP. We can only spread the seeds in the hope that others grow the awareness. And when Patricia and I are out for a drink or meal, we approach landlords and managers with our posters and, to date, there have been no refusals."

For information leaflets on prostate cancer, please call Prostate Action on 020 8788 7720

EMILY DAVIES

info.uk@mediaplanet.com



CancerPartnersUk private cancer treatment centres provide the very latest image-guided radiotherapy

Centennial Park, Elstree, Hertfordshire WD6 3SZ
t 020 8236 9040 w cancerpartnersuk.org



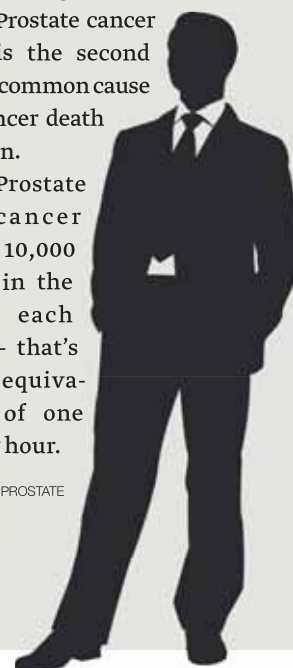
CANCERPARTNERSUK
We're transforming the delivery of cancer care

6

FACTS ABOUT PROSTATE CANCER

- 1 Prostate cancer is the most commonly diagnosed type of cancer in UK men.
- 2 The strongest known risk factor for prostate cancer is age, with very low risk in men under 50 and rising risk with increasing age thereafter. The older the man, the higher the risk.
- 3 Around 36,000 men are diagnosed each year with prostate cancer.
- 4 The prostate cancer five-year survival rate is 77 per cent (for men in England diagnosed 2001-2006), compared to 31 per cent for patients diagnosed in 1971-75.
- 5 Prostate cancer is the second most common cause of cancer death in men.
- 6 Prostate cancer kills 10,000 men in the UK each year - that's the equivalent of one every hour.

SOURCE: PROSTATE ACTION



KNOWING THE SIGNS
 Patricia's own personal experience helped save Monty's life
 PHOTO: PRIVATE

It's a shocking fact that over 20% of all cancers diagnosed each year will be urological cancers – that is cancer affecting the bladder, prostate, testes or kidney.

As with all cancers, early detection and treatment is one of the best ways to survive the disease. However awareness of the signs and symptoms of urological cancer is still poor. As one of the less fashionable causes to support, some of these cancers are embarrassing and difficult to talk about – particularly the ones that affect men. Research into new ways to treat and prevent these cancers has also suffered from years of under funding.

With this in mind, UCARE – Urology Cancer Research and Education - is calling on those looking to support a much needed cause to join them and help spread the word about urological cancer, and raise vital funds to help UCARE continue its work.

From our base in Oxford, UCARE provides the public with information and education about urological cancers. It also funds world-class research into the causes, prevention and treatment of urological cancers and related conditions. In addition it funds the development of new technologies and equipment to improve diagnosis and treatment.

UCARE is entirely funded by donations and has a great deal to do. Among those helping to make a difference include Andrew Ward from Banbury, Oxfordshire. He says "... I had a rare case of testicular cancer and complications resulted in me losing my right leg below the knee. I decided to take part in UCARE's

Kilimanjaro Challenge to raise money for the charity and prove that just because I've lost my leg, I'm no different from anyone else. People thought it was a bit crazy to want to climb Kilimanjaro. But I feel healthy now both mentally and physically. People were good to me in my dark days and I would like to give something back."

Also joining the race against urological cancers is TEAM GB swimmer Simon Burnett (pictured right) from Tetsworth, who recently dedicated his silver medal at the 2010 Commonwealth Games in India. He said "It's so important to support UCARE as they are dealing with the lesser-known cancers".



UROLOGY CANCER RESEARCH AND EDUCATION

Those looking to support a good cause could make a real difference by getting involved with UCARE. For more information about the signs and symptoms of urological cancers or to get involved log onto

www.ucare-cancer.org.uk, email ucare@ucare-oxford.org.uk or phone 01865 767777.



Mark Bassett

JAMES HOPE

NEWS

FIRST IDENTIFY THE PROBLEM

Question: What is so important to know about incontinence, and why?

Answer: The most important thing to know about incontinence is its definition, and the differences between occasional loss of control and a more serious condition - this enables the best treatment to be given

"Incontinence is the involuntary loss of urine which is a social or personal problem - it has to be considered a problem by the patient and not incidental occasional loss, which is very common," says Mark Stott, consultant urologist at Royal Devon and Exeter NHS Foundation Trust.

Incontinence overall affects women more than men and depends on age as well as setting. "But it also depends on how questions are asked," Dr Stott points out: "Possibly 30 per cent of college-age women will get some leakage."

The other significant problem,

present in both men and women and more common with age, is an overactive bladder (OAB). It's caused by premature bladder contractions - the bladder should only contract when you have to urinate and not beforehand, even when you feel desperate to go. It causes frequency, urgency, having to go at night and urge incontinence. "The volume lost may be considerable and the distress is made worse by its unpredictable nature. In the frail elderly it can even be dangerous, causing falls."

Genuine stress incontinence (GSI), however, is caused by pelvic floor weakness, often after childbirth. This causes leakage at times of raised intra-abdominal pressure such as when coughing. It's worse in obese patients and smokers; it's common in older women who have had children and rare in men. Patients can have both OAB and GSI and it's often difficult to say which is the main cause of symptoms, Stott points out.

Treatment for OAB runs from bladder-training and lifestyle advice

(reduction in drinks containing caffeine or aspartame), to medication such as anticholinergics (which suppress bladder contractions). Drugs work in approximately 50 per cent of cases, Stott points out - and injecting botulinum toxin into the bladder wall is unlicensed but effective in 70 per cent of patients who cannot take anticholinergics. Its effects last nine months on average, with repeated injections possible.

Clam ileocystoplasty is major surgery, which "few patients feel their symptoms warrant - some do, but I have not done one for three years, really since starting botulinum injections", says Stott.

For GSI, weight loss and stopping smoking is advised. Side effects of medication can be considerable; instead, exercises are encouraged to strengthen the pelvic floor but where this is ineffective relatively minor surgery will nearly always work.

EMILY DAVIES

info.uk@mediaplanet.com



<http://eulis.uroweb.org>

1st Meeting of the EAU Section of Urolithiasis (EULIS)

7-10 September 2011
London, United Kingdom

eulis

EAU meetings and courses are accredited by the EBU in compliance with the UEMS/EACME regulations

EAU
European Association of Urology

Suffering from Incontinence?



āfex[®]
Continence Systems



Call 0208 207 5627
today for your FREE GP
and Patient Guide

Urinary urge or stress incontinence?

Featuring a unique 'stay dry' supersoft receptacle for comfortable extended daily wear that accommodates a wide range of motion, afex continence management systems allow house-bound men to lead active out-door lifestyles with confidence. On NHS FP10 prescription via your GP.

www.iMEDicare.eu/incontinence.html



Be prepared — before and after

■ **Question:** How can bladders become weak in otherwise healthy women?

■ **Answer:** Many women have no problems as a result of birth but for others consequences of vaginal delivery can be both distressing and embarrassing – yet that doesn't mean vaginal delivery should be avoided

Many pregnant women find that they pass urine more frequently which is due in part to the baby's head pressing on the bladder and quite often women also leak urine when coughing or sneezing - a condition that is known as stress incontinence.

For most this resolves when the baby is born but for others - particularly those who had a long labour, large baby or forceps delivery - it continues, says Andrew Hextall, consultant obstetrician and gynaecologist at St Albans City Hospital and Spire Hospital Harpenden, and a specialist in urogynaecology.

"Pelvic floor exercises help the majority of patients but it can take

several weeks or months to regain full control of the bladder. Fortunately there are now simple day-case operations to treat stress incontinence," says Mr Hextall. "However, it is usually best to try pelvic floor exercises first and most surgeons recommend that surgery is performed when no more children are planned, as another pregnancy or vaginal delivery risks a recurrence of urinary leakage which can be more troublesome to treat second time around."

Can stress incontinence be prevented and is a Caesarean section the answer? Performing pelvic floor exercises during pregnancy helps to maintain bladder control both before and after delivery, says Hextall. "A planned Caesarean section may prevent bladder and vaginal problems but it is a major procedure," points out Mr Hextall. "In addition, patients having three or more Caesarean sections are probably just as likely to have stress incontinence as women having a vaginal birth because this condition is in part due to the pressure of a pregnancy. Most obstetricians recommend a vaginal birth whenever possible."



Mr Andrew Hextall
A specialist in urogynaecology

EMILY DAVIES
info.uk@mediaplanet.com

MANAGING INCONTINENCE
There are many causes of incontinence and it's important to know the cause so you can treat it effectively
PHOTO: JOHN T TAKAL/SHUTTERSTOCK

4

PELVIC FLOOR EXERCISES: THEIR IMPORTANCE AND HOW TO DO THEM

Build muscle power

1 The pelvic floor muscles surround the vagina and support the bladder. A strong pelvic floor can help both bladder and bowel control - and improve your sex life. Contracting and relaxing the pelvic floor strengthens it just as working any muscle improves its power.

Exercise regularly

2 Do at least three sets of exercises daily - some quick contractions and longer holds, with a few extra ones each time you remember.

Know the muscles

3 To contract your pelvic floor put your finger just inside the vagina and try to squeeze it. Stopping the urine mid-stream is no longer recommended for pelvic floor training but can be a good way to identify the muscles.

Be persistent

4 Some patients regain "the knack" very quickly but for others it can take a few weeks for the exercises to be effective.

MR ANDREW HEXTALL CONSULTANT OBSTETRICIAN AND GYNAECOLOGIST AT ST ALBANS CITY HOSPITAL AND SPIRE HOSPITAL HARPENDEN

Your Prostate, Your Health, Your Choice

Are you one of the 3 million men suffering with problems going to the bathroom, getting up several times a night or not fully emptying your bladder?

The CT3000 is a new test that can non-invasively diagnose the problem more easily, more effectively and more quickly than current tests to help you and your health professional decide the best next course of treatment.

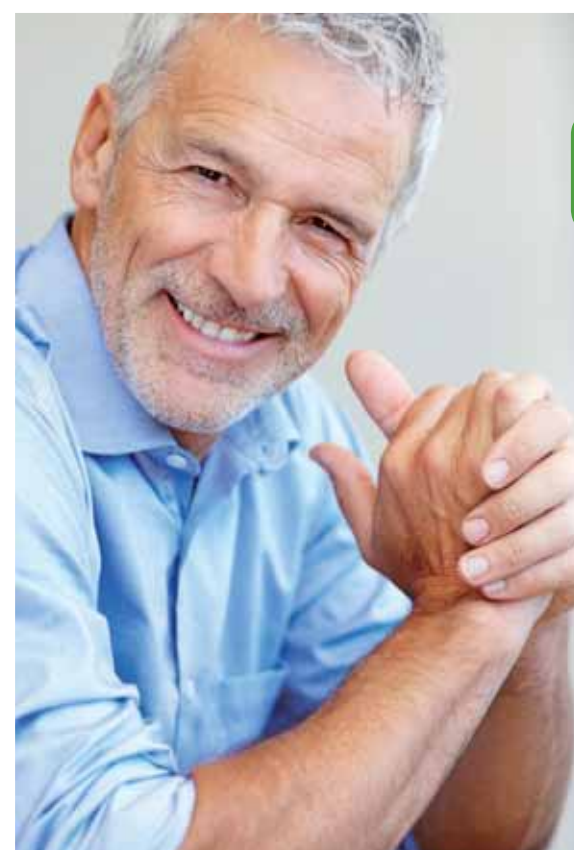
The NHS National Technology Adoption Centre has validated the CT3000 "The Non Invasive Bladder Analysis for Men How to Why to Guide," has been designed to provide practical, useful and relevant information to all who play a role in managing urology services within the NHS. We are confident that the tools and resources within the guide will help to increase adoption across the NHS and offer an alternative, innovative technique for bladder analysis in men".

Hadleigh Stollar Programme Manager - NHS Technology Adoption Centre

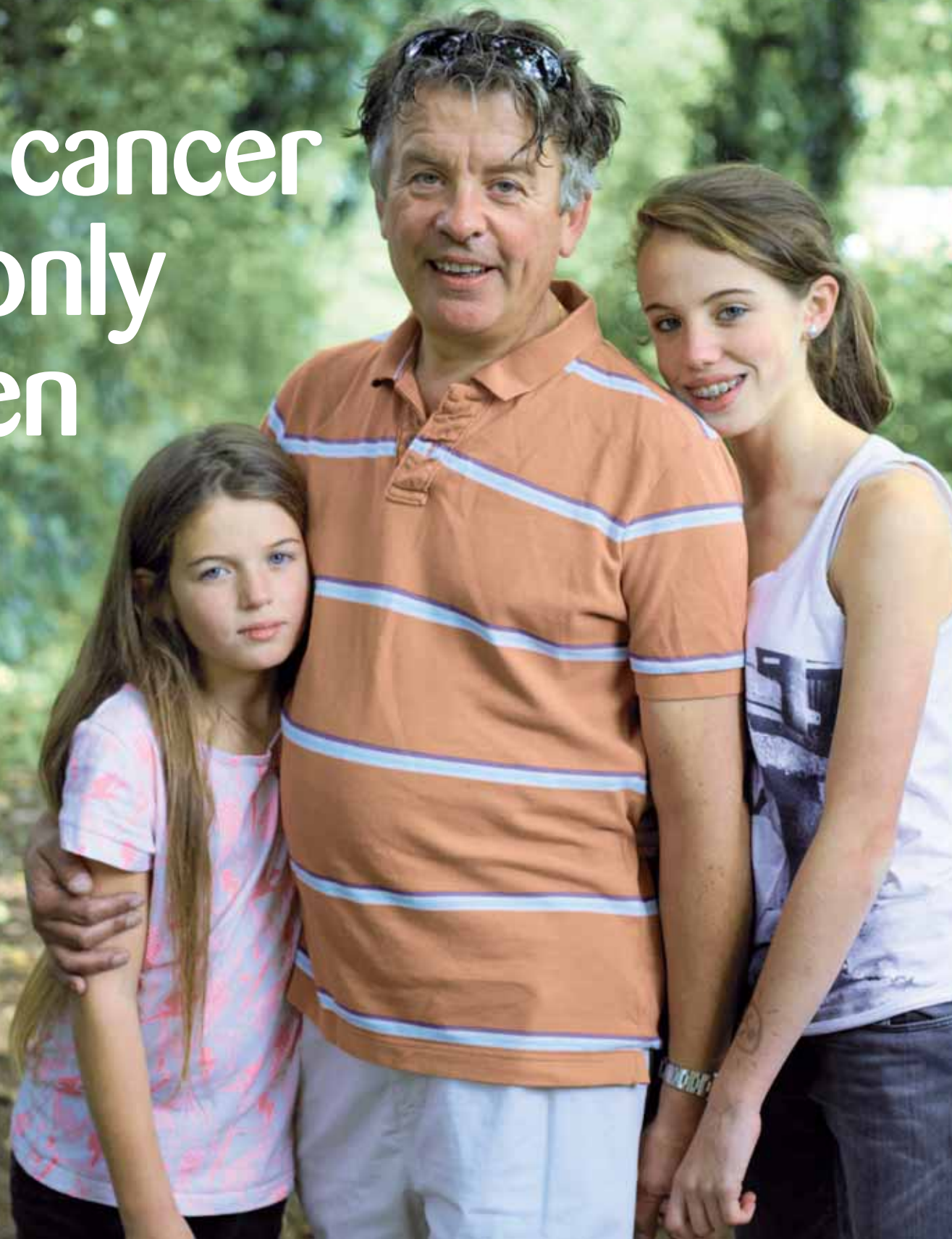
See www.mediplus.co.uk for more.

The CT3000 is not designed to replace some of the more traditional tests so you may still need to have an invasive procedure. The CT3000 can accurately identify benign prostatic hyperplasia (BPH) and predict outcomes from surgical intervention. If you suffer with other symptoms than those described above, please contact your health professional.

mediplus



Prostate cancer doesn't only affect men



250,000 men are living with prostate cancer in the UK. It also impacts on their families and friends. The Prostate Cancer Charity is here for everyone affected by this disease.



Confidential Helpline

0800 074 8383*

Mon - Fri 10am - 4pm, Wed 7pm - 9pm

www.prostate-cancer.org.uk

THE
PROSTATE
CANCER CHARITY