

## Hydrocele or Hernia?

### GET A HANDLE ON YOUR SON'S CONDITION



HAVE YOU NOTICED SWELLING IN your son's scrotum? It may be a hydrocele or hernia. During prenatal development, the testicle descends from the abdomen into the scrotum. In some newborn males, fluid travels with the testicle and causes enlargement in the scrotum. A hydrocele, a fixed sac of fluid that does not change with exertion, is not dangerous and is commonly found in newborn boys.

A communicating hydrocele retains some connection to the abdomen. This may allow fluid from the abdomen to be forced into the scrotum with exertion.

An inguinal hernia is a wider connection and bowel may travel through this opening. This is a very different problem than the groin hernias found in older adults. In rare

cases, bowel can become stuck in the defect (an incarcerated hernia), which requires urgent treatment.

Hydroceles, though sometimes large, can generally be safely observed for some time and often resolve on their own. If they are painful or disfiguring, they can be repaired with surgery. Likewise, communicating hydroceles often resolve, but more often require surgical repair.

Inguinal hernias can be more serious and do not resolve. This condition needs surgical repair soon after diagnosis.

All of these problems are diagnosed through a physical exam. While diagnosis and observation of hydroceles are often managed by general pediatricians, treatment requires an operation. These operations are performed by pediatric

## We Can Help Treat Hydroceles and Hernias

USMD Hospital at Fort Worth can regularly treat hernias and hydroceles in young boys. Our hospital is unique in that it has the only board certified pediatric urologists in Tarrant County on staff to surgically treat these conditions. All children are attended by fellowship trained pediatric anesthesiologists from their preoperative visit through their discharge.

urologists or pediatric surgeons, and require general anesthesia. The anesthesia is administered best by pediatric anesthesiologists.

If necessary, treatment for all of these conditions consists of a brief outpatient surgical procedure. The recovery is generally short.

Talk with your son's pediatrician right away about any scrotal swelling.



### about the doctor

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# Put Your Best Foot Forward with Diabetes

DIABETES AFFECTS THE LIVES OF NEARLY 26 million people in the U.S., and millions don't even know they have it yet. There is no cure for diabetes, but you can still enjoy a full and active life. A proper diet, exercise, and medical management can help you avoid the most serious complications of your diabetes. Part of the successful management of your diabetes means a trip to see your podiatrist. This is a very important step to avoiding foot-related complications of the disease.

## Watch for Changes

There are many signs that your feet are being affected by diabetes. See your podiatrist right away if you notice any of these symptoms:

- Skin color changes
- Swelling of the foot or ankle
- Numbness in the feet or toes
- Pain in the legs or feet
- Open sores on the feet that are slow to heal
- Ingrown and fungal toenails
- Bleeding calluses or cracks in the skin

## Your Podiatrist Can Help

Diabetes affects many parts of the body, which requires a team approach to ensure the most successful management. Your podiatrist will work with physicians in vascular surgery, infectious disease, nephrology, and internal medicine to prevent amputations. Conservative management can often resolve many of these issues. Your podiatrist may also recommend some noninvasive testing to look for any changes in circulation and your nervous system. This proactive, early detection testing can be a key factor in avoiding serious problems.

Your podiatrist may also prescribe custom diabetic shoes that will protect your feet and accommodate day-to-day wear and tear. Sometimes, conservative treatment through shoe gear modification is not enough to avoid the formation of blisters and sores on the feet. The diabetic foot can have muscular contractures, bony prominences, and digital deformities that may cause pain or greatly



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increase the risk for ulcerations and amputations. Simple surgical procedures exist to help correct these deformities which in turn help reduce pain and prevent serious progression of the disease process in the foot.

Talk with your podiatrist to discuss the best treatment options for your feet in order to maintain a safe and active lifestyle with diabetes.

## 5 TIPS TO KEEP YOUR FEET HEALTHY

When you have diabetes, you need to take care of your whole body—and that includes your feet! You can help avoid complications from your diabetes by maintaining your feet. Here are a few tips to keep your feet in tip-top shape when you have diabetes:

1. File away corns and calluses gently. Use an emery board or pumice stone.
2. Apply lotion daily to prevent dry, cracked skin. Do not apply between the toes.
3. Use a mirror to check feet daily for blisters or cuts.
4. Trim toenails weekly. Cut them to the shape of your toe, but not too short.
5. Avoid going barefoot. Wear shoes or slippers to protect your feet.





# Thyroid Cancer: Know Your Treatment Options

IF YOU HAVE THYROID CANCER, YOU probably have many questions and concerns about your treatment options. It's normal to want to learn all you can. Your cancer treatment team will work with you to ensure the proper treatment plan is in place.

Some doctors you may see on your team are:

- Surgeons—doctors who use surgery to treat cancers or other problems
- Endocrinologists—doctors who treat diseases in glands that secrete hormones
- Radiation oncologists—doctors who use radiation to treat cancer
- Medical oncologists—doctors who use chemotherapy and other medicines to treat cancer

## Is Surgery the Only Option?

Depending on the type and stage of your thyroid cancer, you may need more than one type of treatment. Surgery is the first and main treatment for almost all thyroid cancers. Other options used to treat thyroid cancer include thyroid hormone treatment,

external radiation therapy, radioactive iodine, and chemotherapy.

When surgery is the chosen treatment, it can involve removing all or part of the thyroid gland. Sometimes the surgery has to be staged—removing a portion of the gland initially, then the remaining portion at a later time—when there is a question prior to surgery of whether or not there is cancer present in the thyroid. If the cancer has spread to nearby lymph nodes, they also need to be removed. This is called a neck dissection.

## What to Expect After Surgery

Most people are able to go home the day of surgery or the next morning. If you have discomfort and pain near the surgical incision during the first few days after surgery, your doctor may prescribe medication to control the pain.

For a while after surgery, you may feel tired or weak. The length of time it takes to recover from an operation varies. Most people are able to return to work after one to two weeks.



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Surgery for thyroid cancer could cause you to be hoarse or to lose your voice. This could be temporary or may be permanent. Low blood calcium can also occur if the parathyroid glands, which control calcium levels in the body, are removed or become nonfunctional when the thyroid gland is removed.

If most or all of the thyroid was removed during surgery or became nonfunctional during treatment, you will likely need to take a thyroid hormone pill each day to replace the function of the thyroid gland.

Most people are able to lead healthy, productive lives after their treatment for thyroid cancer.

## HOW Hernias Happen

You may have heard that hernias are caused by heavy lifting. While that can lead to a hernia, the truth is, sometimes doctors don't know what causes them.

There are some things that make you more prone to them, including:

- Increased pressure on the walls of your abdominal muscles through activities like straining to go to the bathroom, coughing over a long period, or being overweight
- Family history
- If you've had surgery on your abdomen

# That Lump Might Be a Hernia

EVERYONE KNOWS SOMEONE WHO'S had a hernia—a painful, bulging lump beneath the skin of the abdomen or the groin. Maybe you've experienced one yourself. But what exactly are they, and who gets them?

Hernias happen when part of an organ protrudes through the wall of muscles that cover the abdomen. Both men and women can get them. Symptoms include:

- A bulge that increases in size when you strain and disappears when you lie down
- Chronic pain in your groin or scrotum when exercising or straining
- A feeling of weakness, pressure, burning, or aching in your groin or scrotum when standing or coughing

There are different types of abdominal wall hernias. Groin hernias are the most common type and are more common in men than women. These are also known as inguinal hernias. Although women can develop inguinal hernias, some people are born with a weakness in the groin area and develop what is known as a congenital hernia.

### How to Treat

Specific treatment for a hernia will be determined by your doctor based on:

- Your age, overall health, and medical history
- Extent of the condition
- Your tolerance for specific medicines, procedures, or therapies

The main treatment for an inguinal hernia or abdominal wall hernia is a surgical procedure known as herniorrhaphy. In this procedure, the opening in the muscle wall is repaired and reinforced with pliable synthetic mesh.

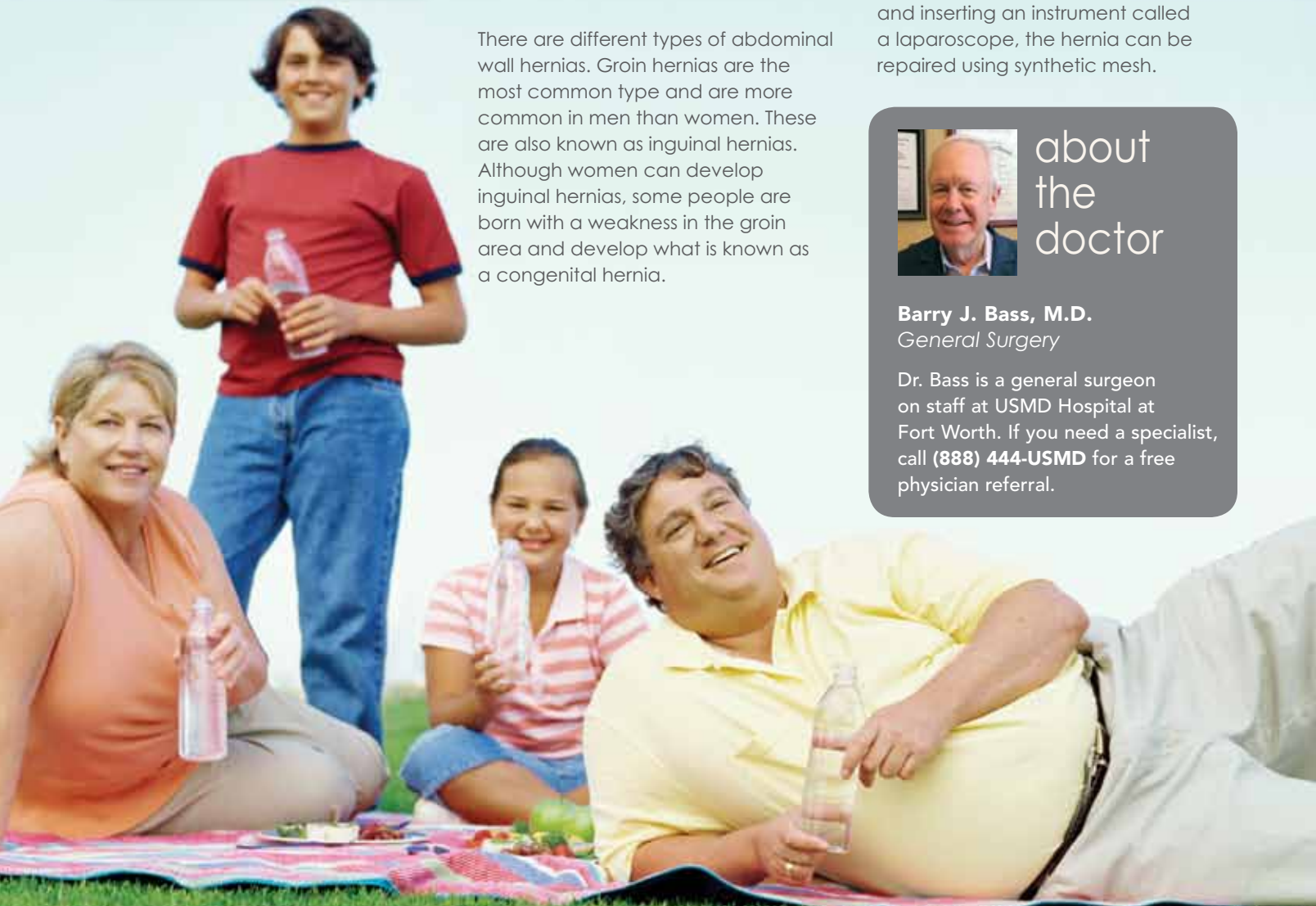
Laparoscopic surgery can also be performed. By making several small incisions in the lower abdomen and inserting an instrument called a laparoscope, the hernia can be repaired using synthetic mesh.



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# Get Hip to Arthroscopy

THE HIP IS ONE OF THE LARGEST JOINTS in our bodies. So when it's in pain, you are going to feel it.

In the past, patients suffering from hip problems had limited options. In most cases, they were forced to live with the pain. Fortunately, new technology, in both the tools used and the ability to visualize the hip joint, has led to a recent surge in the popularity of hip arthroscopy.

## What is Hip Arthroscopy?

Arthroscopy is a procedure in which a camera is inserted into the joint through a small incision, providing vision of the joint for the surgeon, while instruments are inserted through neighboring small incisions.

Hip arthroscopy allows the surgeon to diagnose and treat a wide array of problems within the hip, which in the recent past have required larger incisions and a longer recovery. The smaller incisions and reduced disruption to the body allow a much quicker recovery from the surgery.

## What Should I Expect from Hip Arthroscopy?

Many patients can have hip arthroscopy as an outpatient; some will need to

stay overnight in the hospital, depending on their procedure and circumstances.

You can expect to be on crutches or use a walker for a brief period of time, and physical therapy will likely be prescribed. Typically, patients return to a full and active lifestyle a couple of months after hip arthroscopy. Your doctor can provide specific recommendations to you and discuss any lifestyle changes that may be needed to protect your repaired hip.



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## WHEN ARTHROSCOPY CAN HELP

- **Bone spurs:** Occasionally, painful bone spurs form around the hip's socket or ball. This is sometimes called FAI (femoroacetabular impingement). During hip arthroscopy, the surgeon can remove the bone spurs, allowing the hip to move more freely with reduced pain.
- **Labral tears:** The cartilage lining the inside of the socket (also called the labrum) can sometimes tear. Labral tears can be repaired during hip arthroscopy using sutures or by excising a small portion of the labrum.
- **Inflamed tissue:** Some tissue around the hip joint may become inflamed, causing the joint to become irritated. The inflamed portion of the tissue can be shaved away during arthroscopy, resulting in reduced pain for most patients.

## HEALTH pulse

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# Putting the Freeze on Prostate Cancer



CHANCES ARE YOU OR SOMEONE YOU know will be touched by prostate cancer. In fact, it's estimated that this year alone 238,590 new cases will be diagnosed. It is the second leading cause of cancer deaths in American men.

The positive news, though, is that there are tests to screen for it, and options for treatment. These options vary based on age, medical history, and the size and aggressiveness of the cancer.

### "Freezing" the Cancer

Cryoablation, or cryosurgery, is one type of treatment that might be right for some men. This outpatient procedure freezes the prostate cancer to destroy the tumor cells. It is used as an initial, primary

treatment for localized prostate cancer or may be used in patients for whom radiation therapy wasn't successful and who have local recurrent disease.

The procedure is minimally invasive and typically performed under a general anesthetic. The surgeon is able to target and use extreme cold on the cancer. Steps are taken to monitor the freezing and to protect the surrounding organs, including the nerves of the penis. The rate of freezing is precisely controlled and the extent of freezing is monitored with real-time ultrasound.

Argon gas is used to freeze the tip of the probe and surrounding tissue until a tissue temperature of -40 degrees Celsius is achieved. Helium is then used

to warm the probe and thaw the tissue. Two "freeze-thaw" cycles are completed. The entire procedure takes approximately two hours.

Upon awakening, the patient is discharged to go home. Since the procedure is minimally invasive, most patients have minimal discomfort and can return to work in one to two weeks.

### What Are the Risks of the Procedure?

Like any cancer treatment, there are some risks associated with cryoablation. These include:

- A short period of blood in the urine
- Mild bruising of the perineum (the area between the anus and the scrotum)
- Swelling of the penis and scrotum (this usually resolves within two to three weeks of the treatment)
- Erectile dysfunction
- Urinary incontinence

Cryoablation isn't right for everyone. But your surgeon can advise you about whether it's an option for you.



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