Enlarged prostate

Know your treatment options

World travel is one of your great pleasures. But in recent months the foreign language phrase book question you’ve used most often is “Where’s the restroom?” At your wife’s urging, you finally scheduled a visit with your doctor.

The problem may be due to an enlarged prostate gland — a condition known as benign prostatic hyperplasia (BPH). It’s a common problem many men face as they age. Treatments are highly variable and depend on your particular symptoms, prostate size, overall health and your preferences. Some men find lifestyle changes along with medications can provide effective relief. Others may be helped by minimally invasive procedures or the long-term solution of surgical removal of the obstructing portion of the prostate gland.

Changes with time

The prostate gland produces most of the fluid that nourishes and transports sperm. It’s located just below the bladder and surrounds the urethra, through which urine passes out of the body. After puberty, the prostate is about the size of a walnut. As men age, the gland gradually increases in size.

What causes this noncancerous (benign) prostate growth — which typically occurs in the gland’s central area — is uncertain. Some believe it may be related to changes in the balance of sex hormones associated with aging. Your risk of enlarged prostate may be greater if your father or brother had problems.

Symptoms of benign prostate growth generally don’t occur until later in life.
Overall, more than half of men in their 60s encounter symptoms related to prostate enlargement and most men in their 70s and 80s have symptoms as a result of it.

As the prostate gland’s central area enlarges, it can press in on the urethra, slowing and interfering with urine flow out of the body. Prostate size doesn’t necessarily predict symptom occurrence. Symptoms have more to do with how much prostate tissue has enlarged in the center area of the gland, where it creates resistance or obstructs urine flow. That’s why some men with slightly enlarged prostates experience significant symptoms while others with very enlarged prostates encounter only minor urinary symptoms. Some men’s symptoms may stabilize and even improve.

Signs and symptoms of prostate gland enlargement may include a weak urine stream, difficulty starting urination, stopping and starting while urinating, needing to urinate urgently, or straining to urinate. You may urinate more often or find you’re getting up frequently during the night to go to the bathroom. Over time, severe problems may develop, possibly including urinary infections, bladder stones, or — most seriously — obstruction of the kidneys and impaired kidney function.

Some men aren’t aware that they have prostate enlargement because they don’t experience symptoms or they view their symptoms as a normal part of aging. However, these same men may suddenly find it’s impossible to urinate (acute urinary retention). This may be triggered after taking a cold or allergy medication that has a decongestant or antihistamine in it. These drugs can tighten muscles that control urine flow and generally should be avoided if you have an enlarged prostate.

**Finding relief**

Treatments for BPH attempt to reduce troubling symptoms and restore normal function of your urinary tract. For men who have a mildly enlarged prostate and no symptoms or very mild ones, treatment may not be immediately necessary. Studies have found that as many as one-third of all mild cases clear up on their own without early treatment.

Medications are commonly used to treat and relieve mild and moderate symptoms due to enlarged prostate. Drug therapies include:

- **Alpha blockers** — These begin to work quickly by relaxing bladder neck muscles and muscle fibers in the prostate. These drugs include terazosin (Hytrin), doxazosin (Cardura), tamsulosin (Flomax), alfuzosin (Uroxatral) and silodosin (Rapaflo). They increase urinary flow and reduce the need to urinate as often. Side effects may include lightheadedness when standing up too quickly (orthostatic hypotension), but this generally improves over time and may be avoided by taking the medication before bedtime. While taking an alpha blocker, you may experience a harmless condition called retrograde ejaculation — semen flows backward into the bladder rather than forward through the penis.

- **Enzyme (5-alpha-reductase) inhibitors** — These medications shrink prostate tissue by preventing hormonal changes related to prostate growth and generally work best for very enlarged prostates. They include finasteride (Proscar) and dutasteride (Avodart). It may take months to notice optimal improvement. In a small percentage of men, side effects may include impotence (erectile dysfunction), decreased sexual desire or retrograde ejaculation. Talk with your doctor in more detail about risks and benefits to decide what’s best for you.

- **Combination drug therapy** — When an alpha blocker or enzyme inhibitor alone isn’t enough, your doctor may recommend taking one of each at the same time or the combined medication tamsulosin and dutasteride (Jalyn). Combination therapy can significantly reduce symptom progression better than taking either drug alone.

- **Tadalafil (Cialis)** — This medication for erectile dysfunction was recently approved for the treatment of symptoms of prostate enlargement. However, it shouldn’t be taken in combination with alpha blockers.

**Considering surgery**

If medication isn’t effective, if you have moderate to severe symptoms or your prostate is growing into the bladder, your doctor may recommend surgical treatment. Some men prefer surgical treatment as a long-term solution instead of taking medication. The main surgeries remove prostate tissue that otherwise blocks urine flow. The result is lasting relief from symptoms. But there may be side effects, which can vary depending on the procedure. These may include retrograde ejaculation, loss of bladder control (incontinence) and impotence. Talk with your doctor about specific risks in the con-
Established surgical procedures to manage enlarged prostate include:

- **Transurethral resection of the prostate (TURP)** — Your surgeon places a lighted scope into your urethra and uses specialized tools to open the channel through the prostate to relieve the obstruction. TURP relieves symptoms quickly, and most men experience stronger urine flow soon after the procedure. A short hospital stay is often needed, and you can expect to have a urinary catheter for a few days. Bleeding may be a risk, and you may have some blood in your urine until the prostate lining has healed over. Re-treatment is sometimes necessary in five to seven years.

If surgery is considered too risky and you have a small prostate but moderate to severe symptoms, an alternative to TURP is transurethral incision of the prostate (TUIP). TUIP is a shorter procedure done in a similar fashion to TURP, but instead of removing prostate tissue, one or two small cuts are made in the prostate gland to open a wider channel at the bladder neck to improve urine flow rate.

- **Open prostate removal (simple prostatectomy)** — This surgery is done in instances where the prostate gland is very large. An incision is made in the lower abdomen — or small openings are made for laparoscopic or robot-assisted surgery — to reach the prostate and remove the interior portion of the gland. A hospital stay of several days is likely, and a urinary catheter may be in place for as long as seven to 14 days.

**Other procedures**

Minimally invasive therapies use various forms of heat or energy to shrink or remove excess prostate tissue around the urethra to enlarge the opening from the bladder. Blood loss is less likely during these procedures. At Mayo Clinic, these are usually done on an outpatient basis using lasers.

Various types of lasers are used in different ways to destroy or remove overgrown prostate tissue. Generally, the laser device is inserted through a narrow scope and into the urethra where it can be directed at prostate tissue. Symptom relief generally occurs right away, and the risk of side effects is lower than when TURP is done.

Some procedures — such as holmium laser ablation of the prostate (HoLAP) — use high-energy laser to vaporize (ablate) overgrown prostate tissue pressing on the urethra. Other lasers remove as much prostate tissue as a simple prostatectomy (enucleation) but without the need for incisions. Preferred procedures include:

- **Holmium laser enucleation of the prostate (HoLEP)** — The laser separates the prostate’s central tissue portion from the gland’s surrounding fibrous capsule — like peeling an orange from the inside out and leaving the outside rind intact. The separated prostate tissue is reduced to smaller pieces and then removed.

- **Photoselective vaporization of the prostate (PVP)** — This specialized laser vaporizes prostate tissue and results in less blood loss than with TURP. In some, the muscles controlling urination are weakened temporarily, but in most cases bladder control returns rapidly.

Not all facilities have lasers to perform prostate surgery or surgeons who have the specialized training.

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**Health tips**

**Soothing dry skin**

Dry skin is the most common cause of itching in older adults. Keep your skin soft and supple by:

- **Minimizing hot showers and baths** — Take warm, not hot, baths and showers, because hot water can deplete natural oils in your skin. Keep the time spent bathing to less than 10 minutes.

- **Washing gently** — If possible, limit soap use to the face, underarms, genital area, hands and feet. Avoid aggressive scrubbing of the skin. Use mild cleansers such as Cetaphil, Dove or Vanicream. Avoid antibacterial, perfumed and deodorant soaps, since these can be harsh on the skin.

- **Patting dry** — After bathing, leave your skin moist by gently patting or blotting it with a towel. Avoid rubbing or wiping your skin dry.

- **Moisturizing after bathing** — After bathing, immediately apply a moisturizing lotion to trap moisture in your skin. For extra-dry skin, a product in which petrolatum is one of the top three ingredients is likely to be best. Products containing glycerin, lactic acid or urea may provide an extra boost. Examples include Aveeno moisturizers, Cetaphil and Vanicream.

- **Using a humidifier** — Use a humidifier when the air is dry, such as during the winter months in cold climates.

- **Protecting yourself from the elements** — Sun exposure and cold winds can dry out skin. Cover exposed skin in the winter. Minimize sun exposure by wearing hats, staying in the shade and liberally applying sunscreen before going outside.
Tuberculosis and related bacteria

Tackling tough bugs

Before antibiotics, people with the active form of the bacterial lung infection tuberculosis (TB) may have been isolated and watched closely in a hospital setting. Some traveled to a location with a different climate or supposed “clean atmosphere,” or sought recuperation at a sanitarium. Sanitariums may be a thing of the past thanks to antibiotic drugs, but TB isn’t. Worldwide, TB caused 1.4 million deaths in 2011, mostly among the poor in developing countries. In addition, antibiotic-resistant strains of TB are becoming a worldwide threat.

Although TB isn’t commonly encountered in the U.S., it’s still a public health concern. With appropriate antibiotic therapy, TB is usually curable. There also are numerous related mycobacterial “cousins” to TB. These aren’t spread from person to person as is TB, but they can be challenging to treat.

Varying infections

Mycobacteria are a family of bacteria that includes those that cause TB and leprosy, and infections of the lungs, skin and other parts of the body. TB most often affects the lungs (pulmonary) but can spread to other body parts, including the lymph nodes, spine, brain and kidneys. It’s spread from one person with pulmonary TB to another through tiny droplets released into the air by coughs and sneezes. TB generally isn’t easy to catch, and it usually requires close contact with a person with whom you live or work who has pulmonary TB. People with TB outside the lungs aren’t infectious to others.

Although your body may harbor the bacteria that cause TB, a healthy immune system usually can prevent...
you from becoming sick. When the bacteria remain in an inactive state causing no symptoms, it’s called inactive (latent) TB. Latent TB isn’t contagious, but it can turn into active TB, so treatment is important to prevent development of active TB and to reduce the spread of disease. An estimated one-third of the world’s population has latent TB.

Active TB is what makes you sick. It can occur in the first few weeks after infection, or it might occur years later. Signs and symptoms include coughing over a few weeks — which may include coughing up blood or phlegm — unintended weight loss, fatigue, fever, night sweats, chills, loss of appetite, or chest pain with breathing or coughing.

Other possible mycobacterial infections include:
- **Mycobacterium avium complex (MAC)** — This includes two species of bacteria found in the environment. These aren’t a threat to someone with a healthy immune system. The major groups affected by MAC infection are women older than 50, people with chronic lung disease, smokers and heavy alcohol users. Less commonly, some people develop more-immediate symptoms of a MAC infection from exposure to hot tub vapors that have been contaminated with the bacteria.

Key signs and symptoms include persistent cough with phlegm. Less commonly, fever, night sweats, unintentional weight loss, fatigue and malaise also may be experienced. The symptoms of MAC infections are often very non-specific but generally tend to be chronic.
- **Mycobacterium kansasii** — These bacteria are present in tap water in certain urban locations. They generally aren’t a threat to a healthy immune system. Those who become infected are often older adults. They often have chronic lung disease or are taking drugs to suppress the immune system. Symptoms are similar to those of TB and MAC.
- **Mycobacterium marinum** — These bacteria make their home in standing water, such as lakes, swimming pools and fish tanks. They can cause a skin infection, primarily if you enter the water with an open wound. Even without a wound, reaching into a contaminated fish tank can cause a skin infection.

A weakened immune system raises the risk of mycobacterial infection progression, reactivation and heightened severity. Babies, young children and older adults may have less robust immune systems. The immune system can also be weakened by HIV/AIDS, diabetes, cancer or cancer treatments, and other therapies.

For TB infection, contact with a person with active pulmonary TB is a critical risk factor. Visiting countries with high rates of active TB is a critical risk factor. Visiting countries with high rates of active TB, being a health care worker, and working in prisons or immigration centers all can lead to contact with the bacteria.

**Persistent cough**

If you have a persistent or long-standing cough — especially one that produces phlegm or blood — see your doctor. A wide variety of alternative lung problems also can cause these symptoms. MAC infections and Mycobacterium kansasii infections are diagnosed by trying to culture the bacteria in a sputum or blood sample. If your doctor suspects active TB, diagnostic tests may include:

- Testing sputum for TB bacteria and to determine if the bacteria causing it are resistant to certain antibiotics. Visualizing a direct smear and culture of the sputum are the primary tests.
- A chest X-ray, which may show evidence of latent or active TB.

Screening for latent TB may be done with:

- A skin test, in which a small amount of purified protein derivative (PPD) tuberculin is injected under the skin. If a hard, raised bump appears within two to three days, you likely have TB. This test isn’t always accurate, so follow-up testing is sometimes warranted.
- A blood test called an interferon-gamma release assay.

Combinations of antibiotics are the cornerstone of treatment for mycobacterial infections. The medications you take and the duration of therapy depend on the type and location of infection. Latent TB can be treated with a single antibiotic for a number of months. Additional factors that influence drug choice and duration of therapy include drug resistance of the infectious organism, your overall health and any side effects you experience.

After a few weeks of taking medications for pulmonary TB, you generally won’t be contagious, and you may start to feel better. However, it’s crucial to finish the full course of therapy exactly as prescribed. People being treated for TB typically receive their medications daily through a public health department. This is to ensure that the medications are taken and to monitor how they are tolerated. Stopping treatment too soon or skipping doses can allow the bacteria that are still alive to become resistant to those drugs, leading to an infection that’s much more dangerous.

A vaccine for TB is commonly given to children in countries with high rates of the disease.
Dealing with grief

Sometimes, help is needed

Knowing about loss and experiencing loss are two different things. That’s why the feelings of grief after the loss of a loved one can’t be planned or mapped out — there’s no right way to grieve.

At one time grief was thought to occur in a set pattern of five stages. Now it’s understood to be more complicated than that.

In reality, grief is a natural experience that evolves from the relationship you had with the person who has died. It’s often, but not always, a culturally bound experience in that you may grieve in the same way that people in your family or community grieve. Grief can also be experienced as the result of a number of things, such as the loss of a pet, the loss of a marriage to divorce, or the loss of some ability as the result of a stroke or another physical or mental illness.

Grief after the loss of a loved one is one of life’s great stressors. You may find the support of family and friends is enough to help you through. However, if that’s not the case, it’s important to seek care from others who have expertise and experience helping people deal with grief.

Finding your way

Early days after a loss are typically focused on rituals and observances connected with funeral and memorial services. Many describe an initial feeling of numbness.

As numbness wears off, you may encounter more-intense and painful feelings of loss. It’s not uncommon to have physical symptoms. These may include upset stomach, loss of appetite, chest tightness, trouble sleeping, exhaustion and difficulty breathing. You might be more forgetful and find it difficult to concentrate.

In the early weeks and months, grief may be experienced in waves of distress. You may encounter feelings of restlessness, anxiety and anger — even anger directed toward the deceased. Your moods may change quickly, disrupting your usual balance.

In time, the normal grieving spectrum allows you to let a loved one go and keep on living in a healthy way. To help yourself deal with grief:

- Share your story — Put your feelings into words by talking with a close friend or family member who can listen as you sort through your feelings. Let yourself cry — tears are a helpful part of the healing process.
- Put your thoughts on paper — Write a journal. It may help to write letters to your deceased love one. Letters allow you to share your regrets, what you want to say that was never said, what you miss and how you feel.
- Take care of yourself — Allow yourself physical pleasures, such as a long bath, naps and favorite foods. Try to eat for your health — choose lots of fruits and vegetables. Relieve physical tension by walking or doing physical activities on most days.
- Take breaks from grief — listen to music, read, get a massage, or go out for coffee or dinner. Engage in prayer, meditation or spiritual reading that’s in keeping with your beliefs.
- Join a support group — Talking with others who share the experience of grief can help you feel less alone and provide practical advice. If a support group isn’t near you, you may find help through your church, an area senior center or online groups.

Concerning behaviors

The grief process may be more difficult for some. If you or a loved one who is dealing with grief experiences feelings of isolation or an inability to stop thinking about the death and its circumstances, seek care from a trained professional. Your primary care doctor is a good starting point. If necessary, your doctor may prescribe short-term use of medications for sleep and anxiety, which can be helpful. A primary doctor can also refer you to a counselor or therapist. Studies have found that for mild to moderate depression, talk therapy can be as effective as medication.

Some situations are potentially more serious — even life-threatening — and require psychiatric evaluation and treatment. These include:

- Major (clinical) depression — Depressed mood is common after a loss, but symptoms of major depression signal a much more concerning situation. Signs and symptoms vary but may include a loss of appetite and significant weight loss, early morning awakenings, exhaustion, physical or emotional agitation, feelings of worthlessness or hopelessness, and an inability to manage basic daily activities.

Especially worrisome is a state of vegetative-like immobility and thoughts of harming one’s self. It’s possible for major depression such as this to evolve early on, even within a couple of weeks of the loss.

- Complicated (pathological) grief — This may develop if disabling emotions persist for months and to the point of interfering with responsibilities and relationships. You may experience disbelief that the death occurred, preoccupation with thoughts about the deceased, social withdrawal and thoughts of wanting to be reunited with the dead.

In these situations, medications along with talk therapy are typically recommended for treatment. Talk therapy can be particularly helpful in managing complicated grief.

More resources

- National Institute of Mental Health
  www.nimh.nih.gov
  866-615-6464 (toll-free)

- Mental Health America (formerly National Mental Health Association)
  www.mentalhealthamerica.net
  800-969-6642 (toll-free)

- National Institute on Aging
  www.nia.nih.gov
  800-222-2225 (toll-free)
Persisting itching

Relief is usually possible

Itching is a common sensation, and most of the time a quick scratch provides relief. Still, itching can be more persistent — and can even become torturously annoying, potentially leading to insomnia, anxiety, depression and loss of quality of life.

Itching can have hundreds of possible causes. The process of how we perceive an itch sensation is complex and isn’t fully understood. Still, there are effective therapies for most types of severe or persistent itching. As the understanding of how people perceive itch advances, newer therapies are emerging.

With a rash

There’s no one-size-fits-all treatment for itching. Rather, finding the cause of an itch determines treatment steps. Itch types are often divided into skin problems that cause a rash and internal problems that usually don’t. Itching with a rash may indicate:

- **Dry skin** — This is the most common cause of itchy skin in older adults. If you look closely, you may see scales or flaking. Frequent bathing, hot water and dry air — particularly in the winter months — are common causes (See “Soothing dry skin,” page 3).
- **Skin disorders** — These may include psoriasis, inflammation of the skin (dermatitis), hives or skin infections such as impetigo.
- **Infectious diseases** — These include chickenpox and shingles. Scabies and lice can cause very severe itching, and fungal infections can occur in moist areas such as the feet.
- **Irritation and allergic reactions** — Your skin can become inflamed by any number of irritants — such as insect bites, cosmetics, wool, or poison ivy — that you may have had contact with. In many cases, your doctor or a dermatologist can determine the cause of itching with a rash by examining the skin area that itches and by asking you about — or testing for — potential causes. Treating skin problems depends on the cause and may include addressing dry skin, eliminating a parasite or stopping exposure to a known irritant.
- **Infectious diseases** — These may include lice, chickenpox and shingles. Scabies and shingles can cause very severe itching.

Other treatment options include:

- **Medications** — These include oral antihistamines for allergies or hives and corticosteroid creams for itching caused by skin inflammation.
- **Wet dressings** — This involves applying medicated cream to affected areas and then covering these areas with cotton cloths that have been soaked in tap water or a special solution, then wrung out. The moisture in the damp dressings helps the skin absorb the medicated cream, cools and hydrates the skin, and helps remove scales and crust. These may be used in a hospital setting or at home. These are often effective when other therapies have failed.
- **Phototherapy** — Performed in a doctor’s office or at a treatment center, phototherapy involves exposing your skin several times a week to certain wavelengths of ultraviolet (UV) light over the course of a few weeks or months. It’s usually used when there’s a visible rash, but phototherapy can be effective for nonrash itch, as well.

Without a rash

Itch that occurs without a rash may be the result of:

- **Diseases** — Some types of liver disease, kidney failure, iron deficiency anemia, thyroid problems, and leukemia, lymphoma and other cancers can cause itching.
- **Medications** — Numerous drugs, such as narcotic pain relievers and certain cancer medications, can cause itching, as can an allergy to a drug or food.
- **Nerve dysfunction** — A pinched, damaged or irritated nerve can send itch signals when there’s no actual skin itch. Multiple sclerosis and postherpetic neuralgia after a bout of shingles are nerve problems that can cause itching. Psychological problems such as stress and mood or anxiety disorders also may be associated with itching.

Once an underlying cause has been identified, relief may be achieved by treating the underlying disease or adjusting medications. Antidepressant medications may be tried for itching in select situations where other therapies haven’t worked.

Intervene early

Although most types of itching respond well to treatment, itch relief may not be immediate. However, a number of creams and ointments may be effective at relieving itch immediately. These include topical anesthetics such as lidocaine or benzocaine and ointments and lotions such as peppermint, camphor or calamine. Capsaicin, which is an ointment derived from chili peppers, can be an effective counterirritant that’s applied to the itchy area of skin.

Placing a damp cloth over an area of itching may “cool down” the sensation of itch. Working to reduce stress also can help reduce the itch sensation.

Prolonged itching and scratching may increase the intensity of the itch, possibly leading to lichen simplex chronicus. This is a condition in which an area of skin that’s frequently scratched becomes thick and leathery — and often more difficult to treat.

Seeking prompt care for a persistent or severe itch may help keep a treatable problem from developing into something worse.

Skin that’s frequently scratched can become thick and leathery, a condition called lichen simplex chronicus.
Can prickly pear cactus help with my diabetes?

That’s a tricky question, and caution is warranted. Indeed, preliminary research suggests that consuming 100 to 500 grams daily of the cooked stems (pads) of the *Opuntia streptacantha* species of prickly pear cactus may decrease blood sugar levels in some. In addition, prickly pear cactus, also known as nopale, traditionally has been used in Mexico to treat diabetes.

However, prickly pear isn’t a diabetes medicine. It’s not known if taking prickly pear over time results in consistently lower blood glucose levels. In addition, the potency of any prickly pear food product or supplement is likely to vary widely, so it’s difficult to determine an effective dose.

If you take a diabetes medicine to lower blood sugar, talk to your doctor before trying prickly pear. Your doctor may advise you to avoid it. If you are cleared to take it, your doctor may suggest you carefully monitor your blood sugar levels, since the combined effect of a diabetes medication and prickly pear may lead to potentially life-threatening low blood sugar.

Aside from lowering blood sugar, limited research also suggests that a specific extract of prickly pear fruit (Tex-OE) may reduce the severity of hangover symptoms such as nausea, vomiting and dry mouth. However, to work, the extract must be taken several hours before consuming alcohol.

As a food, prickly pear pads and fruits are like many other minimally processed, plant-based foods — they’re nutritious, loaded with antioxidants, high in minerals and fiber, and delicious when prepared properly. Enjoy the plant as part of a varied diet, and be somewhat cautious about overdoing it, as its high fiber content may lead to bowel issues in some people.

I have rheumatoid arthritis. Is it possible to get another type of arthritis as well?

Yes, it’s possible. Osteoarthritis — sometimes referred to as wear-and-tear arthritis — can occur over time whether you have rheumatoid arthritis or not. If you have rheumatoid arthritis, it’s important to distinguish the two from one another. It won’t work to increase rheumatoid arthritis drugs to treat osteoarthritis pain, and doing so will only increase your exposure to the risk of medications that aren’t appropriate.

It’s also possible to have gout or pseudogout along with rheumatoid arthritis. Sudden joint inflammation and intense pain related to these forms of arthritis are caused by the buildup of crystals in the affected joint — urate crystals with gout and calcium pyrophosphate crystals with pseudogout. Rheumatoid arthritis has nothing to do with crystals. It’s an autoimmune disease in which the immune system mistakenly attacks the tissue lining around the joint, resulting in inflamed joints.

Rheumatoid arthritis, with features such as those at left, can occur in conjunction with osteoarthritis, with features such as those at right.

Have a question or comment?
We appreciate every letter sent to Second Opinion but cannot publish an answer to each question or respond to requests for consultation on individual medical conditions. Editorial comments can be directed to:

Managing Editor, Mayo Clinic Health Letter,
200 First St. SW, Rochester, MN 55905, or send email to HealthLetter@Mayo.edu

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