

PROSTATE



Continence and prostate

A guide for men undergoing
prostate surgery

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This book is intended as a general introduction only and is no substitute for professional assessment and care.

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■ Continence management following surgery for prostate cancer

Some men have problems with urine leakage after prostate surgery. This is a common problem, however many men find this the biggest challenge they have to cope with during the recovery process.

Urine leakage is a common occurrence following prostate surgery and can take a few weeks to a year to resolve, and for some men there is an ongoing problem, which may need more surgery. It is important to get professional advice to help cope with urinary incontinence (urinary leakage) during this time. This booklet will provide you with helpful ways to improve and manage your incontinence following prostate surgery.

■ What is incontinence?

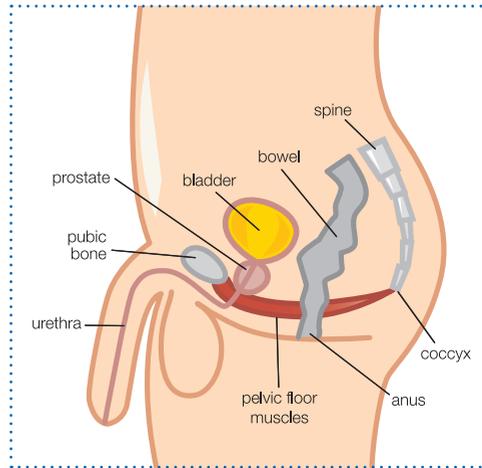
Urinary incontinence is accidental urine leakage. After prostate surgery it can happen during exercise or physical activity. The volume of urine leaking can vary from a small to a large amount. Understandably, most men find it highly embarrassing and difficult to talk about incontinence, even with their partners.

Some men feel a sense of shame and loss of self-esteem. Many men think that they must manage their incontinence by themselves and feel frustrated and alone in trying to deal with the problem. Men are also often anxious about others knowing about their condition and may avoid social activities in case they risk being 'found out'.

If incontinence is causing you any problems or getting you down, you should talk to your doctor or contact the National Continence Helpline on freecall™ 1800 33 00 66. This Helpline can advise you about the most appropriate health professional to see and put you in touch with a local continence service who can help.

■ Why does it happen?

The prostate gland is a male reproductive organ. It is about the size of a walnut and sits at the base of the bladder. The thin tube (urethra) that carries urine and semen out of the penis runs through the centre of the prostate gland. At the point where the bladder and urethra join, there is a ring of muscles, known as the bladder neck sphincter, which opens and closes like a camera-shutter. The bladder neck sphincter is closed most of the time to prevent urine leaking out but when it gets permission from the brain, it opens to allow urine to be passed. Another sphincter that is part of the set of muscles below the prostate called the pelvic floor are also involved in bladder control. If the bladder neck sphincter is damaged during prostate cancer surgery, the pelvic floor muscles are now relied on to control the bladder more often. If the pelvic floor is weak you may experience urinary incontinence.



■ What are the symptoms?

Urinary incontinence usually occurs when you undertake activities that increase the pressure inside the abdomen, and push down on the bladder. If the pelvic floor muscles (external sphincter) are not working well, urine will leak out. This is known as 'stress incontinence'. Typical activities that can cause leakage are coughing, sneezing, shouting, laughing, lifting, walking, bending, pushing, pulling and moving from lying to sitting or sitting to standing positions. Leakage can also occur with every day activities such as gardening, sport and exercise.

■ Will it go away by itself?

Incontinence will usually improve with time but by learning how to control the pelvic floor muscles, you can speed up the recovery process and reduce the leakage faster. If you don't strengthen these muscles, the leakage may persist.

■ What are the pelvic floor muscles?

The floor of the pelvis is made up of layers of muscles which stretch like a hammock from the tail bone at the back to the pubic bone at the front. Pelvic floor muscles play an important role in bladder and bowel control. A man's pelvic floor supports the bladder and the bowel. The urethra and rectum (back passage) pass through these muscles to the outside. By doing pelvic floor exercises, you can strengthen these muscles and improve both bladder and bowel control.

■ Regaining control

There are several things you can do to help regain control over your bladder:

Exercise your pelvic floor muscles

Performing pelvic floor muscle exercises after prostate surgery is vital to your recovery as it is these muscles that help you control your bladder. It is recommended that you seek help from a continence physiotherapist, continence nurse advisor or urology nurse to learn the correct technique.

Identifying your pelvic floor muscles

The first step in performing pelvic floor muscle exercises is to identify the correct muscles. There are several ways to identify them.

- When you go to the toilet, try to stop or slow the flow of urine midway through emptying your bladder. If you are able to do this you are squeezing the correct muscles. Do not do this repetitively. This is not an exercise, but a way to identify the correct muscles. In the early stages after prostate surgery this will be easiest during the night when the flow is likely to be strongest.
- You can do the exercise lying down, sitting, or standing with your legs apart, but make sure your thighs, bottom and stomach muscles are relaxed.
- Stand in front of the mirror (with no clothes on) and tighten your pelvic floor muscles. If you are tightening the right muscles, you should see the base of the penis draw in and scrotum lift up. The back passage will tighten too but it is not the focus of the exercise. When you relax your muscles you should feel a sensation of 'letting go'.

Factors that may cause pelvic floor muscle weakness

- Pelvic surgery
- Obesity
- Smoking
- Heavy lifting
- High impact exercises
- Chronic coughing
- Constipation
- Chronic low back pain

Correct technique is very important when doing pelvic floor muscle exercises. You should feel a 'lift and a squeeze' inside your pelvis. The lower abdomen may flatten slightly, but try to keep everything above the belly button relaxed, and breathe normally. A continence physiotherapist or continence nurse advisor can help if you have trouble identifying your pelvic floor muscles.

Pelvic floor muscle training

Once you master the art of contracting your pelvic floor muscles, try holding the inward squeeze for longer (up to 10 seconds) before relaxing. If you feel comfortable doing this, repeat it up to 10 times. This can be done three times a day. Make sure you continue to breathe normally while you squeeze in.

Many men find it difficult to remember to do their pelvic floor exercises. Linking the exercises to a regular activity such as meal times or brushing your teeth is a good way to incorporate them into your daily routine.

Putting the pelvic floor into action

Every time the pressure in your abdomen increases you are potentially pushing urine out of the bladder. Identify the activities that cause urine to spurt out such as coughing, standing up or lifting, and tighten your muscles first to prevent urine escaping. Practice this control until it is automatic. This is called 'the knack'.

You should also try to use your pelvic floor muscles throughout the day. Some examples of when you could use them are:

- Whilst walking – try lifting your pelvic floor about 50% of maximum squeeze.
- When you feel the urge to pass urine – squeeze your pelvic floor to hold on until you get to the toilet.
- After you have passed urine – tighten your pelvic floor, which may help prevent the embarrassment of an after-dribble leak of urine as the squeeze expels the last few drops of urine from the urethra.
- After opening your bowels – tighten around your back passage.

When should I start these exercises?

Ideally you should start doing pelvic floor muscle exercises 4 to 6 weeks prior to surgery to get into the habit of incorporating them into routine activities such as exercising. Practising even one day before surgery is beneficial.

Doing pelvic floor muscle exercises after surgery (whilst a urinary catheter is in place) can irritate the bladder and cause discomfort. It is therefore recommended that you do not do any exercises during this time. However, once the catheter is removed you may start the pelvic floor exercises straight away.

Once you identify your pelvic floor then start working on 'the knack'. Also identify 2 to 3 regular times in a day when you can concentrate and spend 5–10 minutes working on your muscles. It is important that you give your muscles time to recover when getting back into a regular routine. Do this by making sure you 'rest' for as long as you 'hold'. For example, if you hold for 5 seconds make sure you rest for 5 seconds. When your muscles get tired, give them a full minute rest.

Signs of improvement

- Using less incontinence pads
- Getting up less than 2 times a night and remaining dry
- Being dry in the early part of the day
- Being dry all day
- Not leaking when you cough, sneeze, laugh or lift
- Being dry with sport and exercise

As doing the exercises gets easier you can try doing them in progressively more challenging positions: from sitting to standing and on to walking. Over time you may only be leaking when you exert yourself.

By identifying the activities that cause you to leak, you can learn to tighten your muscles to try and prevent it using 'the knack'. If it happens during your chosen sport you may need to practice the movement involved so that tightening your pelvic floor muscles becomes automatic.

How long will I need to keep doing the exercises?

Your pelvic floor will remain a weak spot for life. It is therefore important that you keep exercising it for life. If you become sick with the flu and cough a lot you may start leaking again. This does not have to be permanent however, so revisit a pelvic floor training regimen once you recover.

■ Drink well to prevent bladder irritability and constipation

Unless your doctor advises a different amount, drink between 1.5 and 2 litres of fluid a day. This is between 6 and 8 cups a day. Limit caffeine, alcohol and fizzy drinks as they may cause bladder irritation. Remember that water is the best fluid. It is important not to drink too much.

A good guide to whether you are drinking enough is to look at the colour of the urine you are producing. Pale yellow urine and soft, easily passed bowel motions are a good sign you are drinking enough. Reducing your fluid intake makes urine more concentrated and you risk getting bladder infections and going to the toilet more often.

■ Eat a healthy diet rich in dietary fibre

Make sure your diet has an adequate amount of fresh fruit, vegetables, breads and cereals. This will help to prevent constipation and maintain a healthy body weight.

■ Exercise

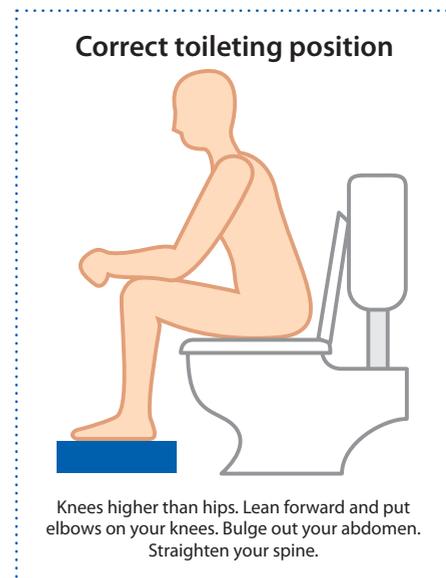
Exercise regularly to help prevent constipation and maintain a healthy body weight.

Walking is a great way to start getting back into exercise, but you should consult your doctor before you return to vigorous sport or exercise.

■ Practice good toilet habits

Practice good toilet habits to prevent bladder and bowel control problems. Go to the toilet when your bladder feels full. Don't get in to the habit of going just in case.

After prostate surgery you may find that you do not experience the sensation of a full bladder. The sensation of a full bladder will gradually return as you are able to hold on longer. It is important to practice holding on to increase the amount of urine your bladder can hold.



Take time to empty your bladder. If you sit to empty your bladder as well as your bowel use the correct sitting position on the toilet to avoid straining. Make sure your knees are higher than your hips – a foot stool can be used. Lean forward and put your elbows on your knees. Relax your stomach muscles so that your belly gently bulges out.

■ Other ways to manage incontinence

Pads

Pads are commonly used to manage urinary incontinence. There are several pads available in supermarkets and pharmacies which are specifically designed for men. Some pads have an adhesive strip to keep them in place in the underwear. It is important to wear firm fitting jock-type underwear – not boxer shorts. Some pads are like complete pants with an absorbent pad in the crotch.

Pads are designed to lock away urine so that you feel dry and any unwanted odours are contained. A continence nurse advisor, urology nurse or continence physiotherapist can advise you on what pad is best for your level of incontinence.

Pads are a way of managing incontinence, not treating it. It is important to eat well, drink well, exercise, do regular pelvic floor muscle exercises and practice good bladder and bowel habits.

Condom drainage

Condom drainage is useful for men experiencing severe leakage that requires more than 4–6 pads a day. A continence nurse advisor or urology nurse will be able to assess if condom drainage is suitable for you. This system uses a specially adapted condom type device that fits on the penis and is held in place by an adhesive. A drainage bag is attached to the condom to collect leakage from the bladder, similar to using a catheter.

Condom drainage is a way of managing incontinence, not treating it. To improve bladder control, it is important to eat well, drink well, exercise, do regular pelvic floor muscle exercises and practice good bladder and bowel habits.

Mattress protectors

If you are concerned about leakage during the night a mattress protector can assist.

For information and advice on available products suitable to individual needs call the National Continence Helpline on freecall™ 1800 33 00 66.

Skin Care

Skin irritation is commonly associated with incontinence. Here are some simple steps to care for your skin:

- Wash in warm water using a soap free cleanser or pH neutral soap.
- Pat dry carefully – do not rub.
- Avoid talcum powder as it can cause skin irritation and may interfere with the absorbency of pads.
- Wear firm fitting cotton underwear – no boxer shorts.
- Avoid plastic pants or sheets that will cause you to sweat.

If your skin becomes irritated, you can use sorbolene cream to moisturise the area. A barrier cream may also be necessary. Use any cream sparingly as they may interfere with the absorbency of pads. Talk to a continence nurse advisor if your skin irritation does not improve with these simple steps.

■ Help and advice

There are a number of health professionals who can help you with incontinence following prostate surgery. Continence nurse advisors or urology nurses can give you advice about diet, exercise (including pelvic floor muscle exercises) and products such as pads, catheters and mattress protectors. Continence physiotherapists specialise in pelvic floor muscle exercises and can develop an individual program to suit your needs as well as provide advice about pads and general exercise. If your incontinence persists beyond 12 months, talk to your urologist as there are a range of surgical alternatives to help you achieve dryness, for example an artificial sphincter or sling.

Remember, incontinence can be treated, managed and in many cases cured. If you are unsure who you need to see, contact the National Continence Helpline on freecall™ 1800 33 00 66.

■ Support groups

The Prostate Cancer Foundation of Australia can put you in touch with other men who have had prostate cancer through its network of prostate support groups supporting men in heterosexual as well as same sex relationships. Call the Prostate Cancer Foundation of Australia on 1800 22 00 99 to get details of a group near you.

■ Websites

Continence Foundation of Australia	www.continence.org.au
Prostate Cancer Foundation of Australia	www.pcfa.org.au
Australian Physiotherapy Association	www.physiotherapy.asn.au
Urological Society of Australia and New Zealand	www.usanz.org.au
Australian Government Bladder and Bowel website	www.bladderbowel.gov.au
Kidney Health Australia (for TURP information)	www.kidney.org.au

■ Helplines

National Continence Helpline	1800 33 00 66
Prostate Cancer Foundation of Australia	1800 22 00 99
The Cancer Helpline	13 11 20
Australian Physiotherapy Association	03 9092 0888
Kidney Health Australia	1800 4 543 639

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