

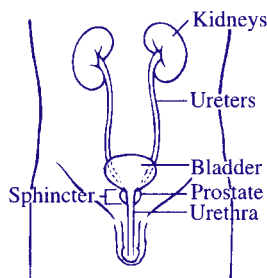


About Prostate Surgery

Incontinence, the inability to store urine properly resulting in leakage, may occur after prostate surgery. The two main types of prostate surgery are transurethral [trans-yer-REETH-rul] resection of the prostate (TURP) and radical prostatectomy. Prostate problems in men over 50 are very common. An enlarged noncancerous prostate, called benign prostatic hyperplasia (BPH) may cause these symptoms:

- A smaller urinary stream than usual.
- The urge to empty your bladder soon after you have urinated or suddenly.
- Urinary frequency, or going too often, which can be particularly bothersome at night.
- The desire to void but the inability to do so.
- Retention, the inability to urinate.

Prostate cancer is now the most common cancer in American men. As a result of public awareness, screening efforts, and the availability of a detection blood test called prostate-specific antigen, or PSA, men are being diagnosed at an earlier stage and are usually candidates for curative treatments, such as radical prostatectomy.



penis into the urethra. The urethra is the tube that carries urine from the bladder to the outside of the body.

The internal prostate tissue that is narrowing the urethra is trimmed away. This is done from the inside; there is no incision made on the outside of the body. A catheter is left in place for up to several days after the operation. Usually the patient goes home within a day after the catheter is removed, although the operation may be done as an outpatient with “same-day” surgery.

What is a radical prostatectomy?

One type of treatment for cancer of the prostate is the radical or total removal of the prostate gland. When the entire prostate is removed in an attempt to cure prostatic cancer, the bladder is brought down further into the pelvis and the bladder neck is stitched to the urethra at the point where the prostate gland was detached from it. During the course of the operation, all attempts are made to minimize the damage and to reconstruct the bladder neck. However, despite surgeons best efforts, some men will have long-term incontinence afterwards. The main purpose of a radical prostatectomy is to cure the cancer.

Following the surgery, an indwelling urethral catheter [small hollow tube] is left in the bladder for typically one to three weeks to allow the new connection between the bladder and urethra to heal.

Will I be incontinent after prostate surgery?

Most men do not have trouble with incontinence for more than a few days or a few weeks after a *transurethral resection of the prostate* (TURP).

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Sometimes the leakage is a result of irritation from the catheter that was in place after surgery. Sometimes it is due to weakness or damage to the bladder outlet muscle – the sphincter [SFINK-ter] muscle – that normally holds urine in. Most men find that the little leakage they do have disappears in four to six months.

When a *radical prostatectomy* is performed to remove a cancerous prostate, the possibility of incontinence is greater. Some loss of urinary control occurs in almost all cases following surgery for several days to several months. The causes of urinary incontinence can be related to the damage of the external sphincter mechanism, which is the muscle you control; or damage to the internal sphincter and bladder muscle itself, which is not the kind of muscles you can control. Most often, urine control improves gradually over a period of weeks or months. Sometimes it may take 6-12 months and, in some individuals, there may be a permanent problem with bladder leakage that varies from minor leakage with coughing, sneezing, or lifting or more serious leakage that may happen all the time.

How can I regain bladder control?

Treatment options include pelvic muscle exercises, biofeedback training, electrical stimulation, medications, injection therapy, a surgical sling suspension, or an artificial sphincter. Rarely, if the bladder muscle is unhealthy, such that it is not able to hold a normal amount of urine, a procedure called an augmentation cystoplasty [AAHG-ment-ta-shun SIS-toe-PLASS-tee] may be done. In this operation, the surgeon uses a segment of your own intestine to enlarge your bladder.

Helpful hints to improve your bladder control after prostate surgery:

- Caffeinated beverages and foods that may be bladder irritants should be avoided or used in moderation.
- Drink enough water so that the urine is dilute (light yellow when passed) and not irritating to the bladder surface, but not so much that it contributes to the incontinence.

- Pelvic muscle exercises, when done correctly and diligently, are helpful to many men before and after prostate surgery. NAFC has an audio cassette tape and manual for men that explains and coaches the pelvic muscle exercises. It is available for \$6 (postpaid) through our website (www.nafc.org) or by calling 1(800)BLADDER.
- Urinate on a regular schedule, every 2 to 3 hours and learn to squeeze the outlet muscle before bending, squatting, or standing up.
- Be certain that constipation is avoided and regular bowel habits are maintained.
- Smoking is a bladder irritant, and a smoker's cough will certainly make it more difficult to control urine leakage.

What is the best way to manage urine leakage?

There are many absorbent products and devices for men with incontinence. The choice of which product is best depends upon the amount of urine leakage and a man's shape, size, and activity. There are small drip collectors that fit over the penis, absorbing an ounce or two of urine, and there are guards, or pouches, made specifically for men, with an elasticized pouch providing a cup-like fit for protection and comfort. The guards are held in place by an adhesive strip and worn with close-fitting underwear.

For men with uncontrolled and unexpected leakage, there are condom catheters that may be worn with a leg bag during the day and connected to a night bag at bedtime. It is important that this external catheter be fitted and applied correctly. There are also penile clamp devices that may be used under close supervision by a healthcare provider.

Another option is a two piece pad and pant systems that allows men to have the comfort of a brief and the security of an absorbent pad.

When these products are needed, it is good to ask the urologist for a referral to a nurse specialist or a home health supplier for expert advice and training. Occasionally, the urologist's office will be able to help with these solutions.

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For more information about
incontinence, write or call:

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National Association For Continence

PO Box 1019
Charleston, SC 29402-1019
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800.252.3337
Web: www.nafc.org

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Will I experience erectile dysfunction?

Erectile Dysfunction (ED), loss of erections firm enough for sexual intercourse, following removal of the prostate is a common and often unavoidable consequence of surgery for prostate cancer. The major blood supply of the penis (cavernosal artery) usually is not affected during radical prostatectomy but several accessory branches which feed into the cavernosal artery may be injured, compromising the blood supply to the penis. More importantly, the cavernosal nerves are located close to the prostate.

Damage to these nerves may be the main cause of erectile failure after radical prostatectomy. If the prostate cancer appears to involve only the mid-portion of the organ away from the edges, the surgeon often attempts to preserve the tissue which contains the cavernosal nerve (known as the "nerve sparing technique"). The nerve-sparing technique can be performed on one side (unilateral) or both sides (bilateral). Even with nerve sparing, some men never get return of satisfactory natural erection. It often takes longer to achieve a full erection, and the penis has less rigidity. If the prostate cancer includes both sides of the prostate, the surgeon will often remove the right *and* left nerve-carrying tissues to avoid leaving cancer cells behind, and the loss of erectile function is inevitable.

There are many treatment options available for ED, including nonsurgical and surgical methods:

- Nonsurgical treatments include oral medications, vacuum erection devices, urethral suppositories, and penile injection therapy. Each of these treatments should be used under the supervision of a qualified health professional.
- The main surgical treatment for post-prostatectomy impotence is implantation of one of the several different types of prosthesis into the penis. A penile prosthesis will give a man an erection for intercourse but will not change his sex drive nor ability to achieve orgasm. Although very effective, complications may include anesthesia risks, infection, or mechanical failure of the prosthesis.

The most important thing to realize is that erectile failure can be treated and the physical and emotional satisfaction that was lost as a result of prostate surgery can usually be restored. For more information regarding impotence, contact the American Foundation for Urologic Disease (800-242-2383) or Us Too International (800-808-7866).

Are there support groups available for men after prostatectomy?

Yes, there are support groups called US TOO, Man-to-Man, and others with many chapters around the country. These groups offer fellowship, counseling, and discussion of updated medical alternatives and choices for prostate cancer survivors and their families. The primary purpose of the groups are to provide a forum for participants to compare experiences and discuss matters of interest relating to prostate cancer. For the chapter nearest you, contact US TOO International, Inc. at 1-800-808-7866, or call the nearest chapter of the American Cancer Society for a Man-to-Man group near you.

For Further Information

The National Association for Continence (NAFC) is a non-profit organization dedicated to improving the quality of life of people with incontinence. NAFC is a leading source of education, advocacy, and support to the public and to the health profession about the causes, prevention, diagnosis, treatments, and management alternatives for incontinence.

To receive more information about your options, call **1-800-BLADDER** or visit www.nafc.org. You can also sign up to become an NAFC subscriber, and you will receive our quarterly newsletter, *Quality Care*. Every issue includes helpful information about causes and treatments for incontinence. You will also receive the *Resource Guide — Products and Services for Incontinence*, a complete directory of incontinence products and services; access to our *Continence Resource Service* database of health care professionals; and free NAFC educational leaflets (\$25 annually).

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Always consult your doctor before trying anything recommended in this or any other publication that speaks to general health issues.

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