



Grand Rounds Expert Opinion

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About Dr. Peter Steinberg

Dr. Peter Steinberg is Board Certified in Urology. He earned his Medical Degree from University of Pennsylvania School of Medicine and continued his medical training with a urology residency at Dartmouth-Hitchcock Medical Center and a fellowship in robotics, laparoscopy, and endourology at Montefiore Medical Center, Albert Einstein School of Medicine. Dr. Steinberg specializes in robotics, laparoscopy, and endourology. He is responsible for the evaluation, diagnosis, and treatment of patients with kidney stones and other urologic disorders.

Institutional Affiliation

Director of the Endourology and Stone Management, Beth Israel Deaconess Medical Center

Education

University of Pennsylvania School of Medicine in Philadelphia

Residency

Dartmouth-Hitchcock Medical Center in Lebanon, New Hampshire

Fellowship

Robotics, laparoscopy, and endourology at Montefiore Medical Center, Albert Einstein School of Medicine in New York City

Specialties

Kidney and ureteral stones, Kidney cancer, Hydronephrosis (swelling of the kidney), Hematuria (Blood in the urine), Spermatoceles, Phimosis, Superficial bladder cancer, Treatment of complicated urinary stone disease, Ureteroscopy, Percutaneous nephrolithotomy (PCNL), Robotic pyelolithotomy and Robotic ureterolithotomy. "Endo-urology, endourology, minimally invasive therapies for kidney stones, minimally invasive robotic and laparoscopic kidney surgery, UPJ obstruction/laparoscopic and robotic pyeloplasty Ureteral strictures Hydronephrosis (swelling of the kidney) Hematuria (Blood in the urine) Hydroceles Spermatoceles Phimosis Superficial bladder cancer, Extracorporeal shock wave lithotripsy (SWL) Ureteroscopy Percutaneous nephrolithotomy (PCNL) Robotic pyelolithotomy Robotic ureterolithotomy Single Incision Laparoscopic Kidney Surgery Laparoscopic radical nephrectomy Laparoscopic and robotic-assisted partial nephrectomy Laparoscopic Adrenalectomy Laparoscopic and Robotic-assisted pyeloplasty Laparoscopic renal cyst decortication Robotic ureteral reconstruction"

Awards

- 1999 Merck Manual Award Middlebury College Pre-medical study.
- 2007 "Best of the Best Poster," 2007 Annual Meeting Society of Laparoendoscopic Surgeons.

- 2008-2009 Murphy Lunch Scholar American Urologic Association Interest in prostate disorders.

Publications

- Adjuncts to improve outcomes of shock wave lithotripsy.
(<http://www.ncbi.nlm.nih.gov/pubmed/20425096>)
- A da Vinci robot system can make sense for a mature laparoscopic prostatectomy program. (<http://www.ncbi.nlm.nih.gov/pubmed/18402732>)
- Impact of repeated hilar clamping on renal function during laparoscopic and robot-assisted partial nephrectomy. (<http://www.ncbi.nlm.nih.gov/pubmed/21815808>)
- Validation of a novel, tissue-based simulator for robot-assisted radical prostatectomy.
(<http://www.ncbi.nlm.nih.gov/pubmed/24762174>)



Summary of Patient Medical History

Richard, thank you for allowing me to review your case and provide my opinion. Before answering your questions and providing my recommendations, let me summarize the relevant medical history and concerns based on what I have learned from the medical records and the questions that were asked.

You are 56 years old and have had symptoms related to benign prostatic hyperplasia (BPH) for several years (more about this below). You first noticed symptoms of incomplete emptying of your bladder, increased urgency to urinate and decreased strength of the flow of your urine in 2014.

At that time you were seen by a urologist who first started you on a medication called Flomax, but this made you dizzy. You were then started on a medication called Proscar and later Rapaflo. One month after starting Rapaflo, you noted improvement in your symptoms. In May 2015, you were again seen by the urologist and reported a stronger force of urinary stream with decreased hesitancy, but continued feeling of incomplete emptying. You also noted some bothersome retrograde ejaculation and decreased pleasure during climax. A cystoscopy was done and confirmed the presence of BPH. You were asked to continue your current medications and follow up in one year.

You were next seen in June 2016 at which time you reported your symptoms were unchanged from the year prior. The urologist recommended you return for another diagnostic cystoscopy and transrectal ultrasound. You were last seen in July at which time these tests were done and revealed findings compatible with BPH. The urologist recommended that you proceed with a cystoscopy and placement of a UroLift.

You are understandably concerned about your troubling symptoms. Accordingly you are now seeking expert input to learn more about the cause of your worsening symptoms and be provided with more effective treatment recommendations moving forward.



Background Information

Before I respond to your specific questions, I'd like to provide you with a bit of background information about benign prostatic hyperplasia (BPH). Although you may be familiar with some of what I'm going to tell you, I feel that the information will be helpful in better understanding the recommendations that I make.

Benign prostatic hyperplasia (BPH) is a benign enlargement of the prostate gland (not related to cancer). The prostate gland surrounds the urethra and when the prostate enlarges, it can partially block the urethra. The urethra is a tube that carries urine from the bladder out of the body during urination. As the prostate enlarges, problems with urination such as trouble initiating the stream of urine, a weak stream of urine, dribbling, and incomplete emptying of the bladder can occur.

Benign prostatic hyperplasia (BPH) is common in men as they age; it is not usually a serious problem but can cause troubling symptoms. In more severe cases, it can cause urine to be retained leading to bladder or kidney damage and infections and kidney stones. This is rare, and benign prostatic hyperplasia (BPH) is typically diagnosed before it gets to this point.

Now, to proceed to your questions.



Patient Questions

What do you think is the underlying cause of my symptoms? Do you think BPH is causing all or most of my symptoms or is something else causing the symptoms?

I suspect benign prostatic hyperplasia (BPH) is the most likely cause of your issues, based on the nature of your complaints, the findings on cystoscopy, physical exam and the fact you have a residual urine in your bladder.

Should I undergo any further testing? If so, can you explain the significance of these tests?

You could consider having a urodynamics test before proceeding with surgical therapy, as this would essentially confirm that the prostate blockage of your bladder is the issue; however, I think is not essential in your case, as your case appears to be straightforward.

Do you think that I am a good candidate for placement of the UroLift? Will you please describe the UroLift treatment system? What are the risks of this procedure?

You would be a good candidate for this, as you have a small, bilobar prostate (two lobes as opposed to three). This procedure involves a small suture or sutures that are placed endoscopically into the prostate gland, via a telescope. The sutures compress the lateral (outer) lobes of the prostate and open the channel through which urine passes (the prostatic urethra) and hopefully improve your voiding symptoms.

The main risks are bleeding, urinary tract infection, having insufficient relief of symptoms, the need for future surgery and forming stones on the suture site.

Do you think I could end up with worse side effects than I am experiencing now, with the medications I am taking?

Your benign prostatic hyperplasia (BPH) could progress even on medications; however, there is no way of guaranteeing that will happen. Many men find their symptoms progress over time, however many other men find their symptoms also wax and wane.

Who is the best physician to perform this procedure? How do I know if my own urologist or other urologists are the best physicians to perform this procedure?

Since UroLift is a new procedure, with very specific indications and since it is technically fairly straightforward, I do not think this is an easy question to answer. I also do not think, assuming you find a provider who is beyond the learning curve (about 5-10 cases completed would suffice), that you need to seek someone with a tremendous amount of experience with UroLift (since it is relatively easy to perform).

I would merely ask how many of these procedures your urologist has done, and ensure that they have done at least 5-10; I would consider that reasonable. You could ask for names from your urologist to see who taught them the procedure, but I think shopping for an expert is really not terribly necessary.

Are there any alternative treatments you recommend for me to help improve my symptoms?

Yes, I would strongly urge you to consider having a procedure done called a TUIP, assuming you are unhappy with medications and want to have surgical therapy.

TUIP is the acronym for a Transurethral Incision of the Prostate and this involves opening the prostatic urethra with a laser (or cautery), done via a scope in the operating room. This procedure has been around for many, many decades and has an excellent track record of success and safety. Since your prostate is very small, you are the perfect candidate for such a procedure.

I would strongly consider asking your urologist about a TUIP; I would suggest considering this if you are considering a UroLift.

I hope that you find these recommendations helpful and that they serve as the basis for a productive conversation with your treating team.



Recommendations from Dr. Peter Steinberg

Thank you, Richard, for allowing me to participate in your care. In summary:

Ask these questions of your urologist:

1. Am I a good TUIP candidate?
2. Do I need a urodynamics study?
3. How many UroLift procedures have you done (goal of 5-10)?

Grand Rounds can arrange for an Office Visit with an appropriate expert in your area and insurance network if you prefer or need them to.



Links for Patient

<http://www.mayoclinic.org/tests-procedures/tuip/basics/definition/prc-20020140>

Links for Treating Physician

<http://www.mayoclinic.org/tests-procedures/tuip/basics/definition/prc-20020140>