Urology with Dr. Fenwa Milhouse
Ologies Podcast
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Up top, Mom, Dad: don't listen to this one. Thank you.

Okay, it's the Band-Aid on the sidewalk you really should pick up, but you don't want to at all, Alie Ward. I'm back with an absolute banger. An instant classic, wow. Urology, I never suspected but I should have. So, let's not waste a drop of this.

Urology comes from the Greek for the study of pee, and I'll be honest, I had no idea at all what this involved; it's more sexy and weird. You will not be pissed that you listened. This guest is your favorite urologist, literally. That's her handle on social media, she earns it. She got her MD at the University of Texas at Houston, she did her residency at the University of Chicago, and is currently a Urologist in Oak Lawn, Illinois, just south of Chicago, but also all over the world as she addresses your down-there parts on TikTok for hundreds of thousands of strangers. She loves her job, we love her.

So, I also love you, patrons, for all the... augh, you send in some great questions. Join at Patreon.com/Ologies for a dollar a month, you can send in your questions. Thanks also to everyone who keeps us up in the charts by actually subscribing, and with your ratings and reviews. I read them all and then I prove it by reading one. Thanks, a_wix who left the review:

> *This is great, but can there be otters? I dreamed that there was an episode on otters and not realizing it was a dream, was absolutely crushed when I couldn't find it. Any chance of an otter (lutrology) episode?*

A_wix, we otter get that up ASAP for you, it's a great suggestion.

Okay, onto your crotches. And reminder, this is a podcast, this is not a doctor's appointment. So, if you need medical advice or treatment, please see a doctor in three dimensions. But right now, take a seat for penis implants, sex ed resources, elephant bladders, road trip pees, split streams, trampoline anxiety, the magic of pelvic floor workouts and what they are, prostate stimulation, refractory period statistics, clit worship, squirting, cranberry research, anatomical flimflam, and why every family should have a urogenital specialist in it, with physician and urologist, Dr. Fenwa Milhouse.

Dr. Milhouse: Dr. Fenwa Milhouse, my pronouns are she/her/hers.

Alie: And now, you're not just a urologist, you're our favorite urologist, correct?

Dr. Milhouse: [*laughs*] That is correct. That is correct, Alie.

Alie: How did you land at that handle? Other than the fact that it's just true?

Dr. Milhouse: Exactly, right? What else needs to be said? No, I... Gosh, I started my Instagram, @DrMilhouse Instagram, I think in... might have been 2018, or early 2019. There are still very few urologists using social media to educate. More and more are cropping up and I was just like, I'm going to be @YourFavoriteUrologist. So, I used that hashtag and it stuck and I'm working to trademark it, actually.

Alie: Are you?!

Dr. Milhouse: Yes, oh yes.

Alie: Amazing. Lawyers, reach out. [*Dr. Milhouse laughs*] That's the best. You mentioned that there aren't a lot of urologists, but you are one. How did you decide, "Beep-bop-beep-bop. Okay, I'm in the right spot"?

Dr. Milhouse: Yeah, so that's what medical school is about. Very few doctors I think know from the jump, "This is what I want to do," type of doctoring. For me, I was like, "I'm just happy to be here, thank you for letting me get in. I'm going to be somebody's doctor someday." And it was process of elimination. I love my own kids and a few other people's kids, but I knew I didn't want to doctor kids, so I crossed that off.

And urology... really, I didn't know what it was when I got to medical school. I remember a friend saying, "I want to be a urologist," and I had to play it off like I knew what he was talking about [*Alie laughs*] and I had to google it on my desktop computer, back then because we didn't have smartphones. And so, I googled it and I was like, "Oh, this doesn't sound like anything I would want to do."

Alie: Really?

Dr. Milhouse: Yes, really. Yes. Urology is very male dominated [*"Hello boys."*] and people think of urologists like the male gynecologist, the male version of what gynecology is for humans with vulvas. Urologists are that version for humans with penises, which is true. We do a lot of other things though. So, I just thought, this is a for men, by men type of specialty. Like, what's a little Black girl like me going to offer, or do, or be able to make a way in this field?

That all changed when I met a female, Black urologist who gave a lecture, I think it was second year of medical school. And I was about to leave the lecture and then I see that the speaker looks like me and I was like, "Oh my god, wow." So, I just think this woman is a badass [*laughs*] and I just wanted to be like her. I followed her and I was like, this is my niche, this is home. It just felt right, my gut feeling was, "This is it. You found it."

Alie: Do you want to shout her out?

Dr. Milhouse: Yes! Dr. Lenaine Westney. Absolutely changed the course of my life, my career. I think she knows this; I say this to her a million times over. But it really, truly... it was life changing, [*laughs*] life opening, maybe I should say.

Aside: So, thank you Dr. Westney, your 15-minute talk absolutely changed her life and in turn helped all of our junk.

Alie: I guess, what is the scope of it? Where does nephrology end and urology begin?

Dr. Milhouse: That's an awesome, awesome question. Thank you for asking because we get people confusing that all the time and I understand. So, I'll talk about what urology is. Urology is the study of the urinary tract. And also, we deal with male reproductive system.

Alie: Oh, okay! I didn't know that. I didn't know that there were any nards involved! No one ever told me that.

Dr. Milhouse: Yes. Oh yes, we deal with the nards. Yes, yes, yes. So, male reproductive system, I think that's self-explanatory. The urinary tract begins with the kidneys, and goes down these tubes called the ureter, and empties into our bladder, and then goes out the tube that we pee out of called the urethra. So, any of that is fair game.

I like to tell patients and people, think of us urologists like the plumbers, we're like really fancy plumbers. If there is a blockage, if there is a structural abnormality, like something anatomically out of whack, we're your girl or guy. [*"There's your problem right there."*] But if the engineering itself, like the actual pump itself is broken, functionally, then that's the nephrologist. So, the kidney function is more nephrology, where kidney structure and anatomy is more urology. Urologists are surgeons, that's the big thing. So, urologists are surgeons that just deal with a certain part of the body.

Alie: Oh! I didn't know that at all!

Dr. Milhouse: I know!

Alie: So, when you were in medical school and you were trying different things out and you saw a mentor, did you anticipate being a surgeon ever? Or is that a completely different type of medical field?

Dr. Milhouse: Not at all, Alie. I mean, literally thought the opposite. Okay, there's no... I was very klutzy and probably still a little bit now, much less so, but klutzy as a child. I was intimidated completely by the thought of being in the operating room and surgeons just seemed like intimidating people. I didn't have any medical doctors in my family, so what I perceived surgeons as is what I saw on TV or the little bit of interactions I had as a student. It's an intimidating aura about surgeons [*"I'm a surgeon!"*] and I just thought, "No way, I don't have what it takes." Bottom line, I did not think I had what it takes.

Alie: Which were lies.

Dr. Milhouse: Which were lies, honey. [*both laugh*] Lies! Yes, yes, yes.

Aside: On her way up, Dr. Milhouse says that she really battled imposter syndrome and had to keep telling herself, "I got this, I got this," which she does. But seeing representation like you really matters, she says. And she would think back on Dr. Westley who, at the time, was the interim Dean of Urology and it helped Dr. Milhouse get fired up about being a surgeon too.

But okay, what kinds of surgery are we talking? Whoo, boy howdy. Everything from shock waves that blast kidney stones into little sand grains, to fixing birthing organs that can fall out of your body, tumor removals, there's a penis tip procedure, that is written as meatoplasty but thankfully it's pronounced as me-atoplasty, and tons more problems that I hope I never have.

Alie: When it comes to urology, why do people ring you up? To be like, "Dr. Milhouse! Fix my pee!"

Dr. Milhouse: Yeah, yeah, yeah. Well, first of all, urology is for everybody. The whole, "we're just male gynecologists," or whatever... Urology is for everybody. In fact, majority of my patients are humans with vulvas. So, anybody who pisses is liable to need a urologist. And it's so funny, when I decided to become a urologist– I'm going to answer your question by the way. When I decided to choose urology, all my friends and family were like, "What we gon' do with that? How are we gon' use you? [*Alie laughs*] You were supposed to be our doctor, what are we going to use with that?" And wouldn't you know, I probably could think of 20 people who have like, "Oh my god, I have this urologic problem. Can you help me with this? Can you help me with that?"

So, you know, in urinary issues, if you can't pee, if you pee too much, if you pee on yourself, if you have a kidney stone, kidney stones are very common, you would need a

urologist. If you have anything wrong sexually, particularly if you're a human with a penis, that's a urologist; can't get it up, you come too fast... I say things bluntly. Premature ejaculation is not... people are going to be like, "What the heck is that?" [*Alie laughs*] You come too fast, you can't get it up, you have low libido. We also do help humans with vulvas in these areas too, okay. So, a few of us urologists are experienced to do that. If you were born with an undescended testicle, that means your testicles didn't drop in your sac, you're going to need a urologist. If your testicles twisted, you'll need a urologist. If you break your penis, there's something called penile fracture, you'll need a urologist.

Alie: Ooh.

Aside: Okay, if you're sitting there thinking, "But unlike a walrus or a raccoon, I don't have a penis bone called a baculum, only highly vascularized tissues that form blood-engorged cylinders called the corpora cavernosa." You're correct. And if a boner gets bent suddenly and with a lot of force, you can rupture the tunica albuginea, or the lining of those cylinders, which is a big fucking ouch. Also, if you're uncircumcised and you still have a little connective thread from your Johnson top to your foreskin, that serves as kind of like an elegant cape sleeve, that's called a frenulum, and that can snap. But hey, there's more than just pickle problems.

Dr. Milhouse: If you have something called prolapse, this is in humans with vulvas, where things are falling out of your vagina.

Alie: Mm, no thank you.

Dr. Milhouse: Yes, I know, no thank you. You might need a urologist there. The list goes on. If you have recurrent UTIs, you're going to see a urologist. I see a ton of people with that. If you have blood in your urine, you're going to see a urologist probably.

Alie: I have a question. How many people do you feel like you see, don't know that you don't pee out of your vagina?

Dr. Milhouse: [*frustrated grunt*] Eugh! [*laughs*] I think way more than would admit. I see their faces, like, especially before, when we didn't wear masks, they'd be talking... I can tell they're saying it's from their vagina, and I'm like, "Oh, you mean your urethra," and they're like, "Oh yeah, yeah, yeah. Yeah." [*laughs*] And I can tell they're like, "Ohhh."

So, I had a patient who was very sweet, and came in and was like, "This is going to be weird, please don't laugh at me." And I never laugh at my patients. We might have a laugh together, but never laugh at my patients. She was like, "I've been peeing out of a new hole." [*Alie gasps*] "Now, I'm peeing out of a new hole. I promise you, I've always been peeing out of my vagina but now there's a new hole there that was not there before."

Alie: Oh no! That's so scary.

Dr. Milhouse: I was like, "Really? There's a new hole? I don't think that's how it works though. But all right, let me examine you." I examine, and it's a perfectly normal anatomy, you know. You see the urethra, the vulva, and then the anus obviously down below and I'm like, "It looks pretty good." So, I convince her that's normal, I pass a catheter in her urethra, I pass one in her vagina, and I was like, "Yeah look, this doesn't go anywhere, the urine is not coming out here." So, you know, we aren't taught our bodies. A vulva... it's like a mystery to us.

Alie: I imagine that it's such a delicate subject that doesn't get addressed enough that a lot of people come in being like, "I need some basics before we get to the mechanics of it." What

about, the amount that we pee? How much do most people pee? Does it really last 22 seconds for all mammals? I've never measured my pee. Is it a pint? What's going on?

Dr. Milhouse: Yeah, yeah. So, the amount per 24 hours is typically... like, a good amount that we like is 2 liters, or 2,000 milliliters, we do things in metrics. I would say probably, a lot of us don't get there because we don't drink enough. So, we're probably somewhere between 1.2 to 1.5 liters, per day, 24 hours. You tend to pee more in the waking hours, when you're awake, than when you are asleep; about two-thirds or more of your urine volume is in the waking hours, and a third or less is typically in the nighttime hours. This can be abnormal and then cause some problems for patients, but this is in a normal state.

And 22 seconds is absolutely not a thing. [*laughs*] I mean, you could. Yeah sure, I could pee in 10 seconds, but if you pee in 30 seconds, there's not something inherently wrong with you.

Aside: Two liters! That's so much Mentos and Diet Coke, blasting out of your crotch every day. And okay, where did the 22 seconds figure come from? So, the Georgia Institute of Technology, that's where. Dr. Patricia Yang and her team watched a bunch of zoo animals taking leaks, male and female, cows, and dogs, and elephants, goats, even rats. And they crunched all the numbers, because human curiosity knows no bounds, and they found that despite bladder capacities that range from 100mL to 100L, which I'm guessing were the elephants, every piss took an average of 21 seconds.

And if you need more data on this, just pee-ruse their 2014 paper, "Duration of urination does not change with body size," Which includes the hope, "This study may help in inspiring the design of scalable hydrodynamic systems, based on those in nature." But humans weren't included, so you can do your own research and maybe set a stopwatch to time your pee. Quantitative biology, it's happening right over your toilet.

Alie: And do some people have smaller urethras than others? You know how if you're in a public bathroom and there's sometimes, like, an orchestra, [*Dr. Milhouse laughs*] a symphonic effect, because different people's pee sounds different! I know that some people with vulvas are worried that they pee too loud. And some people with penises are like, "My pee sounds too tinkley!" [*"UREGROW gives you the sort of thick, ropey jets of urine you can be proud of."*] What's affecting that?

Dr. Milhouse: These are great questions, Alie. So, the male urethra is longer than the female urethra, okay. Almost three times as long. So, male urethras – and I'm saying male, but we understand that we're talking about humans with penises, and not all humans with penises are men, and so forth – but for the sake of just anatomy the male urethra is more prone to potential blockage issues, okay? And so, men's urethra can be blocked more easily than female urethra and that can create a slower strain that is more of a trickle or less loud.

Aside: So, if you are vulva'd, your urethra is about 1.5 inches long, and penisers, you've got 8 inches of the tubing at least. And kind of like the muzzle velocity of a shotgun versus a derringer, one's just going to have more force. But what if it's changing over time for you, fellas?

Dr. Milhouse: One big cause is the male prostate, which is an organ that sits around… toward the back of the urethra, that sits around it. It can grow and part of the growth can intrude inside the urethra and cause the urine to be slow to come out or blocked. [*"Okay, come on!"*] The female urethras don't have to deal with the prostate.

The other thing is there's something called urethral stricture and that's where you have, again, a tighter urethra, it's tighter. And it's not a good thing. You don't want this to be tight like that. [*Alie laughs*] So, it can cause problems with not being able to pee, and that is much more likely in men than women. It's really rare in women. It's not super common in men, but it's rare in women.

And then sometimes it's not even about the urethra, it's the force of the bladder. So, you think about the bladder as the pump and when you have to go, it squeezes, trying to push urine out. So, we think about urine problems as outlet, or is it the bladder? The outlet being the tube it goes out of, i.e. the urethra. If you have a slow stream for instance, I don't know if it's the outlet that's an issue or is it the bladder, the pump, that's an issue?

Alie: And you mentioned prostates, I don't know what they do. Why... are they? [*Dr. Milhouse laughs*] What do they do?

Dr. Milhouse: Yeah, yeah. So, prostates are important for fertility, very important for fertility. They basically fortify the sperm and make them able to penetrate the egg to, like, initiate conception, okay. So, they release these acidic proteins and enzymes that gets mixed in with the semen. So, the sperm are there, [*"Present."*] these acidic enzymes that the prostate secretes are there, [*"Here!"*] and then there's another organ that's important to male fertility called seminal vesicles. They give the food source, so they secrete a lot of fructose, which is a sugar. So, it's like, "Okay sperm, we're on a mission, we're getting to the egg! So, here's food for the journey, and here's how you're going to break through." Because you have to penetrate the egg. So, the prostate is the important organ for the breaking through.

Aside: Okay, so you got your danglers, them nards and those are in a pouch, outside; and then inside, you have your pee-purse, your bladder; and under that is the prostate; and in between the two, there's some squiggly glands called seminal vesicles. The prostate supplies the weaponry, like, "Here is a battering ram to get you in there." And seminal vesicles are your honey makers, and they give your sperm fructose and good tidings. They're like, "Okay, good luck! Take a snack!" And yeah, about 5% of lovejuice is sperm. What's the other 95%? 70% or so is from the seminal vesicles. And 25% is the milky stuff, courtesy of the prostate.

Alie: But if it's enlarged, that's not good.

Dr. Milhouse: Yes. And it's the only organ in humans with penises that can continue to grow until they die. Usually, you stop growing. Stuff stops growing. In fact, stuff starts shrinking. But no, the prostate doesn't do that, it just will continue to grow and grow.

Alie: And that does not happen with a penis?

Dr. Milhouse: The penis does not continue to grow, no. Unfortunately.

Alie: I didn't think so.

Dr. Milhouse: Yeah. [*laughs*] Unfortunately.

Alie: What about... How many of your patients are like, "Prostate milking. Tell me everything."

Dr. Milhouse: [*laughs*] Like they want to prostate...?

Alie: Yeah, is prostate milking, is it a thing... Is it kind of like a G-spot for penis-havers?

Dr. Milhouse: Yeah, sure, it is. I think there's you know... The G-spot is ever-elusive, [*"I've looked everywhere."*] in men and in women, but it is thought to be an erogenous zone, okay. And

the way to get to it is through the anus and just like an upward... putting your finger in the anus and aiming sort of, upwards. Because the prostate sits in front of the rectum, okay. And so, that is thought to be an erogenous zone. You can even put what we call perineal pressure, where you press the taint. [*chuckles*] I was so uncool; I didn't know what that was until 6 months ago.

Alie: [*laughs softly*] A taint?

Dr. Milhouse: Yeah! One of my patients is like, "It's my... my, my taint," he was talking about his symptoms, "It's in the taint. You know, the area between your anus and your balls, your balls and the anus." I'm like, "Oh okay, the perineum. That's the medical term." I was like, "Oh, the taint... I'm going to start using that." [*laughs*]

Alie: I've also heard it called a grundle, which sounds like a great space you would have between the eves and the attic, you know what I mean? [*Dr. Milhouse laughs*] The grundle... [*old time snobbery voice*] "I store winter clothes in my grundle."

Dr. Milhouse: [*both laughing*] It sounds too fancy for that area. That's a new one, I haven't heard grundle yet.

Aside: Other words for this: gooch, twert, and bifkin, which will forever change my relationship to the Birkin bag, it is now known as a bifkin bag in my head, unfortunately. And by the way, I just found out today that a Birkin bag... I knew it was expensive, but I found out that number one, it's made by Hermes, I never knew that. And it can cost like, $300,000... for a purse. And people who own them say that you should never carry a pen, or a bottle of water, or hand sanitizer, because it might spill... Which is like, what a purse is for. I don't understand. But anyway, yes, Birkin bags, they're very expensive. Bifkins, that's your taint. Anyway, back to my comfort zone, which is your buttholes. You don't have to call it a grundle, or a twert, or a bifkin, or even a gooch... no pressure. But also, maybe a little bit of pressure.

Dr. Milhouse: So, pressure in the taint can also stimulate the prostate.

Alie: In terms of erectile function, or even clitoral dysfunction... Do they tend to have the same etiology?

Dr. Milhouse: So, this is going to be a lightbulb moment for probably a ton of your listeners. The clitoris is the same as the penis.

Alie: Yesssss!

Dr. Milhouse: Okay! So, penetrators, if you're penetrating a vulva, think about what you would like. The penis is highly innervated, has high sensory nerves. You know, you don't want somebody to, like, give you a blow job on your thigh. [*Alie laughs*] It's not going to do anything. The. Clitoris. Is. The. Key. To. The. Orgasm. Okay? Because. That's. Where. Our Nerves. Are Concentrated.

Alie: I love that there's a period between every word [*both laugh*] in that sentence.

Dr. Milhouse: You can see it; you can see it right? [*laughs*] It's a clap too. There's something called a Black girl clap. *The clit-or-is is the key* – I'm clapping as I'm talking – *to or-ga-sm*. Okay.

Aside: And in case you did not hear that in the back: the clitoris is the key to orgasm, because that's where the nerves are concentrated.

Dr. Milhouse: So anyway, humans with vulvas get erect because our clitoris gets erect. It has erectile tissue, which is similar to the erectile tissue that are in men. The badass thing about

humans with vulvas though, that's different than humans with penises is, we can come, and come again, and come again, and come again, and come again. We can go back-to-back-to-back-to-back-to back. [*laughs*] [*"Come again?"*] Where there's usually a refractory period in humans with penises. Where they, what we call detumescence, or get flaccid, or go down after ejaculation, and then coming back to erect enough to penetrate takes time.

Aside: Hey, I looked this up for us and 18-year-olds: about a 15-minute refractory period. Typical adult males: twice that, 30 minutes. But if you are still knocking them boots in your 70s, you might need to schedule ejaculations about 20 hours apart... which, don't be sad, it's still more frequent than a Wordle. And also, you're 70 and you're getting off, so can't complain. What *can* people complain about?

Dr. Milhouse: Most common dysfunction complaints in men are premature ejaculation, coming too fast, difficulties getting an erection, not getting hard enough. Most common complaints in humans with vulvas are low libido, low desire, and then painful intercourse, or lack of orgasm. So, we've got to do better for the women. The women, we've been kind of suffering.

And the men suffer too, but they have more concrete answers, where the women are like, "Where do I go for this?" You can go and get help for these things. One thing that it can similarly affect is something called phimosis. And again, because the penis and the clitoris are the same... and what I mean they're the same, they literally start off the same way when you're an embryo.

Alie: Bonkers.

Dr. Milhouse: And then, it differentiates based on if you're an X or Y chromosome. It will differentiate and elongate to be a penis, it will not elongate nearly as much if you are XX. But it starts from the same embryologic line. But both can get phimosis. So, you have something called the clitoral hood, which looks like a little hoodie over your clitoris. Again, the other thing that's mind blowing is that the clitoris is actually quite large. It's deep inside, most of the clitoris is deep inside you.

Aside: And as we have covered in the 2018 Sexology episode and the Gynecology episode, a clitoris isn't just that one spot at the top of the labia, it's bigger; it's almost as long as a dick, it's shaped kind of like a wishbone, and it runs underground. And I have said this before, you may have visualized the clitoris as just one of Jackie Kennedy's pillbox hats. But it's really more the whole Chanel suit.

Dr. Milhouse: You just see the little bit of head at the tip. But it has a hood over it and the hood can get stuck completely over the clitoris and then, you can either lack sensation or it can be painful.

Aside: There should be a whole other ology for this topic, right?

Dr. Milhouse: I have to shout out Dr. Rachel Rubin because she is the self-proclaimed Clitorologist and she is like, "People don't examine the clitoris." And she's 100% right. No one examines their clitoris; patients don't do it; doctors don't do it. But if a man came in with their foreskin completely stuck over their penis – which, this is something that happens, very common, called phimosis – [*"Ahhhhh!"*] and they can't retract it back, everybody's going to know it right away. It's right there. Both can cause problems and we can treat both.

Alie: And what about circumcision? Where is the medical community on that? I know it's social, it can be spiritual. What do doctors... If you have a patient who is expecting a baby with XY chromosomes and is expecting a ...

Dr. Milhouse: Yeah, this is a somewhat controversial... circumcision or not? Well, I should say, neonatal circumcision is what is controversial, okay? Not like an adult who decides, "I want to do circumcision." I don't think anybody has any issues with that because the adult can understand the pros and cons. But the neonatal circumcision, is it beneficial? There's a whole thought that maybe we're doing something and this person who is obviously a baby doesn't have autonomy over that decision. So, I won't get into that because that's, like, more political.

For sure, the medical community in the United States... the United States is a heavy circumcised population in the world, and there are potential benefits to neonatal circumcision, and I'll talk about that. Having said that, I want to be clear, I don't think any institution, whether it's the American Urological Association or the Pediatric Association are advocating for universal circumcision, or saying that we recommend that you should get it. It is very, very, very much a personal decision, okay; very much a personal decision.

But there are potential advantages that include a decreased risk of urinary tract infections. Again, the risk of urinary tract infection in penises are so low to begin with. So, with something that is already so low, you're lowering the risk of something that's super low anyway. Potential decreased risk of penile cancer. Again, penile cancer is super rare so you're decreasing something that's pretty rare already. And maybe just decreased risk of, like, infections around the head of the penis, which are less concerning. Or just decreased, what I call, foreskin fiascos. [*laughs*]

Alie: Bless you.

Aside: Okay. [*deep breath*] Gird the loins, because she's going to run through some cautionary tales. Some...

Dr. Milhouse: Foreskin fiascos. So, like, "My foreskin is stuck up," which is phimosis, "I can't get it down." Or, what's worse, "the foreskin is retracted down, and I left it down too long and now it's stuck, and I can't pull it up." [*Alie squirms*] And that is a medical emergency because it's like putting a rubber band around your penis. If you leave it down too long, you can cut the blood supply off to the head of the penis.

Aside: Okay, that's it though, right? Nope, it's not.

Dr. Milhouse: Oh, foreskin stuck in something. I had a patient who had a foreskin stuck in a zipper. [*Alie grunts uncomfortably*] These are the foreskin fiascos that I talk about. Yeah, yeah, yeah.

Alie: Any difference in terms of STI contraction at all? Public health...

Dr. Milhouse: Yes. Thank you, yeah. There have been studies performed primarily in Africa where there's a high HIV transmission rate, that circumcision reduces the transmission of HIV, considerably. So, there is that potential decrease, HIV. But again, we aren't advocating it as a way to say, 'this should be a universal recommendation', still.

Alie: Okay. And do you have any advice for people who, in general, come to you and say they're having trouble with orgasms? Is there a first line of questioning that you have to kind of go down to figure out if it's biological or psychological?

Dr. Milhouse: Sure. Absolutely. I want to know, have they ever gotten orgasms? That's a huge starting… like, is this new or is this like, "I've never had this?" Do you get orgasms in other scenarios? Do you orgasm when it's you, yourself, and I? Do you orgasm with other partners and it's this partner? Is sex pleasurable to you or is it painful? Why would you orgasm if sex is painful, you know? Is there... Obviously, ask about relationship issues, the context. Especially for women, it's more complex.

So, how is the nature of the relationship with the sexual partner that you're engaging with? Are there feelings of guilt or shame or, you know, is there a disconnect in trust and intimacy in that relationship? Do you know your own body? This is something again that goes back to like, again, the vulva is a mystery.

I was just talking to a patient recently and I was like, "Do you know what feels good to you?" And she had to think about it. "Well, it feels good when we have missionary sex," and I was getting a sense she was... What happens a lot is we are like, "Well, I'm happy, it feels good because my partner is being pleasured and that feels good to me." And that absolutely is great, that's the best kind of sex when you feel good because your partner is feeling good. But I told her, I was like, "I don't care about your partner. Right now, *you* my patient. I want *you* to feel good, what about *you* getting off?" When she just changed that mindset and was like, "Let me just be objective, me just getting off," she's like, "Yeah, I don't know. I don't think so. If you have to think about it hard, it's probably a "no." And that's okay, you're not alone. But you can get there.

I think we need to talk about female masturbation. We need to… I mean, no one talks about it. It's kind of like, "it's kind of gross, or that's kind of icky, or it's kind of shameful." It's so different. Men don't care, they talk about it. [*laughs*]

Alie: Yeah. Constantly.

Dr. Milhouse: Quite freely. I want us to get there. What's wrong with learning our bodies and figuring out what makes us go? Again, most of us don't even realize how important the clitoris is in all of this.

Alie: Yeah, I was going to ask... Do you have patients come to you thinking, "I think there's something wrong with me, I'm not coming during penetrative sex, fix it."? Is that a common anxiety?

Dr. Milhouse: Well, I think it's not, unfortunately, because society has done a great job of making sex more about the penetrator and not really about the receiver. There are millions and billions of women that are completely content with never having an orgasm; it's not like a priority. I guarantee you, if the men couldn't orgasm, they would be, like, droves in our office, okay.

Alie: Oh, for sure. [*yelling: "I thought that you worked for like a service or a company that helped out guys that are so* horny *that their stomachs hurt, because that's what I am!"*]

Dr. Milhouse: It's a problem, it is a problem. So, it's very different, the mentality. But when they do, I love it, I love when patients do that. I'm seeing more of that. We are moving toward a way of recognizing the power of our vulva, recognizing our own pleasure. Sex is supposed to be pleasurable; the clitoris is designed for pleasure.

Alie: Yeah, why else would it be there, right?

Dr. Milhouse: Seriously! It's designed for pleasure. Come on!

Aside: You're like, "Don't be drama." But I did look this up and yes, there's been a study, 2016, "The Evolutionary Origin of the Female Orgasm," which reads that:

The evolutionary explanation of the female orgasm has been difficult to come by and the orgasm in women does not obviously contribute to the reproductive success and surprisingly, unreliably accompanies heterosexual intercourse.

So, this scientific study starts with a pun, difficult to come by, and then just reads us heteros for filth. So essentially, the researchers now believe that our ancestors' orgasms, at one time, released an egg, and then we evolved to just not do that, "potentially freeing female orgasm for other roles." So, if you have a clit, is there like an owner's manual... stimulation?

Dr. Milhouse: I'm like, get a sex toy. Try, get a vibrator, okay? Utilize… there's so many different vibrators. Just try it on yourselves, and your partner can try it on you. You know I haven't sent them to resources on how to masturbate. Maybe I need to find some. That's a good question. I'll be honest, I haven't been like, "Go to this platform or this website and you'll learn."

I mean, this is probably going to get me in trouble, I have told a couple patients, "Maybe watch a porn or two." [*laughs*] And I want to say this, porn can distort normal expectations from sex if that's your primary like, how do I say this... If it's done in excessiveness, I think it can, in some individuals, detach them from the real world and then they can't really get excited or even enjoy real sex because porn is like sex on steroids, just overdone. So, I don't want patients to compare themselves to what's happening in porn but to be like, they're so free with their body, as far as the way they touch themselves, that sort of stuff. Okay yeah, try stuff like that.

Alie: You know, the site I was trying to think of is – and they were sponsors of this show for a bit – called OMG YES.

Dr. Milhouse: Oh, I've heard of them! Yes, I have.

Alie: So, I had to, before deciding if I would approve them as sponsors, I went and looked them up and I was like, oh shit, this is like a university of how to use a vulva, et cetera. So, there's that.

Dr. Milhouse: Well, there we go. That's going to be my new thing. Look, I'm going on their website on my phone now. "Techniques with toys now available" I love this, yes!

Alie: Now, I have questions from listeners. Can I just lightning round you?

Dr. Milhouse: Sure.

Aside: Okay, but first each week you know we shower a good cause with some money and Dr. Milhouse chose the nonprofit, Urology Unbound which offers mentorship, networking opportunities, and support for minority urologists at all levels of their career, to help the urology workforce mirror the diversity of the communities it serves and the reduce urologic health disparities. Awesome. So, you can find out more at UrologyUnbound.org. And that donation was made possible by sponsors of the show.

[*Ad break*]

Okay, you had many, many burning questions, but none as inflammatory as the ones about UTIs. So, patrons Courtney Peterson, Annika, Alia Myers, Leslie, AubrieAlyss, Garvey's, Anika's Cat Arya, Lucas O'Neil, Nicole Kleinman, Kaitlyn Oaks, Lubna, Lucien

Vedego, Kate Watters, Miriya Gilmore, Anna Glastetter, Dawn Mateo, and first-time question-askers Laura, Samantha Rafo, Kristen Sereci, and Rachael Gardner all asked, essentially: Why, why, why UTIs? Why? How to stop?

And then on the other end of it, patron Erin Ryan wrote in and said, “My friends shout profanities at me when I tell them I’ve never had a UTI. Are they really so common?” ... Wow Erin, you know, good for you. It must be nice.

Alie: Tons of people asked, how to avoid UTIs? Also, why do they hurt so bad? Why do some people get them and some people never get them? And should you pee right after sex? Should you pee *during* sex?

Dr. Milhouse: These are great. These are great! This is what I do all day long, UTIs. Okay, so UTIs are more common in vulvas because our urethra is short. I just said, it’s a third or fourth of the male urethra. Our urethra is short so it’s easier for bacteria to get in. The other big risk factor is sexual activity, the act of being the receiver of penetration puts us at higher risk. It’s not because sex is dirty, [*“The royal penis is clean your highness.”*] FYI, it’s just mechanics, okay? Bugs hitch a ride on the penetrative whatever, you know, if it’s penis. The other thing is, that menopause is a risk factor. The declining estrogen after menopause puts post-menopausal women at higher risk, okay.

So, these are things... I get patients that are like, “Can we figure out what’s causing this?” I’m like, it’s factors you cannot change. Doesn’t mean we can’t do anything to reduce your risk, it’s just like… I kind of change their mindset, don’t get fixated on finding, “Aha! It is this and we can undo it.” Because it’s almost never that simple or that just, easy. So, most women who get recurrent UTIs do not have a serious problem with them. Why do some women get it, and some don’t? We don’t know all the answers. We think there might be some genetic predispositions, but we haven’t elucidated directly what is.

Aside: So, patron Marianne Thomas, tell your relative to ask about estrogen cream, perhaps. Also, recently when I brought my dad to the hospital to get an MRI, the one that found his brain tumor, they tested him for a UTI first and I was like, “Those seem like real different problems, Doc.” But patron Heather Dykes asked: Why do UTIs sometimes cause psychosis or dementia-type symptoms in older people? So, I looked into this... relevant. And UTIs can also cause sleeping issues, anxiety, depression, confusion, aggression, delusions, hallucinations, and paranoia because of an immune system protein called interleukin 6, IL-6, that can increase inflammation.

So, get cozy with your urologist because you may need them later in life. And yes, patron Ann Cavanaugh who asked: I’ve heard that UTIs might be genetic, is this true? Indeed. And for more on that you can leisurely enjoy the 2007 study titled, “Inherited Susceptibility to Acute Pyelonephritis: A Family Study of Urinary Tract Infection.” Which found that some people just got the shit end of the stick and their pee tubes are Velcro for bacteria.

Dr. Milhouse: We think that has to do with maybe the attachment, it’s more easy for bacteria to attach to the bladder lining of certain women than others. But again, the biggest risk factors are anatomic and just age. And the ways to help yourself, okay, all right. So...

Alie: Yeah, cranberry or no cranberry?

Dr. Milhouse: Okay, cranberry, ditch the juice. Okay, ditch the damn juice. [*Alie laughs*] Don’t do the actual berries, please stop drinking the cranberry juice. Unless you love it, fine. But it ain’t doing a’diddly for your UTIs, okay? [*Alie still laughing*] If you’re going to do cranberry, we

recommend a high-dose cranberry supplement. How do you know if it's high dose? Because it certainly doesn't say it on the bottle, "This is high dose, this is low dose." It's not going to say that. You want to look for 36 mg of proanthocyanidins. Proanthocyanidins are the active ingredient that has been shown in some studies, at 36mg, to potentially be effective in reducing UTI risk. It was not effective below that.

Aside: I checked this out! And yes, 36mg is the magic number of proanthocyanidins, as outlined in the 2018 study, "Standardized high dose versus low dose cranberry proanthocyanidin extracts for the prevention of recurrent urinary tract infection in healthy women: a double blind randomized controlled protocol," which found that tannins, known as type A, proanthocyanidin – which we're just going to call them PACs from now on, that's what doctors do – the PACs step in to say, "Excuse me, E. Coli? You're about to *not* adhere to these uroepithelial cells. Keep it moving butt germs."

So, first-time question-asker Arvind Bhusnurmath who wrote in: I'd never heard of cranberry juice being some kind of UTI wonder drug until I came to this country. Assuming that this is not some urban legend, what are the alternatives for those in tropical countries?

I'm not sure about tropical remedies but a 2021 study did find that pine tree extracts can outperform cranberries in terms of PAC content. So, patrons Ana, Chris, Concetta Gibson, Lynn Rowicki, Arica Stares, Mercedes, and first-time question-asker Alyssa Gregory, no to juice, yes to 36mg of PACs, proanthocyanidins. Not a fun word to say... I had to do a lot of takes of this aside.

Dr. Milhouse: Some cranberry supplements will just show milligrams of cranberry and, as a urologist, I laugh at that information. I'm like, "This is not information we want." [*Alie laughs*] So yes, this is going to change a lot of people's lives, just that, right there.

The other thing is, if you're post-menopausal, get you some estrogenation in your vulva or vagina. Vaginal or vulva estrogen, which is usually prescribed, is a great way to reduce UTIs in women that are peri – that means, "I am kind of sort of getting to menopause, I'm almost there" – or postmenopausal. In fact, this is a guideline that the American Urological Association put into play in 2019 as a recommendation: if you have women who are getting recurrent UTIs who are postmenopausal, you should offer them vaginal estrogen.

Estrogen has been demonized; they have successfully demonized estrogen. I say "estrogen" and patients are like, "Oh no, I don't want it, I don't want it. It's not natural." I'm like, "What is not natural about it? It's your body's hormone." [*Alie laughs*] And let me tell you, they tryin' to push testosterone on these men like it's the Fountain of Youth. I say that to say that vaginal estrogen is safe. There is literally almost no patient that can't safely get it. If you've had breast cancer, even, you can safely get vaginal estrogen. Shocker. If you've had blood clots, you can safely get vaginal estrogen. If you are a smoker, you should stop smoking, but you can get vaginal estrogen. It's not the same as systemic patches or pills, which I think have been successfully over-demonized anyway, but that's another talk. But those are my two biggest recommendations.

There are other things that are in the works. There's a supplement called D-Mannose, which is a naturally occurring sugar that can help block attachment of bacteria to the wall, particularly E. coli... Oh gosh, don't even make me try to say the whole name. [*AI voice: "Escherichia coli"*] Okay, E. coli, everyone recognizes E. coli, but E. coli is the most

common bacteria that causes UTIs, and D-Mannose potentially can block that attachment. D-Mannose in early studies has been shown to be beneficial. There's actually a larger study happening now that, hopefully, will wrap up soon with the results to substantiate the claims. But I generally will recommend D-Mannose to patients and that's over the counter, just like the cranberry supplements, over the counter. And then there is actually a vaccine trial undergoing, they're trying to come up with a vaccine, if you will, for UTIs.

Alie: Woah.

Dr. Milhouse: Woah.

Alie: Also life-changing.

Dr. Milhouse: Yes. Oh peeing! Peeing after sex. So, here's the reality... We talk about it all the time, I'll tell patients, "Yeah, pee after sex." But guess what? We actually don't have evidence that it does anything. [*laughs*]

Alie: Really?!

Dr. Milhouse: Yeah. Yeah, yeah. But it's like… there's no harm to doing it right, so why not? But I tell patients, yeah, pee after sex. Get up and go, what's the harm? But I don't want to create people who are anxious and anal that they lose the fun of sex because they're just paranoid about, "Oh my god, I gotta shower, I gotta pee." No, that's not really actually going to help.

Aside: So, first-time question-askers Morgan and Gertlebob, and also to you too Ali Vessels, Joy Kotheimer, Sarah Holloway, and AubrieAlyss, take the pee, but don't freak out if you don't. And for more, please enjoy the very straightforwardly titled study, "Does urinating after intercourse reduce the risk of urinary tract infections among women?" Which concludes, "Overall, urinating after intercourse does not reduce the risk of symptomatic urinary tract infections among sexually active, young and healthy women. However, there may be some protection in voiding within 15 minutes for women without any history of past UTIs." And I don't understand that pair of sentences, but they seem to reinforce the "Mm, can't hurt," advice.

But let's address Ana's inquiry, which... I'm so thankful for. She wrote: I've had this experience and I've had other hetero ladies confirm, you get UTIs with some guys but are totally fine with others. Why is that? And patron Phoebe Rigden was like: Yes, why? Well, don't blame the guy, you're just horny. According to the 1981 research, "Relationship between frequency of sexual intercourse and urinary tract infections in young women," "No group differences were found for manner of hygiene, frequency of urination, and frequency of urinating after coitus. We conclude," picture like a little drum roll here, [*rolls tongue softly*] "that an increase in sexual intercourse, may be one of the factors involved in the development of symptomatic UTI in young women."

Increase in sexual intercourse, which is why this condition was archaically dubbed, honeymoon cystitis, it happens because you're just boning more. So, you can pee or not pee afterwards, or I guess in between rounds... Get it.

Alie: Well, you know, this kind of dovetails with a question a few listeners, Maria Jouravleva and first-time question-asker, Silas Guion asked: Is making yourself pee when you don't really have to, really bad for your pelvic floor? Is that bad for your bladder? Should you try to take like, "squeeze out a road trip pee," as my husband calls it, before he goes to bed? He's like, [*laughs*] "Road trip pee?" Right before bed.

Dr. Milhouse: Okay, so there's levels to this. If you pee too often 'just because'... Like, "I'm going to go pee every time I see a bathroom, regardless," and it's getting too excessive... more frequently than I'd say, every two hours. Like, "Every hour I just pee, I just pee." Or "At the slightest urge, I might pee just because" and you're over peeing, then you could actually create a bladder that doesn't hold as much as it can and that can be a problem. It can basically become too frequent because it's not allowed to fill to capacity and so then your bladder and your brain gets used to you going at half capacity, or a fourth capacity, okay. And will give you stronger and stronger urges at lower and lower volumes, potentially.

So, a common thing is like, "Oh yeah, if you hold it, that's bad. It's bad." It's not bad to hold it. If you can hold it, hold it. It's not inherently bad to hold it. The holding isn't the problem, it's if you can't empty your bladder that can be a problem. But holding it an extra hour, two, three actually is not a problem. So, all the people that have been telling everybody, "Don't hold it, you'll get a UTI, or your bladder will stop working," that's not actually the case, okay?

Aside: Dr. Milhouse says that some people have a condition called overactive bladder though, and when it's coming, it's here. So, she says, peeing on a schedule every two or three hours is good for them. But for the rest of us, including those who put the P in patron at night, Jason Hoffman, Yogo Mel, Amelia Heins, Bruce, and first-time question-asker Abigail Worley, call a urologist if it's a problem. But otherwise, let nature do the calling... even if you sleep in a bed with me and have to get up in the middle of the night, Jarrett.

Dr. Milhouse: And then squeezing out that road trip pee, we don't want you to squeeze... we don't want you to strain to urinate. That's not what's supposed to happen. You're supposed to relax your pelvic floor, and this is supposed to be a subconscious thing. Not like you say, "Okay, now I'm relaxed." Naturally, the pelvic floor is supposed to relax. So, one thing that y'all need to stop doing immediately is trying to do a Kegel while you pee. Please don't do that. [*Alie laughs*] Please don't contract and stop your piss. Okay? You're teaching your pelvic floor to do something that it's not supposed to do at that time. It's supposed to be relaxed, not tight when you're peeing. So, practice your Kegels when you're not peeing. Let pee happen when you're peeing.

Alie: [*through laughter*] Let pee happen. You need a bumper sticker that says: Let pee happen.

Dr. Milhouse: [*laughs*] That's great, let pee happen. Yes, yup. So, we don't like you straining because that can also put strain on your pelvic floor.

Alie: We had a lot of questions about pelvic floor. Starr, Amanda Ramirez, Juliana, Zombot, Lydia Lambe, Lydia asked: So, what's the deal with the pelvic floor? Do you need to strengthen it? And if so, how do you do that? And is a pelvic floor contraction the same as a Kegel?

Dr. Milhouse: Okay, great question! So, your pelvic floor is vitally important. [*"Thank you for noticing."*] It is important for peeing, it is important for pooping, it is important for sexual function. So... It's not three Ps though; pee, poop... I wish there was three Ps. Let's say the P-U-S-S-Y word, but then it's also important for... Pussy and penises!

Alie: Pleasure?

Dr. Milhouse: Pleasure! Pleasure, yes! Piss, poop, pleasure. [*Alie laughs*] Yes, thank you! It's important for those three. And this goes in all humans; this is not just for humans with vulvas. So, it is supposed to contract and relax at specific times. It's not all about pelvic floor

contraction. We do not want you walking around with your pelvic floor, like, tight up. That's not comfortable, that's painful, that makes you feel like you have to go all the time, that makes it hard to pee or to poop, it makes it hard for sex to feel good. That's why I don't want people Kegeling all day long.

But obviously, we do like the pelvic floor to be tighter in certain circumstances. It can help control leakage of urine, so that's when you would utilize it. Pelvic floor contraction is important for male ejaculation. That's how semen gets expelled or expulsed out, which is critical to natural conception.

Aside: Hi, it's me, I'm just here to let you know that the word ejaculate comes from the Latin for *ex*, out, *jaculare*, throw. So, to throw out. It has the same root as javelin. And the muscle behind that tossing power is the bulbocavernosus muscle, the BC, which you can Kegel up, penis people.

Dr. Milhouse: So, there is importance for both... That's why the pelvic floor is a coordinated complex set of muscles. When you have to go, your brain perceives your bladder to be full and you get an urge to pee, and then you get to a bathroom, and when you sit down you don't think and say, "Pelvic floor, time to relax." No, what happens? You just sit down, and urine starts coming out. The first thing that actually happens is your pelvic floor relaxes before your bladder even contracts and lets urine out. The first thing that happens is your pelvic floor relaxes, bladder contracts and lets urine out. In some people, their pelvic floor is dysfunctional and doesn't relax, it contracts actually, when they pee. So, it's like trying to pee through a closed door, because it's not relaxed.

Aside: Your bladder is like, "I cannot stand this..." Oh, speaking of standing...

Alie: Well, we had a couple people ask what you thought of female urinals. Zombot wanted to know what you thought of the Shewee. Any thoughts?

Dr. Milhouse: Let me look up the Shewee. I've seen some female urinals... I think that's actually great. [*laughs*] You know, men... I'm going to embarrass my husband. My husband can pull over anywhere and literally will piss, I mean, indiscreetly, like anywhere. [*both laugh*] And you'll be like, "Are you...? Are you taking a piss? We're about to go inside the movie theater." [*Alie laughs*] I'm like, "No, that's not fair we can't do that." So, these kind of portable things allow us to stand up and pee, taking away the need for the toilet seat. So, I'm a fan.

Alie: I'm all for it.

Dr. Milhouse: Yes, I'm all for it.

Alie: I mean, we have a very open-minded household. My husband is very proudly a sitter-to-pee man.

Dr. Milhouse: Yeah. [*laughs*] So is mine. [*laughs*]

Alie: I think more men are than admit. More people with penises are sitting to pee. As my husband, Jarrett, says, "Kings take their throne while jesters stand before." He has no shame.

Dr. Milhouse: [*laughs*] I love it.

Alie: And I also feel like bathroom clean-up is so much easier. Take a load off, man. I feel like I don't have Jackson Pollock of ultraviolet pee all over our house. Which actually, we had a few people ask, and I thought this was a great question, Ryan Kennedy and Elizabeth

Edwards wanted to know, Ryan asked: What's up with random rogue streams? One just shooting off some weird way? And Elizabeth Edwards wanted to know: Why do my kids have such terrible aim? I'm so tired of cleaning up pee.

Dr. Milhouse: [*laughs*] Because they're kids.

Alie: I mean, I guess they're learning. But if you've just got like a *psstgyiossht* go in the wrong direction... What's going on?

Dr. Milhouse: Well, I think a large part of it is just the force of the stream behind it. So, your urine, when you first start urinating, the stream in the early part of urination is really strong because your bladder is full. The tank is full and it's ready to go. And so then, as that tank empties, then you'll notice that stream draws out, and now it's more directed. Basically, when the force of the stream is really strong that stream can just, pshhh... like, spray. I think what he's calling rogue stream I'm thinking he's thinking spraying streams, it's like a spray.

Alie: I'm thinking so. [*"Why am I peeing like I was up all night having sex?!"*]

Aside: If you asked this, Michael Swords, Avren, Dante Bruno, Ryan Kelly, and first-time question-asker Nish, if you're seeing double from your dong, it could also be a little nugget of dried spunk in there, or a prostate issue. So, if it keeps happening, holler at a urologist... and maybe invest in some cleaning wipes for your bathroom.

Dr. Milhouse: And then it causes the seats to get all messy. Augh, I have a younger brother and he and I shared the same bathroom all throughout. And I was like, "I will neva share a toilet with a man! [*Alie laughs*] When I get married, his and her toilets, because this is disgusting." [*laughs*] Oh my god, it was the worst. The worst! Walking in it's like, all over the place.

Alie: Yeah, and you can smell it as soon as you walk in. I'm telling you, kings take the throne.

Dr. Milhouse: The throne! Sit down. [*laughs*]

Alie: Have a seat. But a few people, Emma Meador and Les Chats Gourmands, wanted to know what you thought about bidets? Is the bidet best for everyone?

Dr. Milhouse: I love bidets. Ooo!

Alie: You do?

Dr. Milhouse: Yes! We need to normalize it.

Alie: Okay, so they're sanitary?

Dr. Milhouse: Yes. Yes.

Alie: Okay great, that's amazing. And one other question that we got a ton was about the oopsies. So many people, I will list them in an aside.

Aside: I got you Katie Courtright, Nicole Austin, Cassie Kenton, Missy Briggs, Molly Johnson, Heaven Clinger, Elena Horne, Rozelyn Hesby, Sydonie Schimler, Krista Jones, Makenna Lawson, Ruby Bray, Katja S, Gwen Kelly, and first-time question-askers Natalie Parsons, Meg W, Casey Ryan, and TardigradeJae.

Alie: In Elijah's words said: Is it possible to ever jump on the trampoline with my kids again without peeing myself?

Dr. Milhouse: Yeah, yeah.

Alie: And sneeze pees, little escape pees. Some people have had children, some people haven't. But that oopsie, what's going on?

Dr. Milhouse: Yeah. So that is called stress incontinence. It's not mental stress but physical stress from the abdomen and pelvis that isn't supported by the almighty pelvic floor, or underneath the urethra. So, you jump on a trampoline, that causes rise in pressure in your abdomen and pelvis, but your pelvic floor can't support it as well under the urethra, and the urethra moves and it urinates because of that pressure. You can cough, the same thing, laugh, pick up something heavy, go for a run, all of these maneuvers. This is definitely more common in women than men; more common in women who've had babies than not. But it's not exclusive only to women who have had babies.

For instance, one population that is not talked about that can suffer higher risk is athletes, young athletes. You're athletic, you're in cross country, you're running all the time; that constant wear and tear on your pelvic floor can predispose you to incontinence. In fact, my young patients with stress incontinence are almost always athletic women, almost always.

There are certainly things you can do about that, that's the good news. You can work on pelvic floor strengthening with Kegel exercises, you can work with a physical therapist... Physical therapists are great, they are like the gurus of the pelvic floor and personal trainers for your pelvic floor. So, you can do that. There are incontinence devices, things you can put inside the vulva, this is for humans with vulvas, put inside to try and support the urethra like a speed bump. There's a tampon called Impressa that makes something like that and then there's devices we use in the clinic called pessaries.

And then there's surgeries. There are surgeries we can do to help create and support the urethra to do leakage… It's one of the most common surgeries that I do in my practice. And I've got to say, I love these surgeries because these patients are like, "Oh my god you gave me my life back. Now I can go running, now I can jump on the trampoline, now I don't have to wear a pad, I can wear my panties." I love it. I love it, I love it.

Aside: So, Kegels, glute bridges, squats, a physical therapist, and maybe a call to the urologist for a procedure that can change your life. Now, we were running quickly out of time. So many questions, so many things I want to ask! But given that things like Scrotox are happening, which is scrotum Botox, it helps them hang lower, I had to just toss off one question that no one had the pendulous balls to ask.

Alie: I completely forgot to ask, and no listener did but... People with penises, are they getting injections for enlargement? Is that a thing?

Dr. Milhouse: Well, they are but I wouldn't recommend it. [*laughs*]

Alie: Okay, I've heard about that.

Dr. Milhouse: They're putting all sorts of stuff in the penises like silicone, it's bad. It can be bad. Don't do it. Don't do it, don't do it, don't do it. That's a part of your body you just cannot afford to lose. [*laughs*]

Alie: I bet. I bet there's more risk. The risks are not worth the gains.

Dr. Milhouse: No-o-o. That's like the butt injections, you know what I'm saying? Yeah sure, people do them. Yes, they're out there. This is not at all recommended by American Urological Association, by urologists.

But speaking of penile enlargement, there is a new device that is not widely done, it's super early still. It's not for every man with a penis so I don't want all these people jumping out going, "I need to find a urologist now! We gettin' that now!" But there's a device, an implant called Penuma that can be inserted to give... Basically, the way it was described to me, which I love, is like, it makes you into a shower.

Alie: [*suspicious tone*] Ohhh... [*Dr. Milhouse laughs*] Interesting.

Dr. Milhouse: So, it doesn't change, like, erect penis whatever, but it can increase length and girth in the flaccid state. And it's an implant that's done. It's a little implanted device, thing.

Alie: You know what else can do that? Just a sock in your pants. [*Dr. Milhouse laughs*] If you're out to impress strangers.

Dr. Milhouse: Yeah, that works.

Alie: That also works. Who knows how many... We don't know what John Hamm is really doing.

Aside: John Hamm, if you're out there, I'm sorry that people sell magazines with pictures of your pants area. It's a weird thing. But for everyone else who is not John Hamm, let's talk about your hogs. So, I want you to know that I looked into this Penuma implant, and it costs about $15,000. Also, you are not allowed to bone with it for 6 weeks post-op. Also, there are three sizes of Penuma implant to choose from; there's Large, Extra Large, and Extra Extra Large, which is just a sizing system that puts the Starbucks Small/Tall to shame.

But you know, if you cannot afford a $15,000 implant and some pain, what can also increase your flaccid length by an inch or two, is just trimming your pubes. The best pep talk I could give anyone is that you have so much dick under that muff. Don't hide your light saber under a bush...el.

Now, if you're feeling bad about feeling bad about it, one urology website I saw said that "Nearly half of all men think that their packages are smaller than average." At first, I was like, that's so sad... I then I was like, wait, half of all men think that their packages are smaller than averI.. And then I was like, well, that's also just math. But so many studies have shown that the vagina'd are fine with size and that it really does not matter; confidence does. And when it comes to vulva-havers, turning your focus to the clit is going to get you Ie points... and by points, I mean orgasms. Straight up.

Alie: Final listener question, Alia Myers put it well for all of us, "Once and for all, is squirting just peeing?" Is it pee?

Dr. Milhouse: Yeah! I know they all... This is the most common question. It has urea in it, it's probably diluted urine, yes. Yes, it is.

Alie: Aha! Where is it coming from? Which hole?

Dr. Milhouse: It's coming from the urethra most likely and around the urethra. There are periurethral glands. There's squirting and there's female ejaculation, which is different. Female ejaculation is just really the periurethral gland. So, these are glands next to the urethra; they're really tiny, you can't see them with a mirror. They're located on either side of the urethra, and they just ooze out ejaculate type of fluid. We call them similar to the prostate in a man.

But squirting is probably coming from the urethra. There's probably some increased vaginal expelling of lubrication and fluid. But I think it's probably coming out of the

urethra as diluted urine. I mean, men ejaculate out of their urethra. It's not pee in men, we know definitively, semen is different than pee. But in women, it's probably diluted urine.

Alie: Ah!

Dr. Milhouse: We don't have organs that make, like, seminal type fluid like the men do. So, embrace it! Embrace the wetness.

Alie: Embrace the spot.

Dr. Milhouse: Yes.

Alie: [*laughs*] Embrace the wet spot. Get a towel, have fun. You know?

Aside: Just get weird, enjoy yourself, because one day we're all going to die. And it's okay, your molecules might become a frog... or a bagel.

Alie: What about things that suck about urology? What is the part of your job that is the hardest or the most frustrating? What's the downside of your job?

Dr. Milhouse: Well, complications, as a surgeon. Those really freakin' suck. And the patient, you know... I have had sleepless nights over certain complications and I am thankful to say that I've gotten through it. And in most cases, it has made my relationship with the patient closer because I'm very transparent and I also become very available. If there's a complication, most likely, you're getting my cell phone number and I'm like, "Listen, I just want you to know I'm not going to abandon you." I think really, patients just don't want to be abandoned, you know, and suffering through this alone.

There are certain things that we kind of like, are difficult to treat and so... I don't want to say suck, but they just are frustrating. So, chronic pain conditions in urology are a bummer, just because it can be difficult to treat because we don't understand it. There's something called interstitial cystitis, which is a chronic pain bladder condition that can be very frustrating for patients, I need to emphasize that, but also for the provider. There's pain, like chronic... we call it ball pain in urology, but testicular or scrotal pain. And it's totally normal, everything looks normal, feels normal, but it hurts.

Aside: Just a side note, if you don't know what interstitial cystitis is, congratulations. I don't either. It sounds terrible. It's also called painful bladder syndrome and it's often mistaken for a UTI. If you have it, get yourself a favorite urologist who may recommend pain medications or physical therapy. You can also check out the Dolorology episode with Dr. Rachel Zoffness we did in November about chronic pain. I just asked and she said, "Yup, some cognitive behavioral therapists can help with stabbing bladder pain management." Speaking of stabby bladder things...

Dr. Milhouse: Oh, I know what we hate. I just thought, duh. The difficult catheter call. The difficult catheter, especially in the middle of the night. [*phone rings*] "Doc, we need you. We can't place this catheter tube in. Can you come in?" I'm like, oh my god, please. So, I have to drive like 45 minutes to the hospital because of where I just live, to do what is usually a 5-minute insertion. And when I come in, the patient is like, "They've tried a million times," and I'm like, "But they ain't me." [*laughs*]

Aside: I love her. She's my favorite urologist.

Dr. Milhouse: But I have actually taught some nurses how to get a difficult catheter in, and again, I think about my TikTok, I'm like, "I did a TikTok about this." So, I told the nurse, "This is the catheter you want to use. Lube it up!" The thing is people don't use enough lube, too.

"Lube it up, do this, go gently" and she called me, she's like, "I got it, I got it!" and saved me a 45-minute trip and I was like, "Go best friend! Yes, best friend!" [*laughs*]

Alie: You're like, "Watch my TikTok before you call me and then let me know."

Dr. Milhouse: Yes, and then let me know.

Alie: Have you had a catheter...? Is part of urology like, you have to have a catheter done to you so that you understand what it's like? Because I've never had one and they terrify me.

Dr. Milhouse: [*laughs*] No, you don't have to, but I have. So, I'm an open book. This is going to be classic... So, I have catheterized myself. And why, you ask? Why did I catheterize myself? [*"Story time."*] Because I used a cream, I won't say the brand, I used a cream for hair removal down there, right. And I guess it was an expired thing, I don't know, I've been using this cream for years, no problems. I put that cream on me and it burned like hell. It was like my crotch was on fire. Washed it off, it was still on fire. But when I pissed it was like... Fire I've never– So, I was like, "Forget this, I can't pee, I'm just going to catheterize myself every time. I can do this, I teach my patients how to do this, I can do this." Man, I had a newfound respect. [*both laugh*] Newfound, respect.

Alie: Urologist, heal thyself.

Dr. Milhouse: Yes. I was struggling for like, 10 to 15 minutes. I was like, "Really? Wow, and I know exactly what I'm supposed to do." [*laughs*] So yeah, sometimes we become the patient and it's humbling, it's definitely humbling.

Alie: Now, what about your favorite part about your job?

Dr. Milhouse: Ooo, I really love... I love people so there's a couple different favorites. Number one is I love surgery. I really do, it's my happy place. The operating room is my happy place, I'm like, "Yes! I get to do my thing." And a lot of what I do is quality of life so... it's fun. It's fun because it's not as stressful as, like, brain cancer, but it is life-changing, nonetheless. So, a lot of the times I walk into the operating room and then walk out and I'm like, "Ahh yes, I see my work." I love the operating room.

I love being able to relate to patients and talk about intimate things that they don't talk about. I just use plain language to do it. I tell patients, "This is a no judgment zone. Don't be ashamed about anything you say to me. Use just the words you want to. You don't have to be like, 'My male member'. Just say dick if you want to say dick, okay?" You know what I'm saying? I do that and I curse a little. And I'll tell you, every time I curse, patients are like, "Wow, I like you more." You see the loveliness on their face. It breaks the walls down and I just love getting to get that information from patients and them feeling like they can have somebody they can talk about and hopefully get answers from.

Alie: You do such an amazing job of making us all more curious about urology and also destigmatizing so many issues that we might not realize we had someone to ask, you know. [*laughs*]

Dr. Milhouse: Yes, yes. That's great. I love that you said that about me because that is absolutely, 100% what I want to do. Educate, destigmatize.

Alie: Yeah, you're doing it. Well, you are my favorite urologist, I have to say.

Dr. Milhouse: Thank you. [*laughs*]

Alie: You live up to the hype, 100%

Dr. Milhouse: Thank you. Oh, appreciate it. It's been a pleasure. I can't wait for all of us to listen to this when it comes out.

So, ask brilliant surgeons, shame-free questions, and use whatever language you'd like. Also, hello to the folks in Dr. Milhouse's office who listen to *Ologies*, thank you for helping her fix pee holes and telling her to come on the show. Now, Dr. Milhouse also adds that the Urology Care Foundation is a great resource for a lot of conditions. You can also learn more about her work by following her @YourFavoriteUrologist on TikTok, she's a hoot, and @DrMilhouse on Instagram. And just look up #YourFavoriteUrologist, you will find her very quickly.

We are *Ologies* on Twitter and Instagram. I'm @AlieWard on Instagram and Twitter, do say hi. You can tag photos of you in *Ologies* merch with #OlogiesMerch so we can show you off and repost you. OlogiesMerch.com has items you can put on your body to help you find other ologites in the wild. Thank you, Susan Hale, for managing that and so much more. Thanks, Erin Talbert for adminning the *Ologies* Podcast Facebook group, with assist from Shannon Feltus and Boni Dutch, of the podcast, *You Are That*. Noel Dilworth helps with scheduling and so much more. Emily White of The Wordary makes professional transcripts. Caleb Patton bleeps episodes, those are all up for free at AlieWard.com/Ologies-Extras. There's a link in the show notes to all of this.

There's also a link to AlieWard.com/Ologies/Urology for tons more links. Kelly R. Dwyer maintains our website, she can make yours. Every few weeks we put out *Smologies* episodes that are scrubbed of anything adult, including language and talk of dongs. And Zeke Rodrigues Thomas of Mindjam Media helps us make those with assist from Steven Ray Morris. Nick Thorburn made the music and the king of this throne, who puts all these *pee*ces together, each week is Jarrett Sleeper of Mindjam Media. Thank you, Jarrett! Stay golden.

If you stick around to the end each week, I tell you a secret. And this week... in the Acoustic Ecology episode from last week, we had so many issues recording it that I forgot to even mention the part where the afternoon sun was hitting my laptop and heating it up in such a way that the fan was whirring really loudly, and I had to put Dr. Game on hold while I ran across the house to get a frozen pizza...

Alie: I do have a frozen pizza.

Eddie: [*laughs*] Does that work? [*laughs*]

Alie: I don't know but I have a frozen pizza. I might as well just put it right under there, right?

...and put it under my computer. So, my computer the whole time we recorded that was sitting on top of a frozen pizza to try to cool it off, because life finds a way. Everything matters and yet nothing does. Thank you also, just to everyone for being such sweetie peas to me and being so patient with these episodes coming out as we handle some family stuff. Mom, Dad if you listened to this, that's your problem. So, okay. Berbye.

Transcribed by Aveline Malek at TheWordary.com

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Some of Dr. Milhouse's TikToks: Premature ejaculation Things stuck in urethras, such as bobby pins, charging cords, mardi gras beads Priapism Vasectomy risks

Great resource for patients: Urology Care Foundation

The urologist who inspired Dr. Milhouse: Dr. Lenaine Westney

More on why Dr. Milhouse chose Urology

Duration of urination does not change with body size

21 golden seconds: an article

Inherited Susceptibility to Acute Pyelonephritis: A Family Study of Urinary Tract Infection

UTI-caused delirium

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