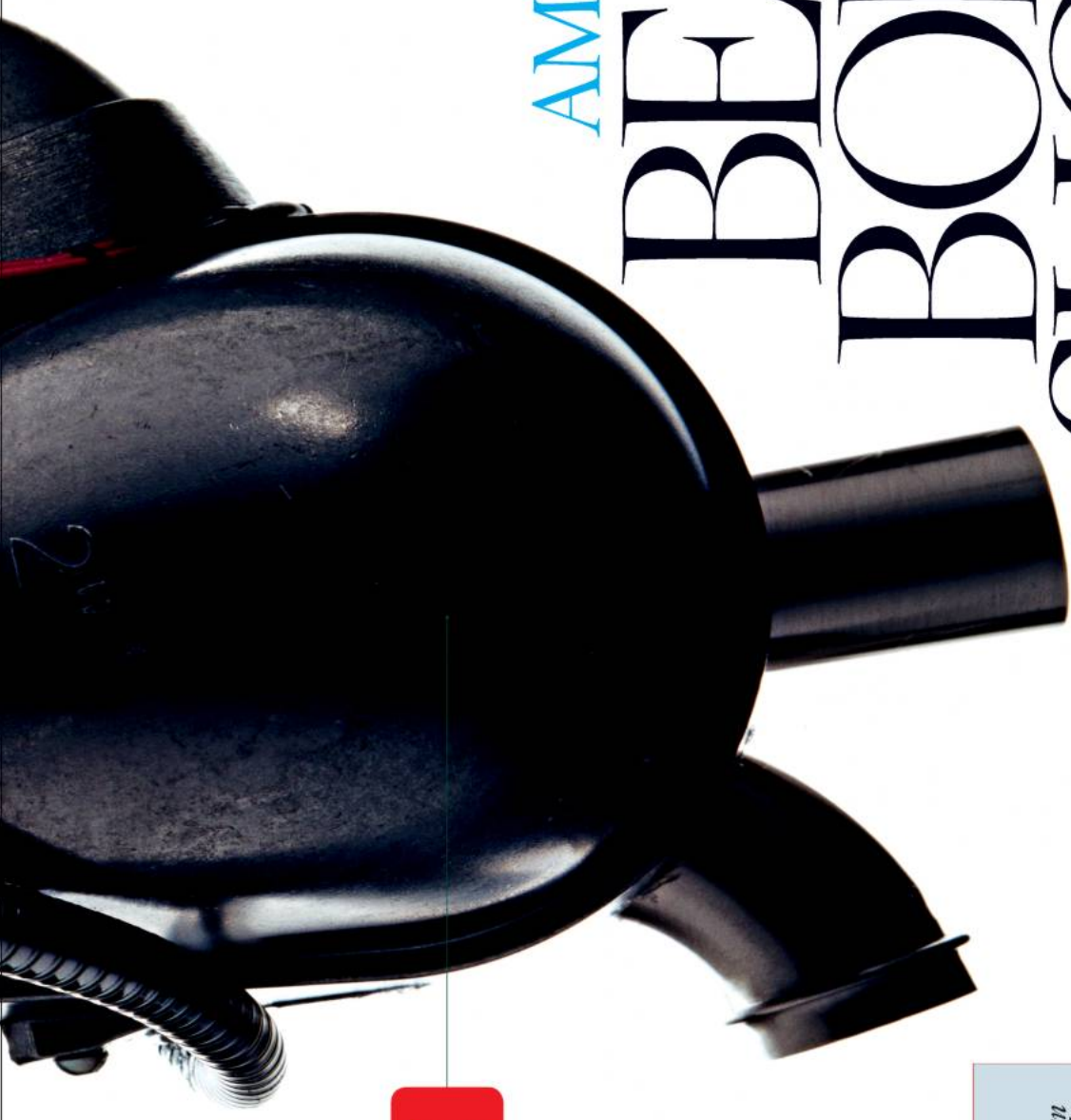


# THE MALE BODY





heart

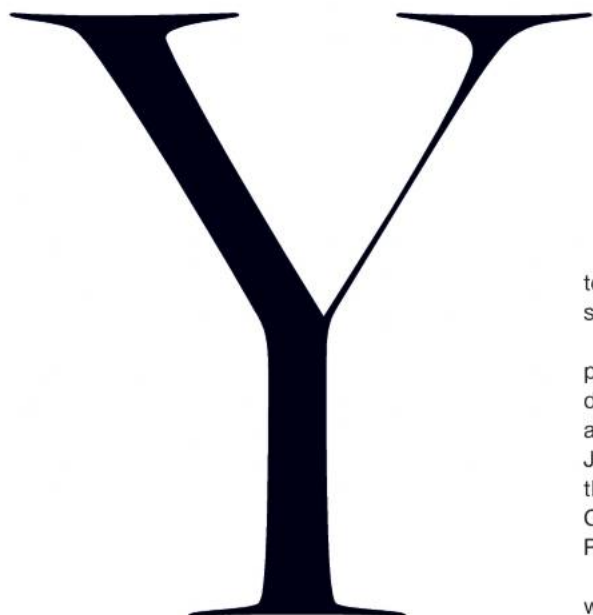
# AMERICA'S BEST BODY SHOPS

*"A lot of physicians focus on certain procedures, and to a man with a hammer, everything looks like a nail." —Steven E. Nissen, M.D., Cleveland Clinic Cardiovascular Coordinating Center*

When you need serious medical care, you want the smartest doctors and the finest facilities providing the most advanced and effective treatments. In short, the best health care that money can buy

BY TREVOR THIEME AND HEATHER HURLOCK  
SCULPTURES BY MEGAN CAPONETTO PHOTOGRAPHS BY CHRISTOPHER GRIFFITH





You're fidgeting on one of those examining tables with the long paper sheet, wondering your fate. Body part X has been acting up—this much you do know. But so what? It's nothing, you're sure. Just some weird and transient physiological glitch. Absolutely no big deal. What kind of wimp are you, getting yourself all worked up?

Still, your doctor was concerned enough to order some routine tests last week. *Routine*—now, there's a reassuring word. Ordinary, run-of-the-mill, common. He's probably just covering his ass against malpractice suits. Or trying to pad his bill. Yeah, it's all about the greens fees.

A quick rap on the door, and your heart jumps through your throat. You realize how scared you've been all week. The doctor is now standing before you, trying to smile, but his eyes and mouth don't match.

"It looks," he says, "like we've got a little problem."

This "little problem" could be anything—an insidious sports injury, infertility, or even a diagnosis of coronary-artery disease or brain cancer. All you know is that your health is under assault, and you need to take steps to protect it. Whether it's your future quality of life or your life itself that's imperiled, your days of denying your kryptonite are done. It's time

to come out punching, and you want the best specialty care you can bring to your corner.

"There's a saying in medicine that what patients like in a physician are three traits, in descending order of importance: accessibility, affability, and least of all, ability," says Barry J. Jacobs, Psy.D., a clinical psychologist and the director of behavioral sciences for the Crozer-Keystone Family Medicine Residency Program, in Pennsylvania.

To be sure, this strategy for choosing a doctor works fine for most garden-variety laments: colds, hernias, pinkeye, and the like. But when your condition is truly serious, the wisdom of reversing your selection criteria needs no explanation. You owe it to yourself to find the best health care available, even if it means traveling a couple thousand miles to do so.

To give you a head start on your search, we've consulted dozens of leading doctors, researchers, and patient advocates. We scrutinized many of the most renowned hospitals and medical clinics in the country. And in the end, we came up with a list of the absolute best centers for the treatment of male-health issues.

Is this an entirely comprehensive list? Hardly. Are there plenty of other excellent medical centers? Of course. But by the end of this article, you'll know what the medical fraternity itself considers its optimum treatment facilities—the gold standards by which all specialty care is judged.

**“BACK PAIN**  
Love is a lot like a backache.  
It doesn't show up on x-rays, but  
you know it's there.”  
—GEORGE BURNS

Somewhere geographically located between that pain in your neck and the one in your ass lies arguably the most ubiquitous human torment of all: lower-back pain, i.e., a disabling form of hell-on-earth fated to contort 80 percent of us at some point in our lives into sniveling, spasmodic, helpless pretzels.

**What to look for** An emphasis on nonsurgical treatments. For most other serious ailments, the best hospitals and physicians are usually those

that perform the most operations; with back pain, you want those that perform the fewest. Experts say 90 percent of back problems can be cured without surgery. In fact, you don't want the scales tipped in favor of any particular treatment—be it steroid injections, physical therapy, pharmaceutical intervention, or surgery. "Many clinicians get hung up on their own pet therapy, but no one treatment has been proven better than any other," says Andrew J. Haig, M.D., an associate professor of physical medicine, rehabilitation, and orthopedic surgery at the University of Michigan Medical School. "The most important question to ask your doctor is 'Do I have to?' If he says yes, don't walk out—run."

In the majority of cases, the most conservative strategy (for example, controlling the pain with medication or performing light exercises) yields the best results. If you fall into the 10 percent of patients who require surgery, however, make sure that your surgeon is board certified in neurosurgery or orthopedic surgery and fellowship trained in treating the spine. The latter qualification means that he or she has completed an additional year of training specific to spine surgery.

#### Where to go

**Texas Back Institute, Dallas**  
(800-247-2225, [texasback.com](http://texasback.com))

TBI is the largest freestanding spine-specialty clinic in the United States and is literally a one-stop shop for back care. It employs more than 150 physicians and staff, including physiatrists, surgeons, neurologists, pain specialists, chiropractors, and physical therapists. The institute's "surgery as a last option" approach has been the cornerstone of its treatment philosophy since it opened its doors more than 20 years ago. First-option treatments include pain management, chiropractic care, and physical and occupational therapy. If all else fails, though, TBI offers some of the most innovative surgical options available.

**University of Washington School of Medicine Spine Center, Seattle**  
(206-598-7746, [uwmedicine.org](http://uwmedicine.org))

While UW's Spine Center meets all of the criteria of a topflight orthopedic facility—



*Lower-back pain is fated to contort 80 percent of us at some point in our lives into sniveling, spasmodic, helpless pretzels.*

a multidisciplinary treatment team, state-of-the-art diagnostic equipment, comprehensive surgical facilities—what sets it apart is its treatment philosophy: The absence of symptoms does not signal the end of therapy. Doctors here encourage their patients to think of them as primary-care physicians and to develop a similar ongoing relationship to help prevent the recurrence of pain.

**Hospital for Special Surgery, New York City (212-606-1000, [hss.edu](http://hss.edu))**

If you really do need surgery, this is the place to go. In addition to a full range of nonsurgical options, the Hospital for Special Surgery has one of the most advanced orthopedic operating facilities in the United States. Doctors here pioneered such minimally invasive techniques as spinal disk replacement (inserting flexible plastic-and-metal disk prostheses through a tiny incision in the abdomen) and the use of synthetic materials to encourage the formation of new bone. The hospital was also among the first to adopt computer navigation to enhance the accuracy of operations.

**CANCER**  
“You know, it’s proven that secondhand smoke is, uh, carcin... uh, you know, cancer related.”  
—STEVE BUSCEMI IN *FARGO*

**Cancer.** It may well be the most terrifying word in the English language. If your doctor ever has occasion to apply this term to you, chances are you’ll remember little of what he says in the minutes after the punch. Pull yourself together and counter your intimations of mortality with the new reality: Unlike in yesteryear, you almost certainly have *not* been given a death sentence.

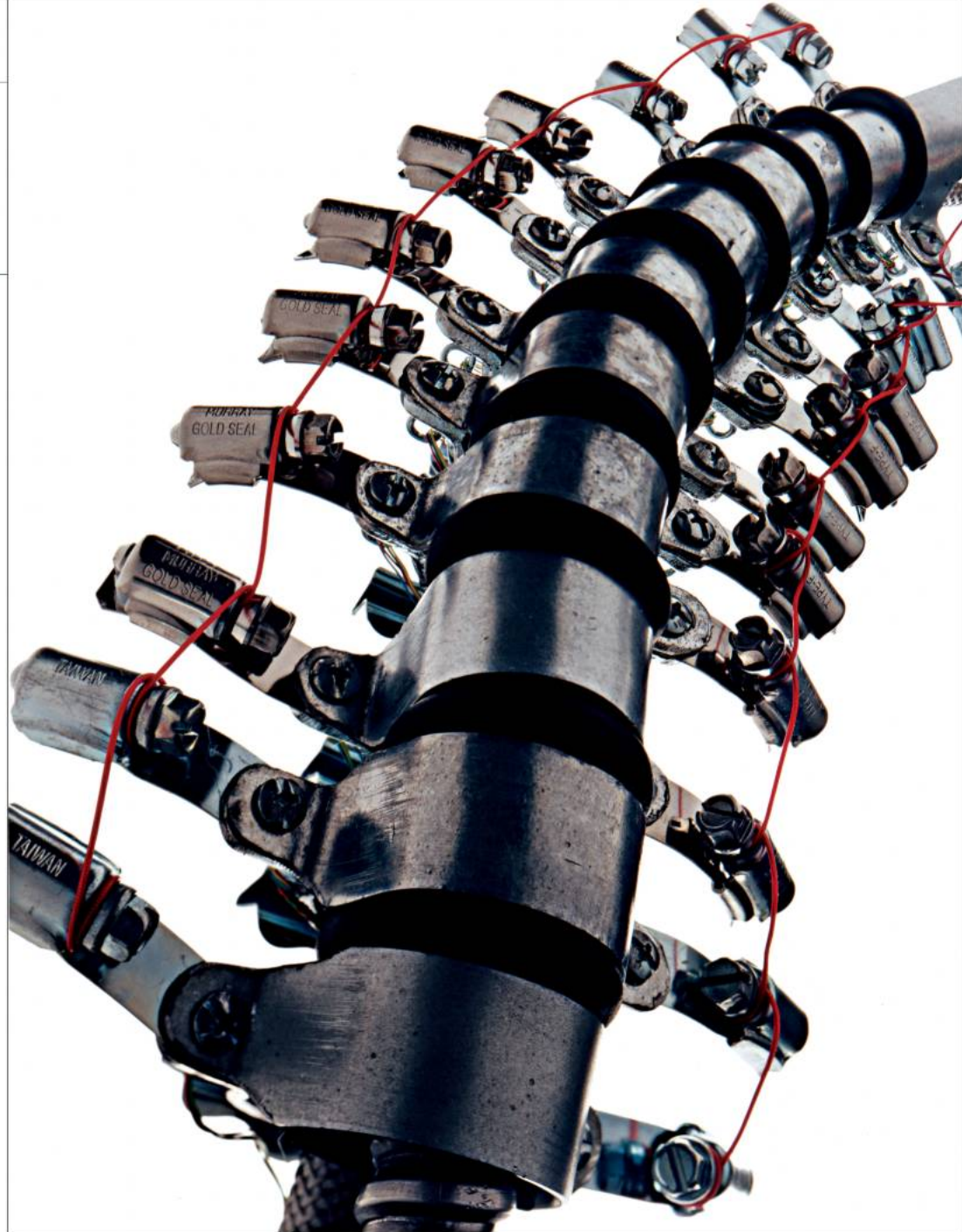
There are two things, however, that you should do as soon as possible: Consult a top specialist, and arm yourself with as much research as possible before your appointment.

In a study of 2,794 cancer patients by the Edinburgh Royal Infirmary, in Scotland, researchers found that patients treated by

a specialist were 59 percent less likely to die within 3 years than those treated by a general practitioner. Furthermore, “if patients come in even moderately well informed about their conditions, it’s going to make a huge difference in how they’re approached and the sophistication of care they receive,” says Douglas Wood, M.D., chair of lung-cancer research at the University of Washington, in Seattle.

**What to look for** Weed out any hospitals that don’t have a “multidisciplinary cancer clinic.” That’s another name for what’s commonly referred to as a “tumor board,” or a team of doctors from different specialties who pool their knowledge to develop the optimal

treatment plan for each patient. The best hospitals employ several such boards, each focusing on a particular type of cancer. Make sure your hospital has a board specific to your disease and that it includes the expertise of a medical oncologist (a physician trained in drug therapies), a surgical oncologist (a doctor trained to optimize the odds of removing all of the cancerous tissue), and a radiation oncologist. If surgery is warranted, ask your surgeon how often he or she performs your operation and what his or her outcomes are—specifically in terms of eradication. After surgery, be sure that you’re referred to a comprehensive cancer-care unit staffed with experts trained in your form of cancer. >





**Where to go****Memorial Sloan-Kettering Cancer Center, New York City (800-525-2225, [mskcc.org](http://mskcc.org))**

Memorial Sloan-Kettering developed many of the chemotherapy drugs in use today, and the doctors in its Experimental Therapeutics Center continue to research new drugs and therapies in more than 300 clinical trials. One of their most promising innovations is alpha-particle therapy—a tumor-killing method that acts like a smart bomb to minimize damage to surrounding tissue. The center also offers a range of complementary therapies—including massage, reflexology, shiatsu, meditation, music therapy, and acupuncture—and was among the first to offer psychological services to help patients and their families cope with the stress of treatment.

**University of Texas M.D. Anderson Cancer Center, Houston (800-392-1611, [mdanderson.org](http://mdanderson.org))**

The doctors and researchers here have subscribed to the same treatment philosophy since 1941: Prevention and early detection are the only true cures. Each day, they perform more than 480 CT scans and more than 100 MRIs, which are carried out in four diagnostic-imaging departments—radiology, nuclear medicine, diagnostic-imaging physics, and experimental diagnostic imaging. The center also has two PET/CT scanners—cutting-edge machines that simultaneously image the cancerous tissue and record its cellular functioning. In 2005, 11,000 M.D. Anderson cancer patients participated in clinical research, making it the largest program in the nation. The center also ranks first in the nation for the number of grants awarded by the National Cancer Institute.

**Dana-Farber Cancer Institute, Boston (866-408-3324, [dfci.harvard.edu](http://dfci.harvard.edu))**

Dana-Farber has one of the largest specialized cancer staffs of any hospital in the United States. More than 320 M.D.s and Ph.D.s concentrate exclusively on the research and treatment of every form of the disease, and a 1,000-member support team encompasses such diverse specialties as social work and nutrition. Patients have access to 12 centers, each of which is devoted to fighting a different type of cancer. >

# A PRESCRIPTION FOR LIFELONG HEALTH

Ben Jones, M.D., has birthed more than 1,000 babies, performed 2,000 autopsies, and run 133 marathons in his 73 years. He's learned some lessons about living the best life along the journey

By Jeffrey J. Csatari  
Photograph by Bryce Duffy

In 1963, fresh from a 3-year medical residency, 30-year-old Ben Jones hiked to the summit of Mount Baldy and, looking out over the smog engulfing Los Angeles, tried to envision his future as a doctor in the booming city below.

"It was around the Cuban Missile Crisis, just before the Watts riots," he recalls. "I wanted out of that commotion. I didn't want to breathe pollution for over 30 years as a city doctor. I decided then, on Baldy, I wanted to be a frontier doctor—like my father."

He moved to Lone Pine, California, between Mount Whitney, the highest peak in the lower 48, and Death Valley, the lowest point in North America. Population: 1,655. Stoplights: 1.

He made house calls. For 43 years, up until retirement last summer, he made them in a Model A Ford, a Datsun 280ZX Turbo (during his wilder days), by motorcycle, by bicycle, and in a Cessna 206 he piloted to see patients in Death Valley.

Over the years, "Uncle Ben" welcomed more than a thousand babies to Lone Pine with a slap on the ass. And he sent 2,000 other locals off to their final reward by doing duty as the autopsy surgeon for the coroner's office. "You can learn a lot about health doing autopsies," he says while sharing a "pancake sandwich" with a friend at the Whitney Portal Store. (Picture a pizza-size pancake with four fried eggs and four slices of bacon in the middle.) "Atherosclerosis, for example, is a horrible and scary death," he says, taking a bite. "But this stuff is okay; I can burn this off in an hour."

Jones says he became woefully out of shape in midcareer.

"I was 45, and I couldn't keep up skiing with my kids anymore. This was around the time when Bill Rodgers and Frank Shorter were doing their thing, and I started seeing people, you know, jogging by the house. So I said, 'I'm gonna do that.'"

His first long-distance race was the Wild Wild West Marathon, which runs through the Alabama Hills, near Lone Pine, where Roy Rogers and James Garner made westerns. Since 1979, Jones has run 133 marathons, covering every continent, and all 27 Wild Wild West Marathons. He has run 60 ultramarathons—including his hometown favorite, the Badwater Ultramarathon, three times. Dubbed the toughest footrace in the world, the Badwater starts 282 feet below sea level in Death Valley (where it's 130°F) and ends 135 miles and some 60 hours later at Mount Whitney Portal, at 8,360 feet. In 1991, "Badwater Ben Jones," as he's affectionately known in these parts, became, in all likelihood, the first marathoner to take time out from racing to do an autopsy. (A trekker in Death Valley had died of heatstroke.)

Badwater Ben knows a lot about the desert and the mountains, about life and death, about career struggles and the stress that ravages working men. (He suffered from clinical depression until he found relief through shock therapy when antidepressant pills didn't work.) And he'll tell you about it all, if you're buying the coffee.



**One of the smartest things you can do is** pull off the road when you are tired, and take a nap.

**Exercise first thing in the morning,** before the excuses creep in. If you get it out of the way early, you feel great longer.

**I did one marathon a month for years.** I found that if you schedule a bunch of races, you don't have to train for them; you're always maintaining your fitness just by racing.

**Look at your feet.** I tell my patients, "Let me see your shoes." People wear terribly hard soles. Soft is better. Go to a running store and get orthotics. Take care of your feet, they'll take care of you.

**I've tried all the diets.** They're mostly crap.

**There is no way you can gain weight** if you burn off the same amount you are eating. So I translate my food into the amount of exercise I need to do to get rid of the glucose that's in my bloodstream so it doesn't have to turn into glycogen for storage in my muscles and liver. To me, that's the common-sense way: If you exercise enough, you can eat almost whatever you want three times a day. Why do we make this so complicated?



"I wanted to be a frontier doctor—like my father," says Ben Jones, M.D., 73. So he moved to the eastern Sierra, made house calls, and took up running to get in shape. "I started with the Boy Scout pace (run 50 paces, walk 50, run 50, walk 50), and I've never stopped running, through 133 marathons... Daily exercise keeps you young."

**Quiet** is underrated for good health.

**I love a world of silence.** When I watch TV, I use the closed-captioning. You should try it.

**People over-medicate when they get sick.** They rely too much on the over-the-counter stuff. You don't need it. Just go out and breathe some fresh air. Be active. Take vitamins. Go to bed early. Drink fluids.

**I never took an aspirin** or anti-inflammatory to treat pain from exercise. If you are in pain, something's wrong. Exercise shouldn't hurt.

**I never lit a cigarette.** I can't shed a tear for someone who dies of lung cancer. They brought it on themselves. A smoker's lung looks as black as a coal miner's. And that's a fact.

**Want to quit smoking?** Find a very close friend who has lung cancer and watch him die.

**Depression isn't your fault.** Understanding that helps a lot. Knowing when to give something up works better than a .38-caliber to the brain.

**Can't find time to exercise?** Put an elliptical machine in front of your TV set.

**Remember how they used to** put a governor on a car so it wouldn't go too fast? When I run, I purposely don't breathe through my mouth—just my nose. That's my governor. If I have to open my mouth to breathe, I know I am going too fast and I'll poop out sooner.

**If you have a lot of outside interests,** then you won't be so reliant on your job for your self-esteem.

**I try to get behind an 18-wheeler when I drive,** so I know I won't be wiped out in a head-on.

**Do you know what wealth is?** It's your friends and your family—period.

**The saddest thing about dying is** that all the stuff you've learned goes into the ground with you. Make sure you pass it on before you croak.

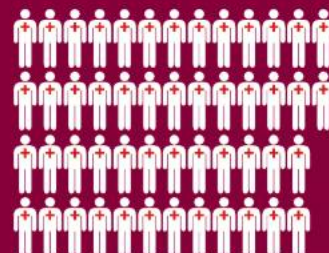
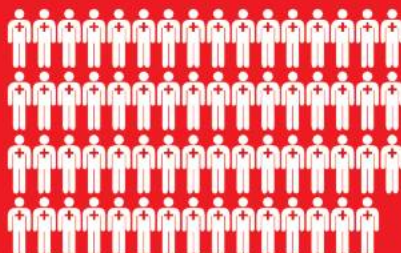
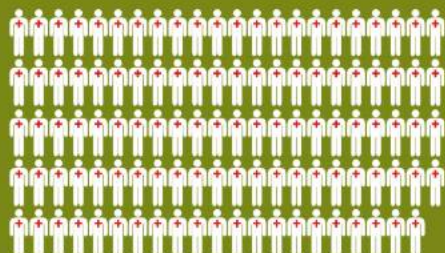


# WHO IS THE BEST DOCTOR IN

*Best Life* developed a scientific method for finding the perfect doctor. It worked for reader Chad Knudson—

Chad Knudson, 36, hasn't had a physical exam since he played offensive end for his high-school football team in Towner, North Dakota. As the owner of a fledgling Fargo, North Dakota-based software company and father of two, Knudson says he simply

hasn't made the time to address his overall health. But now that he's nearing age 40, Knudson admits, "the time has come for me to start taking better care of myself." The first step is finding an internist, a general practitioner who will be Knudson's first line of



1

## INSURANCE

Simplify your paperwork and find a provider who accepts your insurance plan. Download the list of internists from your insurance company's Web site. Knudson has BlueCross/BlueShield, which, according to *bcbs.com*, is accepted by more than 100 Fargo-area internists. **REMAINING CHOICES: 109**

2

## SUBSPECIALTY

Many internists have subspecialties, and you can find this information online. Since Knudson has a family history of diabetes and obesity, a high-stress lifestyle, and recurrent stomach pain, we eliminated internists with subspecialties in geriatrics, ophthalmology, oncology, and nephrology and focused on generalists and doctors who specialize in cardiology, infectious diseases, or gastroenterology. **REMAINING CHOICES: 63**

3

## HOSPITAL AFFILIATION

Internists attached to teaching hospitals have access to the widest array of specialists, technologies, and research. "Teaching trains your brain," says Edward Hill, M.D., president of the American Medical Association. If the doctor's not attached to a teaching hospital, at the very least the health center should be accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). North Dakota has only one medical school, and four Fargo hospitals are connected to it. *Best Life* ran a quality check at *jcaho.com* and found the MeritCare Health System offers higher-rated services than the other three. **REMAINING CHOICES: 50**

## CARDIOLOGY

"Ohhh... this is the big one. You hear that, Elizabeth? I'm comin' to join you, honey!"  
—REDD FOX IN *SANFORD AND SON*

Coronary angioplasty, in which doctors thread a wire through an incision in your groin to an artery near your heart and inflate a tiny balloon to clear a blockage, seems as routine today as tonsillectomies were when you were a kid. And for good reason: In many cases, it works just as well as full-blown bypass surgery. So if your cardiologist says the word "bypass," get a second opinion. A recent Harvard University study found that as many as 10 percent of all bypass surgeries are unnecessary. "A lot of physicians focus on certain procedures, and to a man with a hammer, everything looks like a nail," says Steven E. Nissen, M.D., medical director of the Cleveland Clinic Cardiovascular Coordinating Center. "That's why it's a good idea to consult with a doctor who doesn't do the procedure you're thinking of having—he'll be more objective."

**What to look for** If you need bypass surgery, let volume be your beacon to the best care. The *Journal of the American Medical Association* reports that hospitals that perform at least 500 coronary-bypass surgeries annually have significantly lower mortality rates than those that perform fewer. "Make certain that the hospital's cardiology department emphasizes diagnostic technologies, such as cardiac ultrasound, cardiac catheterization, and angiography," says C. Richard Conti, M.D., at the division of cardiovascular medicine at the University of Florida College of Medicine. "I wouldn't go to a place that didn't have interventional cardiology and pacemaker/ICD [implantable cardioverter defibrillator] expertise. If you don't have all of those things, you're not top-of-the-line."

### Where to go

**Cleveland Clinic Heart Center, Cleveland (800-223-2273, [clevelandclinic.org](http://clevelandclinic.org))**

To gauge the Cleveland Clinic's expertise in treating heart conditions, you need only glance at its numbers. In 2004, its doctors performed 3,651

open-heart surgeries, 58 adult heart transplants, 412 permanent pacemaker insertions, 2,726 interventional cardiac procedures, 46,698 echocardiograms, and 107,583 electrocardiograms. The clinic also pioneered cardiac angiography and coronary-artery bypass surgery.

**Massachusetts General Hospital Heart Center, Boston (866-644-8910, [massgeneral.org](http://massgeneral.org))**

The Heart Center is organized into disease-specific programs, including cardiac arrhythmias, congenital heart disease, coronary-artery disease, preventive cardiology, and cardiac rehabilitation. Its 58 cardiologists, 10 cardiac surgeons, and 10 cardiac anesthesiologists meet regularly to develop treatment plans tailored to patients. They perform more than 6,000 cardiac catheterizations annually.

**Mayo Clinic, Rochester, Minnesota (507-538-3270, [mayoclinic.org](http://mayoclinic.org))**

Mayo's strength lies in its comprehensiveness. The cardiovascular division is staffed by 125



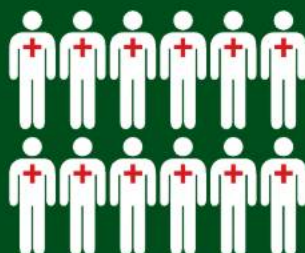
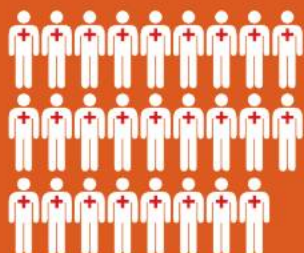
# YOUR TOWN?

THE MALE BODY

and it will work for you, too. BY JENNIFER WOLFF

defense against illnesses big and small. ■ But how does a man hire the best manager for this most important asset—his health? Where does a guy even begin to look? To answer that question, *Best Life* developed a step-by-step, process-of-elimination plan

to find Knudson the single best doctor for him out of the 134 internists practicing in Fargo. Follow our program, and from the hundreds or thousands of doctors in your area, you'll be able to identify the right one for you.



4

## DOCTOR'S AGE

You're looking for a doctor with experience, but you also want one whom you can depend on for years to come. At 36, Knudson's best choice is someone within 5 to 10 years of his age, narrowing the field quite a bit. But it's not always easy to determine a doctor's age. The Doctor Finder at [ama-assn.org](http://ama-assn.org) sometimes lists the year a doctor graduated from medical school. *Best Life* also looked at [meritcare.com](http://meritcare.com), where many physician profiles are accompanied by age-revealing photos. For a fee, try [healthgrades.com](http://healthgrades.com), which, among other things, tells you how long it's been since individual doctors graduated from medical school. **REMAINING CHOICES: 26**

5

## MEDICAL SCHOOL

"Anyone who graduates with an American medical degree has the same basic knowledge regardless of the school he attended," says Hill. But not all U.S. doctors went to U.S. med schools: Perusing the aforementioned sites, we found that only a handful of the remaining Fargo internists were educated stateside, whittling Knudson's choices down to a manageable few. We also looked online for internships, residencies, and fellowships at quality hospitals, as well as board certification in the physicians' stated areas of expertise, an indication that the doctor has received up to 7 years of additional training. **REMAINING CHOICES: 12**

6

## DISCIPLINARY RECORD

The Web site of every state medical board has a listing of doctors who have faced disciplinary action. (In North Dakota, the URL is [ndbomex.com](http://ndbomex.com).) Each of *Best Life*'s final picks for Knudson cleared.

From there, we took a harder look at Knudson's health concerns. In the end, Knudson's family history of type-2 diabetes (Knudson's mother and both of his grandmothers had diabetes) revealed one clear choice: Erik Holten, M.D., an internist with a focus on type-2 diabetes and hypertension. Other qualities in Holten's favor: He's 41, just 5 years older than Knudson, and is an assistant professor of internal medicine at MeritCare.

cardiovascular doctors and comprises 19 separate clinics, each focusing on the treatment of a specific disease—arrhythmia, congenital heart disease, heart failure, and coronary-artery disease, to name but a few. It's also one of the only treatment centers in the country with an entire department devoted exclusively to the diagnosis and treatment of chronic chest pain.

## MALE SEXUALITY/INFERTILITY

“The doctor explained that her insides were a rocky place, where my seed could find no purchase.”  
—NICOLAS CAGE IN *RAISING ARIZONA*

It's hard to imagine any aspect of the human body more freighted with symbolism than our reproductive system. When all of its components are operating at peak levels, we derive our greatest earthly pleasure, excitement, and love. It allows us, as well, to achieve a measure of immortality through fatherhood.

It's little wonder, then, that sexual or reproductive problems, such as erectile dysfunction and male infertility, can be so devastating to a growing legion of men (up to 40 percent of men over 40 suffer from ED).

**What to look for** In other fields, fundamental expertise is relatively easy to gauge. A cardiologist can't treat heart patients unless he's board certified in cardiology; a doctor can't go by the title "oncologist" unless he's trained to treat various forms of cancer. But many urologists can and do treat male infertility without ever having received specialized training in reproductive medicine. "Make sure your doctor has that extra fellowship training," says Jon Pryor, M.D., chair of the urology department at the University of Minnesota School of Medicine. "After all, who's better at fixing a Volvo—a dealer or the mechanic down the street?"

Ask your doctor what percentage of his practice is infertility related. "It should be at least a third," says Jay Sandlow, M.D., associate professor and vice chair of the

department of urology at Froedtert Hospital/Medical College of Wisconsin. Also ask him what societies he belongs to. If "andrology," "infertility," or "sexual" isn't in the title, then he's not active in the field and probably doesn't keep up with the latest advances. Finally, it's important that your doctor work closely with doctors in female reproductive medicine, since only a third of infertility cases can be attributed to male factors alone. "Infertility is a problem of the couple, not of the individual, and it should be treated as such," explains Sandlow.

**Where to go**  
**New York-Presbyterian Hospital**  
**(888-703-3456, [nyp.org](http://nyp.org))**

The hospital's Center for Male Reproductive Medicine and Microsurgery (CMRMM), part of Cornell Medical Center, was the first university center in the United States devoted exclusively to male infertility treatment (it has since expanded its practice to include female sexual dysfunction). It was the first to perform



no-scalpel vasectomies (which have 10 times fewer complications than conventional vasectomies). And it was the first to join with an in-vitro-fertilization (IVF) program at the same university to provide coordinated care for infertile couples. In fact, the IVF program recently passed a major milestone: its 10,000th baby conceived through this method. Both the CMRMM and the IVF program remain at the forefront of their respective fields with the help of active research centers on two campuses.

**Baylor College Scurlock Clinic, Houston (713-798-4001, [baylorurology.org](http://baylorurology.org))**

If you're in the market for a vasectomy reversal, this is the place to go. Its urologists perform more than 150 such procedures each year with the latest microsurgical techniques, achieving a 75 percent success rate of post-operative pregnancy (the national average is around 60 percent). The Scurlock Clinic was one of the first infertility centers in the United States to offer intracytoplasmic sperm injection, a state-of-the-art procedure in which a single sperm is injected directly into a single egg. The technique is particularly beneficial for men with very low sperm counts. The Scurlock Clinic is also one of the few centers that actively investigate the genetic causes of male infertility, with the ultimate goal of developing screening techniques to detect them and gene therapies to overcome them.

**Boston University Medical Center, Boston (617-638-8476, [bumc.bu.edu](http://bumc.bu.edu))**

Boston University researchers were the first to link impotence to smoking, diabetes, heart disease, and high blood pressure. They identified impotence-causing mechanisms from intercourse injury and pelvic and crotch trauma. They pioneered the cryopreservation of sperm, now a common practice at many in-vitro-fertilization centers. And they're among a small number of physicians nationwide who offer penile revascularization surgery (a procedure that treats impotence caused by trauma to the arteries in the penis). Nearly 5,000 patients are being treated here for erectile dysfunction, persistent sexual arousal syndrome, and other conditions.

**UROLOGY/PROSTATE**  
 “I got a prostate the size of a bagel.”  
 —ROBERT DUVAL IN *THE PAPER*

Time to amend the old chestnut: The only things certain in a man's life are death, taxes, and prostate cancer (provided, that is, we live long enough to get diagnosed). Urologists have long theorized that virtually *all of us* will develop this disease over time, though a much smaller percentage will actually succumb to it. The highly temperamental prostate gland, to be sure, can act up in less lethal ways, too—for example, becoming inflamed through infection (prostatitis afflicts 50 percent of men at least once in their lifetimes) or swelling painfully with age to a point where urination becomes difficult (benign prostate hyperplasia, or BPH, hits half of us over age 60). **What to look for** Volume of patients. This is particularly true if you're facing a radical prostatectomy (surgical removal of the prostate). A recent study by the University of California found that patients of high-volume surgeons (those who perform more than 40 prostatectomies per year) had half as many complications as patients of low-volume surgeons (those who perform fewer than 40 per year). Their patients also required shorter hospital stays. Find out whether a surgeon practices nerve-sparing techniques, which recent studies suggest cut the risk of post-surgical impotence by 10 percent. Will he perform the surgery laparoscopically (through tiny “keyholes” instead of a large, open incision)? Doing so will reduce your recovery time. Leading hospitals also offer robotic prostatectomies, which employ smaller instruments, 3-D computer guidance, and a more dexterous “surgical hand.”

**Where to go**

**James Buchanan Brady Urological Institute, Baltimore (410-955-6100, [urology.jhu.edu](http://urology.jhu.edu))**

Patrick Walsh, M.D., the former chair of the institute, pioneered the nerve-sparing techniques used by today's top surgeons. Alan Partin, M.D., its current chair, is the inventor of the “Partin tables”—a diagnostic computer program that helps prostate-cancer patients get an accurate picture of their likelihood of being cured. And if you subscribe to the theory

that the ship is only as good as its captain, consider this: Partin himself performs more than 200 radical prostatectomies per year. The institute is part of Johns Hopkins Medical Institutions, which are also highly regarded for their work in cancer and cardiology.

**UCLA Medical Center, Los Angeles (310-794-7700, [healthcare.ucla.edu](http://healthcare.ucla.edu))**

Backed by more than \$6 million in funding from the National Institutes of Health (more than any other urology department in the United States receives), UCLA physicians actively pursue “translational research,” which brings scientific discovery directly from the laboratory bench to the operating table. They were among the first, for example, to offer cryotherapy, a surgical procedure that uses supercooled argon gas to destroy cancerous tissue. They also pioneered the use of heat and lasers to vaporize abnormal tissue in BPH.

**Cleveland Clinic Glickman Urological Institute, Cleveland (800-223-2273, [clevelandclinic.org](http://clevelandclinic.org))**

The institute's staff of 57 physicians and scientists form the largest full-time urology department in the United States. Each year, the facility treats more than 1,000 men for prostate cancer, using the latest laparoscopic and robotic procedures. Cleveland Clinic surgeons have performed more than 125 robotic prostatectomies—more than almost any other urology department in the country.

**SPORTS MEDICINE**  
 “We can rebuild him . . . better than he was before. Better. Stronger. Faster.”  
 —FROM THE OPENING VOICEOVER TO *THE SIX MILLION DOLLAR MAN*

Remember your boyhood dream of being like Joe Namath someday? Your dream could be a reality—if, that is, “like Joe Namath” means “hobbled by a bum knee, frayed rotator cuff, or arthritic hip.” Swimmer's shoulder, bowler's thumb, tennis elbow, jumper's knee—sports and their associated injuries have never been more painfully intertwined. The otherwise healthful boom in sports participation by the middle-aged has triggered a quantum leap in injuries.





## WHAT TOP DOCTORS EAT

Oncologists know that if you prevent cancer, you don't have to figure out how to cure it. Here are their miracle meals  
By Curtis Pesmen

### THE SAVE-YOUR-BUTT BREAKFAST

"I call this 'happy colon food,' and it has lots of cancer-fighting elements. I get ¼ cup of steel-cut oats plus ½ cup of old-fashioned oats. [Steel-cut are the least processed oats; they have the entire oat kernel and a chewier, nuttier texture than the old-fashioned, which are rolled flat.] I start with 2½ cups of boiling water. [The amount can be adjusted, depending on how thick you prefer your oatmeal.] I add the steel-cut oats, cooking them for 15 minutes, then add the old-fashioned oats and cook for an additional 5 minutes. Next, I take the mixture off the stove and add ¼ cup each of oat bran and flax bran. [Flax is one of the only plant sources of those heart-healthy omega-3 fats. It's also been shown to boost the immune system.] I add 3 cups of water to the pan, then a handful of nut mixture: sesame seeds, pistachios, maybe a few cashews. Finally, I add either fresh or dried blueberries for the antioxidants and vitamins. If you can eat good gloppy oatmeal for regular breakfasts, you can afford to eat like crap one or two other days."—**Mark Lane Welton, M.D., chief of colorectal surgery, Stanford University Hospital, Palo Alto, California**

### THE STAY-LEAN LUNCH

"I'm a burger or bowl-of-chili-and-a-salad guy. They have a lot of protein and fiber. My big thing is getting five to nine fruits and vegetables in me every day, and I believe fresh is best for prevention."—**Jordan Berlin, M.D., clinical director, gastrointestinal oncology at Vanderbilt-Ingram Cancer Clinic, Nashville**

### THE LIFESAIVING SUPPER

"At a restaurant, I'll always go for the fish. The omega-3 fatty acids in fish have well-documented heart- and blood-vessel-protective effects, and in lab tests, they have lately exhibited some intriguing anticancer properties against cancers of the breast, colon, and prostate. I don't eat much processed meat, and I try to stay away from pastries and cookies as much as possible because they are high in fat and simple sugars."—**Robert LaPorte, M.D., radiation oncologist, Rocky Mountain Cancer Centers, Denver**

### THE FAT-BUSTING SNACK

"The key to eating well boils down to avoiding life's daily little temptations. To avoid fatty, sugary snacks, I keep a drawer full of foil pouches of tuna for when I get the munchies."—**Mark S. Litwin, professor of urology and researcher, UCLA's Jonsson Comprehensive Cancer Center, Los Angeles**

### THE DIET BOOK TO BANK ON

"I try to follow the South Beach Diet because, unlike [some low-carb diets], it distinguishes between good fat and bad fat. For me, that means I eat lots of shellfish, other seafood [for the omega-3 fats], and nuts because of the monounsaturated fats they contain. My lunch is usually a turkey sandwich, an apple, and a slice of low-fat cheese. I eat a lot of lean, lean beef—roast beef and lean cuts of steak with the fat trimmed off."—**Nicholas DiBella, M.D., oncologist, Rocky Mountain Cancer Centers, Aurora, Colorado**

### THE BEEF TO AVOID

"There are very few absolutes in my lifestyle, enjoying red meat among them. But I don't eat it frequently. No more than once a week in our house. The suggestion that charred or heavily cooked grilled meat can expose people to carcinogenic amines is worth following."—**Charles Fuchs, M.D., epidemiologist, Dana-Farber Cancer Institute, Boston**

Between 1991 and 1998, annual visits to ERs for traumatic sports injuries climbed from 276,000 to more than 360,000, and those numbers continue to rise. That jump was so startling that the American Association for Orthopedic Surgeons coined a term for it: "boomeritis."

**What to look for** Don't be overly impressed by large facilities with flashy workout equipment. "Bigger doesn't always mean better," says Edward Lakowski, M.D., codirector of the Mayo Clinic Sports Medicine Center. "The focus should be on practical exercises that you can continue to do on your own—without a gym." Rehabilitation, after all, doesn't end when you leave the clinic. The center should provide access to a wide range of medical experts, including orthopedic surgeons, rehabilitation specialists, and athletic trainers, as well as a sports psychologist to help you deal with the lifestyle changes that come with injury. Ask your physician how long he or she has been practicing sports medicine. "Five years should be the minimum," says Andrew Feldman, M.D., chief of sports medicine at St. Vincent's Hospital, in Manhattan. "It takes that long to work out the kinks in your practice." Is he or she a member of any professional associations? Both the American College of Sports Medicine and the American Orthopedic Society for Sports Medicine provide member physicians with continuing education. Does your physician work with any athletic teams? It doesn't matter whether the teams are local, high school, college, or professional; the more experience he has with treating a broad range of injuries, the better he'll be able to treat yours.

### Where to go

**Steadman-Hawkins Clinic, Vail, Colorado (970-476-1100, [steadman-hawkins.com](http://steadman-hawkins.com))**

Steadman-Hawkins physicians have operated on some of the most valuable limbs in the country, including those belonging to Joe Montana, Monica Seles, Billie Jean King, and members of the U.S. Ski Team. They're also responsible for developing such cutting-edge treatments as microfracture, in which bone marrow is used to regenerate cartilage in damaged knees (former Buffalo Bills and Washington Redskins defensive end Bruce Smith credits the procedure, and the

Steadman-Hawkins surgeons who performed it, with allowing him to break the all-time NFL sacks record). Richard Steadman, M.D., cofounder of the clinic, also founded the Steadman-Hawkins Research Foundation, in Vail—one of the world's largest orthopedic research institutes.

**New York University Medical Center Sports Medicine Service, New York City (888-453-3627, [med.nyu.edu](http://med.nyu.edu))**

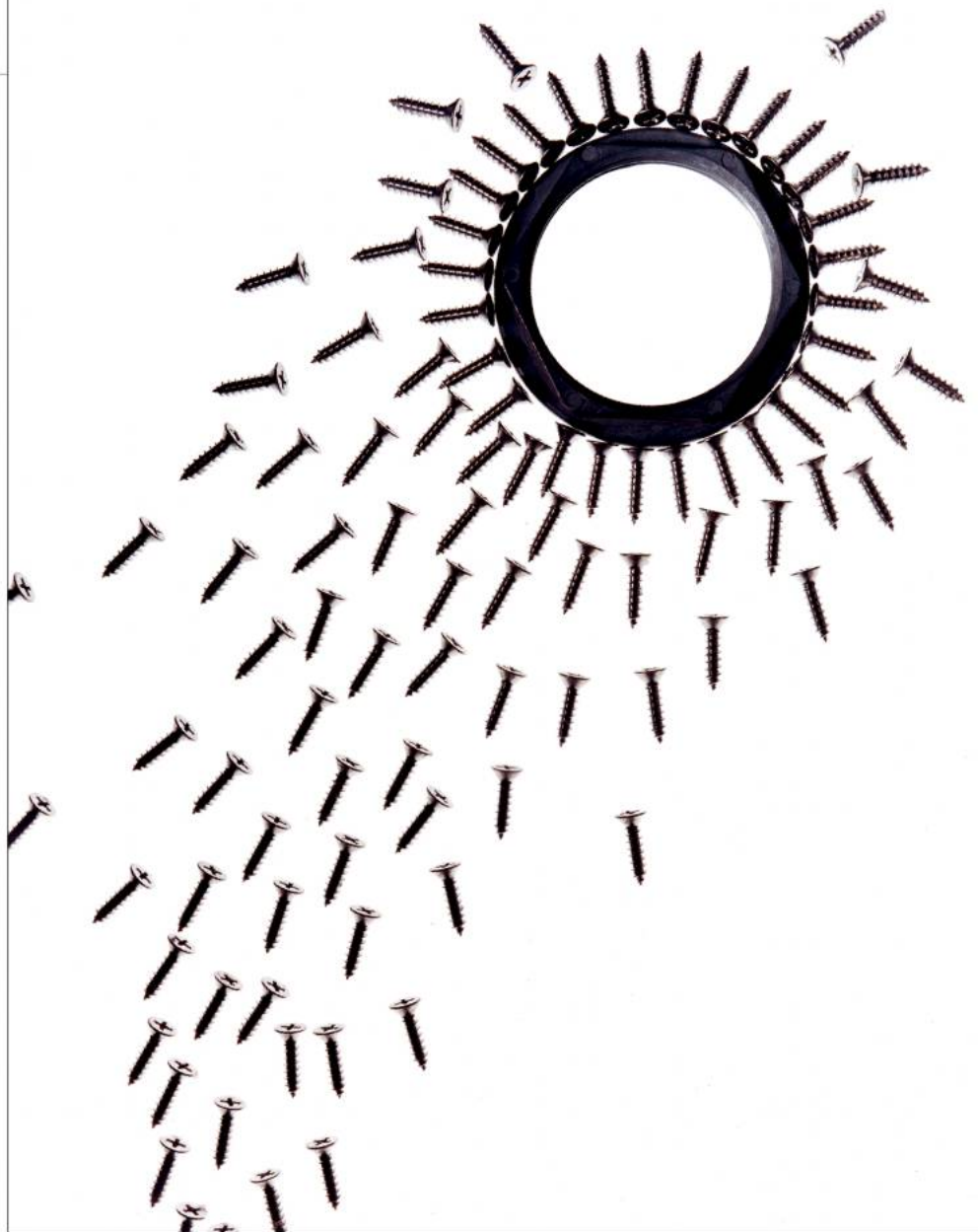
More than 3,000 surgical procedures are performed here each year, including state-of-the-art arthroscopic techniques to repair damage to the knee, shoulder, elbow, and ankle. The Sports Medicine Service was also

among the first in the United States to offer chondrocyte (cartilage cell) transplantation, a procedure that allows physicians to repair the lining inside joints. Its staff members serve as orthopedic consultants for tennis' U.S. Open and events at Madison Square Garden.

**Kerlan-Jobe Orthopedic Clinic, Los Angeles (310-665-7200, [kerlanjobe.com](http://kerlanjobe.com))**

The Kerlan-Jobe Orthopedic Clinic is perhaps the most advanced sports-medicine research and treatment facility in the world. Its physicians specialize in spine and neck surgery, foot and ankle surgery, total joint replacement, tendon repair, knee surgery, and ligament reconstruction. In addition, the clinic's 21 orthopedists serve





as physicians and consultants to almost every pro team in Southern California, including the Anaheim Mighty Ducks and the Los Angeles Dodgers, Kings, and Lakers.

**WEIGHT LOSS**  
 “I tried going on a diet, you know. The Zone, ya know . . . But the portions were so wee I ate the delivery man.”  
 —MIKE MYERS AS FAT BASTARD IN GOLDMEMBER

Being overweight is one of the most difficult conditions to rectify. Dieting may not be enough. Exercise may not cut it completely. So it may take a science-based strategy combining nutrition counseling, exercise training, and pharmaceutical intervention to reach your health goals safely and expeditiously. Fortunately, there are hundreds of physician-staffed weight-loss clinics around the country that can help. Use the three top

centers below as a comparison model.

**What to look for** Many weight-loss clinics focus mainly on diet, offering their own pricey meals to help you achieve your goal. Unfortunately, the resulting weight loss occurs primarily in your wallet instead of your waistline. The best weight-loss clinics provide medical, surgical, behavioral, and dietary guidance from a team of doctors, surgeons, psychologists, dietitians, and exercise physiologists. Also, treatment shouldn't end when you walk out the door. “You want to look at how successful a treatment center is at keeping the weight off long-term,” says Dave Grotto, national spokesman for the American Dietetic Association. Nationally, only 5 to 10 percent of weight-loss-program graduates keep the weight off for 2 or more years. Look for a center that beats that figure and can prove it. A good center will have support groups and educational seminars, as well as

*Many urologists can and do treat male infertility without receiving specialized training in reproductive medicine.*

nutritionists and psychologists who are committed to long-term follow-up.

#### Where to go

**Duke University Health System, Duke Diet and Fitness Center, Durham, North Carolina (800-235-3853, [dukedietercenter.org](http://dukedietercenter.org))**

Duke's numbers speak for themselves: After 1 year in the university's Diet and Fitness Center, 75 percent of participants lose more than 5 percent of their body weight. After 2 years, 55 percent maintain their weight loss, and after 3 years, 47 percent keep the weight off. Duke's programs encompass 2 to 4 weeks of intensive treatment (patients stay off-campus in nearby hotels) under the care of physicians, exercise physiologists, physical therapists, registered dietitians, psychologists, clinical social workers, and massage therapists. And because they're associated with the Duke University Health System, they're able to treat many of the medical issues that often accompany obesity, including cardiovascular disease, arthritis, and diabetes.

**Cooper Clinic and Cooper Aerobics Center, Dallas (800-444-5764, [cooperaerobics.com](http://cooperaerobics.com))**

You'd think you were in a health spa were it not for all of the doctors in white coats. The fitness center offers 70 exercise classes per week in a facility that features two heated indoor pools; indoor and outdoor tracks; a weight-training room; and basketball, volleyball, and tennis courts. There's also a full-service, Mediterranean-style spa. You can use all that, however, only after a comprehensive diagnostic evaluation that includes a medical exam; exercise stress testing; a cholesterol profile; hearing, vision, and pulmonary testing; body-fat measurement; a flexibility test; and a meeting with a registered dietitian for individual food recommendations.

**New York University Medical Center Program for Surgical Weight Loss, New York City (212-263-3166, [thinforlife.med.nyu.edu](http://thinforlife.med.nyu.edu))**

If you're considering weight-loss surgery—be it gastric bypass or gastric banding—schedule a meeting with George Fielding, M.D., chief of bariatric surgery in NYU's Program for Surgical Weight Loss. He has performed more than 2,300 weight-loss operations, many using



procedures he helped pioneer. He has also had gastric lap band surgery himself (think stomach stapling, but with a rubber band instead of a staple), making him particularly sensitive to the needs of his patients. Post-surgical treatment here includes access to monthly support groups, unlimited follow-up with a nutritionist, and access to a psychologist who specializes in behavior modification to make sure you keep the weight off.

**“MENTAL HEALTH**  
They was giving me 10,000  
watts a day, you know, and I'm hot to  
trot! The next woman takes me on's  
gonna light up like a pinball machine  
and pay off in silver dollars!  
—JACK NICHOLSON IN *ONE*  
*FLEW OVER THE CUCKOO'S NEST*”

The idea that thoughts and emotions can affect our overall health dates back at least as far as the Greek physician Hippocrates. But during the past decade, scientists have begun to probe deeper into this mind-body connection, and they're discovering that “healthy mind, healthy body” isn't just an old adage; it's a scientific fact. Recent studies suggest that having a positive attitude can increase your long-term survival of heart disease by 20 percent, that meditation can reverse the effects of chronic stress and combat memory loss, and that depression can result in unexpected problems such as heart failure and lowered immunity. Fortunately, the vast majority of mental conditions can be treated on an outpatient basis, but some—severe depression, for example, or life-inhibiting addictions—require specialized inpatient care.

**What to look for** First and foremost, a center that caters specifically to your condition. The best ones will offer both individual and group therapy and encourage ongoing communication between outpatient therapists and their own staff. This last point is critical. “The goal for anyone who has undergone hospitalization is to prevent the need for future hospitalization,” says Thomas Kosten, M.D., a professor of psychiatry at Yale University School of Medicine. “Outpatient doctors are able to do that by providing sustained care and rehabilitation in the real world of family, friends, and

work.” On that note, it's important that the facility's inpatient treatment strategy also bring your family into the process. Their perspective is essential for helping doctors understand the stresses that led to the need for the hospitalization in the first place.

#### Where to go

**McLean Hospital, Belmont, Massachusetts**  
(800-333-0338, [mclean.harvard.edu](http://mclean.harvard.edu))

McLean maintains the largest research program of any private psychiatric hospital in the United States, and its focus on clinical trials gives patients access to promising new drugs before they hit the market. A teaching facility of Harvard Medical School, McLean also provides outpatient and residential treatment for alcohol and drug abuse, bipolar disorder, borderline personality disorder, depression and anxiety, eating disorders, and obsessive-compulsive disorder.

**Menninger Clinic, Houston**  
(800-351-9058, [menningercclinic.com](http://menningercclinic.com))

The Menninger Clinic was the first group-therapy treatment center in the United States. Its Professionals in Crisis Program is designed for people with high-performance jobs—doctors, lawyers, senior-level executives—who struggle in their careers and relationships because of a mental disorder or addiction. The treatment approach involves the expertise of recreational therapists, chemical-dependency counselors, behavioral therapists, social workers, psychologists, and psychiatrists.

**Yale-New Haven Psychiatric Hospital, New Haven, Connecticut**  
(203-688-9907, [ynhh.org](http://ynhh.org))

This 70-bed inpatient and intensive outpatient facility treats schizophrenia, obsessive-compulsive disorder, and other serious mental-health problems, but its specialty is substance abuse. Psychiatrists, psychologists, social workers, occupational-therapy staff, therapeutic recreational specialists, nurses, and counselors collaborate in a comprehensive treatment program that incorporates 12-step recovery and relapse prevention. It also features a state-of-the-art electroconvulsive therapy service to treat major depression, bipolar disorder, and schizoaffective disorder. ■

# Portfolio



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