

# Promoting 'quality of life' and 'survivorship' urology

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Cancer surgery is a major part of the urological discipline, so going through urology training, I, like many other trainees, had my sights set on urological cancer surgery. I therefore decided to move to the US to do a 12-month research fellowship in minimally invasive cancer surgery. While undertaking this work, I was exposed to an area of urology that I had not experienced to a significant degree in Australia – survivorship urology, which focuses on optimising a patient's quality of life before, during and after cancer treatments.

I saw tremendous benefits for patients when a urologist took an active interest in this aspect of subspecialist cancer care. This was one of the reasons I chose to do another 12-month clinical fellowship in the US, which dealt with, in part, areas of urology that are sometimes overlooked (eg erectile dysfunction, male voiding dysfunction, male infertility). When there are numerous competing biopsychosocial issues to contend with, assessing for these 'less critical' ailments can sometimes be missed.

Some of the topics in this urology focus issue of *Australian Family Physician* (AFP) highlight that these conditions can occur after major pelvic surgery or radiation (eg prostate or rectal cancers), and may be more common than some general practitioners (GPs) think. Urinary incontinence and erectile dysfunction are two such conditions. These can occur in approximately 10% and 75% of cases, respectively, after treatment for prostate cancer and the burden on the patient can be significant.<sup>1</sup> Erectile dysfunction is even more prevalent in the general community,

affecting a staggering 65% of Australian men over the age of 45 years.<sup>2</sup>

Patients tell me that having urinary incontinence is like a 'social cancer', while erectile dysfunction can cause much stress and relationship difficulties long after the cancer has been treated. Even conditions such as Peyronie's disease have a higher incidence in patients after major pelvic surgery.<sup>3</sup> Urinary incontinence,<sup>4</sup> erectile dysfunction<sup>5</sup> and Peyronie's disease<sup>6</sup> are dealt with in detail in this issue of AFP, with the goals of prompting GPs to at least ask about these conditions and helping to guide them in managing these patients.

Male infertility, which affects about 5% of men of reproductive age, is another area of urology that rarely gets much attention.<sup>7,8</sup> It sits on the survivorship spectrum as it can occur after many different types of cancer treatments.<sup>9</sup> While overseas, I noted that urologists were the specialists who took an active lead in the treatment of such patients. In Australia, however, management of male infertility, for the most part, is still left to those with an obstetrics and gynaecology background who have an interest in in vitro fertilisation (IVF) treatments. Being one of the first urologists in the country to have undertaken a subspeciality fellowship in male infertility and microsurgery, I have made a concerted effort to educate IVF specialists, GPs and even fellow urologists in the latest treatments for this common condition, including the value of multidisciplinary care.

The remaining article is on renal calculi,<sup>10</sup> one of the most common urological conditions affecting the general population, with a lifetime incidence of 15% for males and 8% for females.<sup>11</sup> It can often present as an emergency, so ready access to

information regarding acute management of kidney stones is important.

We hope you enjoy and find great value in reading about these topics, which deal with 'quality-of-life' urology because, in Abraham Lincoln's words, 'in the end, it's not the years in your life that count. It's the life in your years'.

## Author

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