WHEN TO REFER TO A UROLOGIST

Mount Sinai
Department of Urology
Physicians Diagnose and Treat:

- Cancer
  - Adrenal
  - Bladder
  - Kidney
  - Prostate
  - Testicular
- Kidney Stone Disease
- Incontinence
- Pediatric Urology
- Pelvic Floor Dysfunction
- BPH (Enlarged Prostate)
- Prostatitis
- Stricture Disease
- Urinary Tract Reconstruction
- Erectile Dysfunction
- Infertility
Prostate Cancer Screening
Despite the controversy surrounding the value of PSA screening for healthy men, the American Urological Association continues to advocate regular screenings in an effort to reduce the number of annual deaths from prostate cancer, currently predicted to be over 28,000 in 2012. Men with rising PSAs over 4.0, especially those in high risk categories (African-Americans and men with a brother or father diagnosed with cancer before age 65) should be referred to a urologist in order to discuss and determine an appropriate schedule of ongoing screenings and if and when a biopsy is warranted.

Hematuria
Gross Until otherwise diagnosed, gross hematuria should be considered symptomatic of bladder cancer, especially in a smoker or patient over age 50 who also has complaints of urinary frequency and painful urination. Timely intervention is key to successful outcomes.

Microscopic Less concerning, but could be symptomatic of bladder, kidney and prostate cancers if the RBC is > 4 RBC/HPF.

Voiding Dysfunction
Retention Urinary retention can be acute or chronic and be caused by a number of factors, including nerve problems, medications and an enlarged prostate (BPH). Severe BPH can cause serious problems over time if not treated. Urine retention and strain on the bladder can lead to urinary tract infections, bladder or kidney damage, and incontinence. When BPH is found in its earlier stages, there is a lower risk of developing such complications. A comprehensive diagnostic workup is essential to determine the most appropriate treatment.

Incontinence While lifestyle changes, medications and exercises are acceptable first line treatments, for some men and women these options are not sufficient. There are minimally invasive procedures, including the placement of mesh slings and artificial sphincters that can provide lasting relief for many patients.

Erectile Dysfunction
Approximately 30% of men will fail to respond to PDE-5 inhibitors. For these men, consultation with a specialist in erectile dysfunction is warranted to accurately diagnose the cause of their ED. Options such as injection therapy, intraurethral medication, vacuum erection devices and penile implants have proven highly successful in restoring a satisfying sex life for these patients. Erectile dysfunction is considered to be a harbinger of cardiovascular disease; we recommend men with ED undergo a full medical evaluation to determine its cause.

Kidney Stones
Although many stones will pass on their own with copious consumption of water (and time), certain circumstances require outpatient surgery. These include large stones, stones that block the flow of urine or cause considerable pain or cause constant bleeding or UTIs. Stones should be analyzed to determine their cause. In addition, most patients will warrant a metabolic stone workup for prevention of future stone episodes.
OUR TEAM
Mount Sinai Urology Associates is comprised of board-certified and fellowship-trained physicians who are consistently recognized by their peers and their patients as the best in their fields.

Dr. Natan Bar-Chama
Director, Male Reproductive Medicine and Surgery
Erectile Dysfunction, Male Infertility, Andrology

Dr. Michael A. Palese
Director, Minimally Invasive Surgery
Kidney and Bladder Cancers, Prostate Health, Kidney Stones, Robotic Surgery

Dr. Michael J. Droller
The Katherine and Clifford Goldsmith Professor of Urology
Bladder, Kidney and Prostate Cancers

Dr. Courtney K. Phillips
Assistant Professor of Urology
Kidney and Bladder Cancers, Prostate Health, Kidney Stones

Dr. Neil Grafstein
Director, Reconstructive Urology, Female Urology and Voiding Dysfunction
Post-Prostatectomy Incontinence

Dr. David B. Samadi
Vice Chair, Department of Urology Chair, Division of Robotics
Prostate Cancer, Prostate Health, Robotic Surgery

Dr. Grace Hyun
Associate Director, Division of Pediatric Urology

Dr. Jeffrey A. Stock
Vice Chair, Department of Urology Director, Division of Pediatric Urology

Dr. Simon J. Hall
Chairman, Department of Urology Director, Deane Prostate Health and Research Center
Bladder, Kidney and Prostate Cancers, Prostate Health

Please see www.mountsinai.org/urologydocs for more information about our physicians or contact us at: 5 East 98th Street, 6th Floor 212-241-4812.
Mount Sinai Urology Associates

Mount Sinai Urology Associates treats adults and pediatric urologic diseases and conditions and offers state-of-the-art medical and surgical care. All physicians are on the staff of The Mount Sinai Hospital and the faculty of Mount Sinai School of Medicine and have completed advanced fellowship training in sub-specialty areas.

ROBOTIC SURGERY
Michael A. Palese, MD
David B. Samadi, MD
Jeffrey A. Stock, MD

KIDNEY STONE DISEASE
Michael A. Palese, MD
Courtney K. Phillips, MD

LAPAROSCOPIC SURGERY
Simon J. Hall, MD
Michael A. Palese, MD
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David B. Samadi, MD

INCONTINENCE AND PELVIC FLOOR DYSFUNCTION
Neil H. Grafstein, MD

UROLOGIC ONCOLOGY:
PROSTATE, BLADDER, KIDNEY, TESTICULAR CANCERS
Michael J. Droller, MD
Simon J. Hall, MD
Michael A. Palese, MD
Courtney K. Phillips, MD
David B. Samadi, MD

MALE INFERTILITY, SEXUAL HEALTH, ERECTILE DYSFUNCTION
Natan Bar-Chama, MD

PROSTATE HEALTH
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BEHAVIORAL RESEARCH AND PATIENT EDUCATION
Michael A. Diefenbach, PhD
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For more information, please visit www.mountsinai.org/urology
To make an appointment, please call 212-241-4812