JUSTIN HOUMAN MD
MEN'S HEALTH
TOWER UROLOGY

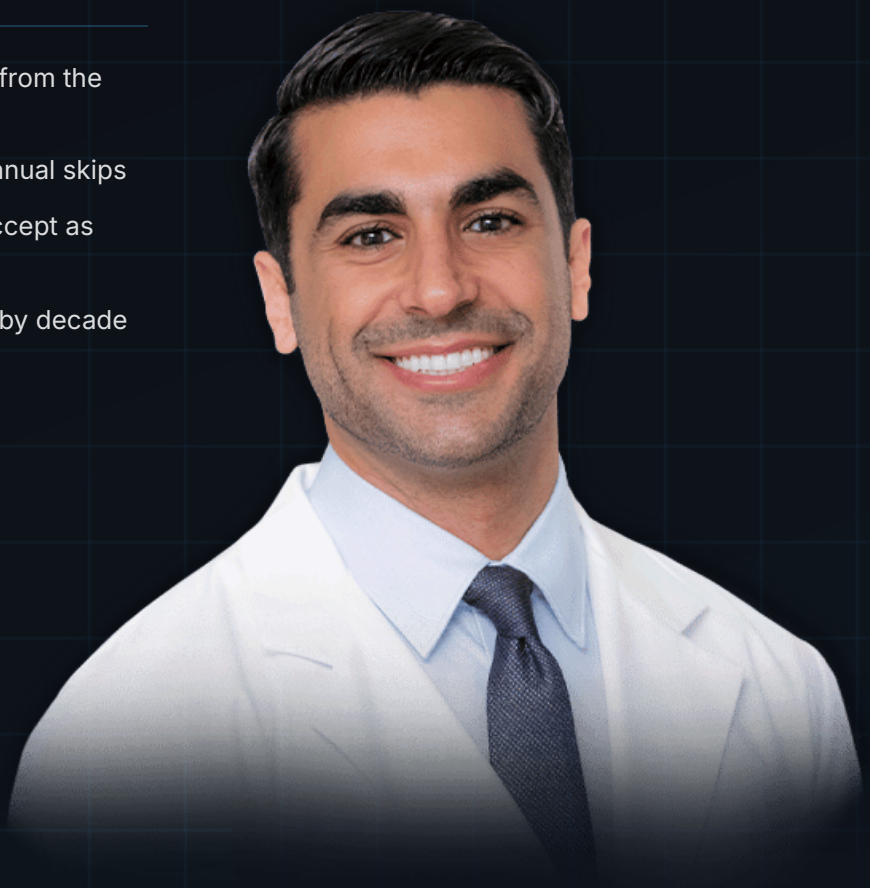
FREE CHECKLIST

THE MEN'S HEALTH CHECKLIST

Men's health, decade by decade.

After 15 or 18, a lot of men don't see another doctor until they're 50. Good screening is good medicine.

- Your 20s and 30s: the baseline numbers, from the monthly self-exam to a semen analysis
- Your 40s and 50s: the labs a 15-minute annual skips
- 60 and beyond: the changes most men accept as aging that are worth a second look
- What to ask for at your next visit, decade by decade
- The habits that count at every age



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01 START HERE

After 18, a lot of men don't see a doctor again until 50.

So many men see pediatricians early on in their lives, and after the age of 15 or 18 they stop. They don't see another doctor until they're 50. At that point they've experienced a number of things: erectile dysfunction, low testosterone, high blood pressure, high cholesterol, diabetes. And they've missed the early warning signs.

Sexual health, fertility and hormonal issues are like canaries in the coal mine. If you're a 30-year-old with erectile dysfunction, a lot of times that's performance anxiety. But there are plenty of times where it's actually an early sign of high cholesterol, where the arteries carrying blood flow to the penis are clogged up, or a sign of hormonal issues. As young men our bodies are very, very resilient, but they can only carry you so far. Men live shorter lives than women, and a lot of that we could change.

> **Good screening is good medicine. Like anything else in medicine, the earlier you act, the better off you'll be.**

02 HOW TO USE THIS CHECKLIST

One page for each stage of life, in three parts.

PART A

Your primary care doctor

The standard screenings. Primary care doctors are the ones screening the most guys. These are the guideline items to make sure you're getting.

PART B

The urology layer

What a 15-minute annual usually skips: hormones, fertility, sexual health, the testicles and the prostate. That's the part I cover.

PART C

Ask at your next visit

The questions to bring with you, so you walk out with answers. Check them off as you go.

The ages are general starting points. Your family history and personal risk factors can move a screening earlier. I'm a urologist, so your annual physical stays with your primary care doctor.

03 CHECKLIST 1 OF 3

Your 20s and 30s: set your baseline.

The earlier you intervene, the better your outcomes will be. Getting assessed early on helps the big picture, for your reproductive health and your overall health.

A. ASK YOUR PRIMARY CARE DOCTOR FOR

- [ ] A primary care doctor, and a yearly visit
- [ ] Blood pressure, at least every two years
- [ ] A baseline cholesterol panel
- [ ] STI screening, including HIV, if you're sexually active
- [ ] Vaccines: HPV, Tdap, the yearly flu shot
- [ ] Your family health history, written down

B. THE UROLOGY LAYER A 15-MINUTE ANNUAL SKIPS

- [ ] **A monthly testicular self-exam.** Testicular cancer peaks between 15 and 35. How to do it is on the next page.
- [ ] **A baseline semen analysis.** Any guy should get one. These days you could do it at home.
- [ ] **A varicocele check.** Treating one in your early 20s versus your mid-30s can make a big difference to the testicle.
- [ ] **Testosterone, if you have symptoms.** Tested before 10 a.m., and tested twice.
- [ ] **Thinking about TRT? Fertility first.** It suppresses your ability to produce normal, healthy sperm.
- [ ] **ED at your age is worth a visit.** A young man experiencing erectile dysfunction, that's not normal.
- [ ] **Trying for a baby?** If you're struggling at six months, both partners should get evaluated.
- [ ] **Late 30s, no kids planned soon?** Banking sperm is truly an insurance policy.

C. ASK AT YOUR NEXT VISIT

- [ ] "Can you check my blood pressure and a baseline cholesterol?"
- [ ] "Can you examine me for a varicocele?"
- [ ] "Should I get a baseline semen analysis?"
- [ ] "I have symptoms of low T. Can we test before 10 a.m., and repeat it?"

04 THE SELF-EXAM

How to do a testicular self-exam.

Every man has a soft bump in the back of each testicle. It's called the epididymis, and that's normal. A lot of guys find it the first time they do a self-exam, and they panic.

Testicular cancer is very common among guys between the ages of 15 and 35. That's usually when it peaks. It's one of the most treatable types of cancer, especially when it's caught early. There aren't really symptoms. In rare cases you have pain, or a heaviness. The best way to find it is to do the exam.

1. **Once a month, in a warm shower.**
   That's what I always tell patients. Make sure you're checking yourself every month.
2. **Roll each testicle between your thumb and your finger.**
   Feel for anything new, anything abnormal.
3. **Feel for a hard lump.**
   It's usually painless, and it doesn't really change in size when you squeeze on it.
4. **Found something?**
   See if it's on the other testicle too. If not, then definitely see somebody. We get a scrotal ultrasound just to make sure everything's looking good inside the testicle.

I co-authored wikiHow's guide to the testicular self-exam.

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05 ED IN YOUR 20S AND 30S

A young man experiencing erectile dysfunction, that's not normal.

You should be evaluated. Sometimes it's hormone-based. A lot of times it's in your own head: you had one bad night, you keep thinking about it, and you go down a vicious cycle. A lot of times it's contextual. When you're on your own, your erections are nice and strong, but with a partner there's more stress, the adrenaline kicks in, and that decreases blood flow. If it's happening in every context, a lot of times there's something deeper going on. Being evaluated early can get you out of that cycle.

WATCH ME EXPLAIN IT

Why young men get erectile dysfunction

Scan with your phone camera, or **tap here** to watch on YouTube.

06 FERTILITY, BEFORE YOU NEED IT

There are no symptoms of infertility.

Any guy should get a baseline semen analysis. These days you could do it at home: they mail the test kit to your house, and it's very, very accurate. If you're producing severely low sperm counts, it's not the kind of thing you're going to feel. If there's an abnormality, you work it up, and the earlier you intervene, the better your outcomes will be.

If you're trying to conceive, give it six, nine, 12 months. But if you are struggling at six months, just be evaluated, both the male and the female partner. And if you're in your late 30s and not anticipating being in a relationship anytime soon, there's no harm in banking sperm. It's truly an insurance policy.

> THINKING ABOUT TRT?
>
> **If you're thinking about being on testosterone replacement therapy as a young man, just realize that it comes with some form of fertility consequences. If you check a semen analysis on a guy who's been on TRT for four to six weeks, his sperm counts are going to be very, very low, if not essentially zero.**

07 AT EVERY AGE

What's good for your heart is good for your testicles.

- [ ] Eat a well-balanced diet, with as much unprocessed food as possible.
- [ ] Do a combination of heavy weight lifting and cardio.
- [ ] Get at least seven hours of sleep. Sleep is the big, big one.
- [ ] Minimize your stress. It's the hardest one.
- [ ] Skip the binge drinking. Four or five drinks a night, on a regular basis, lowers testosterone and sperm counts.
- [ ] Keep a primary care doctor, and see them every year.

08 CHECKLIST 2 OF 3

Your 40s and 50s: the labs a 15-minute annual skips.

Our testosterone levels start to decline at 30, one to two percent every year. Once you hit your 40s, this is when we start talking about what guys can do at this point to optimize.

A. ASK YOUR PRIMARY CARE DOCTOR FOR

- [ ] Blood pressure and cholesterol at every visit
- [ ] Diabetes screening by 45, earlier with risk factors
- [ ] Colorectal cancer screening, starting at 45
- [ ] A cardiovascular risk assessment
- [ ] The PSA conversation: in your 40s with a family history or if you're African American, in your 50s for everyone
- [ ] Shingles vaccine from 50; a lung CT if you smoked heavily

B. THE UROLOGY LAYER A 15-MINUTE ANNUAL SKIPS

- [ ] **ED is a check engine light.** New ED in your 40s or 50s: get checked for heart conditions, cholesterol, diabetes and blood pressure.
- [ ] **Total and free testosterone.** Before 10 a.m., twice, a week or two apart, with SHBG, LH and FSH.
- [ ] **The low normal range.** If you're in the 300s or low 400s and you have symptoms, it's worth considering treatment.
- [ ] **Snoring, choking or gasping at night?** Sleep apnea can look like low T. Address it first.
- [ ] **Low testosterone? Ask about a varicocele.** Fixing one can improve testosterone levels.

C. ASK AT YOUR NEXT VISIT

- [ ] "If I have ED, can we check my heart, cholesterol, blood sugar and blood pressure?"
- [ ] "Can we test total and free testosterone, SHBG, LH and FSH, before 10 a.m., and repeat it?"
- [ ] "When should I start the PSA conversation, given my family history?"
- [ ] "Could my snoring be sleep apnea?"

09 YOUR 40S AND 50S, EXPLAINED

ED is the check engine light.

Erectile dysfunction is kind of the check engine light that comes on no matter what age. If you're experiencing ED in your 30s or 40s, you want to be evaluated, to make sure there's nothing else going on: heart conditions, elevated cholesterol levels, diabetes, blood pressure issues.

For most men, erectile dysfunction is a vascular event. The penile arteries are small, so damage typically shows up there first. It shows up three to five years before any cardiac events, on average. Men with ED have a 44% higher risk of heart disease. It doesn't matter if you're sexually active right now. Your vascular system may be telling you something.

20S AND 30S

More often performance anxiety

When a 20 or 30-year-old comes in, we're thinking more performance anxiety. That's the majority of guys in that bucket.

40S, 50S, 60S

Hormones and blood flow

Hormonal health is a big one, and anything that decreases blood flow to the penis: high cholesterol, diabetes, high blood pressure.

10 TESTOSTERONE, TESTED RIGHT

The normal range is 300 to 1,000. Where you feel good is personal.

A 40-year-old today has testosterone levels about 30% lower than his father did at 40. And the range is wide. Somebody may be feeling great at 350, but another person needs to be at 550 or 600 in order to feel good. The number is just a part of the picture.

I had a 42-year-old patient, married with three kids, with low libido, low energy, and moody at home. A number of doctors had told him he was normal at 311. We checked again: 307. Once we treated his symptoms, his energy came back, and so did his mood at home.

One patient's experience. Results vary from patient to patient.

WATCH ME EXPLAIN IT

Free vs total testosterone: what most men miss

Scan, or **tap here** to watch on YouTube.

11 CHECKLIST 3 OF 3

60 and beyond: worth a second look.

It used to be, for a 60-year-old guy, put your bootstraps on, it's part of life, suck it up. Now men are willing to talk about it, and we have good treatment options for men at all ages.

A. ASK YOUR PRIMARY CARE DOCTOR FOR

- [ ] Colorectal screening through 75, then decide together
- [ ] A one-time aortic aneurysm ultrasound at 65 to 75, if you ever smoked
- [ ] Vaccines: shingles, pneumococcal, RSV, flu, COVID
- [ ] Bone density, if you have risk factors
- [ ] Vision and hearing checks
- [ ] Memory and fall risk

B. THE UROLOGY LAYER A 15-MINUTE ANNUAL SKIPS

- [ ] **Getting up at night to urinate.** Bring it up. As the prostate grows in size, there are medications to shrink it.
- [ ] **Cialis isn't only for erections.** Some older men take it for an enlarged prostate, because it can help with urination as well.
- [ ] **ED, at any age.** When the pills stop working, there are good long-term options.
- [ ] **Testosterone.** For the older guy past the age of fertility, testosterone replacement therapy is a great option, done safely.
- [ ] **On TRT? Your PSA and red blood cell count.** Both should be trended with your blood work.

C. ASK AT YOUR NEXT VISIT

- [ ] "Is getting up at night my prostate, and what are my options?"
- [ ] "My ED medication isn't working the way it used to. What else is there?"
- [ ] "If I'm on testosterone, are you checking my PSA and red blood cell count?"
- [ ] "Which screenings should I keep doing at my age?"

12 60 AND BEYOND, EXPLAINED

The prostate, and getting up at night.

Men will tell you when they're urinating at night and it keeps going, because it bothers them. That's why urologists are really the first touch point for men.

As men get older, the prostate grows in size, and we want to shrink it. We give finasteride to older men a lot of times for enlarging prostates, and only a very small percentage of men at that age have sexual side effects from it. Cialis can help with urination as well, which is why some older men take it for an enlarged prostate.

13 ERECTIONS

When the pills stop working.

Viagra and Cialis help the majority of men. When those stop working, we talk about penile implants. It sounds like an aggressive surgery, but it's a relatively straightforward one: about a 45-minute procedure, with a three-week recovery afterwards. It's generally men 50 plus who want a good long-term treatment option for their erectile dysfunction.

14 TESTOSTERONE

TRT for the older man, done safely.

For the older guy who's past the age of fertility and is interested in testosterone replacement therapy, it's a great option. Newer studies show it doesn't raise the risk of heart attacks or stroke compared to placebo. It did show a little bit more atrial fibrillation, so it's still a medical decision you have to have with your provider. It doesn't cause prostate cancer. It may unearth it, which is why we monitor.

- [ ] **PSA.** A marker for prostate cancer. We want to make sure we're trending it.
- [ ] **Red blood cell count.** Testosterone can raise it, and unmonitored, the blood can become very thick.
- [ ] **How often.** Every two to three months at the start, then every six months once you're on a stable regimen.

ABOUT WHO WROTE THIS

I'm Dr. Justin Houman.

I'm a board-certified men's health urologist and assistant professor of urology at Cedars-Sinai Medical Center in Los Angeles. I practice at Tower Urology.

When I was in residency, very few urologists specialized in men's health. Men's health is really three buckets: sexual health, fertility health and hormonal health. These are the things that bring men to the doctor for the first time. Men won't tell you when they have high blood pressure, but they'll tell you when they can't get an erection.

A typical urology visit is no more than ten minutes. Patients are meant to be pushed through, not dug into to figure out what is actually going on. My practice is different. I like to figure out what the cause is, so it has better long-term outcomes. Being at Tower Urology at Cedars-Sinai, I have the background of an academic medical center, but with my own practice inside it I'm not on a corporate clock.

TRAINING

Fellowship-trained microsurgeon

Board-certified urologist with fellowship training in male reproductive medicine and microsurgery.

VOLUME

1,000+ varicocelectomies, 800+ implants

Microsurgery for fertility, pain and sexual health is a big part of my practice.

RECOGNITION

Super Doctors® Rising Stars℠

Selected for inclusion in 2027 Southern California Super Doctors® Rising Stars℠, Urology.

DESIGNATIONS

Centers of Excellence

Endo Xiaflex Center of Excellence (Peyronie's) and Boston Scientific AMS 700 Center of Excellence (penile implants).

VISITS IN PERSON OR BY VIDEO

You don't have to live in Los Angeles.

Telehealth is how a lot of my patients actually start. The first visit for a lot of patients, especially patients who are outside of Los Angeles, is a video call from home. We go through your symptoms, your history, and any labs or imaging you've had. Sometimes patients send those in beforehand. A lot of patients come to me for second opinions on results from other urologists, and we figure out what's missing, what hasn't been done. Many times an exam needs to be done in person before figuring out the next steps.

YOUR NEXT STEP

Bring this to your next visit.

Whatever decade you're in, take part A to your primary care doctor and bring part B to me. We have good treatment options for men at all ages, and like anything else in medicine, the earlier you act, the better off you'll be.

REQUEST A VISIT

Book online

Scan, or tap here.
houmanmd.com/contact

CALL MY OFFICE

310-854-7822

Monday to Friday, 8:30am to 5pm
Tower Urology at Cedars-Sinai

Not in Los Angeles? If distance is what's stopping you from coming to see me, a video visit is a great alternative.

BEFORE YOU BOOK

I see patients Wednesday through Friday, and new-patient openings are limited each week.

One practical note so there are no surprises: I'm in-network with Medicare. Other insurance is out-of-network, and my office provides a superbill you can submit to your plan for reimbursement. My team will walk you through costs before you book anything.

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This guide is for education only and is not medical advice. Reading it does not create a doctor-patient relationship. Every patient is different; talk with a qualified physician before making medical decisions.