

CONTINENCE PROMOTION OUTREACH PROGRAM

(Penrith, Hawkesbury and Blue Mountains)

Every bladder or bowel control problem – no matter how **small** deserves expert attention.

CONTACT:

Continence Promotion Centre – 6 Holker St., Silverwater 1811

Phone: (02) 8741-569 Fax: (02) 8741-5690 email: contfoundnsw@ozemail.com.au

Who Is Eligible?

Our Continence service is a Non-Government Organisation, funded by 'Home and Community Care' (HACC). HACC is a State Government funded organisation offering services to the frail, aged and disabled, encouraging them to stay in their own home. Therefore people who fit under this category will be prioritised over the general public.

Myth: Incontinence is something you have to live with, it is part of getting old.

How Can I Make an Appointment?

Referrals can be made by your G.P., a specialist, a family member, a carer or by yourself. To make an appointment, you simply call the CFA head office in NSW on **(02) 8741-5699**. Our receptionist will take a few details and book an appropriate time.



Spicy Spin on Treating Prostate Cancer

Capsaicin in Hot Peppers May Prove Useful, Lab Tests Show

March 15, 2006 -- A natural chemical in hot peppers may become a tool in treating prostate cancer. The chemical is called capsaicin. It puts the kick in jalapenos, habaneros, and other hot peppers. A study in Cancer Research shows that capsaicin thwarted prostate cancer cells in lab tests. Capsaicin prompted cancer cells to die and curbed tumor growth, the study shows. However, capsaicin wasn't tested on people. The experiments were done on prostate cancer cells, including those injected into mice. The researchers used isolated capsaicin in their experiments, noting capsaicin's long use in food additives and drugs. Normally, cells live for a certain amount of time, and then die. That natural process goes haywire in cancer. Cancer cells live way too long, giving them time to grow and spread. The research team found that capsaicin interrupted that chaos in prostate cancer cells. Capsaicin was also linked to lower levels of prostate specific antigen (PSA); high blood levels of PSA may signal prostate cancer. The research team says capsaicin is tolerable and should be tested in men with prostate cancer.

SOURCES: Mori, A. Cancer Research, March 15, 2006; vol 66: pp 3222-3229. News release, American Association for Cancer Research.

Original page:<http://www.webmd.com/content/Article/120/113588.htm>

TWO IMPORTANT RULES TO REMEMBER WHEN DEALING WITH MATTERS 'PROSTATE'

RULE No.1 - Get rid of any sense of modesty – You are going to have some 'intimate' parts of your body probed and investigated by a number of people – Modesty can be a nuisance. And, most importantly...

RULE No.2 - Hang on to your sense of humour!!! (Refer Rule 1)

TRYING OUTERCOURSE CAN REVIVE FLAGGING SEX LIVES

(This information is derived from an article in the Australian Financial Review of August 3rd, 2006 by Jill Margo)

When confronted with erectile dysfunction, a couple have three basic choices. They can accept it is the end of their sex life, they can try and manage it with medication and devices or they can learn how to have erection free sex and transform their lovemaking.

Erection free sex, also known as 'outercourse', has all the elements of intimacy except for penetration.

But just as a cancer diagnosis can make people appreciate what they have, so erectile dysfunction can reawaken intimacy in a couple.

Recently, the Queensland Cancer Fund released a booklet called "*Sex After Treatment : Prostate Cancer*"

While this explicit booklet guides men and their partners through all the losses of sexual function that can accompany this cancer, it also encourages them to go ahead and attempt intimacy.

The editor of this booklet is Sylvia Milner, a nurse counsellor.

The booklet can be viewed on the Queensland Cancer Fund website :

www.qldcancer.com.au* under 'Resources'.

A free copy can be obtained by emailing 'helpline@qldcancer.com.au and requesting one.

*(*Editors Note, This is an excellent web site and gives plenty of information on all cancers including prostate cancer. Well worth a visit)*

Jill Margo is the Health writer for the Financial Review and writes a weekly column on men's health matters. She was recently awarded the National Press Club's health journalist of the year for a series of articles on a Melbourne businessman's fight with prostate cancer.

While on the subject of awards....

CONGRATULATIONS to Pam and David Sandoe.

Pam and David were recently honoured in the Queen's Birthday honours list; each received the award of the Order of Australia Medal in the General Division.

Pam and David received this award in recognition of the countless hours that they have contributed in furthering the awareness of prostate cancer.

Pam and David are leaders in the Prostate Cancer Support Group associated with the Sydney Adventist Hospital, and spend many hours supporting men who have been diagnosed with prostate cancer, and their families. They have travelled throughout the country to raise awareness of prostate cancer, and help set up Prostate Cancer Support Groups.

We have been privileged to have them come and speak to us on a couple of occasions.

David is a board member of the Prostate Cancer Foundation of Australia, Deputy Chair of Cancer Voices, and a board member of the Institute for Magnetic Resonance Research. The Sandoes donated a bladder scanner (used for urological testing) to Sydney Adventist Hospital shortly after David's treatment for prostate cancer.

David's award also recognised his 35 years of service for the insurance industry.

PCFA POLICY STATEMENT

PSA/DRE TESTING FOR EARLY DETECTION OF PROSTATE CANCER

(Approved 27th July 2006)

This Prostate Cancer Foundation of Australia (PCFA) policy on testing for prostate cancer is based on the unique experiences and observations provided by many thousands of Australians directly affected by prostate cancer and being diagnosed at the rate of over 12,000 per annum. PCFA co-ordinates a network of 83 support groups nationally. It is advised by foremost experts from the medical and scientific community and expert representatives of those sectors have participated in the formulation of this PCFA Policy.

POLICY

Early detection is the key to enabling better outcomes and potential cure of prostate cancer. Accordingly, PCFA recommends that men at 50 with no family history of prostate cancer, and men at 40 with a family history, should seek voluntary annual assessments in the form of a Prostate Specific Antigen (PSA) blood test together with a Digital Rectal Examination (DRE). It can be life threatening to wait for symptoms before seeking assessment.

BACKGROUND

PCFA is the peak body representing sufferers and survivors of prostate cancer and their families. Prostate cancer is the most commonly diagnosed male cancer affecting men from their forties onwards and with a similar incidence to breast cancer in women. Every week, about 250 Australian men are diagnosed and about 50 will die of prostate cancer.

PCFA believes in the promotion of men's health issues and supports the Council of Australian Governments (COAG) agreement of 10th February 2006 on a health action plan entitled "Better Health for All Australians" which :

- shifts the focus in health care to prevention and early detection of chronic disease, including cancer.
- introduces a "Well Person's Health Check" available through Medicare to detect and prevent chronic disease, for people around 45 years old. Annual PSA blood testing is currently available to all men under the Medicare Benefits Scheme (MBS) and can be one of several unrelated tests (such as cholesterol) conducted on the same blood sample.
- encourages active patient self management and the targeted training of GPs and health professionals.
- promotes healthy lifestyle choices

PCFA believes that men have a right to full knowledge of their own bodies, and to reach their own decisions about preventative health safeguards, based on reasonable access to the facts and expert unbiased advice.

PCFA is actively promoting awareness of prostate cancer and the widespread availability of low cost and simple PSA blood and DRE testing that can provide critical information relating to this mass killer. Many thousands of Australian men unknowingly have curable prostate cancer, but do not seek the initial precautionary PSA test until it is too late.

There is increasing evidence that the falling death rate from prostate cancer can, at least in part, be attributed to the efforts of testing and early treatment. For example in Australia the prostate cancer mortality rate has fallen 1.3% annually between 1990 and 2000. In the USA and Canada, where PSA testing is more prevalent, the fall is about 25% while in Tyrol Austria, where screening is extensive, the fall is greater than 40%. The published research concludes that prostate cancer testing and early aggressive treatment of appropriately selected cases is likely to save lives. [*PSA Testing for the General Practitioner: Dr Phillip Stricker/ Prof Kerryn Phelps*]. This conclusion is also supported by the American Cancer Society based on National Cancer Institute (US) data over the last 15 years.

Like all first stage cancer tests, a PSA test does not provide a conclusive diagnosis, and this can only be determined by a further biopsy in selected cases.

Prostate cancer has the relative advantage over other cancers of being slow growing and being confined within the prostate gland for a long period, in most cases. This time scale allows men diagnosed with early stage prostate cancer to consider appropriate treatment options based on their individual medical circumstances and personal preferences.

In keeping with the latest medical research internationally, PCFA notes that medical and research authorities around the world have proposed that annual PSA testing is a more accurate diagnostic marker when conducted alongside other PSA measures including:

- PSA baseline test around the age of 35, when a man is unlikely to have prostate cancer, in order to benchmark their personal PSA tests later in life.
- PSA “Velocity”, “Doubling Time” and “Free/Total Ratios” which can be derived from simple PSA measures in order to monitor the extent and likely progress of the disease.

In addition to its public awareness initiatives PCFA is participating in an education process for GPs and the medical community to assist them in advising their patients on the desirability of voluntary annual PSA/DRE testing. Those professionals are also challenged to dispel common myths and fears that surround the disease.

PCFA believes it is critical to dissociate symptoms, such as urinary problems, with prostate cancer. Urinary problems most commonly have non-cancerous origins. Urinary symptoms which are caused by prostate cancer generally indicate the existence of advanced disease that is treatable but not curable.

Treatment options for prostate cancer that has been diagnosed early are continuing to improve dramatically. These treatments increasingly provide a cure or greatly extended quality life with limited side effects. Men at risk of prostate cancer should take confidence from this reality.

Many men are dying from prostate cancer because they did not seek a timely PSA test. PCFA is mindful of legal questions being raised in the community regarding possible medical liability in respect of men not being made sufficiently aware of the possible life saving benefits of PSA testing.

Further information:

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Prostate Cancer Foundation of Australia
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Tel: 1800 22 00 99
Email: prostate@prostate.org.au
PCFA PSA DRE POLICY 270606



Happily Married

A happily married older couple celebrate their anniversary in a quiet, romantic little restaurant.

Suddenly, a tiny beautiful fairy appeared on their table and said.

"For being such an exemplary married couple and for being so faithful to each other for all this time, I will grant you each a wish."

"Oh, I want to travel around the world with my darling husband" said the wife.

The fairy waved her magic wand and POOF; two tickets for the Queen Mary II luxury liner appeared in her hands.

Then it was the husband's turn. He thought for a moment and said: "Well this is all very romantic, but an opportunity like this will never come again. I'm sorry my love, but my wish is to have a wife 30 years younger than me."

The wife and the fairy were deeply disappointed, but a wish is a wish.... So the fairy waved her magic wand and - POOF! - The husband became 92 years old.

The moral of the story:

Men, who are ungrateful bastards should always remember - fairies are female.

NEPEAN / BLUE MOUNTAINS PROSTATE CANCER SUPPORT GROUP

Helpful hints following your prostatectomy

This information has been provided as a service following a suggestion from a member of our Group of the need for helpful hints to enable a man and his carer to have a better understanding of what is likely to happen to them following surgery, some remedies and more importantly where you can find answers.

Remember your first point of contact with queries and seeking answers should always be your surgeon.

Your surgeon will have already spoken to you about what to expect and you may have forgotten some of the detail.

Ask your surgeon for the phone number of your local Continence Nurse, trained in male issues. THIS IS IMPORTANT. (This nurse can teach you pelvic floor exercises, good bladder habits and most importantly will monitor your progress).

After your operation, and for the next fortnight or so, you will have been fitted with a catheter and connected to a leg-bag. The surgeon will have informed you when he is to remove the catheter. After the catheter is removed, don't be surprised, **YOU WILL LEAK**, and at this point you must decide which method of continence management you adopt.

The continence nurse can advise on what is most appropriate in your circumstance. You can use for example;

a. continence pads or pants. **b.** uridomes/urishaths. (A uridome is shaped like a condom which fits over the head of the penis and is connected to a leg-bag). **Remember – do not be too disappointed if you find everything is not perfect immediately.**

During the first 6 to 8 weeks (approx) following surgery, your bladder is going to take a little time to adjust to both the problems you had before, and the operation itself. **So be patient.** You may have problems with controlling the bladder function and may even be wet occasionally, this should improve with time.

Here are some hints, which can help you to help yourself:

1. Drink plenty of fluids, 2 litres a day. Do not restrict your fluid intake because you are afraid of being wet. Concentrated urine will irritate the bladder and cause urgency when you do have to pass water. It may also lead to a urinary infection. Plenty of fluids will also help you from being constipated.

2. For a while, you may find that sitting down to pass urine will help empty the bladder completely. If this does not seem to be a problem, then stand and urinate in the usual way. *Do try to "hang on" for a few minutes before passing water, particularly if you have to go frequently. This will help your bladder to get used to going for longer periods between emptying.*

3. Once a week while you are passing water, try to stop the stream. The muscles to do this are the pelvic floor muscles and once you have identified them, try tightening them when you are not urinating. Another way to locate your pelvic floor muscle is to sit on a chair and try to lift your scrotum off the chair. Frequent tightening and relaxing of the pelvic floor muscles will help to strengthen them and thus prevent leakage from your bladder. Tighten and draw up (lift) the muscles around your anus and scrotum as strongly as you can, hold the squeezes for 5 seconds, then let the muscles relax for 10 seconds before you repeat the exercises (long squeezes). Repeat the squeeze, lift and relax as many times as you are able (max. 8-18 times). Now do 5-10 short, fast but strong squeezes (short squeezes). Do a set of long & short squeezes 4-5 times a day. *Do not over exercise the muscle at any one time as it will get tired and the exercise will be counterproductive.* Soon you will regain control of the unwanted urinary leakage.

(Obtain a free brochure called "Pelvic Floor Muscle Exercises For Men" from the National Continence Helpline on toll-free 1800 330 066) and follow the exercise steps. Note: Other brochure topics can be obtained from the help line.

4. If a few drops of urine leak out after you think you have finished passing water, it may be that some urine is "trapped" in the outlet where your prostate used to be. This can be overcome by pushing up behind the scrotum and massaging the base of the penis with your thumb. This helps to expel the last few drops of urine before you leave the toilet! **5.** A very common problem after a prostatectomy is for semen to go back into the bladder during intercourse rather than come out through the penis. You will notice that your urine looks cloudy after intercourse when you first pass water. However, this should not affect your ability to have an erection or impair enjoyment of sexual relationships.

(Obtain a free "Sex after Treatment" booklet from Queensland Cancer Fund on toll-free 13 11 20, for more information).

6. If you need more help, you can contact either a nurse continence adviser or a physiotherapist with special training in continence management by telephoning the Community Chronic & Complex Care Intake number on **1800-013-101**. The Continence Helpline (above) will also answer questions.

CARING FOR CANCER CARERS

A cancer diagnosis can be a devastating experience for the person concerned, but for families and loved ones, who later become the primary carers, it can be a stressful, life changing experience. Research has found an association between well-being of the carers and the person with cancer, highlighting the need to care for the carer as well as the patient.

Currently, a study is underway to explore the experiences of carers and their needs. The three year project is funded through a prestigious Australian Research Council Linkage grant, and will be led by the University of Western Sydney, in conjunction with Sydney University; Westmead Hospital; The Cancer Council NSW; and Carers NSW.

The study's Chief Investigator, Professor Jane Ussher (UWS), says most of the responsibility for day-to-day care of cancer patients falls to family members or friends. "When you consider that last year alone, almost 85 000 Australians were diagnosed with cancer, the disease has a massive flow-on impact throughout the community". "Taking care of a loved one diagnosed with cancer is extremely demanding, and can place a heavy burden on a carer's emotional and physical resources."

Participants will be asked to fill in a questionnaire about their experiences of caring for someone with cancer. A number of participants will be invited to take part in one-on-one interviews, where they can elaborate on their experiences.

The research will lead to the development of carers' support services and lobbying for new services across NSW. "We hope that by developing a range of innovative intervention programs, we can reduce the distress of carers and help inspire their charges with hope for a brighter future."

Cancer Carers Study

Are you a family member or close friend of an adult with cancer?
If so, we'd like to invite you to take part in a research study.

The aim of the study is to explore the needs and experiences of cancer carers and then develop support services for you and other carers.

The study involves completing a questionnaire, with the option of taking part in an interview and/or the support services developed.

This study is funded by an Australian Research Council Grant in conjunction with The Cancer Council NSW.

For more information about the study:
free call 1800 19 20 02;
email cancercarers@uws.edu.au;

or go to www.uws.edu.au/cancercarers to complete the questionnaire online.

Please pass on these details to anyone else who may be interested in taking part in this study.

Sign recently spotted in a café window in the Sydney C.B.D.

"NO BANNANAS KEPT ON PREMISES OVERNIGHT"

NEPEAN/BLUE MOUNTAINS PROSTATE CANCER SUPPORT GROUP

IT'S ON AGAIN!

THE HAWKESBURY CANOE CLASSIC ----- OCTOBER 28, 2006

This is a canoe race over 111 kms from Windsor bridge to Brooklyn bridge, non stop and most of it at night. The event has been running for over 29 years..

The event attracts over 400 canoes and kayaks and 600 paddlers to get them to Brooklyn. For the passed 4 years, our Group, as well as the Foundation, have provided volunteers to assist in the running of this event.

The HCC is not only a race but also a major fund raising effort for worthy causes and one of those for the last 4 years has been The Prostate Cancer Foundation. The Foundation receives \$1250 for providing volunteers to assist with the preparation stages of the event, in particular, the boat scrutineering.

The HCC committee have once again asked if we would assist with this year's race.

So.....what's involved?

We are asked to be at Macquarie Park Windsor by about 0830 on Saturday morning October 28 and we are needed until about 2-3 pm, depending on the arrival of the boats for scrutineering.

The work is not arduous, not complicated, and there is a very social aspect to the day. Bring a chair, any extra food or drink you might need and the usual outdoor stuff like sunblock etc. Lunch is provided for the volunteers and they receive also a T shirt and a few other extraneous goodies.

Those who have participated in previous years have enjoyed the day and it puts forward the presence of our cause to a large gathering in one location.

I hope you will join us again for this interesting and worthwhile day. If you can, would you please complete the section below and return to me as soon as possible

Many thanks

Yes, I would like to help with the Hawkesbury Canoe Classic for October 22, 2005

NAME(s).....

CONTACT PHONE

No.....Mobile.....

Email address.....

A Laugh at Life

HOPS GOOD CHEER FOR HEALTH

You may have gathered over the time that I have been producing this newsletter that I enjoy the occasional "cleansing ale". I am always on the lookout for any mention that beer drinking can be of benefit to your health. Sadly these articles are few and far between. Imagine my joy when I found the following article in a recent issue of Sydney's Sunday Telegraph.

"Stateside boffins last week found that over indulgence in amber ale could be good for you. The results allow for the perfect excuse for just one more Researchers at Oregon University have discovered that one of the main ingredients in beer appears to thwart prostate cancer. But in order to receive a medically effective dose of xanthohumol, the cancer fighting chemical found in hops, a drinker would need to consume 17 pints at a sitting!

Great! – My liver is shot to bits, my brain cells are dead and gone, but hey, I've got the healthiest prostate in town!

LIFE AND DEATH

While watching the Cricket the other night my wife and I were discussing life and death.

I told her, "Just so you know, I never want to live in a vegetative state, dependent on some machine and relying on fluids from a bottle.

If that ever happens, just pull the plug."

She promptly got up, unplugged the TV and threw out all my beer.

Some days I hate being married to a smart arse.

THE FOUR STAGES OF LIFE:

- 1) You believe in Santa Claus.
- 2) You don't believe in Santa Claus.
- 3) You are Santa Claus.
- 4) You look like Santa Claus.

WHAT RELIGION IS YOUR BRA?

A man walked into the ladies department of a D.J.'s and shyly walked up to the woman behind the counter and said, "I'd like to buy a bra for my wife."
"What type of bra?" asked the clerk.
"Type?" inquires the man, "There's more than one type?"
"Look around," said the saleslady, as she showed a sea of bras in every shape, size, colour and material imaginable.

"Actually, even with all of this variety, there are really only four types of bras to choose from."

Relieved, the man asked about the types.

The saleslady replied:

"There are the Catholic, the Salvation Army, the Presbyterian, and the Baptist types.

Which one would you prefer?"

Now totally befuddled, the man asked about the differences between them.

The Saleslady responded, "It is all really quite simple..."

The Catholic type supports the masses.

The Salvation Army type lifts the fallen,

The Presbyterian type keeps them staunch and upright, and

The Baptist makes mountains out of mole hills."

While on this subject....

Have you ever considered why A, B, C, D, DD, E, F, G and H are the letters used to define bra sizes?

If you have wondered why, but couldn't figure out what the letters stood for, it is about time you became informed!

{A} Almost Boobs..

{B} Barely there.

{C} Can't Complain!

{D} Dang!

{DD} Double dang!

{E} Enormous!

{F} Fake.

{G} Get a Reduction.

{H} Help me, I've fallen and I can't get up !

(and before you accuse me of being sexist, these last two came from Gabrielle, the wife of our esteemed Secretary)

NEPEAN / BLUE MOUNTAINS PROSTATE CANCER SUPPORT GROUP.
ANNUAL GENERAL MEETING – MONDAY OCTOBER 16TH, 2006

The Group will hold its Annual General Meeting at our regular monthly meeting in October. The meeting will be at our normal venue at the regular time. The purpose of the meeting will be to elect members to the Planning Committee. The Planning Committee meets bi monthly on a Sunday afternoon (usually at one of the member's residences) After all business is completed the meeting becomes a social get together. All positions will be declared vacant and will be filled at the meeting, some existing members have indicated that they will be renominating for their current positions.

Would you like to become involved in helping to run the group? For more information contact the group Secretary, Alan Moran.



Absent friends.....

It is with sadness that we advise the recent passing of three of our members,

William Butterfield,

Frank Maeni

&

Ric Baradinsky

Ric's family requested donations to our group in lieu of flowers.

This resulted in a generous donation to the group.

The Nepean / Blue Mountains Prostate Support Group is grateful for the support of its members and various local groups. This enables us to produce this newsletter and cover other incidentals in the running of the group. The expenses involved in producing and distributing this newsletter are subsidised by The Prostate Cancer Foundation of Australia.



The views expressed in this newsletter are not necessarily the views of the Group.

The Group does not offer medical or other professional advice.

Articles presented in this or any other issues are presented only as a means of sharing information and opinions with members.

It is important that health professionals should be consulted before making any decisions about any treatments.

This newsletter has been compiled by Alan Howard from material culled or provided.