

Edward - bladder outflow and prostate cancer (10.11.17)

D - Edward, thank you very much for coming in, hi. I asked you to come in today.

P - Yes.

D - I just received a letter from the urology team, it was a Mr Doyle that saw you, wasn't it?

P - Mr Jenkins.

D - So, you're under the care of Mr Jenkins, and one of Mr Jenkins' team saw you in clinic and has written to me to tell me a little bit about what's been going on.

P - Right.

D - Yeah, okay. It was me that originally referred you.

P - Yes.

D - Perhaps I could catch up with you as to where things are at with your understanding of this problem.

P - Right. Well, first of all I thought it was a very, very minor problem, and I still think it's a very minor problem I have. I haven't got the problem every day, I haven't got it every night - from time to time I have a little bit of seepage during the night, and I've been to the hospital.

D - This is seepage of your waterworks, isn't it?

P - Yes, not much, it isn't much, and I thought if it could be serious, get in early, and it could be fixed.

D - Yeah.

P - I've gone to the hospital, and it seems to have changed from a minor problem into a major problem, which I really don't understand.

D - Okay.

P - And I don't really think it is, but that's-- I could be wrong about this. I've had the examinations; one of the first examinations is the same one you did here. All the doctor talked about is cancer, which is pretty frightening, when she had a Macmillan nurse sitting beside her.

D - Yeah.

P - So, the next time I went to hospital was for a bone scan, and I had the bone scan at half-past eleven in the morning and I was told after the bone scan to drink as much fluid, preferably water, as possible - which I did. I drank about five pints of water at lunch time, which I would normally not do.

D - Yeah, yeah.

P - I went back at half-past two for the MRI scan, came out and I was still feeling fine, still feeling well. I go back to hospital for the biopsy and the man who carried it out, Mr Chaudry, very nice man, very good, and seemed to say to me, 'Well, it's not a problem, everything seems to be a little bit troubled, but not too bad', and put my mind to rest. I go back yesterday, sorry Thursday, Wednesday, sorry. And it was totally different, again, back to the-- they told me they'd found a small trace of cancer, low risk of cancer, but I would need an operation using a catheter, etcetera, etcetera... Which I think, at this moment of time, isn't necessary.

D - Sure, okay.

P - So, we agreed after a discussion with Mr Jenkins that we would try medication first, that I would go back in three months' time and they would have a look at me again, and if the

situation got worse, then yes, I would probably have the operation, but at this moment in time, I think it's wise to try medication first.

D - Okay, so up until this point in time, you've been told that you've got prostate cancer.

P - Small.

D - And that it's a small one.

P - Yes.

D - And that it's a low-risk cancer.

P - Yes.

D - Okay, and you've had some other investigations, some other scans as well.

P - Yes.

D - Have you had the results of those back yet, as well?

P - Yep-- well I saw them when I went to see the doctor, what showed up was that the bladder had fluid in it, but this was because I'd drunk so much water.

D - Alright.

P - I'm going to the toilet as well as I've ever done, I have no problems.

D - Okay.

P - No problems at all, everything seemed to be working pretty much right. Except this sometimes during the night, and it is sometimes that I have a little bit of leakage. I'm a man of 75, I think I'm in pretty good order.

D - Right. What you're not happy about, from what I can understand, is the fact that you need to have an operation to allow that bladder to empty.

P - Yes, I'm not happy with that.

D - Right, let's explore that in a minute if that's okay.

P - That's okay.

D - Because I think that there's two issues going on here. There's the issue of your prostate cancer, and there's the issue of you not being able to empty your bladder.

P - Yes, but I am able to empty the bladder, that's why I can't understand...

D - We can certainly explore that, and figure out between us, and help the urology team understand where things are at with your bladder function, if that's okay. We can help you with that, okay? Good. What was your fear when it comes down to an operation?

P - Well I had to weigh up the possible side effects, and the possible side effects that an operation might not be successful. So, at the end of the day, if I have this operation, and it's not successful, and I'm left with side effects which makes me worse than I am now, it's... I shouldn't have had it, I'm far better going along with what I've got now, which I can manage, it's manageable, rather than take the risk - and it is a risk - of an operation that might not work, and might leave me with side-effects which I would have trouble with.

D - Great, okay, well that's really helpful to understand that side of things, and I'm sure that we can address that issue together as a team, and I can perhaps liaise with the urology team to figure out what's going to be the safest options, and what are the potential risks for you.

P - Yeah.

D - Good, okay. Was there anything in particular that you were hoping that I would do, with seeing you today?

P - Well, yes, give me medication. I want to start this medication, to try to put this small problem right.

D - We're talking about medication to help you control the prostate cancer?

P - No, yes, to-- yes.

D - Okay.

P - Or, to stop me dribbling [laughs].

D - Yeah. All right, so figuring out what would help you to stop the dribbling?

P - Yeah.

D - Great, I think that's something we touched upon before you went to see Mr Jenkins, and therefore it's something that I asked you to come back about once you'd been seen by the team, to figure out what we could do to try to help. Okay, so we've got some options there - we'll come back to that, if that's okay. If I can double check - your weight's stable?

P - Yes.

D - Your-- you don't have any aches and pains anywhere, no bone pain or anything like that?

P - No, no.

D - We've got one of the scans which is outstanding, haven't we, which is the MRI scan.

P - Right.

D - Did you have a bone scan as well?

P - Yes.

D - So the bone scan was okay?

P - I think so, yes.

D - If I double check with the team that all of those scans are back, and that they're reassuring, what we seem to be dealing with is a low-risk prostate cancer. It's viable, with a low-risk prostate cancer, that you'll decide that surgery's not in your best interests, and that's - from your description, it would be your automatic preference.

P - Right.

D - You need to understand what the medical options are that are available, to decide whether or not you want to go ahead with any of the medical options.

P - Yes. When I had the examination, they said part of my prostate was enlarged, not all of it.

D - Yeah.

P - Now, if I got medication from you, would it reduce the size of my prostate, what is enlarged?

D - Probably.

P - Well, that's what I would like to have.

D - Yeah, okay, okay. But, I don't want to give you medication when there's a safer and better option, I want you to be fully in the picture before you make that decision.

P - Right, that's fine.

D - So, I think that would be useful, to try to explore that together, if we can.

P - Yes, sure.

D - If I can just check where things are with your general health and your life at the moment. Are there any other health issues?

P - Not really, not really.

D - Okay.

P - The problems I have are under control, I've lived through them for years, everything else is fine, I haven't got any discomfort when I'm urinating, I'm urinating the same as I've always done, full flow. Everything seems to be...

D - Tends to be that dribbling on a night?

P - Well, yeah, but on the same-- I'm 75 years old and, yes, maybe I've lost some bladder control, maybe, I don't know. But, I seem to be alright, I think, for a man of my age, the life I've lead - working down the mines, et cetera - I'm in pretty good order.

D - So, you're a retired miner?

P - Yes.

D - Just remind me, for the sake of the recording, what your domestic arrangements are at the moment.

P - Right, me and my wife live together, we've been married for fifty-three years, and we live happily, we're pretty content.

D - You're not a drinker?

P - Not very much.

D - Not a smoker?

P - I've never smoked in my life.

D - No other bad habits I need to know about?

P - [laughing] No.

D - No, all right.

P - I get upset sometimes when Sunderland get beat at football.

D - What would your wife want you to be doing when it comes to all of this?

P - Exactly the same as me, but we talk - my wife is my best friend, there's nothing I wouldn't tell my wife about in my life, nothing. I've got no secrets, and she thinks the same as me, our private life is pretty good.

D - Okay. Your weight's very steady.

P - Yes.

D - What I'd like to do, from what we've described so far, is I examined your prostate last time - I'm not going to repeat that, that's not necessary for me today, but what would be helpful is to lay a hand on your tummy. Would that be okay.

P - Right, that's okay.

D - If you take your jacket off. I'm not going to repeat your weight, because we did that last time as well, and you've said that you haven't lost any weight, so we don't need to do that. If we just get you to slip your jacket off and lie up on the couch, and I'm just going to have a wee feel of your tummy.

P - I'm a little bit—

D - So from feeling your tummy today, it's hard for me to be sure whether or not you have a big bladder. It's bigger than it should be because of the blockage down at the bottom of your bladder where the prostate is. I think one thing that might help you make a decision about whether or not you would be happy to consider a bladder neck operation. So, this isn't an operation for bladder cancer.

P - No.

D - This is an operation to allow your flow to happen again.

P - My flow's happening alright now.

D - Okay.

P - See what I mean?

D - This is what we need to double check on.

P - I'm not having trouble urinating, I'm not having trouble at all, there's no discomfort. That's what I can't understand.

D - Okay, well I need to share that with you as well. So, we've got blood test results as well, which show that your kidney function test was fine.

P - Yeah.

D - Which is reassuring, so you've got two issues going on. The first is that, from that test that was done on your-- the scans that were done on your tummy, they didn't think that you could empty your bladder fully.

P - Simply because I'd been drinking a lot of fluid before the scan.

D - I think we probably need to repeat a scan for you, to do another ultrasound scan.

P - Right, next time I won't drink as much fluid.

D - Perfect. So, if we get you to do that, and we do what's called a 'residual volume', where we ultrasound your bladder once you've emptied it. So, you have a pee, then they ultrasound it, and we check that you can empty your bladder. If you can't empty your bladder, then there is a risk that if we don't do something about it sooner rather than later, that could affect your kidneys.

P - All right.

D - What we've resolved to do, from that discussion, was let's repeat your ultrasound scan to demonstrate whether or not you can empty your bladder.

P - All right, although I can.

D - And if you can, then there's no urgency for consideration of surgery.

P - Right.

D - But the recommendation made by Mr Jenkins' team was that you consider an operation, or a procedure to allow you to empty your bladder.

P - Yep.

D - Because they're concerned that the prostate isn't allowing you to fully empty your bladder.

P - Yes.

D - Now, there is medication that I can give you, which there's every chance that it will improve your symptoms, but it's not as sure-fire or as guaranteed as the surgical procedures would be.

P - Right, I would rather have the medication.

D - Well, there's no reason that we can't get cracking with that medication today. It does lower your blood pressure. You've never had problems with low blood pressure?

P - No.

D - And the last time we checked your blood pressure, it was a healthy level. If you're feeling lightheaded with it, we might need to reduce the dose, and I would suggest that get you to take that on a night-time and check that it suits you.

P - Yes, before I go to bed.

D - Let's see if it improves your symptoms related to your waterworks, and we'd probably notice within about a month or so, whether that was working or not.

P - Right, that's fine.

D - But, if you're feeling lightheaded, sit down before you fall down, that's an important thing.

P - Right.

D - We are going to also talk about your cancer, if that's okay.

P - Right, yes.

D - So, what I'm going to do is draw a line under this consultation and we'll do another recording and another consultation to talk more about the cancer.

P - Right.

D - If that's alright with you?

P - That's fine.

D - So where we're going to leave things from the point of view of your waterworks problem, which is the dribbling on a night, the perception that the hospital team have, that you're not able to fully empty your bladder is that we're going to refer you for an ultrasound scan to make sure that you can empty your bladder.

P - Yeah.

D - Yep. We're going to give you a medication that will hopefully shrink the prostate down a little bit, and hopefully assist in you emptying your bladder.

P - Right.

D - Anything you want clarifying from these points of view so far?

P - They're all fine.

D - Okay, with having this problem with your bladder, you might be prone to water infections. So, what I need to know is if you're finding that you're unwell with a fever, or if it hurts when you pee, or if you're going much more often than usual, or you've got severe tummy pain, in which case, we need to see you urgently with a fresh urine sample and think about whether or not to treat you for a water infection.

P - Right.

D - It appears that you might have a problem, which is can you or can you not empty your bladder. So, in your next appointment today, we'll be taking you through the options that you have managing what we think is a low-risk prostate cancer, and I'll also make sure that you're

happy about how to take your new tablets to help you with your waterworks. That tablet is called doxazosin, and it's an alpha blocker.