

Five Stages of Bladder Health

A compelling case for
BPH patients
to choose deobstruction.

ManVsProstate | Wayne Kuang MD

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Published by ManVsProstate

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First Edition: 2023

**Defenders of
the Detrusor**

Physicians & BPH Medical Device Industry that put their lives on the line to Save Bladders from Needless Death & Dysfunction.

**Five Stages of
Bladder Health**

Plain-spoken & Relatable Talk Track to guide BPH patients to Self-Ignite to make the best decision even faster about their prostate care.

**Window of
Curability**

A Better Bladder Baseline assessment early on in BPH care allows for early intervention to prevent the onset of bladder death or irreparable detrusor dysfunction.

Urologist

A Guardian of the Bladder that is a magical blend of Prostate Deobstructionist and Preventative Interventionalist.

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ManVsProstate would like to take a moment to...

Encourage urologists to prioritize Bladder Health, never miss the "Window of Curability" and intervene at the Right Time, for the Right Reasons and ...

Acknowledge the medical diagnostics & device industry

that has been dedicating significant time and resources in order to invent mechanical solutions, to this mechanical problem, over the last decade.

Their products ARE the Antidote to Excessive Polypharmacy!

The solution is State-of-the-Art Data-Gathering Diagnostics & Deobstructing Technologies like LIST Procedures (Least Invasive Surgical Therapies) !

For in-depth information on these new,

non-hospital, non-surgical, in-office, nearly instantaneous solutions ...

We encourage you to [join ManVsProstateDocs.com Video series](#) ... Including select Urological Luminaries focusing on Patient Bladder Education.

While we currently have **over 100 videos** on hand for review ...

All are key word searchable, transcribed and on-point...

As a Member you will have many more videos ...

organized and accessible to you very soon.

Join now: [ManVsProstateDocs.com](#)

**A New Way for Urologists and General Practitioners ...
To Dialog “What’s At-Stake” for BPH Patients, ...
Bringing to the mainstream, ...
Awareness of the Unspoken EPIDEMIC of ...
Needless Catheterizations, Detrusor Death & Bladder
Dysfunction !**



Overview

The "Five Stages of Bladder Health":

A talk track so your BPH patients know **what is at stake if the choice is made to do nothing** about their prostate!

Helping Urologists make a compelling case to BPH patients to make the best decision even faster after their prostate care.

A Urologists' Guide to Embracing a **Data-First Pro-Diagnostic Bladder-Centric BPH care pathway.**

How and when to "Draw a Red Line in the Sand" against **a Dangerous Polypharmacy Epidemic.**



Understand this:

- It is time for urology to change its BPH care pathway.
- Prostates are Villains.
- Bladders are Victims.



Ask yourselves:

- Are you helping Villains or defending Victims?
- Are you enabling Drugs to aid & abet the villainous prostate?
- Will you prioritize Bladder Health in your BPH care pathway?

Too many urologists are Entrenched...Stuck in our old ways!

Let's Update our profession with the advances of the last decade.

We must climb out of our comfortable Rut to save men's bladders whenever interventions are appropriate.

01

The Backstory of the Man Vs Prostate Crusade

Backstory of the MVP Crusade

Wayne Kuang here. I'm a urologist and men's health specialist in Albuquerque, New Mexico. Fresh out of my residency and fellowship at the Cleveland Clinic in 2006, I became a victim of fear. Despite being at the top of my surgical game fresh out of training, I found myself surprisingly timid at my first large urology group job and filled with many fears:



The **fear** of being on my own in private practice far from Cleveland without my mentors to lean on.

The **fear** that my hands & my decisions would harm a patient.

The **fear** of being “less than” if I did not follow every nuance of the AUA BPH Guidelines including defaulting BPH patients to a trial of medications.

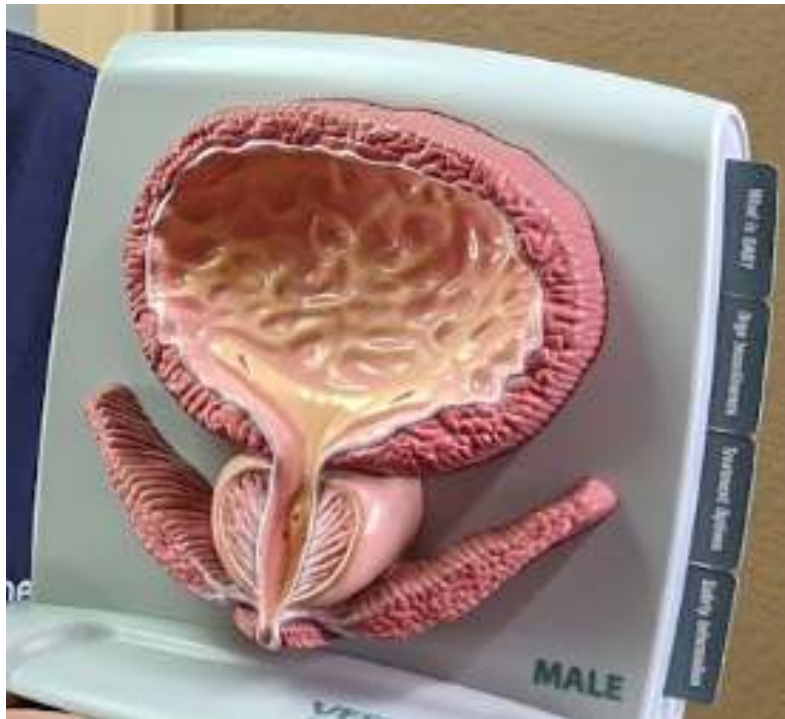
The **fear** that getting BPH patients to choose a deobstructing procedure would be perceived as too cavalier (“That doc is super aggressive. He operates on everyone”).

The **fear** of exposing myself to malpractice lawsuits that would put my young family's future at-risk.



These fears blinded me to the simple truths:

BPH care is all about Prioritizing the Bladder ... a solitary organ that is so amazingly complex that **it isn't even transplantable!**



Drugs enable Detrusor Death & Dysfunction – they aid and abet the Villainous Prostate!

BPH is a Mechanical Problem that needs a Mechanical Solution (when warranted) as Preserving Bladder Function is our top priority!

We are both Deobstructing Surgeons (Deobstructionists) AND Preventative Interventionalists as we intervene within the Bladder's Window of Curability.

The Why of ManVsProstate & How it came into existence...the sad unnecessary story.

Not ashamed to admit it. It was as **Traumatic for me** and my Staff as it was to the Patient's Family.



In the fall of 2006, four months into my first job on a sunny New Mexican afternoon, **a grised 70 year-old cowboy** was ushered into my clinic with his concerned family off their ranch near the Gila Mountains.

In his well-worn denims and tan cowboy hat, he was not much for words, and his leathered face never smiled. With the help of his family, **a sad story** unfolded in front of me about ...

So many urologists.

So many drug prescriptions for alpha-blockers and 5-alpha reductase inhibitors.

So many decades of worsening BPH symptoms.

So many sleepless nights getting up every hour to pee.

So many years of constant suprapubic pain, urgency and frequency.

So many dismissive looks.

So many minimizing comments from his docs: “You’re fine!” “It’s just the rodeo of getting older.” “Just buck up and take it like a man.”



It was shocking, almost stunning to me, that in all that time, no one had bothered to even do a cystoscopy or a prostate ultrasound.

I remember coming out of the darkened ultrasound room into the clinic hallway lit by an overhead skylight to tell his family **the daunting news.**

His prostate was more than simply enlarged.

It was ginormous at 200+ grams, and he had no other choice at this time. He needed major surgery, a simple prostatectomy.

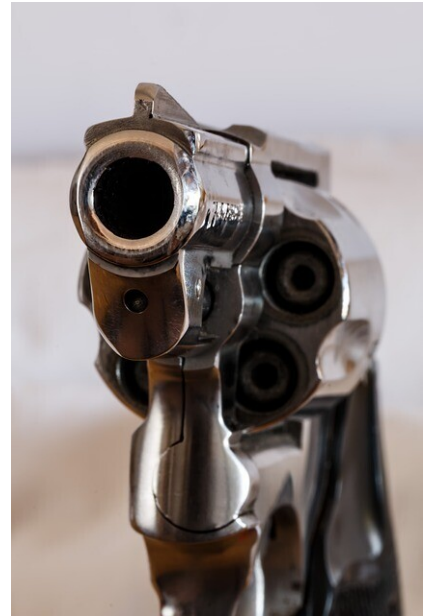
Then came the task of outlining all the associated risks and complications with their dad. His response was a single nod with a low-pitched guttural acknowledgment. I don’t recall his flat facial expression changing at all.

The family was palpably disturbed to hear the grave news. Fully aware of the miserable life their dad was living every day and night, they implored me to get him to the operating room as soon as possible.

Eager to be all that I trained to be, I immediately mobilized the scheduling team knowing we could make a difference in this man's life. It was uplifting to have quickly secured a date in the hospital for the surgery.

Perhaps that is why it was even more crushing to be notified that the family had called the surgical schedulers with terrible news. Faced with the choices of a brutal existence of pain and bathroom trips versus a major surgery with major risks, he chose his preferred path – his way to avoid both.

He took out a gun, pulled the trigger and put an end to his life ... **and finally silenced his tortuous existence.**



I Failed.

We Failed, ... and OUR cowboy, being the very essence of American Manhood, is calling out for the entire profession to DO BETTER and to “upgrade” the way we care for our BPH patients.

We need to **BE BETTER** for all the Bladders of the Now and of the Future.

We need to be **Defenders of the Detrusor.**

We can begin as early as **Right Now.**

We need to be Defenders of the Detrusor!

— ManVsProstate

It is in remembrance of this cowboy that we lift up ...

“The Cowboy Hat” as our symbol of the ManVsProstate crusade.



*Contact us for the quantity of Pins you'll require. Wear them on your Scrubs and have your staff wear them too – **as AWESOME Conversation Starters!!***



We must obtain a **“Better Bladder Baseline”** upfront & early on.

We must determine when **“Timely Intervention”** can prevent “bladder death & dysfunction.”

We must **save struggling bladders** within the “Window of Curability” to allow them to renew and heal naturally.

The days of reflexively defaulting BPH patients to medications is over.

This Golden Era of BPH is here with its state-of-the-art diagnostics and therapeutics.

This is why I have devoted the last four years to discussing, discovering and documenting all the latest technologies to define, diagnose & deliver what is needed to make better BPH outcomes – better and sooner – it’s been a permanent change in my practice because it was long overdue.

And, it’s absolutely long overdue in 90% of Urology Practices – time to change to a Better Bladder Baseline dataset that is the CORE INFORMATION needed to truly protect Bladders.

ManVsProstate creates tools for you and supports your efforts to Upgrade your BPH care pathway.



02

A Battle on Two Fronts

Gratitude for all you urologists. Thank you for saving bladders everyday as you defend the detrusor for the 12 million BPH patients in the US who are actively under your care.



While you fight the good fight INSIDE the operating room, ...
A war also rages on OUTSIDE of the OR on the online battlefield.

Know that ManVsProstate is tirelessly fighting on this front to reach the other 30 million men who have fallen **under the spell of misinformation and unawareness.**

Men are led to believe that supplements are a solution. The fact is – independent testing has demonstrated that most supplements are actually such rubbish that they do not even contain the ingredients listed on the label.

Well over 90% of men lack this critical nugget of knowledge: The bladder is so amazingly complex that it is Not Even Transplantable. This one-of-a-kind solitary organ is too precious to be playing “second fiddle” to the prostate.

Men and many general practitioners are **uneducated** about all the recent advances in powerful BPH technologies available to rapidly and accurately stratify patients based on how “at-risk” their bladders are for death and permanent dysfunction.

Urologists are outnumbered and strapped for time, every single day – that’s where ManVsProstate comes to the rescue.

The one-of-a-kind amazingly complex Bladder is NOT even Transplantable!

— ManVsProstate

Urologists are often too busy. Thus, many Patients never actually learn that a life of ER visits, infections and catheters could be in their future if they keep minimizing their completely subjective IPSS scores and mislead their Urologist – until it is way too late to save Bladder function.

Guiding these patients about options beyond meds and supplements is hugely time-consuming. Patients need to understand all the consequences of all these choices including the decision to deobstruct versus not to. Patients need to collate all the pros and cons of all deobstructing technologies from the least invasive to the most invasive.

Each BPH conversation can turn into a time consuming Shakesperian drama: “To Intervene or not Intervene – that is the question.”

It is NOT acceptable that the online world enables men to sweep their obvious mechanical problems under a rug woven of ineffective fibers...Beta-Sitosterol, Saw Palmetto, and snake oil supplement remedies that we as a profession have allowed to become commonplace. **This has enabled an epidemic that allows detrusor death & dysfunction** to march forward relentlessly when data and diagnostics are not prioritized.



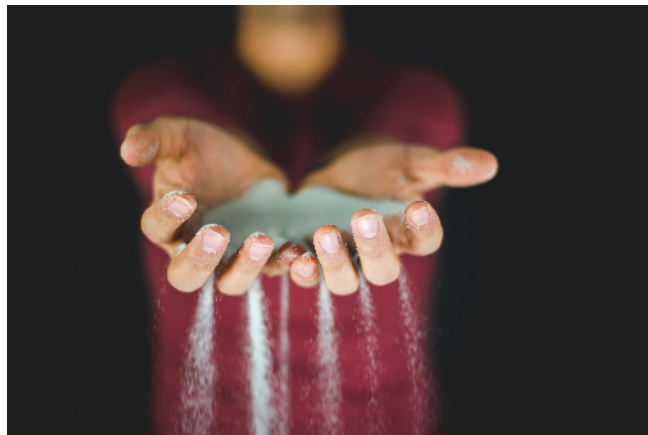
Why isn't our profession providing every BPH patient with the Most Accurate DATA early on?

- You are **Overworked**. You are **Understaffed**. You are Burning Out or **Burnt Out**.

67% of men know absolutely nothing about what's going on with BPH!

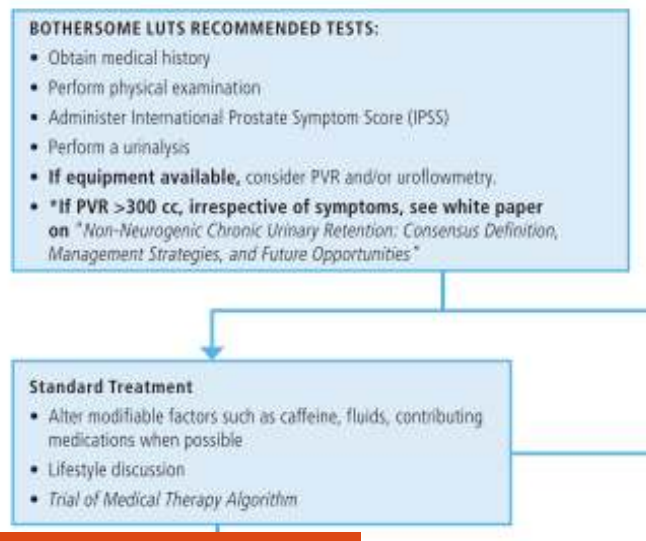
— North Central AUA Meeting 2022

- Patients aren't demanding their data because they don't know what to ask for... **67% know absolutely nothing** about what's going on "Down There ! " (Orji et al. North Central AUA Meeting 2022 Poster 83: Case Western Reserve University & Cleveland Clinic)
- You are **"Short on Time"** to deliver the proper education and a complete diagnostic evaluation. The IPSS and Bother Score are not "real data" as they are entirely subjective.



- Patients suffer from **“I’m Fine Syndrome” (IFS)**: They minimize their BPH reality as they fear what you might do if they say they are “not fine” a probing and uncomfortable assessment.
- You have **“Stuck in a Rut Syndrome” (SIRS)** that prevents you from fully adapting to getting the most accurate scientific DETRUSOR DATA (MVP’s Better Bladder Baseline) for your patients.
- You struggle with **Cognitive Dissonance**: If the patient says he is fine, then how can medications be doing harm? How can this be at odds with our Hippocratic Oath? This is “the rut” that too many urologists are trapped in with a Drug-First BPH approach. This rut drives us to turn our backs on all those bladders and simply ignore their cries for help!
- The gravitational pull of the **Polypharmacy Epidemic** is too strong: It is too easy to default BPH patients to prescriptions and refills!
- The **AUA BPH Guidelines** still recommend a trial of medications as a first line approach.

Basic Management of LUTS in Men



03

ManVsProstate: A Catalyst for Change

Using artificial intelligence, geofencing and the latest in digital educational platforms, ...

We are taking the educational fight directly to the Undiagnosed and the Misinformed Masses with **FREE Membership access to 44 Patient Educational Videos (professionally done with reference materials).**



It's a "Net Benefit" for you... **when a Pre-Educated patient that has a solid understanding of the BPH Basics** and is primed to hear about and wants to discuss true diagnostics & mechanical BPH solutions – Even Before you walk into the clinic room. **What a MASSIVE Timesavings** it is to be able to jump straight to personalized care plans without having to laboriously repeat yourself about the mundane aspects of BPH.

Another "Net Benefit" for you is the **MVP Physician Training Set**. Composed of **31 Urologist Videos**, this series was designed to arm you with talk tracks like the Five Stages of Bladder Health and operational tips to to help you be the Hero in the fight against the villainous Prostate as it relentlessly tries to muzzle and murder the helpless Bladder.

Online Educational Series including 44 videos for patients & 31 videos for urologists!

— ManVsProstate

Yet another benefit is where **General Practitioners stop holding on to BPH patients**, erroneously blasting them with more medications and higher doses. GP's will start referring to you, regularly and earlier on, because their patients will drive the urologic referral.

MVP will have educated patients that know that **drugs only muzzle the bladder**. Moreover, they will be fearful that continuing meds or a continued reliance on supplements are putting their bladders at increased risk of death and dysfunction.



Men will benefit from understanding that **BPH is a Mechanical Problem that needs a Mechanical Solution** (when warranted). Just like Viagra & the daVinci robot, men will broach the subject and demand the latest diagnostic testing be done and to know more about ALL their therapeutic options.

Remember: Meds are NOT a Therapeutic measure. They are merely a Temporizing measure.
No drugs deobstruct !

Imagine the day when GPs finally understand that Bladder Health – is what is at-stake – if urologists intervene too late, then it could condemn their BPH patients to a life of chemicals and catheters.

Imagine the day when GPs realize that NOT referring to a Urologist unnecessarily exposes them to the Risk of Malpractice Lawsuits and can Tarnish their Reputation.

ManVsProstate puts the bladder up on the Pedestal and in the Spotlight where it deserves to be, instead of in the Shadow of the prostate in the nether regions of the pelvis.



The time is NOW !

- **It's time to initiate a Better Bladder Baseline up front and EARLY** for every BPH patient (more on that below).
- **It's time to use the Best Data** to know “for sure” if a bladder is deteriorating...before it is too late.
- **It's time for us to become “Great Guides”** for BPH patients & to help them navigate the pitfalls of making the choice to do nothing about their prostate. As guides, we educate that INACTION puts their bladder health at-risk...a far more serious consequence that just nuisance symptoms like urgency, hesitancy and nocturia.
- **It's time to use our cystoscopes & pressure flow studies** to Draw a Line in the dirt of this battle to Save Bladders that are struggling against an obstructed prostate.

These changes are way overdue. **Too many of us are FAR too comfortable with Polypharmacy.**

It's TRUE ... NO drug or supplement has ever CURED a prostate – right?

It's TRUE ... Drugs and supplements only disguise and barely lessen symptoms while still allowing bladder deterioration to continue unabated.

ManVsProstate has taken a firm stance against a Drug-First approach for BPH patients.

To save Bladders, **ManVsProstate's stands for a DATA-FIRST PRO-DIAGNOSTIC approach to BPH care.**

Join the ManVsProstate Crusade!

04

Managing BPH with Medications

Don't Be Fooled !!

“Medical Therapy” is a Misnomer.

- It is NOT a Therapy: It is not a Therapeutic Measure at all.
- It doesn't treat or solve BPH. A chemical doesn't deobstruct.
- It is merely a **"Temporizing Measure" ... a Band-Aid.**



Two-thirds of men aren't satisfied with meds and are looking for an alternative .

— (Prostate Research Study. Harris Interactive Group 2007)

Most importantly, the **modern man doesn't want meds!**

The retrospective **2015 Cindolo study** (BMC Urology journal) looked at 1.5 million men Non alpha-blockers or 5 alpha-reductase inhibitors or in combination in Italy and found that only 29% were compliant with meds at 1 year (BMC Urol . 2015 Sep 21;15:96).

Yes, that is a **71% discontinuation rate**. Moreover, **2/3 of men aren't satisfied** with meds and are looking for an alternative (Prostate Research Study. Harris Interactive Group 2007).

ManVsProstate is accelerating the paradigm shift to a Data-First, Bladder-Centric, Pro-Diagnostic approach for proper diagnostic data – discovery, monitoring, educating and even intervening when the time is correct, and the benefits of intervention become crystal clear.

Everyone knows the **Susan G. Komen Foundation** and what it has brought to breast cancer screening awareness. **Similarly, ManVsProstate is bringing BPH bladder health awareness to the masses of men who need our help.**



Where Did We Urologists – Go Astray?

We need to change our Profession and our Mindset.

We need to embrace that we have, for far too long, **been enthralled by the perceived benefit of prescribing drugs.**



We need to etch the following into our psyche: **Medications only muzzle the bladder's struggles.** Medications propagate this silent epidemic of continued bladder death and dysfunction.

We have been enablers who allow this to happen on our watch as we turn our backs on our duties as Guardians of the Bladder.

We have hesitated to move the profession in the correct direction quickly.

We are too comfortable waiting for others to do what we should and must start doing. **Morally, “it’s not right” to sit back** and wait as OTHERS pioneer the saving of Men’s Bladders. It starts with YOU.

It is a shame. Our reluctance to fight against the bad habit of reflexively prescribing drugs can eliminate any chance the bladder has to heal itself when we intervene too late.

As Defenders of the Detrusor, **it is our Duty to follow the path of DATA.** We must reflexively default BPH patients to the best available DATA especially about their bladder health. That path will guide a patient to a mechanical solution (when warranted).

Prescribing drugs delays this process. It is only a “temporizing measure.”

Drugs have never and will never deobstruct any prostate. Let DATA drive the decision-making. **Let DATA empower us** to have frank discussions about rapid, instantly effective, bladder-saving curative procedures. **Stop pulling out the 'ole prescription pad** just to eject a patient from the practice today – only to come back in six months for a refill ... all the while the detrusor continues to struggle and potentially die on your watch.

STATS PULL BACK THE CURTAINS TO REVEAL:

Few MEN ever come back (only 53% of patients follow-up after their initial BPH consult) or actually take the prescribed drugs (only 29% compliance rate at 1 year)! (Neotract US Market Model 2020 Estimates (IQVIA Health Drug & Procedure Data) ([BMC Urol . 2015 Sep 21;15:96](#)))

Only 7-12% of urologists move to diagnostic testing for their BPH patients.

— US Market Model 2020 Estimates (IQVIA Health Drug & Procedure Data)

We Urologists are too willing to buy into a man’s false sense of being “fine” on medications. Don’t fall for that charade!

We CAN’T continue being so smug with the polypharmacy prescribing epidemic that we are in bed with.

We CAN’T leave it alone anymore.

We CAN’T keep mistreating this one-of-a-kind non-transplantable organ.

We CAN'T ignore the truth that bladders on medications (that we prescribed) are dying and becoming dysfunctional.

We CAN'T ignore the fact that BPH patients on medications suffer from unacceptable systemic side effects (e.g. Post-Finasteride Syndrome, etc.).

We CAN'T continue this “Dereliction of Duty” as Defenders of the Detrusor.

We must GUIDE with the Education about What is At-Stake if the choice is made to do nothing about the prostate.

We must DRIVE the shared decision-making process with quality Personalized DATA logging!



05

Malpractice Protection

We must protect ourselves from Malpractice Lawsuits that result from transurethral BPH therapy malpractice lawsuits! (Urology. 2022 Oct;168:165-168)

Here are the reasons for **47% of these malpractice settlements:**

Timing	Claim	Percentage
Preoperative	Delayed Surgery	9%
Postoperative	Irritative Symptoms	32%
Postoperative	Urinary Difficulty	6%

We are FAILING to intervene when the DATA indicates the Window of Curability is slamming shut – and your Polypharmacy overdependence could be your undoing!

In the courtroom, you can win your case... if you have diagnosed and intervened in a timely fashion!

Remember if you LOSE – that means that YOUR PATIENT & his bladder have already lost... and it's on you, isn't it?

Prioritizing bladder health could prevent 47% of transurethral BPH surgery lawsuits!

— ManVsProstate

The 47% of these lawsuits are brought to court for the following reasons: **“delayed care, post-operative difficulty urinating and persistent overactive bladders.”**

These lawsuits are Avoidable if we had gathered a Better Blader Baseline assessment upfront!

We must RISK-STRATIFY patients based on how at-risk their bladders are for death and dysfunction.

We can then embrace our roles as Preventative Interventionalists and deobstruct within the Window of Curability to save bladders and save us from unnecessary and avoidable lawsuits!



06

Burnout

We need to protect ourselves from mind-blowing statistics:

In December of 2022, **urologists were ranked #1 out of 873 occupations as the "most stressful" job in the USA** by the US Department of Labor. (USA Today)

68% of urologists are Burnt-Out! (Can Urol Assoc J. 2021 Jun; 15(6 Suppl 1): S25–S30)

BPH is a major contributor to burn out especially when it accounts for 30% of your clinical workload but only 6% of your revenue as too many of us follow a drug-first approach that just accelerates the insanity one prescription at a time!

To combat burn out, urologists need to get back to doing what we trained so many intense years to do which is using a data-first pro-diagnostic approach that fixes BPH with a deobstructing procedure when warranted.

We are Solution-Finding Surgeons, not Pill-Pushing Physicians. Unfortunately, healthcare is spinning us even faster on **the “gerbil wheel” of an overbooked clinic** seeing patients every 10-15 minutes. This is a sure-fire way on steroids to burn out!



To add insult to injury – is finding yourself repeating the same basic BPH education over and over again every day, of every week. There simply isn't enough time. **ManVsProstate's FREE educational series** is here to change that and will take the load off your shoulders and gives you time to focus on doing what you trained and were called to do: ...

Transforming BPH lives through prostate deobstruction.

So SHARE ManVsProstate's education with every BPH patient.

68% of US urologists are Burnt Out!

— Pang et. al *Canadian Journal of Urology* 2021

We did this for the 40 million American men and the 660 million men worldwide who struggle with BPH.

We did this for the profession.

We did this for your sanity.

We did this for you.



07

BPH Kills

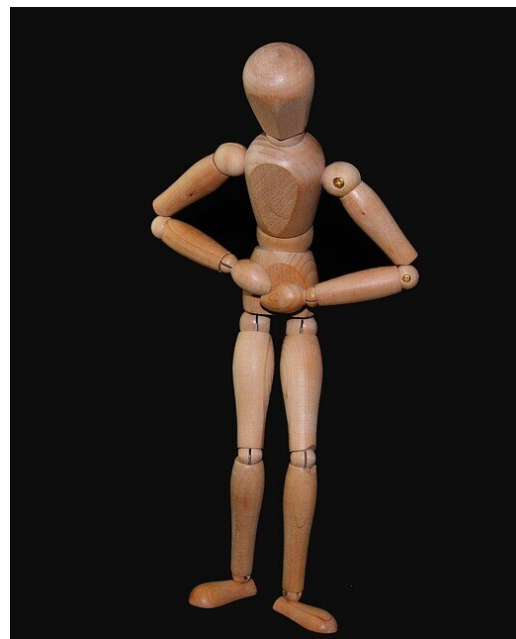
Are you serious? BPH Kills! Not just in the US but around the world as BPH affects 660 million men worldwide!

When BPH patients enter into Stage 4 of the Five Stages of Bladder Health - "The Heart Attack," the sudden inability to pee drives them to the Emergency Room with **acute urinary retention**. We have all had that late night phone call from the Emergency Medicine doc about the patient already on one to two BPH meds who now has had a foley catheter placed for an overstretched bladder with 2-3 liters of urine!

We failed this guy. Defaulting BPH patients to medications muzzled the bladder creating the illusion that they were "fine". The truth is the bladder's struggle was allowed to continue unabated allowing for the deterioration of the detrusor to continue unabated.

In England, an eyebrow-raising 2007 study looked at 176,046 men older than 45 who were admitted for acute urinary retention to a National Health Service hospital from 1998-2005. The researchers found that **"one in seven"** of the 176,000 English men over the age of 45 with spontaneous AUR (no evidence of precipitating factors other than benign prostatic hyperplasia), while "one in four" with precipitated AUR – died within one **SHORT** year.

To reframe it, that's 15% of men with spontaneous acute urinary retention and 25% of men with precipitated acute urinary retention. **They died within the first year.** (Armitage et al. BMJ 2007)

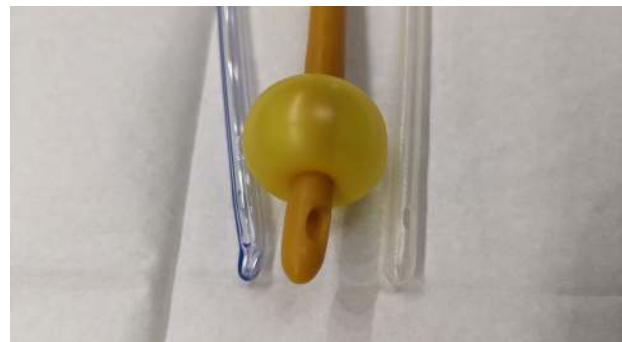


The risk of death increased with age and the presence of other health problems (comorbidity). About half the AUR patients over age 85 with comorbid conditions died within a year after being hospitalized.

The researchers calculated that the overall one-year death risk for men admitted to hospital with AUR was **two to three times higher** than for the general male population. Among AUR patients ages 45 to 54, the death risk was nearly 24 times higher.

Then what about **catheters**? Whether men are in Stage 4 “The Heart Attack” or Stage 5 “The Heart Failure”, a catheter becomes part of the management plan. We have all had those hospital consults for urosepsis. If the patient dies from it, we rarely are directly involved but it is definitely on our radar. What do the numbers show?

In the US, the **National Healthcare Safety Network** in 2019 revealed that **catheter-associate UTIs (CAUTI)** is the MOST COMMON type of healthcare-associated infection in the US. It accounts for >30% of acute care hospital infections with about 500,000 CAUTI episodes per year.



While the average cost per episode is \$758, it is important to recognize that 13,000 deaths are associated with CAUTI per year. Yes, not all, but a portion can be attributed to BPH. So Yes, catheters can kill. We need to not allow our patients to get to Stages 4 or 5 when possible to save lives.

In Finland, Akerla et al in 2022 published their alarming findings from a questionnaire cohort study of 3,143 Finish men with male lower urinary tract symptoms (LUTS).

They found that **Finnish men with moderate to severe lower urinary tract symptoms** have an 1.2-fold increased risk of mortality. This increases to a 1.4-fold increased risk for men with storage LUTS (Stage 2 of the Five Stages of Bladder Health: "The Overactive Bladder").

Even more concerning was the jump to **an increased 2.2-fold risk of death among men with urge urinary incontinence** (Stage 3 of the Five Stages of Bladder Health: "The Rebellious Child").

We have to ask ourselves serious questions:

Are we letting the bodies stack up?

What's the common denominator? Bladder death & dysfunction?

As Defenders of the Detrusor, are we guilty of a Dereliction of Duty?

One in Seven Men with spontaneous Acute Urinary Retention die within one year.

— (Armitage et al. BMJ 2007)

08

The "Why" Behind the Five Stages of Bladder Health

ManVsProstate created the plain spoken, relatable & non-academic...
“Five Stages of Bladder Health” for you and your BPH patients.

Talk the Right Talk to help them Walk the Right Walk.

Guide your patients to their Right Choice.

Start using the proper language that signals to them that they are on the correct path.

The right words and framework will help them to understand and naturally self-ignite to take the necessary action to transform their lives.



Bladder Bladder Bladder. Use this beautiful B-word unapologetically, with gusto and with frequency. You can put “Bladder Health” smack dab in the middle of their mind to keep it top of mind with every decision that is made. No man wants to live a life on drugs and catheters in their penis for the rest of their lives.

The Bother score loses its saliency without the right context. We recognize the importance of talking to our patients and listening to “What BOTHERS them.” But we failed to recognize that **we have not properly educated them** about WHAT they should be bothered by or HOW easy it is for diagnostic testing to show them the truth of their BPH.



The ManVsProstate community first noticed the B-word “Bother” in the **2010 AUA BPH guidelines** where it was stated:

- *“INFORMATION on the benefits and harms of treatment alternatives for LUTS secondary to BPH should be explained to patients with moderate-to-severe symptoms, with a symptom score of 8 or above... who are BOTHERED enough... to consider surgery ”*

To be clear, we define “Bother” as that which we Worry about or are Disturbed about or are Upset about. This is all “fine and dandy” except for the fact that...**NO ONE has told them WHAT they should be bothered about which is outlined in the Five Stages of Bladder Health!**

What are Common Expectations for Change vs the Actual Truth?

Expectation: Men will stop fooling themselves into thinking that they don't suffer from "I'm Fine Syndrome."

Truth: Fear of the unknown and what the doc might do if they say they are not fine keeps their heads in the sand.



Expectation: Trusting BPH patients to reliably and accurately tell us if they are bothered without the proper education, or more importantly, if their bladder is bothered.

Truth: Only the proper diagnostic testing can show them if they should be bothered.

Expectation: IPSS is accurate.

Truth: They are wildly subjective. The same man could drift several points in just 24 hours. Yes, IPSS is still super important to verify that a problem exists, but it poorly correlates with the degree of bladder dysfunction.

We need to better emphasize that Choices have Consequences.

That's WHY... ManVsProstate created the "Five Stages of Bladder Health!"

It paints an ugly picture of what INACTION looks like:

Always finding bathrooms; Not sleeping well for decades; Leaking on yourself; Having catheters in penises; and Suffering through ER visits for retention.



These are NOT insignificant symptoms.

Men need to know what these complaints – urgency, frequency, urge incontinence, nocturia – are **all signs of a struggling at-risk bladder muscle** (just like chest pain and shortness of breath can be symptoms of a heart attack).

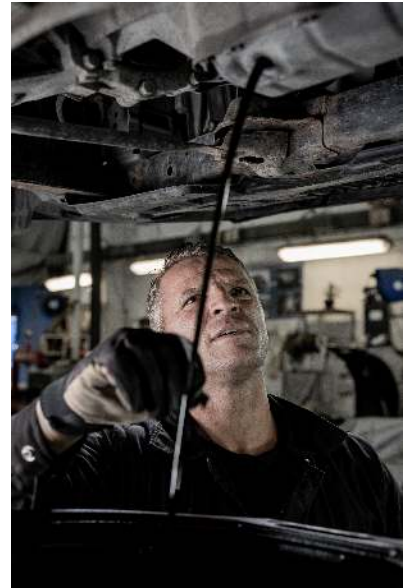
They need to know what can be done to minimize the risk of destroying their Bladder.

That's WHY ... **You Should be Disturbing or Upsetting men** with this certain knowledge of the NEGATIVE consequences of not taking care of their bladder!

If you were an **Auto Mechanic** and your customer's car had no brakes left, would you gloss over this potentially lethal fact knowing full well that your customer could die when their brakes fail? Would you actually let your customer do nothing about it, avoid talking about it and simply ask if they would like a clean windshield?

Absolutely not! That would be morally wrong.

The “Five Stages of Bladder Health” – is a tool for you – that quickly and clearly makes a Compelling Case as to why they need to step up to the plate and take action.



It highlights the possible adverse outcomes when a decision “to do nothing” is made.

Procrastination & intervening too late injures and kills bladders... Men need to UNDERSTAND this!

ManVsProstate is all about increasing awareness for all men that BPH is about Preserving Bladder Function.

As their guide, we can show them when it is the **Right Time to intervene within the Window of Curability.**

This paradigm shift from a Drug-First approach to a Data-First Pro-Diagnostic pathway that provides an accurate assessment of detrusor function can prevent the bad outcomes outlined in the Five Stages of Bladder Health.

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Five Stages of Bladder Health

The "**Five Stages of Bladder Health**" is NON-academic, NON-formal, NON-pathophysiologically correct – but it is a talk track that is both Plain-Spoken and Relatable to lay persons. It was created to outline the natural inevitable progression of what happens when a patient chooses to ignore his BPH lower urinary tract symptoms.

The **academic-ish** version of the “Five Stages of Bladder Health” is the following:

I. Benign Prostatic Obstruction

II. Detrusor Overactivity

III. Urge Urinary Incontinence*

IV. Acute Urinary Retention

V. Detrusor Underactivity

**Stage III is important since it is not included on the IPSS.*

What the *&%# !! Ask any patient to regurgitate this stuff: Benign, Prostatic, Detrusor, Underactivity, etc. **This is over their heads.**

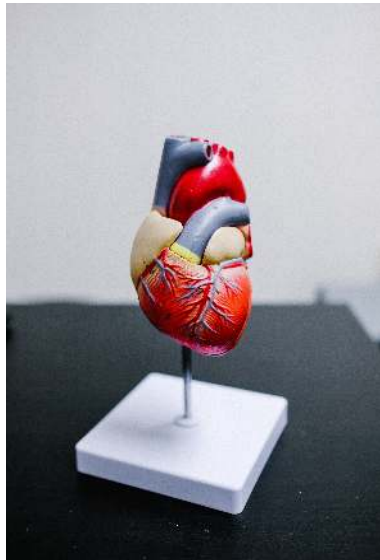
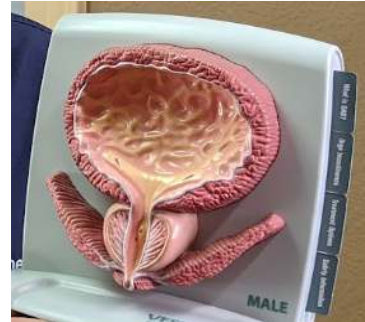
These are OUR terms.... Not THEIR terms !!

Unfortunately the urologist far too often delivers medical terminology sounding like... “wa wa, wawawa waahwa”... just like the teacher in Linus’ classroom from the Peanuts cartoons. It sounds great to we urologists but we have all seen our patients’ eyes immediately glaze over when we use **too much medical lingo.**

ManVsProstate's plain-spoken relatable version is built upon...

THREE FOUNDATIONAL CONCEPTS:

First, the one-of-a-kind solitary bladder is such an amazingly complex organ that it is **not even transplantable**. There is only one other non-transplantable major organ, the brain. The bladder is so precious that preserving its function is our top priority in BPH care.



Second, the bladder is analogous to **the heart** in that they both pump liquids: The heart pumps blood whereas the bladder pumps urine.

Finally, the bladder muscle pushes urine through the prostate which as a young man is the size of a golf ball with the shape of **a mini-donut**.



Thus, giving rise to the ...

The Five Stages of Bladder Health



- I. Things Slow Down**
- II. The Overactive Bladder**
- III. The Rebellious Child**
- IV. The Heart Attack**
- V. The Heart Failure**

Stage I: Things Slow Down (Benign Prostatic Obstruction)

We all know the stats about the incidence of BPH ... 10% of men by age 40 ... 50% of men by age 60 ... and **90% of men in their lifetime will suffer from the symptoms of an enlarged prostate** (American Urological Association: Medical Student BPH Curriculum 2022).

Each BPH patient starts at the same place ... in Stage One, **with the prostate "donut hole" growing tighter.**

Naturally, as the caliber of the prostate piping gets smaller, **"Things Slow Down !"**

Too many BPH patients sweep this symptom under the rug in denial as **they dismiss it as being part of "getting old."**

For the most part, Stage One doesn't significantly adversely affect their quality of life other than taking longer to "get the job done" at the airport urinal with **hesitancy, intermittency and a slower flow.**

Proper screening will allow us to deobstruct prostates with a mechanical solution for a mechanical problem well-within the Window of Curability before there is Bladder Damage or before the damage is irreparable.



Stage II: The Overactive Bladder (Detrusor Overactivity)

Reinforce the cardiac analogy to explain Stage Two!

"Your heart is a muscle that pumps blood."

"Your bladder is a muscle that pumps urine ... through your prostate donut hole."

*"As the "donut hole" grows tighter, **the bladder muscle struggles more as it has to now squeeze harder** to push the urine through the "donut hole."*

*"Left to struggle for too long ... a year, five years, a decade, two decades ... **the bladder starts to Quiver !"***

*"As it quivers, **it becomes Overactive** ... causing you to suffer from the symptoms of **urgency, frequency and nocturia.** "*



Most men present to urologists in Stage Two.

Stage III: The Rebellious Child (Urge Urinary Incontinence)

We all have either been there ourselves or witnessed it first hand ...
The overtired hungry toddler having a complete meltdown in aisle three of
your local grocery store ... **the Terrible Two's!**

That is what can happen if you leave a BPH patient's bladder in Stage Two for
too long ...

The bladder will have **a Temper Tantrum and Act Out ...**



"Squeezing Without Permission"
causing the patient ...

To Leak Urine on Himself!

Sadly, this symptom can have such
an adverse effect on a man's Quality
of Life and is **NOT even screened for
with IPSS.**

Some patients may not even want
to leave the house given the risk of
having a public accident!

It is Embarrassing!

They feel Shame!

It isn't Right!

Stage IV: The Heart Attack (Acute Urinary Retention)

The cardiac analogy continues ...

Men know that chest pain and shortness of breath could signify an unexpected cardiac event for themselves or a loved one.

They know the heart muscle can have a **"heart attack."**

What they need to know is the bladder muscle has its own version of a "heart attack". **Acute Urinary Retention** is a potentially life-altering event that can also happen all of a sudden.

Seemingly out of nowhere, a BPH patient can have the incredible urge to void yet be unable to. With intense lower abdominal pain, these patients with two to three liters of urine backed up in their bladders are forced to rush to the Emergency Room ...

Only to hear the dreaded words for any man ...

"We need to **Put a Catheter in Your Penis...** to drain your bladder! "

This is one negative outcome that all men want to avoid.



Stage V: The Heart Failure (Detrusor Underactivity)

Just like the heart muscle can go into heart failure, ...



The bladder muscle can go into **bladder failure** ...

Requiring catheters for the rest of their lives.

No man wants this for themselves.

No urologist wants this for their patients.

Having to stick a catheter up their own penis or have someone do it for them three to four times a day or to have an indwelling catheter that is left in place hooked up to a catheter bag

...

The risk of UTIs, the irritation at the tip of the penis, bladder spasms causing leakage around the catheter, the smell of urine, the embarrassment, the shame ...

And to think these latter stages of bladder health due to BPH ...

Could have been avoided !!

Addendum:

This plain-spoken non-academic "Five Stages of Bladder Health" ...

Is NOT for we urologists!

Using a more pathophysiologically correct analogy like ... "Valvular Aortic Stenosis with an Elevated Left Ventricle to Aortic Gradient due to a Fixed Orifice" is too complex!



The "Five Stages of Bladder Health" is ...

FOR OUR PATIENTS !

It lets patients know ...

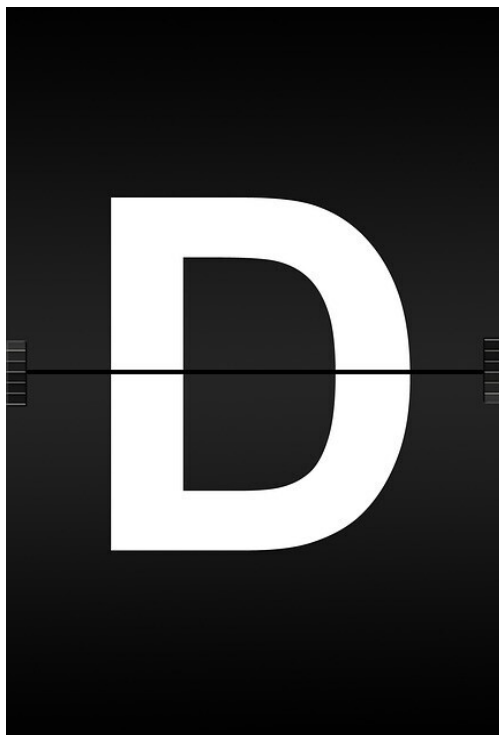
What is At-Stake ...

If the Choice is Made to Do Nothing ...

About their prostate ...

To Protect and Preserve Bladder Function!

A quick **mnemonic** to remember the Five Stages of Bladder Health is...



The "Five Ds":

- I. Decreased flow (Things Slow Down)**
- II. Dysfunctional Bladder (The Overactive Bladder)**
- III. Diapers (The Rebellious Child)**
- IV. Drained bladder (The Heart Attack)**
- V. Dead Bladder (The Heart Failure)**

This talk track is simply a tool to help us Urologists come down to the **shared decision-making level** of our patients to convey the negative consequences when the choice is made to do nothing about the prostate.

It advocates for a **pro-diagnostic, data-first, bladder-centric pathway for their BPH care.**



With the “Five Stages of Bladder Health”, **the proper counseling about detrusor function upfront and very early on ...**

Helps patients self-ignite to make the best decisions even faster with we urologists serving as their guide.

10

Personalized Medicine: A Better Bladder Baseline

BPH patients know something isn't right with their bodies, they just don't want to admit it.

They need us to **show them the truth** even though it scares them

We need to meet BPH patients where they are!

We need to **help them be the hero in their story** where they get to live a life well-lived chemical-free and catheter-free.

Allow THEIR data to shine a light on what is going on deep within their pelvis when they are up four times a night or embarrassed about always having to find a bathroom.

Impress upon them the importance of their precious non-transplantable bladder.



Educate them about **what is at stake if they make the choice to do nothing about their BPH...leakage, infections, retention, ER visits and catheters.**

We are too comfortable with **insufficient data like IPSS or limited uroflowmetry with too broad of an equivocal range.**

We need to strive for the **best qualitative and quantitative bladder function data** that is at our disposal.

Give them a **Better Bladder Baseline assessment upfront** in their care.

What is THEIR RISK for bladder death & dysfunction and what are they going to do about it?

Make the Invisible...Visible for your BPH patients!

— ManVsProstate

Men can barely ascertain if chest pain is heartburn or just bad gas from last night's burrito.

Men suffer from "I'm Fine Syndrome" and encase themselves in their Armor of Masculinity.

The bladder is relegated, without the respect it deserves, to the nether regions of the pelvis to suffer alone as we muzzle it with drugs. Its struggles occur deep inside where patients and even we urologists cannot quickly check to see what is going on.

This is all exacerbated by the fact that **patients lack awareness of what they should be "bothered by."**

As their guides, we can **“Make the Invisible...Visible”** at the **START** of their BPH care plan so they can have an accurate **“degree of Bother”** to decide their best course of action.



Why at the **START**?

Patients need the Best Data possible about their detrusor function either qualitatively or quantitatively Upfront.

So let's prioritize gathering the appropriate and accurate data to assess bladder health **at the START** of the BPH care pathway.

Let this valuable detrusor data drive the all-important decision-making.



Obtaining “Data Early On” allows us to design & implement an action plan with the appropriate sense of urgency.

This can only be determined if we know **HOW AT-RISK a patient's bladder is for death & dysfunction** based on the best data.

Clearly the consequences are too great to be ignored !!

We appreciate how our esteemed academic thought leaders have provided important guidance in having **prostate size dictate the choice of surgical intervention.**

But how can we remain unconcerned with and blithely minimize healthy detrusor function and overall bladder health?

That was a rhetorical question...

The answer is “We can’t anymore”.

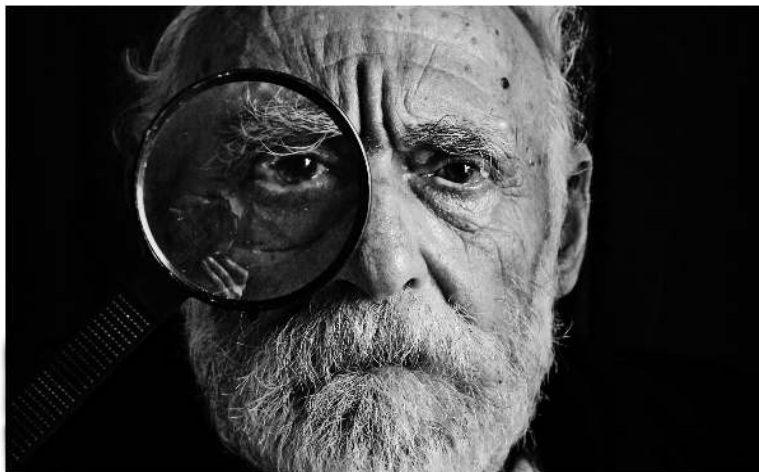


RISK-STRATIFICATION based on bladder function is Paramount!

We urologists, with the assistance of industry, know how to deobstruct for the right patient with the right prostate with the right technology.

We now need to **Prioritize Intervening at the Right Time within the Window of Curability**, BEFORE there is damage or before the damage is irreversible.

We have the diagnostic tools to **“Make the Invisible..Visible”** to the patients and to we urologists. Alas, not enough of us have transitioned to using these tools Early enough and Often enough in the BPH care that we deliver. **AKA, “The Rut”**.

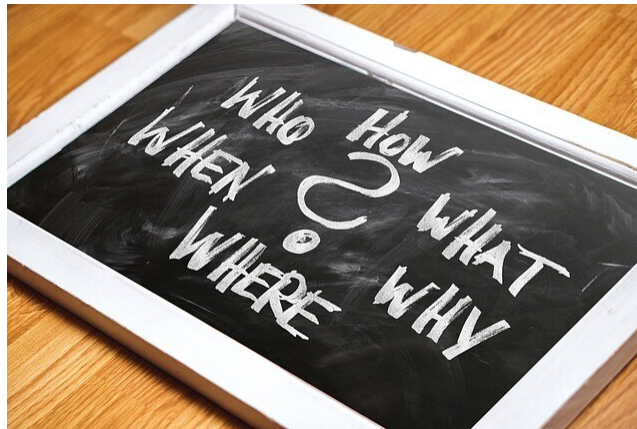


So we all agree...Yes, we urologists should continue to talk to our patients and ask them what is bothering them but...

We need to take it to the next level by...

Educating patients about what they should be worried about, disturbed about or upset about...

so they know **WHAT, WHEN AND WHY** they **ARE** bothered by their lower urinary tract symptoms.



It first starts with **ManVsProstate's "Five Stages of Bladder Health"** that explains the **Consequences of Inaction**.

This allows us to be laser-focused on delivering care with...
a Data-First Pro-Diagnostic Bladder-Centric approach.

11

Stop the Crime

Too many of we urologists are guilty of a Dereliction of Duty as Guardians of the Bladder.

We carry our cystoscopic swords and pressure-flow shields, but all the while, **we turn our backs on the Crimes Committed against the bladder by the Prostate.**

The Prostate is the Villain

The prostate starts off committing small misdemeanors. It can then accelerate to committing the felony of mugging the helpless Bladder every hour of every day with every void. Sadly, **homicide** can be right around the corner as bladders die and patients are left with a lifelong catheter.

We have all had patients show up in the ER with 2-3 liters in their bladder while being on a maximal combination of drugs. We failed them!



The Bladder is the true Victim of this Nightmare.

Medications don't correct symptoms, but **only disguise and hide them.**

Is this “Pharmacide” if bladders become atonic on our watch as we prescribe and refill drugs?

Drugs, once upon a time, may have been the “good cop” but we now know **they can easily become the “bad cop” that looks the other way as these crimes continue against bladders.**



So in good faith, **we Urologists cannot stand idly** by knowing that we have the tools to properly counsel patients, accurately assess bladder health, and establish baselines and guardrails with which to monitor progressive damage in the bladder. Isn't it so?

Yes, it is clearly up to us to fully embrace our rightful place as **“Guardians of the Bladder”**.

If not us, then who?

Yes, we should be **defaulting men to the best Data, not Drugs!**

Yes, the best qualitative and quantitative data can clearly explain what is going on with their bladder. We can **“Make the Invisible...Visible!”** Their data will define the best path forward as the Preservation of the Bladder is the Priority!

Yes, there is a time and a place for well-monitored medications but it should be called out for what it is and what it is not: **A Temporizing Measure...a Band-Aid...**Not a Therapeutic Modality!

Yes, more importantly, there is also a time and a place for a well-timed Preventative Intervention within the **“Window of Curability”** as we offer a Mechanical Solution for a Mechanical Problem.



No medication EVER deobstructs the way we can!

Yes, it's PAST time to:

Start using the Five Stages of Bladder Health to guide patients as they now know the consequences if they choose to do nothing about their prostate.

Have your staff trained in a Better Bladder Baseline approach.

Have **automated** community educational outreach.



Have patients that walk through your practice door, ...
ready to have higher level conversations, ...
already well-versed with many of the BPH terms and visuals you are comfortable with, ...
so you are NOT having to keep going over the basics with every patient 10-20 times a day.

Don't make it worse for the Profession...

If you are not willing to become a Guide and INTERVENER, then for the sake of your profession and the Men you swore an oath to protect... be a Referrer when DATA determines that **it is TIME to Refer !!**

Automated Educational processes is where ManVsProstate excels.

We assist you, your practice, your staff and your patients.

We "GIFT TIME" back to you!

Take it ! You deserve it !



Together, we'll help improve the future releases and upgrades of the AUA BPH guidelines.

We offer our gratitude in advance to the academicians and thought leaders as they incorporate these concepts into future amendments of the AUA guideline. While the logistics will need to be worked out, it all starts with **Greater Respect for the all important, one-of-a-kind non-transplantable organ ... the Bladder.**

It begins with touting that BPH is really so much more than just the prostate.

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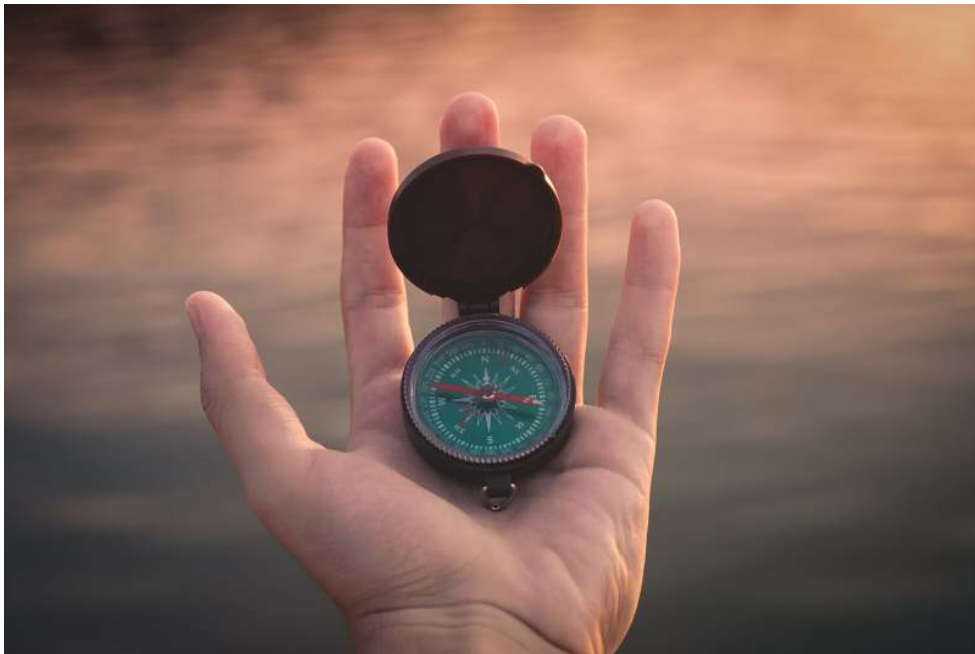
The Man Vs Prostate Crusade

Vision

BPH patients are living their best lives chemical-free & catheter-free.

Mission

To empower BPH patients with the educational experience that ignites them to make the best decision even faster for their prostate care by highlighting "what is at-stake" if the choice is made to do nothing.



Objectives

Retrieve precious time for all urologists that is wasted on constantly repeating basic information to patients.

Standardize a “Better Bladder Baseline” upfront & early on.

Reflexively default patients to a Data-First Pro-Diagnostic Bladder-Centric care pathway.

Ensure that every urologist, through ManVsProstate, sees fully educated patients that understand what is truly at-stake (Bladder Death & Dysfunction) when mistakenly choosing to do nothing about BPH.

Protect the entire profession (your fellow brothers and sisters rendering urologic care everywhere) from medical lawsuits that result from intervening too late – procrastinating past the “Window of Curability.”

Prevent urologists from burning out & helping burnt out urologists to step back from the edge.



Accelerate BPH care pathways to better realize the win/win/win solution that transforms the lives ... of patients clinically, ... of urologists soulfully and ... of the practice financially.

All the while, saving bladders of the now and the future while doing what we do best ... deobstructing prostates.

Promise

ManVsProstate will mobilize urologists and our specialty to save ONE MILLION BLADDERS asap through Public Patient Education & Targeted Pipeline Education for urologists. Always advocating for Timely Deobstruction and education of primary care providers so they understand the value of Earlier Referrals.



ManVsProstate will also bring the fight to “excessive polypharmacy” and strive to increase and amplify awareness about the silent unspoken epidemic of bladder death and dysfunction amongst men with BPH.

ManVsProstate will constantly embrace that we are both Deobstructing Surgeons, as well as Preventative Interventionalists.

We will uphold our Hippocratic Oath. We Recognize that Harm can result from “withholding” the care that we should have provided.

Values

Patient, Physician & Bladder Centricity | Educational Innovation | Libertarian
Paternalism | YOLO Fun | Data Data Data

Culture

"Four Agreements" by Miguel Ruiz

Be Impeccable with Our Word | Don't Make Assumptions | Don't Take Things Personally | Do Our Best

"The Secret Sauce"

Using data, truth, a little music & humor, we will Pierce the Armor of Masculinity that afflicts BPH patients who suffer from "I'm Fine" Syndrome when it is obvious that they are not!



13

Join MVP

How can I help the ManVsProstate Crusade?

Accelerate this paradigm shift to a **Data-First Pro-Diagnostic Bladder-Centric BPH Care Pathway** with your expertise, insights and advocacy to accelerate this crusade.

Assume your rightful place as a **Defender of the Detrusor** with your Cystoscopic Swords and your Pressure-Flow Shields.

Fulfill your Prime Directive to Preserve Bladder Function for this solitary organ that is so complex that it isn't even transplantable.

Stop reflexively defaulting your BPH patients to drugs. You can pull yourself out of the rut of being a polypharmacy enabler. A rut – is only a rut – until you climb out.

Start assessing **How At-Risk bladders are for death and dysfunction.**

Offer each BPH patient every day from today onward the full set of diagnostic options to obtain a **Better Bladder Baseline upfront & early on.**

"Make the Invisible ... Visible" to help every BPH patient make the best decision even faster!



Make a Compelling Case to seek a Mechanical Solution for a Mechanical Problem by Highlighting what is at stake if the decision is made to do nothing.

Join the MVP Advisory Council: [Direct Message on LinkedIn.](#)

Reach out to your connections in academia and on the AUA BPH Guidelines Panel to share the importance of this message for all the bladders of the Now and of the Future.



Free Educational Video Series for You!

ManVsProstate has produced a 100+ videos in our educational series to support your efforts to sculpt your BPH care pathway to maximize your efficiency and efficacy in guiding BPH patients to finding a Mechanical Solution for a truly Mechanical Problem ... when warranted. Sign up! It's free.

[Learn more](#)



FREE Office Wall Poster

ManVsProstate will teach your patients all the BPH Basics so you can jump straight to Describing Your Mechanical Solutions! In the meantime, here is Flyer on the 5 Stages of Bladder Health: Prime your Patients! Receive the Gift of an Extra 5 Minutes! Your time is too precious ... so are Bladders!

**Download
"Five Stages of Bladder Health"**



The "Five Stages of Bladder Health"

To **guide** BPH patients ...

By **making a compelling case** to make the best decision for their prostate care even faster ...

That highlights what is at-stake if the choice is made to do nothing !

Every BPH patient deserves to live **a life well-lived Chemical-Free and Catheter-Free.**

Together, we can **climb out of the "Rut"** of defaulting men to Drugs ...

By accelerating the Paradigm Shift to a **Data-First Pro-Diagnostic Bladder-Centric approach to BPH care.**

We urologists are both **Prostate Deobstructionists & Preventative Interventionalists ...**

Using the Right Technology for the Right Prostate for the Right Patient at the Right Time within **the "Window of Curability !"**

We can **Save the Bladders of the Now and the Future** for Detrusor Death & Dysfunction !

