It also makes every movement more precise. Men whose surgeons use the da Vinci system tend to:
- Lose less blood
- Feel less pain
- Leave the hospital and return to regular activities sooner

In addition, some research suggests that a man’s sexual function and his continence—the ability to control when he goes to the bathroom—may return faster after robot-assisted surgery. And like other minimally invasive procedures, da Vinci surgery leaves only small scars.

A Gentler Surgery for Men: The da Vinci Prostatectomy

Robots help surgeons treat cancer. It may sound like a science fiction movie. But for men facing prostate cancer, it can be a real-life scene.

NOT EVERY MAN WITH PROSTATE CANCER needs surgery. However, a radical prostatectomy—an operation to remove the prostate—might be an option if you:
- Have cancer that hasn’t spread
- Expect to live at least 10 more years
- Are in good health otherwise
- Are able to tolerate anesthesia

About one-third of men who undergo prostate removal are operated on with the da Vinci Surgical System, which was approved for this procedure in 2001. The da Vinci consists of a console, a screen, and four robotic arms. The surgeon sits at the console several feet from the operating table and uses handles to move the arms. One robotic arm holds a camera, while the other three hold instruments that make small cuts into the abdomen and remove the prostate.

**BENEFITS FOR DOCTORS AND PATIENTS**

Why would a surgeon need a robot’s help? The system gives him or her a 3-D, super-magnified view of the inside of your pelvis.

ASK YOUR DOCTOR ABOUT YOUR OPTIONS

Like all operations, the da Vinci prostatectomy has risks. Any prostate surgery may cause nerve damage and blood clots in the legs. In addition, there’s a small chance the robot could fail. If so, the surgeon would complete the operation by hand or stop it altogether.

Talk with your doctor about your treatment choices. He or she can help you decide if the da Vinci prostatectomy is right for you.

the doctor

David Shepherd, M.D.
Urology

If you need a specialist, please call (888) 444-USMD for a free physician referral.
HOW MUCH FIBER DO WE NEED?

The more calories you eat, the more fiber your body requires. Government health experts recommend 25 grams per day for women and 38 grams per day for men. But most of us eat only about 15 grams daily.

If you stick to natural sources of fiber like beans, whole grains, vegetables, nuts, and fruits, you’re unlikely to eat too much fiber. Give your body a chance to adjust to extra fiber by starting slowly. Eating a bit more every few days over a period of weeks will help you avoid digestive problems like bloating, gas, and diarrhea. Also, drink plenty of water to help your body process the fiber. Too much fiber can reduce absorption of vitamins, minerals, and proteins. Avoid this problem by eating mineral-rich, high-fiber foods rather than relying only on fiber supplements.

Finally, if you’ve been treated for a digestive problem, ask your doctor how much fiber you should eat.
Don’t Let Bladder Problems Limit Your Life

MAKE A LIST OF YOUR 10 CLOSEST female friends. If they’re like most women in the U.S.:
• Between one and two of them have an overactive bladder
• Five of them likely have had a urinary tract infection (UTI), and two or three of those had another one shortly after
• Five of them have some degree of urinary incontinence

Didn’t know? It’s no wonder. Urological issues are difficult to discuss with your doctor, let alone your pals. They can make you feel isolated and keep you from the activities you enjoy.

But talking with your health care team is the first step in finding relief. Use the following facts on three common bladder problems as a springboard for your discussion.

FACT #1
Overactive bladder occurs when the muscles that control your flow squeeze too often. This means you’re often struck with a sudden, overwhelming urge to go, even if your bladder’s not yet full. Doctors aren’t sure exactly what causes overactive bladder, but nerve damage may be to blame. There are increased signals between your bladder and brain that give you the urge to go when you do not want to. It is estimated that 30 million Americans have this but only about 3 million (10%) seek help for it.

FACT #2
Medications can help your muscles relax and provide relief. Or your doctor may recommend behavioral therapies such as timed urination or changing the amount of fluids you drink. If these fail, then minimally invasive procedures, such as a bladder pacemaker or bladder injections, are available to help. Your urologist can determine if you are a good candidate for this.

FACT #3
Urinary tract infections result from an invasion of disease-causing bacteria into your bladder or urethra, the tube through which urine flows out of your body. Symptoms include a more frequent urge to urinate, a burning pain when you do go, and cloudy or foul-smelling urine. Some women are more prone to UTIs than others. If you get more than two per year, talk with your doctor. He or she may recommend taking low doses of antibiotics or other medications to prevent them. Studies have shown this therapy is more effective than another common treatment, cranberry pills, at preventing future infections. Your urologist may need to rule out other potential causes such as anatomic abnormalities or bladder problems.

Urinary incontinence has become more common in recent years, finds a new study in the Journal of Urology. Women are nearly four times as likely as men to have trouble controlling their bladders. And it’s not just a problem after menopause. Younger women often leak urine when they cough, laugh, or exercise.

WHAT YOU CAN DO
Kegel exercises can help initially. To do them, squeeze the muscles you’d use to stop the flow of urine. Hold for three counts. Relax for three counts. Lifestyle changes such as losing excess weight, avoiding alcohol, and not lifting heavy objects may also help. A minimally invasive surgery, called a sling, is an option and can usually be done in about 20 minutes with success rates of about 90%. Your urologist can discuss with you whether or not you are a candidate for this procedure.

the doctor

Keith Xavier, M.D.
Urology
If you need a specialist, please call (888) 444-USMD for a free physician referral.
USMD Hospital at Arlington
Welcomes Dr. Wang

USMD HOSPITAL AT ARLINGTON is pleased to welcome C.K. Wang, M.D. He is a urologic oncologist now practicing in USMD Hospital at Arlington’s Medical Office Building. Dr. Wang is board certified in internal medicine, hematology, and oncology.

EDUCATIONAL BACKGROUND
Dr. Wang received his undergraduate degree from Washington University in St. Louis in 1996 before attending the University of Texas Health Science Center in San Antonio for his medical school training. He then completed his internal medicine internship and residency at Case Western Reserve University/University Hospitals of Cleveland and his hematology/oncology fellowship at the UT Southwestern Medical Center in Dallas.

PROFESSIONAL EXPERIENCE
Dr. Wang practiced oncology in North Texas for 5 years before joining Urology Associates of North Texas in 2012. During that time, he served as director of oncology Services at Wise Regional Health System from 2007-2010 and was instrumental in helping the oncology program obtain its accreditation by the American College of Surgeons.

Dr. Wang grew up in Dallas. He currently lives in Fort Worth.

FREE PHYSICIAN REFERRAL
If you need a specialist, please call (888) 444-USMD for a free physician referral.

The following FREE seminars will be offered at USMD Hospital at Arlington.

Bariatric Seminar
Dr. Lyons and Dr. Dyslin
6 p.m.
• July 19
• August 16
• September 20

Find out if procedures such as adjustable gastric band placement, gastric bypass, or sleeve gastrectomy are an option for you.

TO SIGN UP for one of these FREE seminars, visit our website at usmdarlington.com and click on “Seminars & Events.”

SNAP THIS TAG with your smartphone for a full list of calendar events.

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