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THEIR CANCER GARDEN

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F **E F O C : MEMBER OF EUROPE UOMO , USTOO AND MALE CARE**

**EDITORIAL (2)**

As for treatments, the more aggressive the treatment, the more recovery time will be necessary, from days to weeks.

After prostatectomy, you have to wait a few weeks. If you do hard physical work, avoid lifting weights and avoid excessive activities, surely your recovery period will be longer, do not run to work. Conversely, if you work in an office, you will likely be able to return to work after four weeks.

As for other treatments, reinstatement is usually feasible sooner.

Of the possible side effects and return to work, the most feared effect is urinary incontinence . Surely the patient will be forced to go many times to the toilet. It is appropriate that

But don't stop drinking the fluids you used to, because dehydration can make the situation worse.

Then comes the follow-up, which will last for years. The patient will need some time for subsequent visits and analysis. It is good to try to make hospital appointments for the beginning of the day or at the end of it. The doctor can provide an information note for the employer, explaining the treatment received and the follow-up visits and controls that will be required.

In general, a patient treated with prostatectomy is usually quite recovered fifteen days after this, so we can think within 4 to 6 weeks before rejoining.

Regarding radiotherapy, there are patients who do not

Use diapers for the duration of incontinence

leave work during treatment,a

and carry several spares. There are responsible entrepreneurs who place the patient near the sink.

except if they feel significantly tired. Fatigue is a complication of radiation therapy that can be maintained for a more or less prolonged time.

(Continued on page 2)

(Comes from page 1)

It is right to inform the employer of the treatment received and, in this case, the reason for his fatigue.

Hormone treatment can cause hot flashes. It is prudent to work near a window or provide yourself with a fan or fan.

Many employers doubt that the patient will be able to perform the same job as before treatment . But some research proves that CP treatees return to work with the same capacity as their company colleagues .

As for co-workers, it's also best to tell them, if they didn't already know about it, your diagnosis and treatment. A frequent problem is that their colleagues are often uncomfortable with the new situation and do not know how to deal with it.

In any case, each patient must decide what and to whom they want to communicate their problem.

Be that as it may, returning to work helps a lot the self-perception of control of the disease and of one's life and its circumstances.

But never do you return to work until you feel completely fit for it. Only you can know.

# PLACE OF THE PATIENT IN THE CHOICE OF TREATMENT

It is said that for five thousand years medicine has been a matter of doctors, although later nurses, psychologists, physiotherapists, dieticians, biologists, etc., were added to the medical team.

For many years doctors knew what was best for patients. Doctors decided on treatment without patients actually participating in the decision-making process.

Doctors usually have little time to report, leaving even less time for patients to ask their questions.

When there is more than one treatment option, as is the case with prostate cancer, the explanation of the different possibilities (essential for the informed person to choose) is brief and, often, deviated by the weight of the type of specialist who is informing (surgeon, radiotherapist, oncologist, etc.).

But the days when patients were left out of decisions are long gone. The information age is changing these things, giving due prominence to the sick person.

## What do doctor/patient relationships currently consist of or should consist of?

Before deciding on treatment, the doctor collects all the precise information about the patient's disease, in order to be able to present a review of the facts and a detailed discussion about the possibilities of treatment. In this way the patient can know the pros and cons of each of the treatments.

From this moment on, it is the patient who must choose. since, after all, it is he and he alone who will have to live with the results of his choice.

The person must decide what he considers best for himself.

It is even possible that the person, once informed, decides to pass the decision to the doctor. Very well, it is his right, to decide for himself or to delegate to the doctor.

(Continued on page 3)

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# What if the doctor doesn't agree with my choice?

First of all, the patient should carefully listen to the doctor's arguments. An open line of communication should be established between patient and physician. The doctor's reasons are usually totally legitimate.

However, if the doctor does not accept or respect the patient's decision, the patient is within his rights to seek another doctor to do so.

## Why do some doctors get angry when the patient tells them what they think is best for them?

You have to be careful, as many patients decide without being well informed. They have read a book or someone has told them this or that.

The doctor is specialized and usually has many years of experience.

Even if you think you have read a lot, I think you should use your knowledge precisely to improve understanding with your doctor and open doors for communication.

## So what should I do?

Inform yourself properly. For example, enter the FEFOC (www.cancerdeprostata.org) page, specific to this cancer or others like it, where you will acquire a good degree of knowledge about the diagnosis and treatment of prostate cancer.

Your case is unique, since it is yours, therefore, individual. Know well the situation of your disease, ask questions to doctors and nurses. Collect them in writing. Reflect on the answers.

When you feel well informed, go back to the doctor and explain your decision. Then listen to the doctor's arguments. Do not attempt to commit

The opposite error to that of the lack of information on the part of the patients: that is, do not want to impose your opinion on doctors now. Listen.

## Should my wife or partner be involved in choosing my treatment?

Cancer is a disease that affects not only the patient, but his partner, the entire family, friendships and relationships and work.

Essential point is the place of the woman of the patient with prostate cancer .

The partner will live, from the diagnosis, influenced by the results, both of the bad news and of the consequences of the treatments. She lives the problem 24 hours a day .

She must participate in information and decisions.

Ask him what he thinks, what he fears, what he hopes, what he wants. Have him accompany her to the hospital, to attend conversations with doctors and nurses. Encourage her to raise her issues and ask questions.

You must share your feelings with her. Discuss naturally your worries, fears, insecurities towards the future and towards your life and your quality of life, according to the choice you make and the possible consequences.

# PROSTATE CANCER SUPPORT GROUP (CP)

The support group is a tool to help people who have gone through or are going through a similar situation. It usually refers to issues related to an illness or in the accompaniment of patients. It consists of periodic meetings of people who coincide in that circumstance being more or less homogeneous according to the possibilities or the convenience of mixing or not situations.

## What types are there?

Support groups can be of various types, according to different variables:

* Open or closed: refers to the fact that the group can start with some members and then is open to incorporate new people who are interested or who need to go. The closed ones will not admit new members in their course.
* Indefinite or not: there are groups that can have a finite time period and start and end at that same time and others that are indefinite.
* Self-help or professionally led. There are groups that are led by one or more professionals (usually two maximum) and others that are called mutual aid groups in which group meetings are held without Professional. In the latter there is an intermediate type in which the leader of the group can be a patient (non-professional) but who is advised by professionals who supervise the development of the meetings and intervene if necessary.
* Group objectives: Support groups are also defined by the objectives with which they are set. So we have:
* Psychoeducational group: groups that have the purpose of providing information of interest to the participants, of everything related to their illness or problem from a rigorous and professional point of view. Indirectly, it contributes to psychological well-being and improving quality of life, although they are not the main objectives. You can count on the itinerant presence of professionals who come to talk about a specific topic in one or a few sessions.
* Psychotherapeutic group: it is a group where the objectives are of a psychological type almost exclusively and are addressed with psychotherapy guidelines that are carried out at home and then discussed and addressed in the group.

## What is me?

It depends on the circumstances and the person. From [FEFOC](http://www.fefoc.org/) we always recommend the presence of the professional, because, although it may seem easy, support of this type requires experience and experts. Unfortunately the experiences of people in groups without professional advice are not highly recommended. In addition, it is misinformed enough because many of those present have as baggage having lived the disease in the first person, an aspect that seems very important, but perhaps it is not enough to inform, and give support to other patients.

## What if I don't want to go?

The group is a valid support tool but at no time is it better or worse. It may be necessary or can help at specific times or become a permanent support.

(Continued on page 5)

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Everyone must determine how they feel or what it brings to them. Therefore, it can be useful to try it when in doubt. It's okay to decide that you prefer not to go, or to decide that you no longer need it. But given the opportunity, maybe we recommend at least trying it to see if it can really help us. This does not apply to psychotherapy groups that are usually professionally indicated .

## What if I need help but in the group I don't feel well or I get to seehow I talk about my things?

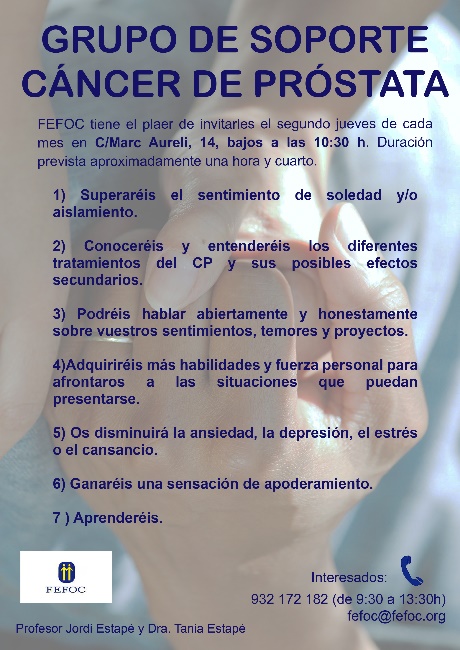
You can always ask for individual psychological help, or couple if it is the case. As we have been saying, the group is a tool but there are others available and they are not exclusive.

## Where do I go?

[FEFOC has](http://www.fefoc.org/)  a support group that has been operating since 1998. The meetings are monthly and are on the second Thursday of each month at 10.30. The group is psychoeducational and indefinite and is led by professionals, an oncologist and a psychologist on a permanent basis and some professionals to provide certain information sporadically.

Ask for :

Tel. 93-2172182 or by email : [**fefoc@fefoc.org**](mailto:fefoc@fefoc.org)



# PSA INCREASE

Cancer is a disease characterized by the multiplication of cells, so its diagnosis requires examining whether there is such multiplication and if the cells show alterations compatible with cancer.

It follows that, apart from other tests that we will now detail, for the definitive diagnosis of PC, biopsy is absolutely essential. But first we must consider other aspects.

PSA (prostate specific antigen). The first suspicion that something is happening in the prostate usually gives us urinary symptoms such as those described above and / or an increase in a substance known as PSA. PSA is a protein only produced in the glands of the prostate, by their cells, whether normal or cancerous. It is determined by blood tests.

Its blood level is measured in units called nanograms (millionth of a gram) per milliliter (one-thousandth of a liter) and is expressed as ng/mL. In principle, the probability of having CP increases with the increase in your level.

It is generally accepted that a PSA less than 4 ng/mL is synonymous with absence of PC; between 4 and 10 a probability interval is established; typically, 25% of men in this interval have CP; if it is greater than 10, there is usually CP in half of those explored.

But there are many exceptions; so, for example, some men with PSA lower than 4 have CP, while others with elevated PSA do not. It is clear that, although PSA is an important test to suspect the presence of a PC, other tests, which will be seen later, are needed to reach a diagnosis of certainty.

(Continued on page 6)

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In addition, an increase in PSA, regardless of what can cause PC, may be due to other factors, which must be taken into account:

1. Benign prostatic hyperplasia, common with increasing age. The prostate is enlarged in size, but it is a benign growth, there is no CP.
2. Age. With increasing age, although the prostate does not have any alteration, it is common for the PSA level to increase.
3. Another important possibility is the manipulation of the prostate, either for diagnostic purposes (digital rectal examination) or by ejaculation, prostate massage or penetration into anal sex.

These procedures (ejaculation, massage and penetration) make it easier for the PSA to leave the prostate and pass into the blood, so that, if it is tested soon , easily We will find abnormally high levels of PSA (not real), which can confuse the doctor, make him suspect a possible CP and lead to other tests, not only unnecessary but potentially aggressive.

Therefore, an important warning: two to seven days before the determination of the PSA it is mandatory that everyone avoid ejaculation, prostate massage and anal penetration.

1. Prostatitis: infection and/or inflammation of the prostate, which also increases PSA.
2. Bicycle: contradictory data, but some argue that the saddle can press on the prostate and cause the emission of PSA into the blood.
3. Male hormones: If you are taking testosterone supplements , they can also increase PSA.

# PSAITIS OR ANXIETY RELATED TO PSA OUTCOMES

-We know real cases of anxiety attacks in healthy men in relation to this test. PSA carries a high level of anxiety for men, as they await their results with fear of relapse. It seems that while waiting for the results they have more present than ever the sword of Damocles over their heads, waiting to know if it will fall on them. or not, and they will be able to go on with their lives until next time. This type of anxiety, in Anglo-Saxon countries is called PSA anxiety, or playing with humor with its acronym, the analysis to promote stress and anxiety (in English: to Promote Stress and Anxiety). In Spanish we have coined the term Psaitis.

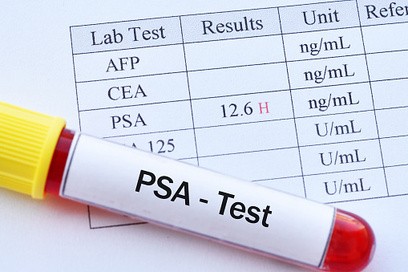
-This anxiety consists of nervousness, tachycardia and sweating, with negative thoughts, regarding the possibility that indicates a recurrence of PC, plus negative fantasies about the worst possible scenario. Ideas about a future in which the CP would have reappeared, such as "I will not be able to bear it", "how we will", "what will happen to my family " appear strongly. It is an anxiety difficult to overcome, because it is very localized in time and closely related to a wait, with not tolerating the uncertainty of not knowing. In more severe cases, the person may begin to manifest functional pain, that is, as a result of their own anxiety that, in a way, confirms their suspicions that "something bad is happening", with checking behaviors such as going to the bathroom often to check if they urinate well, if They feel pain, they bleed... In turn, these discomforts generate more anxiety.

(Continued on page 7)

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-In most patients, a negative result, i.e. according to which everything is fine, serves to calm down. But there are some cases, more resistant, whose relief lasts very little, and soon begin again with suspicions of worsening, interpretation of discomfort as signs that the PC reappears.

-In these cases it may be indicated to go to a specialized professional, especially if the interference with the quality of life is important. In any case, trying to focus on the present, not anticipating or being too aware of bodily changes, can be a good idea. It is also necessary to accept anxiety as part of coping with the disease and try to live and enjoy as much as possible, despite it, not against it. Unpleasant emotions are necessary for survival, and when they are coherent, it is better to accept them than to try to fight them.



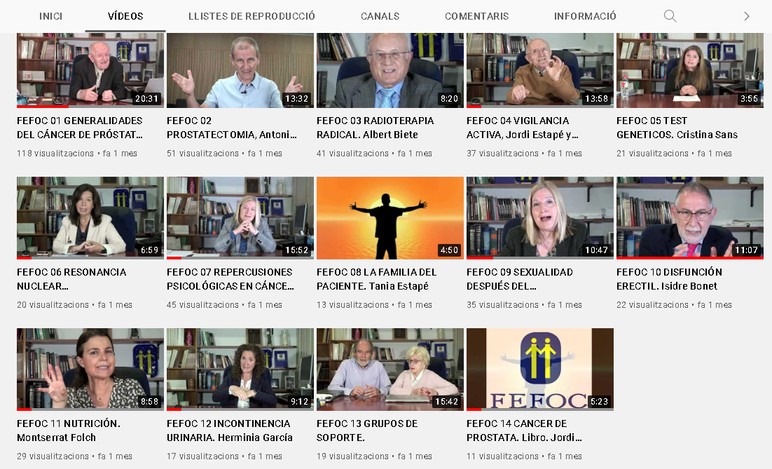
PSA-Test Results

To purchase the book click [**here**](https://www.amazon.es/C%C3%81NCER-PR%C3%93STATA-HETEROS-GAYS-BISEXUALES-ebook/dp/B08QRZ3XNJ/ref%3Dsr_1_1?__mk_es_ES=%C3%85M%C3%85%C5%BD%C3%95%C3%91&crid=1XUVW0UQ1NR7N&keywords=cancer%2Bde%2Bprostata.%2Bjordi%2Bestape&qid=1646068723&sprefix=cancer%2Bde%2Bprostata.%2Bjordi%2Bestape%2Caps%2C109&sr=8-1)

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**Collection of videos about prostate cancer**





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