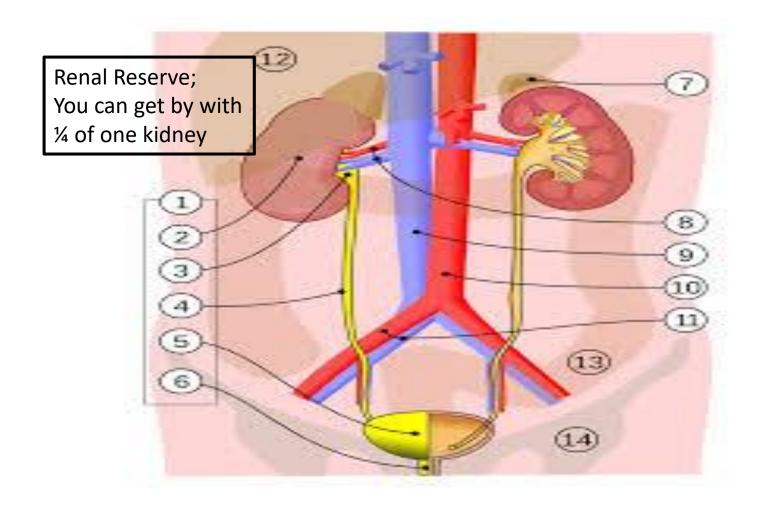
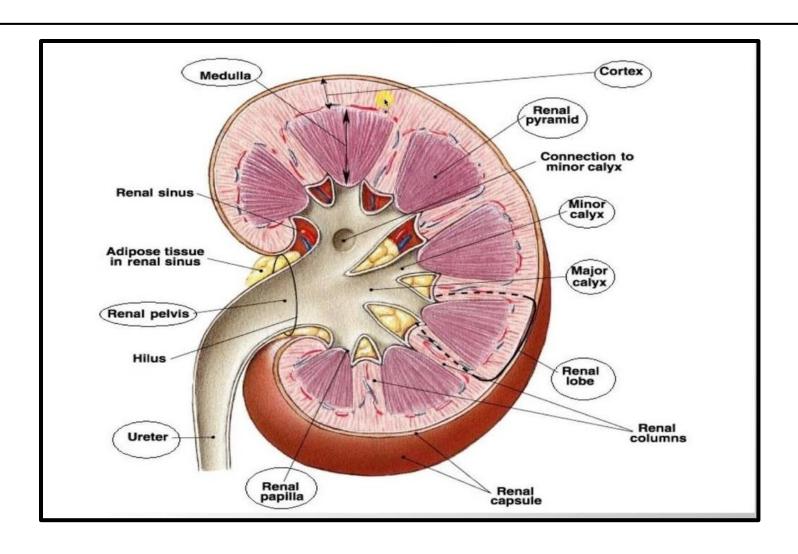
# Genitourinary System

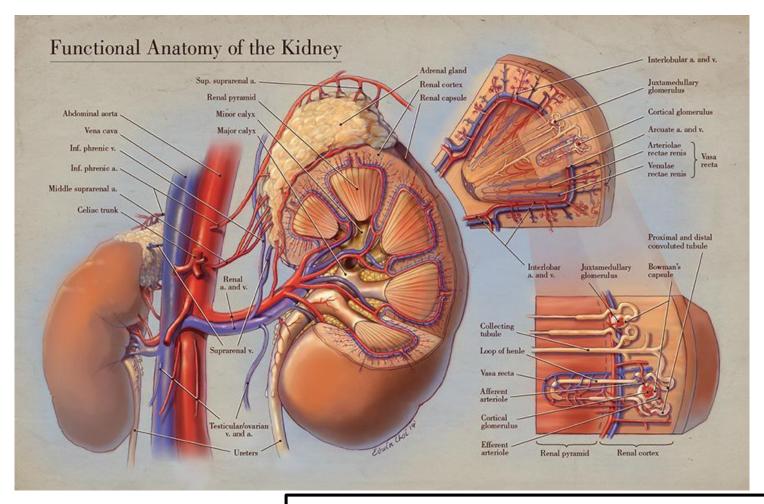
# The Urinary System



# Renal Collecting System

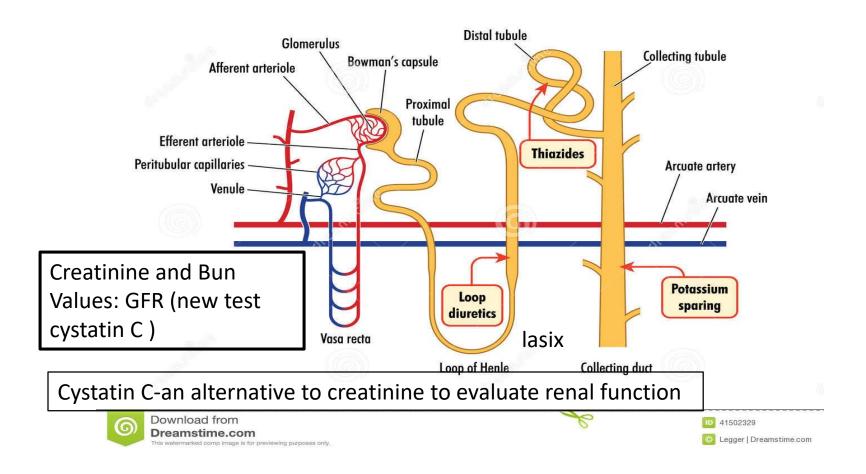


# Renal Blood Supply and Anatomy



20 Percent of Cardiac output goes to the Kidney

# Diagram of Renal Tubule/Nephron



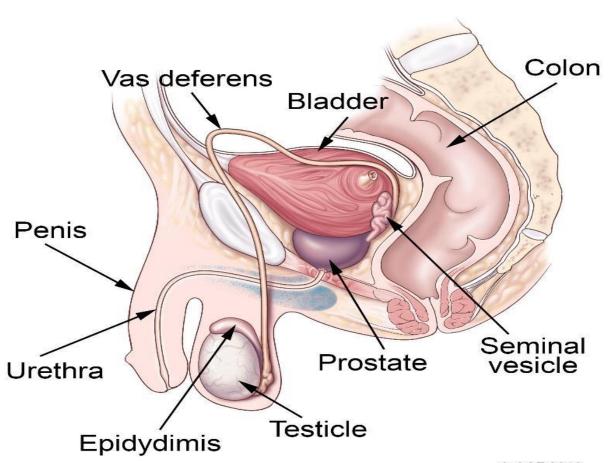
## Functions of the Kidney

- Water and electrolyte balance (Na & K)
- Acid-base balance (Hydronium ion)
- Elimination of metabolic waste like urea, creatinine, drugs and toxins
- Blood pressure regulation with renin/angiotensin
- Erythropoietin hormone that stimulates RBC production

# Affliction of the Kidneys and Urinary System

- Pyelonephritis
- Cystitis more common in women/short urethra, contamination from vaginal flora.
- Kidney Stones (most calcium oxalate, often very small)
- Renal Cell Carcinoma (76,000 new cases and almost 14,000 deaths per year)
- Transitional cell bladder cancer (17,200 deaths per year: males 4/1 females; cigarettes and chemical risk factors)
- Uremia due to ESRD (age loss in GFR of 1 per year after age 40 and one million Americans are on dialysis)
- Glomerulonephritis
- Congenital conditions (solitary kidney, horseshoe kidney, polycystic kidney disease)

# Male Reproductive System



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#### Male Problems

**BPH or benign prostatic hypertrophy** (almost universal with obstructive voiding complaints as you age)

- a. Conservative treatment is often quite effective
- 1. Alpha blockers medication
- 2. Anti-androgen medication (takes 3-4 months to shrink the prostate)

**Surgical intervention when complaints**: safe with good outcomes.

- a. Impacts quality of life (The AUA voiding score)
- b. Urinary retention develops
- c. Decline in renal function or renal failure

Many modalities to remove the obstruction (**TUR** or transurethral resection still the gold standard)

Foley catheters; intermittent self-catheterization and UTI.

### STD (sexually transmitted disease)

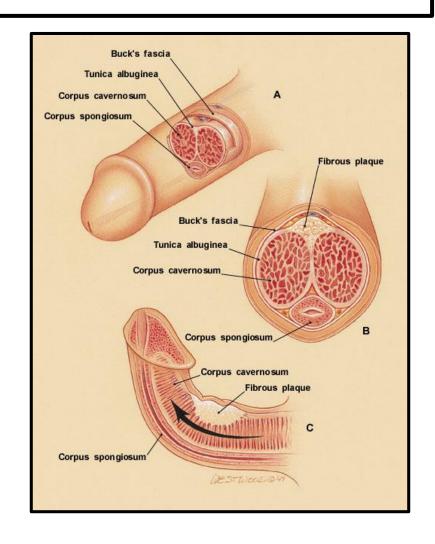
- Gonorrhea; over a million new cases a year; easily treated although some resistant strains.
- Condyloma accuminata or genital warts (HPV)—get vaccinated
- Molluscum contagiousm
- Syphilis, Chanchroid, Granuloma Inguinale
- Nonspecific urethritis; chlamydia, trichomonas, and mycoplasma
- Herpes
- HIV-no longer death sentence but expensive treatment that does not cure but makes the virus undetectable and non-transmittable.

### Peronei's Disease: recent ads on TV

- Deposition of normal scar tissue on dorsum of penis of unknown etiology (one half percent of men?)
- Associated with Dupuytren's contracture of the palm

#### Treatment:

- 1. Conservative and if penetration is achievable--no treatment.
- 2. Surgical excision or injection with fibrinolytic substances in select cases; often poor results..



## **Erectile Dysfunction**

- Psychological or organic; always a question that is probably irrelevant.
- Sexual functioning is a very durable function that is hard wired into old age
- Sexual identity probably occurs in intrauterine life. (LGBT-lesbian, gay, bisexual, or transgender-- gender dysphoria)
- Sexual mapping and addiction through positive reinforcement

#### A very complex multifaceted disorder

- Inherent sexual drive/ upbringing
- Male and female differences?
- Partner needs, morals, mood, privacy, expectations, reproduction, birth control and responsiveness
- Performance anxiety (sex on demand) even one failure can be devastating and raise doubts)
- Premature ejaculation
- Very sensitive to negative reinforcement
- Female sexuality and orgasm (frigidity)
- Experimentation and turn on and fantasy
- Age and comorbidities (youth is wasted on the young)

#### Diagnosis;

- History: duration and descriptions of the problem
- Is it partner specific?
- How about nocturnal erections?
- Erections with masturbations and pornography
- Is it a problem with premature ejaculations?
- History of medical problems
- Physical exam; rare congenital abnormalities
- Penile blood pressures
- General medical conditions like diabetes, obesity, heart disease.

### Treatment of ED

Mainstay of treatment is listening and reassurance; often helpful when appropriate if you talk with the significant other.

Try to afford the patient an organic explanation for the problem (prostatitis) to take the pressure off of performance.

- The modern miracle of Viagra, Cialis and Levitra: cause the local release of NO, inhibition of PDE5 and vasodilatation
- Injection of penis with Prostaglandin E to produce erection.
- Penile prostheses of various types (rods and pumps)
- VED-vacuum erectile device
- Testosterone and Vitamin E
- Lidocaine cream for premature ejaculation

Priapism—an prolonged erection that become painful with time and can result in impotence if left untreated.

#### Acute and Chronic Prostatitis

- Acute bacterial prostatitis can be serious with spiking fever and even sepsis. Treatment with prolonged courses of antibiotics.
- Iatrogenic bacterial prostatitis— usually from transrectal needle biopsy to detect cancer.
- Chronic Prostatitis/ prostadynia causing pelvic area pain and lower urinary tract symptoms generally in younger men.
- Prostatic fluid generally unremarkable
- Treatment;
- 1. Prostatic massage
- Reassurance/counseling
- 3. NOSAIDS
- 4. Antibiotics
- 5. Regularity in sexual activity

#### Deaths in 2019 related to cancer

- 139,603 people died of lung cancer (64,743 females and 74,860 males).
- 51,896 people died of colorectal cancer (24,222 females and 27,674 males).
- 45,886 people died of pancreatic cancer (22,154 females and 23,732 males).
- 42,281 females died of breast cancer.
- 31,638 males died of prostate cancer.
- 27,959 people died of liver and intrahepatic bile duct cancer (9,267 females and 18,692 males).

About 21,000 from Renal Cell and Bladder cancer a year combined

# Cancer of the Prostate; most common cancer in men

- Only 11 percent of men are clinically diagnosed with prostate cancer (350,000 diagnosed and 33,000 deaths annually) but the majority of men will have foci of prostate cancer microscopically.
- Diagnostic screening with PSA (and DRE): if elevated-- followed by trans-rectal biopsy with results of Gleason Score (1-5/1-5) and staging with bone scan and CT.
- The PSA is a nonspecific test and is elevated in all inflammatory conditions of the prostate.
- Outside of Gleason scores urologist are hard pressed to determine if your prostate cancers will behave benignly or spread aggressively.
- Higher risk with family history, African-Americans, BRAC-2 gene.

In most instances a relatively benign cancer that, in my opinion, is over treated and to consider total prostatectomy (radical prostatectomy, radiation Rx, Brachytherapy) the patient should have a life expectancy of **10-15 years**.

 Most prostate cancers respond to bilateral orchiectomy or drugs that suppress the secretion of Testosterone.

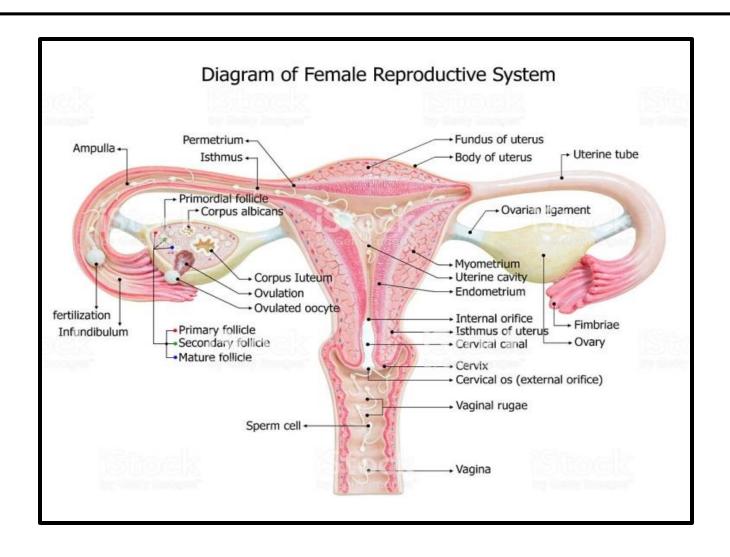
# Cancer of the testicle; a modern miracle of treatment success

- A cancer in young adult males that in 1970 had a 2 year survival rate of 23 percent, today due to early detection and imaging plus new treatments with radical orchidectomy, chemotherapy, and radiation its has a 95 percent five year survival rate. Only 400 men die yearly.
- Seminoma, teratoma, embryonal cell ca and chorio-carcinomas.
- Good Tumor markers-(AFP, HCG and LDH)

# **Kidney Stones**

- Usually Calcium Oxalate (Some inherited factors and southeast United States is the stone belt)
- Renal colic occurs when one of these small spiculated stones/crystals blocks the ureter (number 10 on the pain scale). Most stones pass spontaneously with patience and pain medicine. More men than women.
- If spontaneous passage does not occur the urologist can extract the stone (usually with a basket, or break up the stone with laser or ultrasound) or employ ESWL.

## Female Reproductive System



# Common Causes of Urinary Incontinence

- Urinary Stress Incontinence (pelvic relaxation in women due to pregnancies and post prostatectomy in men) 30 % of 80 year old women have incontinence.
- Urge incontinence (unstable or overactive bladder)
- Overflow incontinence due to urinary retention
- Neurologic deficits (spina bifida, dementia, spinal cord injuries, neurogenic bladder)
- Enuresis (stop between ages 5 and 6-an issue of maturation)

Treatment of total urinary incontinence--the nursing headache in the bedridden cognitively impaired patient: condom catheter, diapers, timed voiding, indwelling Foley catheter, intermittent straight catheterization, placement of a suprapubic tube, and other surgical remedies

# Overactive Bladder Disorder (OBD) and Urinary Stress Incontinence (Pelvic Relaxation)

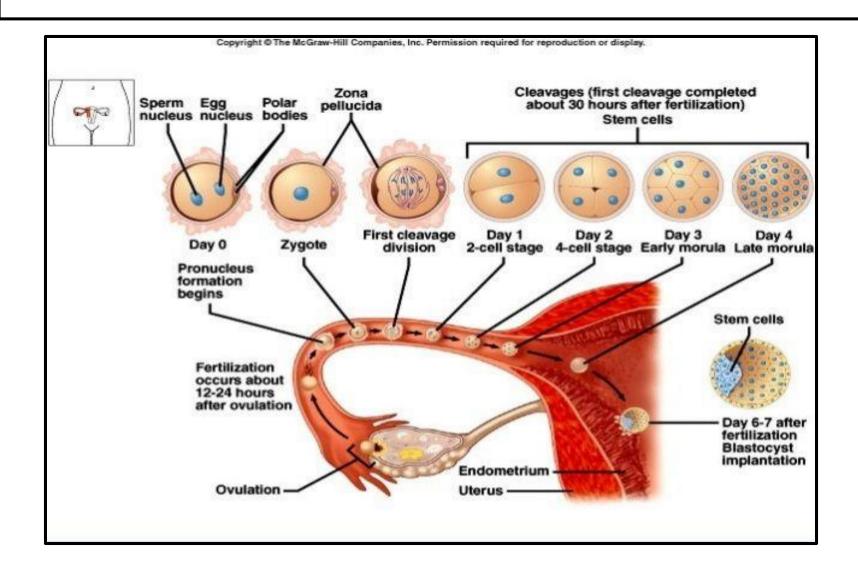
#### **OBD** treatments:

- Timed Voiding
- Anticholinergics
- Sacral and tibial nerve stimulation
- Botox injections
- Sacral neuromodulation (S-3 electrode through foramen in two stages)
- New expensive M-3 selective antagonists and Beta 3 adrenergic agonists.

#### **Urinary Stress Incontinence:**

- Pessary and perineal exercises (Kegel)
- Urethral occlusive inserts (like large tampon)
- Estrogen vaginal cream
- Urethral suspension procedures and Sling procedures; most commonly now is the transvaginal placement of a mid-urethral sling.

### The Travels of the fertilized ova



## **Spontaneous Abortion**

One in 3 pregnancies end spontaneously in the first trimester ("early pregnancy loss"), affecting 1 million patients in the US annually. The most common etiology of early pregnancy loss is fetal chromosomal abnormalities, accounting for more than two-thirds of pregnancy losses between 6 and 10 weeks' gestation. Advancing maternal age, prior pregnancy loss, teratogenic exposures, and maternal endocrine or autoimmune conditions, such diabetes, hyperthyroidism, and systemic lupus erythematosus, are risk factors.

## The blood placental barrier

- The greatest risk of adverse drug effects on the fetus is probably during organogenesis which takes place in the first trimester.
- women shouldn't drink any alcohol during pregnancy.
- Drugs entering the fetus depends on molecular weight and lipid content.

### Cervical Cancer—13,000 cases a year

- HPV (types 16 & 18) responsible for 70 percent of cases.
- HPV vaccination (females and males?) with Gardasil 9 at age 11 or 12.
- Pap smears and HPV Testing on cervical smears
- Colposcopy
- Why don't PCPs do pelvic examinations and rectal exams for that matter?