**GP education program on erectile dysfunction**

As more people recognize that ED is not exclusively a medical condition but also a psychological one, there has been an increasing focus on psychological interventions for ED. These treatments can be effective in improving sexual functioning with their own unique merits and deficiencies. A brief discussion of sexual health and satisfaction will be provided followed by a discussion on the current evidence on psychological interventions for ED. The focus will be on treatment for ED. The aim of this presentation is to improve knowledge and awareness of psychological treatments for ED and to develop interpersonal skills to be able to initiate discussion, and develop evidence-based guidelines for assessment and treatment.

**Internet Update**

Andrology Australia is redesigning the Internet Update module. Andrology Australia is collecting more information on erectile dysfunction to make information more easily accessible and more tailored for the practitioner. The new website will aim to engage users more effectively than currently, with a faster load time to find information. The content will be regularly updated to make sure users have access to the latest information. The professional and general websites will be combined which will enable information to be found on one site and avoid repetition. Information on different topics and new sections will also be added on the new site.

The first update module, “Andrology Australia: Focus on: Testicular Trauma,” is now available. Results from a survey conducted earlier this year on testicular trauma in Australia are presented in this module.

Although users surveyed found the site provides quality and informative material (on a scale of 1–not very useful to 5—very useful), a score of 4.8 was achieved, improving other aspects such as website friendliness. Changes made hope to assist the survey to be identified in the survey in relation to other diagnostic topics of interest, such as details of relevant support groups and medical units with expertise.

Active since 2001, the general website currently receives an average of 480,000 visits per month and 44.92,500 hits per month. The Andrology Australia website has over 170,000 words of refereed scientific fact sheet since July 2004, more than three times the number found on the World Wide Web. The website continues to lead the website. Results from a survey conducted earlier this year on testicular trauma in Australia are presented in this module.

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The Healthy Male

The Healthy Male

There are competitive cyclists who provide this health information to Cycling Australia, Ron Bonham, cancer raised the awareness of this and his battle with testicular impact on their reproductive health. They may, however, not be aware of these disorders as part of their healthier lifestyle. Avoiding cold temperatures during the examination is well known. If the testis can be moved back down to the muscle attached to the testis (the cremasteric muscle) examination by a qualified medical practitioner. In some cases, the presence of cremasteric muscle is unknown. When a boy is born with testes located in the scrotum, the hormone injected is often not present before the child is three months old. If a testis is not in the scrotum by six months of age, it is considered to be undescended and will need to be treated.

What are undescended testes? The condition known as undescended testes, or cryptorchidism, affects about 2% of all boys. In this case, one or both testes stay up inside the abdomen or high in the scrotum. The normally descended testis opposite the undescended one is also at increased risk for cancer. Symptoms of cancer include a swelling that feels hard and immobile. If a testis is not in the scrotum by six months of age, it will not descend and will need to be treated. 

What is an absent testis? In about five per cent of boys who are born with undescended testes, the number drops to three per cent by six months of age because the testes often descend to the scrotum in the later months of pregnancy. About five per cent of all boys are born with undescended testes. It has been found that babies born with this condition as well as those with spina bifida and Down Syndrome are more likely to have very poor sperm quality, even if corrected by surgery. 

What causes undescended testes? Testicular cancer, erectile dysfunction, testosterone deficiency (Klinefelter’s Syndrome) or medical problems that will be discussed. Testosterone deficiency (androgen deficiency) can be caused by a genetic problem, such as Klinefelter’s Syndrome or medical problem, damage to the testes or one of the hormone-producing parts of the body. It also affects other hormones and causes some unpleasant symptoms.

Cycling Australia puts reproductive health on track

Cycling Australia is putting reproductive health on its agenda with the website being established. In some cases, the presence of cremasteric muscle is unknown. When a boy is born with testes located in the scrotum, the hormone injected is often not present before the child is three months old. If a testis is not in the scrotum by six months of age, it is considered to be undescended and will need to be treated. 

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Cycling Australia puts reproductive health on track

Athletes in all sports are usually very concerned with their health and fitness to be in peak physical condition to be able to compete. In some sports it is so important that they are so conscious of how their training may impact on their reproductive health.

Cycling Australia and its National Coaching Director are working with Andrology Australia and Cycling Australia is providing health information and advice to cyclists, cyclists and their coaches about the reproductive health of male cyclists. This is especially the case with the young male cyclists who may experience increased reproductive stress during the extreme training and competition that comes with professional and amateur cycling.

National Coaching Director of Cycling Australia, Ron Bertram, said that he is happy to be able to provide this type of information to the members of his teams.

‘There are many competitive cyclists who have been affected by reproductive disorders, so it is great to be able to deliver relevant health information to these men who, as individuals and as teams, are probably more concerned about performance than any other group of young men,’ said Ron.

‘By ensuring male cyclists know the potential problems they can avoid, we hope they will be equipped with the knowledge to identify when a health problem arises and seek to receive appropriate medical advice and treatment.’

Cycling Australia is providing health information from Andrology Australia to all male cyclists through an online brochure, which is available to all cyclists and coaches on the Cycling Australia website. It is important to note that the health information provided is just that, information, and that a qualified medical practitioner should be consulted in the case of any health concerns.

Although there is no definite link between testicular cancer and the muscle attached to the testis (the cremasteric muscle), it is possible that it may have an impact on the formation of scar tissue and unable to function. The hormone injected is important to place an undescended testis back in the scrotum.

It is possible to injure the testicular blood vessels or the sac, and in some cases it can also help to bring the testes down into the scrotum.

The hormone is injected called human chorionic gonadotrophin (hCG), which helps to make the testes make male hormones. A greater amount of hormone can move the testes down, although it does not come down then an operation is needed.

Cyclists are often known to experience episodes of erectile dysfunction after long-distance cycling events. It is important for cyclists to be aware of these symptoms and a doctor who can help. This guide will help men who ride bikes non-competitively and those who ride competitively and who might be affected by reproductive disorders.

The risk of developing testicular cancer in men born with undescended testes is up to ten times greater than the general male population. This risk of testicular cancer may be reduced by 50% by the scrotum. The normally descended testis opposite the one that is not descended is at no increased risk of developing testicular cancer.

If an adult discovers that he has an undescended testis, it is possible to injure the testicular blood vessels or the sac, and in some cases it can also help to bring the testes down into the scrotum.

Most men are told if they had undescended testes at birth.

If a boy discovers that he has an undescended testis, it is possible to injure the testicular blood vessels or the sac, and in some cases it can also help to bring the testes down into the scrotum.

As boys age, body image becomes more important, especially during teenage years. Abnormal testes can have a negative impact on the boy’s confidence and image. It is important to place an undescended testis back in the scrotum.

The normal raised position of the testis will be lower when it is in its normal position, and this may help to correct the testis back down into the scrotum.

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Cycling Australia puts reproductive health on track

UNDESCENDED TESTES

What are undescended testes?

Testes (singular: testis), commonly known as the testicles, are a pair of glands that produce sperm and hormones affecting the development of sex characteristics in males. They are located in the scrotum, the sac that hangs between the legs. The testicles are usually present at birth. The exact location of the testicles can vary and may descend into the scrotum before, at the same time as, or after the baby is born. In some cases, the testicles may descend within the first 12 months of life. It is normal for testicles to descend by the time of birth, whereas in many cases, they descend within the first 12 months of life.

What are acquired undescended testes?

When a boy is born with testicles located in the scrotum, his body begins to produce sex hormones. Over time, the hormone testosterone pushes the testicles down into the scrotum. If the testicles do not descend, the boy’s body may not respond properly to the hormone. This can cause a range of health problems and conditions later in life, including fertility problems, testicular cancer, and erectile dysfunction.

Why should undescended testes be corrected?

Undescended testes are linked to a range of health problems and conditions later in life, including fertility problems, testicular cancer, and erectile dysfunction. It is important to place an emphasis on testes health from an early age. The testicles are of great importance to men, as they produce hormones and sperm. If the testicles remain high, it can affect their blood supply, resulting in irreversible damage and inability to function. The short spermatic cords slowly pull the testicles back up into the abdomen or higher in the scrotum, which can cause problems for the boy in adulthood. Therefore, it is important to monitor the testicles and seek medical advice if there are any concerns.

How are undescended testes diagnosed?

Undescended testes are diagnosed through a physical examination. A test called an ultrasound may be performed to determine the position of the testicles. Ultrasound is a painless, non-invasive procedure that uses sound waves to create images of internal structures. It is important to monitor the testicles and seek medical advice if there are any concerns.

What is a hernia?

A hernia is a bulge or swelling that occurs when an organ or tissue pushes through a weak spot in the body. Hernias can occur in various parts of the body, including the groin, stomach, and intestines. Hernias can be painful and may cause discomfort or other symptoms. In some cases, hernias can be treated with surgery, such as a hernia repair, to correct the problem.

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How are undescended testes treated?

Undescended testes can be treated in two ways: hormone injections or surgery. Hormone injections work best if the testis is already very close to the scrotum. In some cases, hormone injections can help the testis move down into the scrotum. The hormone injection creates a large network of scar tissue that causes the testis to move down. If hormone injections are not successful, surgery may be necessary.

What is an absent testis?

In about five per cent of cases, there is a complete absence of the testis, or a condition known as agenesis. This condition is thought to be the result of a developmental error. Agenesis is more common in men who have had undescended testes, especially to check for lumps or tenderness. A test called an ultrasound may be performed to determine the position of the testicles. Ultrasound is a painless, non-invasive procedure that uses sound waves to create images of internal structures. It is important to monitor the testicles and seek medical advice if there are any concerns.

What is an inguinal hernia?

An inguinal hernia is a bulge or swelling that occurs in the groin area. It is caused by a weakness in the muscles of the abdomen that allows a lump to protrude through the inguinal canal. Inguinal hernias can be painful and may cause discomfort or other symptoms. In some cases, inguinal hernias can be treated with surgery, such as a hernia repair, to correct the problem.

Hernia repair is a type of surgery that is used to correct an inguinal hernia. It is performed through a small incision in the groin area and involves the placement of a repair patch to strengthen the weakened muscles. Hernia repair can be performed with or without general anesthesia and may cause pain or discomfort. It is important to follow instructions for aftercare and avoid heavy lifting for at least six weeks after surgery. Hernia repair is a common and generally safe procedure, but it carries some risks and potential complications. The most common risks include infection, bleeding, numbness, and weakness. In rare cases, hernia repair surgery can result in permanent nerve damage. Hernia repair is a common and generally safe procedure, but it carries some risks and potential complications. The most common risks include infection, bleeding, numbness, and weakness. In rare cases, hernia repair surgery can result in permanent nerve damage.
GP education program on erectile dysfunction

More and more general practitioners are adding erectile dysfunction as an aspect of their practice. However, many GP’s are not confident in their ability to query their patients about this sensitive issue. Therefore, sexual dysfunction in young men is often not diagnosed due to the difficulty in approaching the issue, which is a major concern in this context. 

A clinical audit for erectile dysfunction is a valuable tool for improving GP’s knowledge and skill in this field. The audit feedback provides an opportunity to improve GP knowledge about prevalence and management and develop interpersonal skills to be able to approach the topic in a non-judgmental, non-threatening way.

This year’s audit will be based on guidelines for assessment and treatment of erectile dysfunction developed in a collaborative effort by the Australasian Urological potato and the Andrology Australia. The results of this audit will be presented at the Annual Scientific Meeting of the Andrology Australia. 

Professor John Hutson

John Hutson has a long standing interest in all aspects of Andrology, in particular, reproductive medicine and function. He has been involved in research and audit into the management of male reproductive problems for over 20 years. He completed his MD thesis in 1986 and was appointed as a Lecturer in Andrology at the University of Sydney in 1989. His role includes the coordination of the Sydney Andrology Clinic. 

The project is being coordinated by the Department of General Practice, University of Sydney and the Andrology Australia. The audit is a collaborative effort by the Australasian Urological potato and the Andrology Australia.

The audit will take the form of a postal questionnaire and an audit will be conducted in 2005. A total of 500 questionnaires will be sent to randomly selected GPs from the list held by the General Practice Board of NSW.

Internet Update

Andrology Australia is the only national organisation that provides a professional forum and support for all those who work in Andrology. It provides information to make more easily and quickly available the latest information. The new website will aim to engage users more effectively than currently, and will provide a more effective tool to find information. The content will be regularly updated to make sure users have access to the latest information.

The new website and general newsletter will be combined which will enable information to be found at one site and avoid repetition. Information on different topics and new sections will be easily added on the website. The website will be user-friendly.

Active since 2001, the general newsletter currently receives an average of 800 000 hits a month and 8 000 000 hits a year. The newsletter of the Andrology Australia is the most read newsletter of the Healthy Male.

January 2005: The website of the Healthy Male newsletter is over 170 000 hits in the two year fact sheet since July 2003. The Healthy Male newsletter contributes to the information to 200 000 sites to the newsletter.

The new site will be completed by September 2005 and its ability and accessibility will be assessed. The new site will provide a primary resource for information on male reproductive health in Australia.

In Brief

Increasing male infertility

Although testicular function is a major factor in male infertility, the decline in sperm quality over recent years has been observed in men of all ages. The reasons for this decline are not fully understood, however, some researchers believe a likely cause is increased exposure to toxic substances. Exposure to such substances may occur as a result of occupational or lifestyle factors.

Women in Management

Increasing numbers of women are becoming involved at all levels of the workplace, including management. Women have been shown to contribute to a better work environment and have the same capacity to lead in management as men. However, there are still some difficulties that prevent women from reaching top positions in management. These difficulties may be related to the position of women in society and the role that they play in the family. Despite these difficulties, the role of women in management is increasing and will continue to do so.

Andrology

Andrology is the branch of medicine that deals with the functions and diseases of the male reproductive organ.
GP education program on erectile dysfunction

The result of the audit will be quality and standard benchmarks for the management of the condition developed and projects will be developed by the Monash Institute of Medical Research and Andrology Australia. The GP community will be supported in their management of this condition.

A clinical audit on erectile dysfunction is a process designed to improve patient care. The audit process is based on research and evidence. The aim of the audit is to improve GP knowledge about prevalence and consequences of erectile dysfunction and develop interventions to help to improve the condition.

This research was conducted by previous studies that found men from Denmark had lower semen quality and a much higher incidence of testicular cancer in the neighboring country of Finland. Undescended testes is linked to both low semen quality and testicular cancer rate in life, and this led the authors of this report to compare the number of boys with undescended testes in Denmark and Finland.

Researchers also found that this rate in Denmark was significantly greater than what was reported 40 years ago. Researchers also found that this rate in Denmark was significantly greater than what was reported 40 years ago.

Boys were checked at birth, three months and 18 months of age and the research shows that Denmark had a higher rate of undescended testes at each specified age. These findings support previous studies showing a pattern of higher rates of reproductive disorders in Danish men. The researchers also found that this rate in Denmark was significantly greater than what was reported 40 years ago. Researchers also found that this rate in Denmark was significantly greater than what was reported 40 years ago.

Until this can be proven and the environmental factors are identified, it is important that information on undescended testes. Research published in 2004 suggests that there is an increase in the incidence of these reproductive disorders, and that this may be linked with the environment.

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