

Healthy men

2014

The Alfred talks about men's health



Don't keep your prostate private

Your colon and why it's irritable

Kidneys:
and the silent disease

Getting to the bottom
of haemorrhoids

How to avoid
bowel cancer

**FROM THE
BOTTOM UP**

(What all men should know)



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Foreword

Time and again we see it – men ignoring the symptoms of ill health. While women are more commonly interested in maintaining their bodies and good health, men tend to stick their heads in the sand and continue on with a “she’ll be right” attitude.

We see this at both ends of the scale – young men feel invincible and older men put up with symptoms. Women continue to take the responsibility for their family’s health. For instance, when we run education sessions for conditions like Inflammatory Bowel Disease (IBD), the vast majority of attendees are women – these are the wives and mothers of men who have the disease, they gather the information and then pass it on.

This edition of *Healthy Men* focuses on gastrointestinal issues and provides some good tips on how to take care of yourself. Gut symptoms are not usually due to a serious illness, but they can make life miserable with ongoing pain and bloating. And yet men often put up with it.

With something like bowel cancer, it is obviously best to discover it before any symptoms appear, so screening tests are crucial. With conditions like IBD or Irritable Bowel Syndrome, treatment can really improve quality of life.

Ignorance is not bliss. With a condition like Crohn’s disease, patients can get to the stage where so much damage has been done that the therapy will not be as effective as it could have been.

As doctors, our aim is to encourage men to be motivated about looking after their health: eat well; tackle problems like obesity, high alcohol consumption and smoking head-on; and regularly see their GP for check-ups.

Stop putting your health last – live well.



Professor Peter Gibson
Director, Gastroenterology

Help us support men’s health. Please donate today. SMS ‘MEN’ to 0400 807 807. Donations to The Alfred help in various ways: by supporting vital medical research, helping purchase equipment, and maintaining and redeveloping critical Alfred services.

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Your assessment starts here - The Alfred Emergency & Trauma Centre



Emergency and Trauma Centre Nurse Johnny Di Nunzio.

In the first instance, patients needing hospital admission come through The Alfred's Emergency & Trauma Centre. This is where your medical assessment will begin.

The Alfred's Emergency & Trauma Centre (E&TC) is the hospital's frontline. According to E&TC director Dr de Villiers Smit, the department treats a wide gamut of injuries and conditions. This ranges from symptoms needing medical investigation to treatment for fractures, sprains and dislocations sustained on the sporting field to major traumatic, life-threatening injuries from car accidents and falls.

"On an average day, we will see about 160 people. Common presentations include elderly people with chest infections or pneumonia; many people

come in with unexplained abdominal pain, which could be due to a variety of reasons and we commonly diagnose kidney stones and urinary tract infections," Dr Smit said.

"Overall we tend to treat more men than women. When it's an unexplained condition that has caused ongoing symptoms, it's not unusual that the wives and partners of these men have had to drag or cajole them into coming in, after suffering with the symptoms for too long."

Since 2004, the number of people coming into The Alfred's E&TC has steadily increased and numbers are forecast to continue growing. In 2013, approximately 60,000 people saw The Alfred's E&TC experts for treatment.

Who will you see?

Firstly, a clerk will register your details on the computer before a senior 'streaming nurse' will take relevant medical details. This ensures the most urgent patients are seen first.

Patients who are very unwell will be taken directly to the resuscitation and trauma area, often delivered by helicopter or ambulance. The Alfred treats major trauma patients from around the state. The Alfred is one of Victoria's two designated major trauma hospitals for adults and treated 55.5 per cent (or 1,270 cases) of all major trauma cases in 2012–2013.

The busiest area of the E&TC is the Rapid Intervention Treatment Zone, where up to 80 per cent of patients are first treated. About half of these patients will be admitted as inpatients for further care.

Those with minor injuries that can often be taken care of on the spot are treated in the Fast Track area. Here, staff treat minor injuries requiring stitches, simple fractures and sprains. These patients are generally very stable, mobile and can be safely sent home after treatment or investigations like blood tests and x-rays.

A senior doctor – a consultant – will be involved in your care early on. While it is likely an intern or resident will treat you, along with nursing staff, the consultant will oversee your care.

Hospital vs. GP

For minor ailments, your first port of call should be your GP or an after-hours medical clinic. If you are worried it could be something more serious, visit a hospital.

If you are unsure which healthcare professional to visit, you can access advice 24 hours a day, 7 days a week by calling Nurse-On-Call to speak to a registered nurse on 1300 60 60 24.



Within The Alfred Emergency and Trauma Centre

Do you have the stomach for these problems?

Peptic ulcers

Peptic ulcers (or stomach ulcers) are painful, but treatable. They are mainly caused by a bacterium in the stomach and duodenum – not spicy foods as once thought. Put simply, an ulcer is an open sore (or break in the surface) and a peptic ulcer is a sore in the lining of your stomach or duodenum.

Peptic ulcers are more common in older age groups. It's estimated that between five to ten per cent of the population will suffer a peptic ulcer at some time in their life.

Acid is produced in your stomach to digest food and normally your stomach is protected from the acid by a layer of mucus but if the protective layer isn't working properly, the acid can eat into the lining of your stomach and cause an ulcer.

Most ulcers are caused by infection from the bacterium, *Helicobacter pylori*. This bacterial infection of the stomach lining occurs in about one in three of our community and is usually present from childhood. It is spread from one person to another by hand to mouth contact and can cause inflammation of the lining of the stomach. The corrosive action of acid causes the break in the weakened lining.

About 15 per cent of ulcers are caused by anti-inflammatory drugs such as aspirin and non-steroidal anti-inflammatory drugs used to treat arthritis and other musculoskeletal conditions. A small number of ulcers are caused by stomach cancer eating through the stomach lining. Smoking can also contribute to development of a peptic ulcer.

Symptoms can vary depending on the location of the ulcer and can include:

- gnawing, burning upper abdominal pain, often before or one to three hours after meals, or sometimes in the middle of the night or early morning (when the stomach is empty) that lasts from a few minutes to several hours
- nausea or vomiting
- loss of appetite and weight loss.

In some people, peptic ulcers do not cause symptoms, but can bleed. It is one of the most common causes of vomiting blood. This requires urgent attention at hospital. An endoscopy is the most accurate way to diagnose a peptic ulcer.

What can I do?

- Quit smoking – smoking can contribute to development of a peptic ulcer, cause more complications or lead to longer healing times
- Reduce intake of coffee and alcohol, as these substances may stimulate acid production in the stomach and alcohol can damage the lining of the stomach
- Over the counter antacids can relieve symptoms, as can drinking milk, but check with your doctor. If a serious ulcer is not treated, severe complications can result. There are simple, safe and effective drug therapies that cannot only heal the ulcer, but can prevent it recurring (by, for example, getting rid of the *Helicobacter* infection)
- If you regularly take painkillers, particularly non-steroidal anti-inflammatory drugs such as aspirin and ibuprofen, see your doctor regularly and report any indigestion or abdominal pain. It is possible to develop an ulcer but feel no symptoms.

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Gallstones

Gallstones are estimated to affect around 15 per cent of people in Australia, mostly those aged over 50 years.

Gallstones form in the gallbladder. The gallbladder stores bile made by the liver. If the bile becomes too concentrated, substances in the bile can harden and form small stones that look like gravel. They can range in size from a tiny seed to as large as a golf ball. The stones, which are made up of cholesterol, bile pigments or calcium salts, generally grow slowly over years.

In about 70 per cent of cases, gallstones cause no symptoms. However, they can lead to inflammation of the gallbladder (cholecystitis) or move and block the drainage duct (bile duct). This can lead to severe pain, inflammation, fever, jaundice and infection.

In about 70 per cent of cases, gallstones cause no symptoms.

You are more at risk of gallstones if you are overweight, lose weight rapidly or have a family history. While gallstones tend to be more common in women, The Alfred sees plenty of men with the condition too.

The most common symptom of gallbladder problems is severe intermittent pain (biliary colic) in the middle or right part of the upper abdomen or back. Other symptoms include fever and jaundice (yellow tinge to the skin and eyes). Jaundice can be associated with pale stools and dark urine. Infected stones lead to fever and sepsis.

Gallstones only need to be treated if they are causing problems, otherwise they can stay put. Gallstones are generally diagnosed with an upper abdominal ultrasound. In certain circumstances, a CT scan or MRI may be needed.

Fact box

- When we eat, the gallbladder contracts and pushes bile down into a duct that carries it to the small intestine, where it breaks down any fats eaten
- The body does not need the gallbladder to function and can cope well without it.

What can I do?

- The role of diet in gallstones is controversial, but some people report symptoms may be precipitated by fatty meals
- Maintain a healthy weight. Overweight people tend to create more cholesterol and secrete more of it into their bile, which is stored in the gallbladder
- Avoid rapid weight loss – when the body burns fat, the liver secretes extra cholesterol into bile. Fasting also slows down the movement of the gallbladder, which further concentrates the bile, leading to gallstones.

Treatment

- Surgery: If you have episodes of pain, your doctor may recommend an operation to remove the stones from the bile duct or the entire gallbladder
- Medications: Some drugs can dissolve gallstones but this treatment is only rarely given, due to side effects and a variable success rate
- Urgent treatment is required if complications such as jaundice or infections in the gallbladder or bile duct occur.



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Heartburn can be triggered by overindulgence.

While an antacid is usually all that is required for relief of occasional heartburn in healthy people, chronic reflux can require medical treatment by your GP. It sometimes may require a gastroenterologist to perform an endoscopy, as it can lead to inflammation or ulceration of the oesophagus.

What can I do?

- Keep your weight under control – obesity puts extra pressure on the stomach and can lead to persistent heartburn
- Avoid fatty or spicy foods and reduce your intake of coffee and alcohol
- Do not smoke – it can aggravate heartburn
- Don't lie down after a large meal and don't increase the pressure on your abdomen by bending or lifting after eating
- Raise the head of your bed by 20 centimetres to keep your head higher than your stomach, to avoid reflux while sleeping
- Avoid clothing with tight waistbands or belts
- Some medications may aggravate heartburn, such as some anti-inflammatory medications used to treat arthritis – consult with your doctor
- Reduce stress/anxiety
- See your doctor if heartburn is persistent, occurs regularly (more than twice a week), or is associated with other symptoms such as difficulty swallowing or weight loss.

Stomach cancer: reducing the odds

In Australia, about 2,000 people are diagnosed with stomach cancer (also known as gastric cancer) each year, the majority of those being men. It most commonly affects people aged in their 60s to 70s. Numbers continue to decline in western countries as diets improve, while it is more common in developing countries.

Stomach cancer is usually slow growing and can grow for many years without any symptoms. Therefore, it is usually not detected until the cancer is advanced.

It is now known that *Helicobacter pylori*, the bacterial infection of the stomach that causes peptic ulcers can lead to stomach cancer, but only in a minority of people with that infection. The importance of this is that we now eradicate *Helicobacter* when found and this will remove that small risk of developing stomach cancer.

What can I do?

- Eat well – improved diet is believed to have contributed to a fall in the incidents of stomach cancer. A diet high in smoked, pickled and salted foods and low in fresh fruit and vegetables puts you at greater risk of stomach cancer
- Don't smoke – smoking adds to your risk of stomach cancer
- Moderate your alcohol intake – high consumption of alcohol is another risk factor for stomach cancer
- Maintain a healthy weight – being overweight or obese is a risk factor for stomach cancer
- See your GP – stomach cancer can spread to nearby organs like the liver or colon so it's important to see your doctor if you experience any symptoms. While symptoms can be vague and indicate other conditions, it's important you see your doctor if you experience ongoing pain in the abdomen, nausea, difficulty swallowing, loss of appetite, blood in vomit or black-coloured faeces.

Reflux

A wide range of people can suffer from reflux: from pregnant women to overweight people to those who are otherwise perfectly healthy.

Reflux, also referred to as heartburn, is a common form of indigestion. It happens when the contents of the stomach squeeze back into the oesophagus and sufferers feel a burning sensation behind the breastbone. You may also get a bitter taste in the back of the mouth. Heartburn can last for several hours and is worse after eating or when lying down or bending over. It can wake you up at night. It can also make asthma worse.

The condition is caused by a weakness in the lower oesophageal sphincter, the band of muscle that is normally supposed to act as a valve to prevent stomach contents travelling back up the oesophagus.

Heartburn can be triggered by overindulgence (too much food, coffee or alcohol), eating late at night before bed, or by eating a large meal and then doing some physical activity. Anxiety can also be a trigger.

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Your hard-working liver and

The liver is the body's largest internal organ and largest gland. In the average adult, the liver weighs around 1.5 kilograms. The liver's job is to remove toxins from the body, process food nutrients, produce key proteins (e.g. blood clotting factors) and help regulate the body's metabolism.

Fatty liver

Quite simply, fatty liver disease occurs when there is an accumulation of fat in the liver. While about ten per cent of Australians have been diagnosed with a fatty liver, up to 30 per cent may be affected. The disease is typically seen in those who are overweight, obese or have diabetes; although heavy alcohol intake is another major risk factor. This condition results in an enlarged liver, as fat accumulates inside the liver cells and sometimes causes cell damage, which can lead to cirrhosis.

There are often no symptoms but some feel discomfort on the upper right side of the abdomen.

Cirrhosis of the liver

Cirrhosis is a condition in which the liver develops advanced scarring and liver nodules. It has many causes but is commonly due to viral hepatitis infection or excessive alcohol intake. It can also occur as a result of inflammation caused by fatty liver. In these conditions, healthy liver cells are progressively replaced by scar tissue, which seriously impairs liver functioning and partially blocks blood flow through the liver.

Often there are no symptoms early on but in later stages of the disease, symptoms can include weakness, fatigue, loss of appetite and/or weight, nausea, vomiting, jaundice, abdominal pain and spiderlike blood vessels on the skin.

The most common type of fatty liver disease involves having just fat in the liver. However a smaller proportion of people may have liver inflammation related to the fat and are at risk of liver scarring and cirrhosis. Current therapy of fatty liver disease includes dietary modifications and regular exercise with the aim of producing weight loss.

What can I do?

- Weight loss is often important in controlling fatty liver disease. Therefore, eating a healthy, balanced diet is the mainstay of prevention and treatment of fatty liver. The Mediterranean diet may be beneficial in this disease
- Exercise regularly
- Limit alcohol intake
- Consult with your doctor on any medications you are taking – you may be advised against any drug that could strain the liver
- Carefully manage diabetes – patients who have diabetes along with fatty liver need to ensure good management of both conditions
- Have regular medical check-ups to monitor liver function.

Cirrhosis has many causes but is commonly due to viral hepatitis infection or excessive alcohol intake.

What can I do?

- Do not over-indulge in alcohol – have several alcohol free days per week and do not binge drink
- Eat well and exercise – obesity is becoming a common cause of cirrhosis, sometimes in combination with alcohol or hepatitis C.

how you can help it

FibroScan

A non-invasive, painless way to assess liver damage is by having a FibroScan. This test can be used to diagnose liver cirrhosis and assess the severity of liver disease as measured by the amount of scar tissue in the liver (i.e. fibrosis).

It is usually performed in people with hepatitis C, hepatitis B, fatty liver or alcohol-related liver disease, and for those with bleeding disorders such as haemophilia. It can also be used to measure liver damage over time.

The FibroScan sends a mechanical vibration through to the liver. Ultrasound measures the speed at which this wave travels, then the image is converted into a reading that measures the elasticity or stiffness of the liver: the stiffer the liver,

Fact box

- The liver plays an important role in protein production and blood clotting.

the more severe the fibrosis (scarring). The five to ten minute scan can be done in an outpatient clinic.

In the past, patients required a liver biopsy, which meant inserting a needle into the liver. Nowadays, FibroScan is the preferred method of assessing patients for liver disease with biopsy reserved for use as a diagnostic tool and/or to clarify uncertainty from the results of non-invasive tests.



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Your colon and why it's irritable

Crohn's disease/ Inflammatory Bowel Disease

Inflammatory Bowel Disease (IBD) refers to Crohn's disease and ulcerative colitis, which involve inflammation of the bowel. Crohn's disease most commonly involves part of the small intestine and parts of the large intestine and the inflammation tends to involve the entire bowel wall. With ulcerative colitis, only the lining of the large bowel is affected.

IBD is a chronic problem in which sections of the intestine have recurrent attacks of inflammation. Most commonly diagnosed between 15–35 years, IBD affects about one in 2,000 people.

Although the cause is still under investigation, the disease is related to our modern 'Western' lifestyle, but the specific nature of the issues is debated. It cannot be cured by drugs or diet, but these help in controlling the inflammation and overactive immune system.

What can I do?

- Quit smoking – smoking worsens Crohn's disease. Studies have shown that those who have quit smoking have a 65 per cent lower risk of flare-up than continuing smokers
- Take your medications as prescribed – the aims are to control symptoms, to resolve the inflammation, and to prevent its recurrence (i.e. to get better and stay well)
- Eat a balanced diet and adequate calories – maintaining good nutritional status is important
- If symptoms persist despite taking the medication, dietary change (such as reducing the amount of FODMAPs consumed, avoiding high-fat food, or eating small meals throughout the day) can help manage symptoms.

Irritable Bowel Syndrome

About one in five Australians suffer from Irritable Bowel Syndrome (IBS), a condition that can be painful but does not damage the colon or parts of the digestive system.

IBS affects the way the large and small bowel function in terms of how it moves its contents through and how it responds to that.

While the cause is unknown, the condition is thought to be due to an oversensitivity of the bowel, i.e. it over-responds to certain foods or other situations where the bowel is stimulated (such as being anxious) by causing pain, bloating or a change in bowel habit.

IBS is a chronic condition; it causes symptoms at least three months of the year and should be distinguished from an occasional 'tummy upset'. Symptoms can include bloating and abdominal distension, abdominal pain, cramping, diarrhoea, constipation, or just erratic bowel habits. Some people complain of excessive flatulence and fatigue.

What can I do?

- There is no cure but symptoms can be relieved
- Seek medical advice – it is important to see your GP to ensure that your symptoms aren't caused by any other illness, such as coeliac disease or inflammatory bowel disease or, if you are older, bowel cancer
 - Change your diet – we now know that reducing the intake of FODMAPs (see section page 25) will improve the symptoms in three out of four people. It may also help to avoid fatty foods, to limit alcohol intake and to avoid excessive caffeine
 - Relax – IBS symptoms tend to be aggravated by stress.



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Diverticular disease

Two conditions make up diverticular disease – diverticulosis where abnormal pouches form in the bowel wall, and diverticulitis which is diagnosed when these pouches become inflamed or infected. Diverticulosis is common and frequently causes no symptoms. Diverticulitis may be painful and disabling, often requiring emergency care.

Diverticulosis

Diverticulosis occurs when small defects in the muscle of the wall of the large intestine (or colon) allow small pockets or pouches (diverticula) to form, due to pressure in the bowel.

Most patients have few or no symptoms but some may experience abdominal pain, constipation and diarrhoea. Many of these symptoms are similar to those of bowel cancer. But it's important not to panic – diverticulosis is much more common than cancer, so these symptoms may more likely be due to diverticulosis.

Studies show that vegetarians are less likely to develop this condition.

More than half of all adults aged over 70 years have the condition, although most are unaware. The most important risk factors appear to be old age and diet, and diverticulosis is more common in Western nations. It is thought a low-fibre diet may be to blame, with studies also showing that vegetarians are less likely to develop this condition.

Did you know?

Genetics may play an important role in this condition. People from Western nations develop diverticulosis in the last third of the colon, while people from Asian countries generally develop diverticulosis in the first section of the colon.



Diverticular Abscess – This CT scan shows a large thick-walled mass (Blue arrow). At surgery this proved to be a colon cancer with perforation.



Diverticular – This contrast enema shows diverticular disease and a segment of irregular narrowing. Contrast has leaked from the bowel (Blue arrow) at the site of a perforated infected diverticulum.

What can I do?

- Ensure you have a high-fibre diet to prevent constipation. Fibrous fruits like apples and pears are recommended, along with other fresh fruits, vegetables and wholegrain cereals. Baked beans and legumes, such as kidney beans and lima beans, are very high in fibre. A simple way to increase the fibre in your diet is to add a bulking agent such as unprocessed wheat bran or psyllium seed husks on your breakfast cereal
- Drink plenty of fluids to ensure it's easy to go to the toilet
- Exercise regularly, which encourages good bowel function.

Diverticulitis

Diverticulitis occurs when a small puncture develops in the diverticular wall and infection sets in.

Symptoms include abdominal pain and tenderness (usually in the lower left half), constipation, nausea and fever.

This condition requires immediate medical attention.

Treatment is aimed at resting the bowel and includes pain relieving medication and antibiotics to fight infection. If untreated, diverticulitis can lead to an abscess forming, perforation or haemorrhage.

What can I do?

- A low-fibre or fluid-only diet is recommended initially to rest the bowel. After a month of eating a low-fibre diet, a high-fibre diet is usually recommended
- Gradually start eating more green vegetables, oat bran or fibre supplements
- It is best to avoid some foods – some people find foods like nuts, seeds, peas, beans and sweet corn make symptoms worse. Keep a food diary to monitor symptoms
- See your doctor who may prescribe medications (such as antibiotics to treat the infection) or laxatives for a short time to ease symptoms.

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A gut full of trouble



Liam Duffy with his young daughter Lilith.

Ongoing, chronic abdominal pain and days of dragging himself to work with little energy were endured by 36-year-old Liam Duffy for years, before he was finally diagnosed.

Back in 2001, Liam was living in London when he suffered loss of appetite and severe stomach cramps.

"It was full on and pretty constant, I didn't get much relief," Liam said.

"I was sent to hospital where they did some tests – they thought it had something to do with my gut. But they only looked at my large bowel (which is about 1.5 metres long) and found nothing wrong. They didn't look at my small bowel. As a result it took two years to be diagnosed."

The small bowel is actually the longest part of the bowel – about six metres – but is referred to as 'small' because it is much narrower than the large bowel.

"The worst moment over that time was the massive weight loss. I lost 28 kilograms in three weeks. I went down to 50 kilos. For a two to three week period, I didn't eat. I could only keep down water. I was still working six days a week and had no energy."

With no diagnosis, Liam was presented with several other terrifying possibilities of serious illness.

"I went back to the doctor and was told they wanted to do a HIV test, although I thought there would be a very slim chance of having that. That came back clear. My kidneys were fine, liver fine and so the doctors thought I might have cancer."

"My kidneys were fine, liver fine and so the doctors thought I might have cancer."

"I was really taken aback – first HIV and then cancer – these are big things to have to take in."

In 2003, Liam underwent a biopsy and was finally given a diagnosis of Crohn's disease (a type of Inflammatory Bowel Disease) and told five centimetres of his small bowel was damaged, meaning he wasn't able to digest food properly.

Although it was a relief to get an accurate diagnosis, Liam has experienced many setbacks. This has included several operations to clear an abscess in the rectum and pancreatitis (inflammation of the pancreas which causes severe abdominal pain) and an anaphylactic reaction to strong medication. Finally his Crohn's disease went into remission after a new drug worked well.

Liam moved to Australia in 2010 and has faced a few more hurdles, including a reoccurring case of pericarditis: an inflammation of the pericardium (the fibrous sac surrounding the heart).

"It was caused by the medication I was taking for the Crohn's – you get all the symptoms of a heart attack without having a heart attack." Now an Alfred patient, Liam is doing well.

"When I came to The Alfred I had another colonoscopy and found there was now also damage in my large bowel."



Now on a new drug, Liam is in full remission and his bowel has completely healed.

"The new medication has made an amazing difference."

"I'm now a comfortable weight, pain-free and I'm able to look after my three-year-old daughter and only need to come to hospital every three months for checks."

"I urge any men experiencing painful symptoms to see a doctor as early as they can. While it took a long time for me to get my condition under control, life is now good."

Keep an eye on your health



Andrew with his wife Jade and daughter Zara.

As a healthy, active carpenter in his 30s and no feeling of sickness, the last thing Andrew Dickinson, a married father of one, expected was to be diagnosed with cancer.

It all started in July 2012 when he noticed blood in the toilet.

"I went to the doctor and had a colonoscopy at a private clinic but it didn't show anything. I was told it could be haemorrhoids but to see how things go," Andrew said.

"I thought it might go away and gave it some time but it got worse so after about six months I went back to the doctor and got a referral to see colorectal specialist who works at The Alfred.

"He immediately thought it was something serious and said it could be cancerous."

Andrew was sent for another colonoscopy and a range of other tests including an ultrasound.

"Once again the results from the colonoscopy were very vague, which is why further tests were done. We found out the news that I had bowel cancer one week before Christmas," Andrew said.

With no family history of bowel cancer, Andrew was understandably shaken by the diagnosis.

"It was really out of left field to hear this news; I'm one of the younger patients to get it. It was pretty scary and I was in disbelief it was really happening.

"The cancer was in a difficult location for them to find and there was the risk that I would have a permanent colostomy bag, which was pretty terrifying at my age."

Andrew underwent a six-hour operation, which saw him lose about 30 centimetres of the bowel.

"I was really lucky we found it early. I would urge anyone who notices any changes in their body to get straight to the GP."

All the lymph nodes in the groin area were also removed as a precaution.

"They managed to get a 5 centimetre radius around the cancer. It was in its very early stages and probably couldn't have been detected any earlier. It was the size of a five cent piece."

Andrew was left with a temporary colostomy bag for seven months before a 'reversal' operation was done, to allow the bowel to function independently again.

"I had quite a few side effects managing pain, not going to the toilet and then going ten times a day. It was very debilitating and I needed another four

weeks off work after the second operation," Andrew said.

While Andrew is now unable to eat rich or spicy foods and is still waiting for his bowel function to return to a more manageable frequency, he is grateful that he didn't need any chemotherapy or radiotherapy to deal with his cancer.

"I would really like to thank The Alfred for all their support during my treatment."

"I was really lucky we found it early. I would urge anyone who notices any changes in their body to get straight to the GP and to pursue it. Keep on top of your health; it's not worth losing your life over."

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Coeliac disease and the fuss about gluten

About one in 100 Australians has coeliac disease, but it is thought that the majority of people don't realise they have it.

Coeliac disease is an immune disease which affects the small intestine – the part of the digestive system responsible for absorbing nutrients. Gluten, a protein component of wheat, rye and barley, damages the lining of the small intestine in those with coeliac disease. Some people may not have coeliac disease but can have a gluten sensitivity or gluten intolerance.

People are born with a genetic predisposition to developing coeliac disease. A first degree relative (e.g. mother, brother) of a person with coeliac disease has a ten per cent chance of also having the condition.

The most common of the non-gut symptoms are fatigue and 'brain fog'.

This condition can be confused with Irritable Bowel Syndrome, as there are similar symptoms such as bloating, diarrhoea or constipation, stomach cramps and nausea in about 75 per cent of cases. Symptoms can range from minor to severe. The most common of the non-gut symptoms are fatigue and 'brain fog'.

If untreated, the disease can lead to malnutrition, depression, infertility and osteoporosis.

Diagnosis is made by doing a screening blood test and, if positive, having a gastroscopy (flexible tube passed into the stomach) where a tissue sample is painlessly taken from the small bowel.

What can I do?

- If you're diagnosed with coeliac disease, avoid foods containing gluten to allow the lining of the bowel to recover. This includes foods linked to wheat, rye and barley. Even small amounts of gluten can cause harm. To relieve symptoms you should adhere to this diet for the rest of your life. This involves avoiding foods such as bread, pasta and cakes
- Always check the labels of foods and drinks carefully, as gluten can be contained in many products that you may not suspect
- Seek advice and information on how to follow a gluten free diet – there are many recipes and education resources available. You can still enjoy a balanced diet with a range of foods – a dietician can advise
- If you want to start a gluten-free diet for any reason, it is important to have a check for coeliac disease (by a blood test) first, as it is difficult to diagnose after the diet has been started.

Fact box

- **Gluten may be included in many products like pasta, noodles, some meat products especially those with breadcrumbs or batter, bread, cakes, biscuits, cereal and baking products, dairy products containing malt, condiments, thickened soups, frozen meals, lollies, chips and some alcoholic drinks, especially beers**
- **Foods that are naturally gluten-free include fresh fruit and vegetables and fresh unprocessed meats.**

Know your FODMAPs

While going gluten-free may seem like the newest fad on the block, The Alfred researchers have found that short-chain carbohydrates (or FODMAPs) may be the cause of some dietary-led conditions.

FODMAP is an acronym for fermentable oligosaccharides, disaccharides, monosaccharides and polyols and refers to short-chain carbohydrates and sugar alcohols found naturally in many foods, including apples, dairy, wheat-containing products, garlic and onions.

The hospital's gastroenterologist and nutrition experts have proven that reducing your intake of FODMAPs is the best way to lessen the symptoms of Irritable Bowel Syndrome (IBS).

Alfred Director of Gastroenterology, Professor Peter Gibson, said while many with IBS avoid gluten, that is often not the cause of the symptoms.

"Many people feel better when they avoid wheat because it also contains fructans (one of the FODMAPs). That's often the irritant – not the gluten."

It is thought that FODMAPs can cause problems because they are poorly absorbed in the small bowel, are consumed in a concentrated dose, and act as junk food for the bacteria that live naturally in the large bowel. Bacteria readily makes gas from them.

Fructose and lactose are members of the FODMAP family. Those who are told they have 'fructose intolerance' actually should be restricting FODMAPs. If lactose intolerance is present and you have IBS, then restriction of all the FODMAPs may be beneficial.

While a diet low in FODMAPs can also help reduce the symptoms of lethargy and poor concentration, you should consult your local doctor before considering this diet.

Fact box

- High FODMAP foods include pears, watermelon, peaches, mangoes, artichokes, asparagus, mushrooms, leek, baked beans, lentils, honey, rye and wheat-based breads and cereals, barley, pasta, couscous, many fruit juices, chamomile and fennel tea and sweet wines.

Fibre - why your body needs it

Doctors and nutritionists are always telling us to eat more fibre, yet the majority of Australians are not including enough fibre in their diets.

Most of us know that a high-fibre diet equals healthy bowel movement, but why else is this stuff so valuable to our bodies?

High-fibre diets have been linked to the prevention of heart disease, type 2 diabetes, weight gain and some cancers. The positive impact dietary fibre has on digestive health is well known, for example, it is believed to help prevent colorectal cancer.

One of the major advances in dietary fibre research in recent years has been the increased awareness that different types of fibre exist in food. It appears that these different types of fibre have different 'health roles'. For example, there are some fibres that can slow digestion and absorption from the intestine, leading to improved satiety, and better control of blood glucose and blood cholesterol. Some fibres selectively stimulate the growth of 'beneficial' bacteria in the colon (i.e. are prebiotic) and some forms hasten the transit time through the gut (helping to prevent constipation and reducing your risk of haemorrhoids and diverticular disease).

Bacteria in the gut also act on fibre to produce useful 'by-products' called short-chain fatty acids.

One type of short-chain fatty acid – called butyrate – is an important energy source for the cells that line the bowel and may be important in the prevention of cells developing into cancer. Short-chain fatty acids may also help in prevention of inflammation in the gut and these can even travel through our circulation to impact positively at sites distant from the gut.

While most Australians consume around 20–25 grams of fibre daily, we should be consuming at least 30 grams daily for optimum health.

Recommended fibre foods

- Fruits and vegetables: eat the whole fruit – juice does not contain fibre
- Whole grain breads: check the bread's nutrition label – whole wheat bread sometimes has little fibre

- High-fibre breakfast cereals made from whole grains, bran and rolled oats
- Brown rice – the husk on the rice is the fibre content. White rice does not have any fibre as the husks have been removed
- Beans, legumes and nuts.

Quick fixes

- Add an extra vegetable to each evening meal
- Snack on fruit, dried fruit, nuts (almonds are good) or wholemeal crackers
- Ditch the white bread and white rice – eat only multigrain breads and brown rice
- Remember that fibre won't do its job properly if you don't drink enough water – six to eight glasses a day are recommended.

Diabetes - avoiding the epidemic

Diabetes is a chronic disease characterised by high blood glucose. If not controlled, it can eventually affect the function of many body systems such as the heart and blood vessels, the nerves, eyes and kidneys.

Diabetes develops when the body is resistant to insulin or deficient in insulin, the hormone secreted by the pancreas, which moves glucose from the blood into the tissues. So when people with diabetes eat carbohydrates including glucose or sucrose (present in foods such as breads, fruit, starchy vegetables, cereals), it can't be readily taken into body cells and converted into energy, and their blood glucose level rises.

While type 1 diabetes, with severe insulin deficiency, generally develops in children or young adults; type 2 diabetes, with insulin resistance, is the most common form, occurring mostly in people aged over 40 years. Type 2 diabetes in Australia, as elsewhere in the world, has reached epidemic proportions and is becoming increasingly common in younger people, driven by our increasing overweight and sedentary lives.

Over 100,000 Australians developed diabetes in the past year. Added to this, at least two million Australians have pre-diabetes and are at high risk of developing type 2 diabetes. It is positive to note, however, that up to 60 per cent of type 2 diabetes could be prevented in this high risk population by lifestyle measures.

Type 2 diabetes (non-insulin dependent) is linked to obesity and is more common in men. If left untreated, diabetes can affect a number of organs – resulting in heart disease, stroke, renal failure, nerve damage, amputations and blindness. But current treatments can reduce the risk of developing these complications or reduce the progress of already present complications.

Typical symptoms include extreme tiredness, excessive thirst and blurred vision but often people don't have any symptoms and can remain undiagnosed for a long time. Early diagnosis can be achieved by GP testing for diabetes, especially

if other conditions exist such as high blood pressure or high cholesterol, or just increasing age. Early diagnosis and treatment can prevent complications and maintain good health.

Over 100,000 Australians developed diabetes in the past year.

What can I do?

- Exercise regularly
- Keep blood pressure and cholesterol low – by exercising regularly, eating healthy foods and reducing salt, alcohol and stress
- Stick to a low saturated fat diet and watch your starch (carbohydrate) portions. This can help prevent or delay the onset of type 2 diabetes
- Do not smoke
- Measure your waist to assess your risk. Obesity can lead to diabetes – men with a waist circumference of 94 centimetres or more are at risk
- Be screened for diabetes if you have high blood pressure or high cholesterol, or if you are over 55. Those who are of Aboriginal, Torres Strait Islander or Polynesian descent are at higher risk of contracting diabetes and should be screened when over 35
- If you have any of the symptoms of diabetes, ask your doctor for a blood test to measure glucose levels.

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Kidneys: and the silent disease

Chronic Kidney Disease

With little or no symptoms, Chronic Kidney Disease (CKD) is often referred to as the silent disease. Symptoms relating to CKD are not evident until less than 15 per cent of residual kidney function is left. At that stage, symptoms can be non-specific such as loss of appetite, intermittent nausea and fatigue.

It is also very common – one in three Australians is at increased risk of developing kidney disease. Almost half (42 per cent) of people over 75 years have an indicator of kidney disease. Alarmingly, less than one per cent of people who have chronic kidney disease know they have the condition.

The most common cause of CKD, leading to end stage renal failure requiring dialysis, is diabetes, which itself may afflict up to one million Australians. Other leading causes of CKD include long-standing high blood pressure and glomerulonephritis (inflammatory disease affecting the filters of the kidneys which may be due to other immune and systemic conditions). You are also at high risk of this disease if you smoke, are obese, over 50 years, or if you are an Australian of Aboriginal or Torres Strait Islander descent, due to high rates of diabetes.

Obstruction of the urinary tract due to an enlarged prostate and congenital kidney disorders are other common causes. Repeated kidney infection may cause scarring and loss of kidney function.

While most patients experience no symptoms until later stages, there may be signs of other causes that lead to CKD. Diabetes may result in thirst and passing increased volumes of urine before kidney damage occurs. Patients with

obstruction of the urinary tract (e.g. prostatic disease) may experience passing urine at night with diminished stream. Blood in the urine (often not visible but microscopic) and frothy urine may indicate inflammatory disorders causing glomerulonephritis.

As kidney function diminishes, patients may experience loss of appetite and intermittent nausea which may result in vomiting. The retention of salt and water results in swelling of the ankles and legs initially but can ultimately result in breathlessness, due to heart failure and anaemia. Other general symptoms can include tiredness, feeling unwell and headaches.

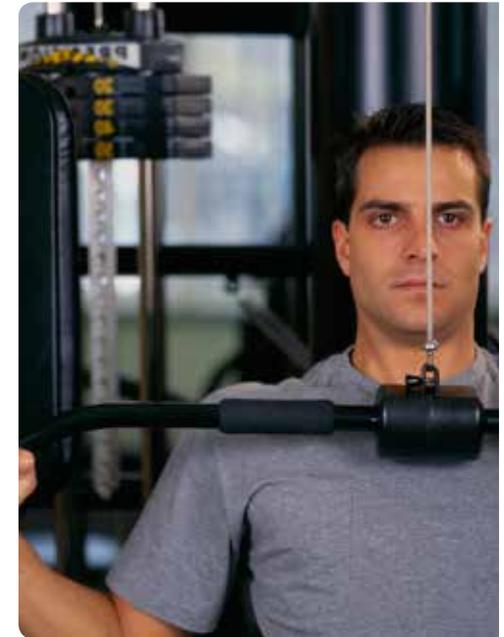
You can reduce your risk of kidney disease by avoiding obesity and type 2 diabetes, having regular blood pressure checks, and reducing dietary salt intake. A quick kidney check from your local doctor involves a blood pressure check, blood test looking at kidney function and a urine test for blood or protein. If detected early, you can reduce the deterioration in kidney function by as much as 50 per cent. Once your kidneys fail, there is no cure, with dialysis and transplantation being the only options. So taking care of your health is the most important thing you can do.

Fact box

- The main job of the kidneys is to remove the waste products of dietary protein intake and excess salt and water from the circulation
- The kidneys process about 200 litres of blood every day and produce about two litres of urine.

What can I do?

- Quit smoking
- Check your blood pressure regularly and take steps to keep it under control. High blood pressure is the third leading cause of kidney disease in Australia
- Exercise: walking, bike-riding or swimming are all good – do 30 minutes of exercise most days
- Eat healthily (fruit, vegetables and lean meats like chicken and fish) and maintain a healthy weight – obesity can lead to diabetes and kidney disease
- Avoid dehydration by drinking plain water instead of soft drinks, tea or coffee, which contain a diuretic
- Ensure your blood glucose is well controlled if you have diabetes. Diabetes is the leading cause of kidney disease and those with diabetes should have an annual urine test to monitor kidney function.



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Kidney stones

Kidney stones are most likely to occur in men between the ages of 40 and 70 and can be very painful.

This common urological disorder generally results from a concentration of chemicals that form crystals in the collecting system of the kidneys. Kidney stones are usually passed in the urine, depending on their size, and typically associated with severe pain during that process.

While most kidney stones pass out of the body without any intervention from a doctor, some stones cause lasting symptoms or complications. Larger stones may require telescopic removal or external shock wave treatment.

What can I do?

- Stay hydrated – drink plenty of water to minimise the chance of forming a kidney stone; if you

already have a problem with kidney stones drink enough water to pass at least two litres of urine daily

- If you tend to form kidney stones, limit foods such as sweet potatoes, rhubarb, nuts, almonds, soy and soy products, refried beans and spinach and excess tea and coffee, which are high in oxalates
- Citrate, which prevents the formation of kidney stones, may be deficient in some people and they may need medical supplementation
- Diuretic treatment may be required to reduce the risk of future kidney stone formation if you pass too much calcium in your urine
- If you suffer from gout (uric acid crystals) affecting your joints, avoid things that irritate your gout such as alcohol and seek preventative treatment from your local doctor
- If you pass a kidney stone, take it to your doctor to have it analysed, which may help plan preventative strategies.

Getting to the bottom of it all

Bowel cancer

Here's the most important fact: bowel cancer is preventable. You may not be able to stop prostate cancer from developing but you can stop bowel cancer in its tracks. However, fewer than 40 per cent of bowel cancers are currently detected early.

It's all about early detection, by removing pre-cancerous bowel polyps (found during colonoscopy), the development of actual bowel cancer can be prevented. Plus, if detected early, 90 per cent of bowel cancers can be treated successfully.

Each year about 8,000 men are diagnosed with bowel cancer in Australia. It is the second most common cancer in men and women.

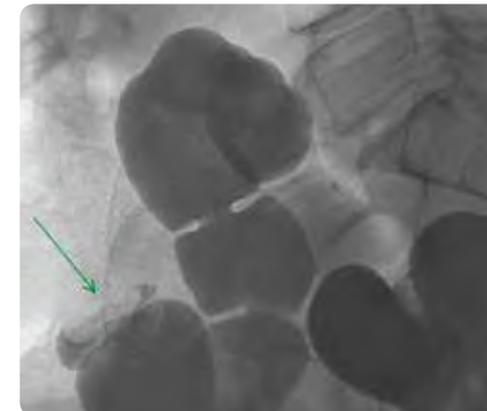
Colorectal cancers (which include bowel, colon and rectum cancers) mainly affect men over 50. Your risk increases rapidly after 50 years. Over a lifetime, one in 20 men in Australia will develop bowel cancer.

The most common symptoms are blood in faeces or a change in the bowels, such as diarrhoea or constipation, fatigue, weight loss and cramping. However, in its early stages, bowel cancer often has no symptoms, making screening even more important.

How is it diagnosed?

Bowel cancer is diagnosed by performing a colonoscopy, which involves passing a flexible tube around the entire large bowel.

Also those over 50 can complete a simple faecal occult blood test at home – this free test is sent out through the mail to those turning 50, 55, 60 or 65. Alternatively, kits can be purchased at a chemist. Log onto www.cancerscreening.gov.au for more information.

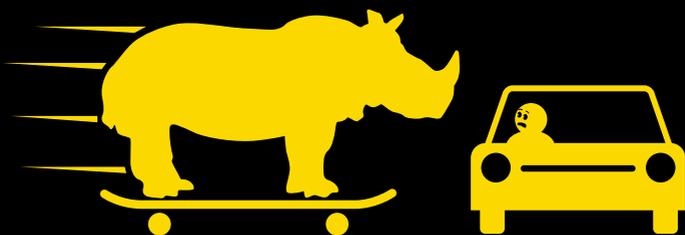


Colon Cancer Point of Blockage – Contrast enema to detect colon cancer shows the point of blockage (see green arrow).

What can I do?

- If you're over 50, have a faecal occult blood test every two years – this can reduce mortality rates by 30 per cent. If you have a family history, a history of polyps or Inflammatory Bowel Disease, have this test annually
- If you have a strong family history of bowel cancer, have a colonoscopy every five years from the age of 50 (or earlier if your parent or sibling was diagnosed before the age of 60 years)
- Improve your diet: a good diet can decrease your risk by 10–20 per cent whereas a poor diet and obesity increases the risk of cancer. So eat more fruits, vegetables and fibre, but less fat. Avoid processed meats (like sausage and salami)
- Smoking and alcohol are cancer triggers so don't smoke or over-indulge in alcohol (no more than two drinks a day is recommended)
- Exercise: studies show exercise is more significant in reducing bowel cancer than any other cancer. Do a minimum of three 30 minute exercise sessions a week.

DRIVERS BEWARE



**Stay clear of the yellow line.
Always check for trams before turning.**

Haemorrhoids

Haemorrhoids, also known as piles, are swollen and inflamed veins around the anus or in the lower rectum. They are extremely common in middle to later life and are usually caused by chronic constipation or years of straining on the toilet.

Other causes include being obese or overweight. Regularly lifting heavy items can add to your risk, as can a chronic cough, smoking and a low-fibre diet. Sitting on hard surfaces for long stretches of time can also contribute to the development of haemorrhoids.

Another cause of haemorrhoids is the weakening of the connective tissue in the rectum and anus that occurs with age.

Any time you notice bleeding from the rectum or blood in the stool, it is important to see a doctor.

There are three different types of haemorrhoids:

1. Internal haemorrhoids are found inside the rectum. They are painless but tend to bleed.
2. Prolapsed haemorrhoids are a more severe and painful form of internal haemorrhoids. Particularly after going to the toilet, these veins push through the anus and hang out of the body. They can cause pain, discomfort and itching. Most prolapsed haemorrhoids shrink back inside the rectum on their own. Severely prolapsed haemorrhoids may protrude permanently and require treatment.
3. External haemorrhoids are like small bleeds under the skin around the anus and feel like hard lumps.

The most common symptom is bright red blood on stool, on toilet paper or in the toilet bowl after a bowel movement.

The condition is not dangerous in any way and symptoms usually go away within a few days. However, any time you notice bleeding from the rectum or blood in the stool, it is important to see a doctor. Bleeding may be a sign of other digestive diseases, including colorectal cancer.

What can I do?

- Ensure your diet is high in fibre – this will make the stools softer, easier to pass and reduce pressure on haemorrhoids
- Avoid spending prolonged time in the toilet
- Drink six to eight glasses of water each day
- Exercise (30 minutes at least three times a week is recommended) to prevent constipation
- Never strain during bowel movements
- Use over-the-counter creams to temporarily relieve pain and itching.

Constipation

Talking about toileting may be embarrassing but any changes in regularity could be a sign of illness, so it's important to be aware of your bodily functions.

Medically, you are described as constipated if you do fewer than three bowel movements per week and severely constipated if you have less than one stool per week.

Older people are more likely to become constipated. This can be due to medical conditions, poor nutrition, greater use of medications or a lack of physical activity. But constipation is one of the most common gastrointestinal issues among other age groups too.

Usually, constipation is caused by the slow movement of stool through the colon and it may be completely in your control to fix the problem. Often, you experience this problem if you are not eating enough fibre, not drinking enough water, not exercising enough or you have just changed your routine. Other causes include medication, hormonal disorders or disease that affects the colon.

In the majority of cases, constipation can be treated at home. But see a doctor if constipation is coupled with unexplained weight loss, rectal bleeding, abdominal pain or nausea or if it's newly onset and ongoing (more than two weeks) to ensure there is no underlying medical illness.

Did you know?

- You'll 'go' less as you age – as you get older, intestinal muscle contractions reduce
- There is no medical reason to have a bowel movement every day. Some people go three times a day, others three times a week. It's fine to go a few days without one
- Going on holiday can cause constipation! A change in your daily routine and diet can have a big effect on your toileting habits
- Mood can also make a big difference to regularity. Depression can trigger constipation or make it worse

- Prunes are well known as a remedy for constipation, as they are packed with insoluble fibre as well as the natural laxatives sorbitol and dihydrophenylisatin. An added benefit: the fibre in prunes may also help lower cholesterol.

What can I do?

- Answer when nature calls. While holding on, more water will be extracted from the stools, making them difficult to pass. Regularly ignoring this urge may make the body less sensitive to normal signals to go to the toilet and increase the risk of haemorrhoids, if you need to strain to open the bowel
- Drink more water, as even with a high-fibre diet you can become constipated if you do not drink enough water
- Eat more fibre
- Restrict foods like milk, cheese, white flour, white rice and red meat, as they may contribute to constipation, especially if you are lactose intolerant
- Exercise – keeping moving helps keep you regular. Ideally, at least 30 minutes of exercise each day is recommended
- Restrict diuretic drinks like coffee, tea and alcohol – while caffeine can stimulate the muscles in your digestive system to contract, causing a bowel movement, it can actually make stools harder to pass because it is also a diuretic, so it draws liquid out of stools
- Reduce stress by doing meditation or yoga. Acupressure, shiatsu massage and massaging the abdomen may all help relax muscles and get the bowels functioning again
- Only use laxatives for a short time – seek medical advice if the problem continues
- Talk to your doctor about your medications. Some, such as codeine, antidepressants, iron supplements and non-magnesium antacids are known to slow bowel movements.

Your prostate: don't keep it private

Prostate cancer

Sobering news: Almost one man in 11 will develop prostate cancer during his lifetime. Almost 19,000 Australian men are diagnosed with prostate cancer each year. Risk increases with age. It is the second largest cause of male cancer deaths, after lung cancer.

Good news: Prostate cancer is usually a slow growing cancer. It has one of the highest five year survival rates, compared with other cancers, of 92 per cent after diagnosis. If confined to the prostate, it is possible to cure it.

We were once able to confidently say that most men will die with prostate cancer, that it won't be the cause of their death. This has changed in recent years, with men now living longer giving the cancer time to spread beyond the prostate in their lifetime, with potentially fatal consequences. Plus, it is not just men over 70 who are diagnosed with prostate cancer these days, but men in their early 40s–60s as well. Prostate cancer in younger men tends to be more aggressive and life threatening.

Often there are no symptoms of prostate cancer. Some men report frequent urination at night; others experience difficulties starting and stopping urination. Symptoms can also include pain when passing urine, blood in the urine or semen and a feeling that the bladder can't be fully emptied. Experiencing these symptoms does not necessarily mean you have prostate cancer – it could point to an enlarged prostate rather than cancer, but should be investigated nonetheless. The possibility of cure is the main reason why early diagnosis is critical.

Fact box

- The prostate is a small, walnut-sized gland that contributes to the process of making seminal fluid and forms part of the male reproductive system
- The prostate sits below the bladder and in front of the bowel
- Of all cancers affecting men, Prostate cancer causes the most deaths after skin cancer.

What can I do?

- Keep your weight down and reduce your intake of saturated fats
- Include at least five serves of vegetables in your diet each day. Research shows that antioxidants in green leafy vegetables (broccoli, spinach, brussels sprouts, kale, bok choy) can lower your risk of prostate cancer as well as reducing incidence of colon cancer and heart disease. It is also thought that soy milk and tomatoes (particularly cooked with the skin on) may help prevent prostate cancer
- Men over 50 years, without a family history of prostate cancer, should consider an annual prostate check. Those with a family history should commence testing at 40 years.

Testing for prostate cancer involves a PSA blood test and a digital prostate examination with your GP. If these tests are abnormal then you need to see a urology specialist.



Male patient about to receive a MRI scan for prostate cancer.

Often there are no symptoms of prostate cancer.

Enlarged prostate

Having an enlarged prostate is one of more common urological problems for men over 50. When the gland is enlarged, it squeezes the urethra, causing problems in urinating. If untreated, it can lead to urinary infections, and bladder and kidney damage. It is not known why this happens, but seems to be a common part of ageing for men.

Symptoms include having difficulty in starting or stopping urination, dribbling of urine, a weak urine stream, frequent and urgent need for urination, especially at night and a feeling that the bladder is not empty even after urinating.

What can I do?

- If you have any urination problems, see a doctor – no matter what your age
- Consult a doctor as soon as symptoms appear, as they are unlikely to go away. In particular, see a doctor if your symptoms cause distress, are associated with abdominal pain or if the urine is blood-stained. Without medical attention, the condition may worsen.

Lightning Round - with Professor Harvey Newnham and Dr de Villiers Smit

The Alfred's Professor Harvey Newnham and Dr de Villiers Smit answer questions that men might ponder.

Why are so many men and women avoiding gluten these days? Is it really that bad for you?

Wheat and wheat-derived products are an important component of healthy nutrition for the majority of the population worldwide. A very small proportion of the population have coeliac disease, which is only reliably diagnosed with a small bowel biopsy.

For these patients avoiding wheat can help restore normal digestive function. Some patients without coeliac disease feel better on the coeliac diet. This doesn't mean they are 'coeliac', it simply reflects other dietary changes associated with trying to avoid wheat products.

So what scans/tests are essential for men? What should you do at what times?

Bowel cancer screening reduces suffering and saves lives. It is as simple as catching a faecal sample and sending it off for a blood check. If you have a strong family history more intensive screening with colonoscopy may be appropriate – discuss with your GP.

Prostate checks should be discussed with your GP and may need to be individualised for your circumstances. There is still debate about the effectiveness/appropriateness of prostate cancer screening with blood tests.

Is good health really as simple as eating healthily, not smoking and limiting your alcohol intake?

Many lifestyle changes have a greater effect than medications to maintain and improve health. Exercising regularly, maintaining a healthy weight, not smoking and avoiding excessive drinking actually make you feel better and save money without side effects. For some, though, taking medication may be important to long-term health and ability to function. Control the things you can and look after yourself.

We hear a lot of conflicting advice on alcohol - red wine can reduce heart disease and beer contains fibre so can lower cholesterol levels. So to drink or not to drink?

There are some studies suggesting modest alcohol intake can be associated with good health outcomes. But there is no good evidence that prescribing alcohol improves outcomes. Getting active will have a much greater effect in reducing your risk of heart disease; you will need to get active to compensate for any calories in alcohol that you drink. Alcohol contributes to weight gain.

If you like occasional glasses of wine or beer, no problem, providing it's not to excess, you have alcohol free days and you don't have other health issues.

Bowel cancer screening reduces suffering and saves lives.

In this modern day and age, why is it that women consistently live longer than men in Australia?

Good question, it's not well understood. Men definitely get their heart disease several years earlier than women. It might be because of genes: women have an extra X chromosome and no Y chromosome. Men have higher testosterone and tend to take more risks with lifestyle and physical challenges. We used to think that oestrogen in women was protective, but it's not so clear now. Men probably are more prone to depression, don't handle stress as well and are more likely to be successful at suicide. Women living longer is probably due to a combination of many factors.

I heard somewhere that I should pay close attention to any changes in toileting. How much can that tell you?

Many factors can lead to changes in bowel habit or urination; from anxiety and metabolic changes (diabetes, thyroid disease) to cancer. Persistent changes in bowel and bladder function should be discussed with your doctor.

Is it true that the emergency department still sees high numbers of men injured after falling from a ladder? When should you stop doing household repairs?

Yes, at The Alfred we treat at least one male each week who has been badly injured from a ladder fall. Really, no one over 70 should climb a ladder. But stopping household repairs doesn't really have anything to do with age. If you are not used to doing a particular task around the house, then you should think twice about it. If you don't have adequate protection or have medical problems, especially a likelihood to pass out, or if you're on medication for bleeding disorders, you should not do that task anymore.

As I get older I have more aches and pains. How do you know which symptoms to ignore and which ones to have checked out by a doctor?

If you have aches and pains that get worse and don't go away, or if you also have a fever or immobility, get yourself checked out by a doctor. Remember you can always get medical advice 24 hours a day by calling Nurse-On-Call on 1300 60 60 24.

Please help us support men's health.



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Get behind The Alfred



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