

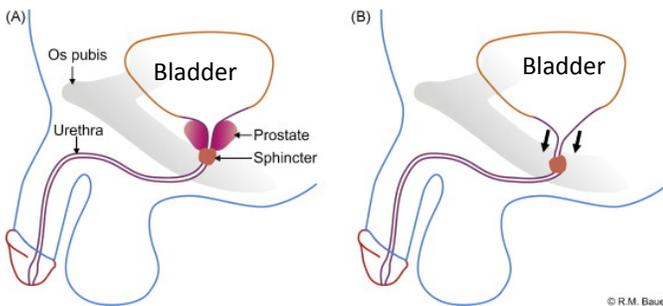
Managing Male Urinary Incontinence

Urinary incontinence is common in men who have had surgery or radiation treatment for prostate cancer. The type and severity of incontinence will vary throughout the recovery period.

The types of incontinence are:

- 1) Total incontinence: A complete inability to control urinary leakage
- 2) Stress incontinence: The loss of urine with cough, sneeze, laugh or ejaculate.
- 3) Dribbling of urine

Why Does Prostate Surgery or Pelvic Radiation Cause Urinary Incontinence?



The prostate surrounds the urethra. When the prostate is removed through surgery or destroyed with radiation, the bladder, the urethra and the nerves that control bladder function are affected. Image (A) is the appearance of the bladder, urethra and prostate before surgery. The sphincter is a muscle that contracts to hold urine in and releases to let urine out. When the surgeon resects the prostate from the sphincter this weakens the sphincter and interferes with the inability to hold back urine until the sphincter has time to heal and strengthen. Radiation may cause damage to the bladder and urethra resulting in inflammation and irritation and a weakened sphincteric muscle. Kegel exercises can strengthen the sphincteric muscle and speed up the recovery process.

Managing Urinary Incontinence

- 1) Patients will need to **wear an absorbent pad or adult diaper** during the initial post treatment time period when incontinence is the most severe. As continence improves patients can start using smaller pads or change pads less frequently.
- 2) Pelvic floor exercises, also known as **Kegel exercises**, is a behavioral technique to train men to control their ability to hold urine. Kegel exercises strengthen the muscles that are squeezed when trying to stop urinating mid-stream. A program of **biofeedback** assists patients with identifying the appropriate muscles to exercise. Biofeedback is performed in the office by trained nursing personnel.
- 3) Behavior Modification: **Avoid food and drink that irritate the bladder**. These include spicy foods, alcohol, and caffeine. Reduce liquid intake in the evening. Urinate regularly to keep the bladder from becoming too full. For patients that are overweight, losing weight may help with bladder control.
- 4) **Artificial Sphincter**: In the event a patient has severe incontinence after all other treatments have failed and they are at least a year or more out from prostate treatment they may want to discuss with their physician having an artificial urinary sphincter placed. This is where the physician inserts a balloon in the scrotum with a cuff that encircles the urethra. To release urine the patient presses a valve that deflates the balloon and allows urine to be released then reactivates the balloon to close the sphincter. This procedure is usually very successful in treating incontinence but is only done after all other treatments have failed.