

LIFE AFTER PROSTATE CANCER

Managing Urinary Incontinence



About Prostate Cancer®

WHAT IS URINARY INCONTINENCE AFTER PROSTATE CANCER TREATMENT?

Incontinence is when urine leaks without your control. In most cases, your brain gives the muscles in the neck of your bladder a sign to either hold or let go of urine. Surgery for prostate cancer may harm these nerves and muscles and prevent proper signaling. This harm can cause urine control problems.

Men go through many types of incontinence after prostate surgery:

- **Stress Incontinence** – Your urine leaks with strain on the bladder and on the muscles of your pelvic floor by things like coughing, laughing, sneezing or exercising. This is the most common type.
- **Urge Incontinence** – You feel a sudden, urgent need to go to the bathroom. This can happen even when the bladder isn't full. The bladder is overly sensitive.
- **Urinary Frequency** – You go to the bathroom very often. You may feel the need to go every 30 to 60 minutes.
- **Mixed Incontinence** – You have traits from more than one type of problem.

Though incontinence can be an issue, it is often brief. There are things you can do to help bladder control faster.

WHO IS AFFECTED AND HOW LONG WILL INCONTINENCE LAST?

Incontinence after prostate surgery is a common problem. Still, urinary control often returns after a few weeks or months. The bladder neck will heal. Long-term (more than one year) incontinence is rare, for less than 5–10 percent of men.

Incontinence can improve more quickly with pelvic floor rehabilitation. Men can learn how to train their

pelvic floor muscles to keep urine safely in the bladder.

HOW IS URINARY INCONTINENCE TREATED?

While there are treatments that can help help bladder control, you may need to wear pads for a few weeks to months while you heal (mainly with stress incontinence).

Treatments include:

- **Pelvic floor rehabilitation** is a kind of physical therapy for muscles of the pelvic floor. These muscles play a vital role in bladder control. Kegel exercises are used to strengthen your pelvic floor. Biofeedback may be done to help you gauge how well these muscles are working and let you know whether you are doing your Kegel exercise the right way. Some physical therapists use neuromuscular electrical stimulation as well. Your health care provider can write a prescription or send you to a physical therapist with knowledge in pelvic floor rehabilitation. Most health plans will cover this therapy.
- **Timed voiding** is a way to reduce urinary frequency with planned bathroom visits. It is used to help your bladder spread out so that it can hold more urine and hold off your bathroom visits for longer amounts of time. Your nurse or doctor can help you make a plan.
- **Avoid bladder irritants** during the healing period. Irritants are: caffeine in coffee, tea and sodas; acidic drinks such as juices; alcohol; artificial sweeteners; and spicy foods.
- **Medication** can calm bladder irritability. They can help reduce leaks.
- **Surgical** choices are mainly offered after at least one year when your bladder has tried to heal on its own, but healing is not complete. Choices are collagen shots or a transurethral sling to tighten

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the bladder neck, or an artificial sphincter to help control urination. Your doctor will talk about these choices if other things fail to help with your urinary problems.

- **Products** Many pads and products are available that can help reduce discomfort from leakage.

WHAT ARE THE SIDE EFFECTS FROM INCONTINENCE TREATMENT?

Pelvic floor rehabilitation often does not have side-effects. A healthcare provider can talk with you about the pros and cons of each medical and surgical method and what would help you the most.

OTHER CONSIDERATIONS

It is always of great value to talk with your healthcare providers about urinary problems. Your doctors can help you decide which treatments may help, at any time.

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