

UNDERSTANDING MALE URINARY INCONTINENCE IN PROSTATE CANCER PATIENTS

Urinary incontinence is a common and often distressing side effect for men who undergo surgery for prostate cancer, such as a radical prostatectomy. While this condition can impact daily life and emotional well-being, it is important to know that most men experience improvement over time, and effective treatments are available to help manage symptoms.

PREVALENCE OF URINARY INCONTINENCE AFTER PROSTATECTOMY

Prostatectomy, the surgical removal of the prostate gland, is a common treatment for localised prostate cancer. While highly effective at treating the cancer, it can lead to temporary or long-term urinary incontinence:

SHORT-TERM PREVALENCE

After surgery, up to 90% of men experience some degree of urinary incontinence due to the disruption of the bladder and urethral sphincter mechanism.

LONG-TERM PREVALENCE

For most men, incontinence improves within 6-12 months, but 5-15% of patients experience persistent incontinence one year post-surgery.

RISK FACTORS FOR PERSISTENT INCONTINENCE

Older age, preexisting urinary symptoms, obesity, and the extent of nerve-sparing during surgery are significant contributors.

CAUSES OF URINARY INCONTINENCE AFTER PROSTATECTOMY

The prostate gland surrounds the urethra and helps control urinary function. During a prostatectomy, removal of the prostate and potential damage to surrounding tissues, nerves, and the urinary sphincter can disrupt normal bladder control. The two primary causes of post-prostatectomy incontinence are:

1. STRESS INCONTINENCE

- Results from weakened pelvic floor muscles and damage to the urinary sphincter during surgery.
- Leakage occurs during physical activities like coughing, sneezing, lifting, or laughing.

2. OVERFLOW INCONTINENCE OR URGE INCONTINENCE

- Caused by changes in bladder dynamics post-surgery or overactivity of the bladder muscles.

DIAGNOSIS AND ASSESSMENT

Accurate diagnosis is crucial for determining the best course of action. For prostatectomy patients, this includes:

1. MEDICAL HISTORY AND SYMPTOM ASSESSMENT

- Discussing the frequency, severity, and triggers of leakage.

2. POST-VOID RESIDUAL TEST

- Checking if the bladder empties completely.

3. URODYNAMIC TESTING

- Evaluating bladder pressure and function.

4. CYSTOSCOPY

- Examining the urethra and bladder to identify structural or functional abnormalities.

TREATMENT OPTIONS FOR POST-PROSTATECTOMY INCONTINENCE

1. LIFESTYLE MODIFICATIONS BLADDER TRAINING

- Gradually extending the time between bathroom visits to improve bladder capacity and control.

FLUID MANAGEMENT

- Avoiding excessive fluids, caffeine, and alcohol, which can irritate the bladder.

WEIGHT LOSS

- Reducing abdominal pressure on the bladder.

2. PELVIC FLOOR MUSCLE EXERCISES (KEGEL EXERCISES)

- Strengthening the pelvic floor muscles is a cornerstone of recovery after prostate surgery.
- A physiotherapist specialising in pelvic health can help teach proper techniques and monitor progress.

3. MEDICATIONS ANTICHOLINERGICS (E.G., OXYBUTYNIN, TOLTERODINE)

- Reduce bladder overactivity to control urge incontinence.

BETA-3 AGONISTS (E.G., MIRABEGRON)

- Relax bladder muscles, improving storage capacity.
- Alpha-Blockers (e.g., tamsulosin)
- Improve urine flow in patients with obstructive symptoms.

4. MEDICAL DEVICES MALE PENILE CLAMPS

- Provide temporary control over leakage for specific activities or during certain times of the day. They can also be used to help build bladder volume and may be worn at times when wearing a pad is not practical (e.g., post swimming wearing swimmers or at golf in summer). There are a wide number of varying designs meaning there is something for everyone
- External Collection Devices: Absorbent pads or condom catheters offer discreet management of leakage.

5. MINIMALLY INVASIVE PROCEDURES

- Urethral Bulking Agents: Injections that thicken the urethral wall to improve closure and reduce leakage.
- Botox Injections: Relax overactive bladder muscles, reducing urgency and frequency.

6. SURGICAL OPTIONS FOR PATIENTS WITH PERSISTENT OR SEVERE INCONTINENCE, SURGICAL INTERVENTIONS MAY BE NECESSARY

- Male Sling Procedure: A supportive mesh sling is placed under the urethra to restore continence. This option is particularly effective for stress incontinence.
- Artificial Urinary Sphincter (AUS): Considered the gold standard for severe incontinence, the AUS mimics the natural sphincter and allows men to control urination manually.

EMOTIONAL AND RELATIONAL CHALLENGES

The impact of incontinence extends beyond physical symptoms. It can affect self-esteem, intimacy, and relationships.

FOR PATIENTS

- **Patience is Key:** Recovery can take time, and setbacks are normal.
- **Seek Support:** Talking to a counselor or joining a support group can help navigate emotional challenges.
- **Focus on Progress:** Celebrate small improvements, even if full continence is not immediately achieved.

FOR PARTNERS

UNDERSTAND THE IMPACT

- Recognize that incontinence may affect your loved one's confidence and mood.

BE SUPPORTIVE

- Encourage open communication and be patient as they adjust to new routines and treatments.

PARTICIPATE IN CARE

- Join doctor visits to stay informed and offer emotional support.

PRACTICAL TIPS FOR MANAGING INCONTINENCE

CLOTHING

- Opt for dark-colored, loose-fitting clothing to hide potential leaks.

DAILY SCHEDULE

- Empty your bladder at regular intervals to avoid overfilling.

BATHROOM PLANNING

- Identify nearby restrooms when outside the home.

ABSORBENT PRODUCTS

- Modern incontinence products are discreet and comfortable, designed specifically for men.

Molicare is the leader in Australia owing to the fact their garments are well fitted, wick fluid away quickly and lock it away and protect and help maintain the skin integrity.

HOPE AND RECOVERY

For men recovering from prostate cancer surgery, it's important to remember that urinary incontinence often improves significantly with time. Advances in treatment options and rehabilitation techniques make it possible to regain control and enjoy a fulfilling quality of life.

Through proactive management, open communication with healthcare providers, and support from loved ones, patients and their partners can successfully navigate the challenges of post-prostatectomy incontinence.

PEER-REVIEWED REFERENCES

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