

Urinary Incontinence after radical prostate surgery (for cancer)*

Following a radical prostatectomy (RP) for prostate cancer, men can suffer from stress urinary incontinence. This is ongoing unexpected urinary leakage. More than 50 per cent of men will leak to some extent immediately after the operation and the degree of leakage will generally reduce with time. About one in four men will still have leakage requiring some treatment at three months and this reduces to one in seven by 12 months. Most will only experience a small leak by that stage requiring one or two pads a day. About one in 20 will require corrective surgery. This article outlines the treatments currently available for men after radical prostate surgery (for cancer).

Corrective surgical therapy can be considered in men with post-surgical incontinence that persists beyond the first year or earlier in men who have severe symptoms

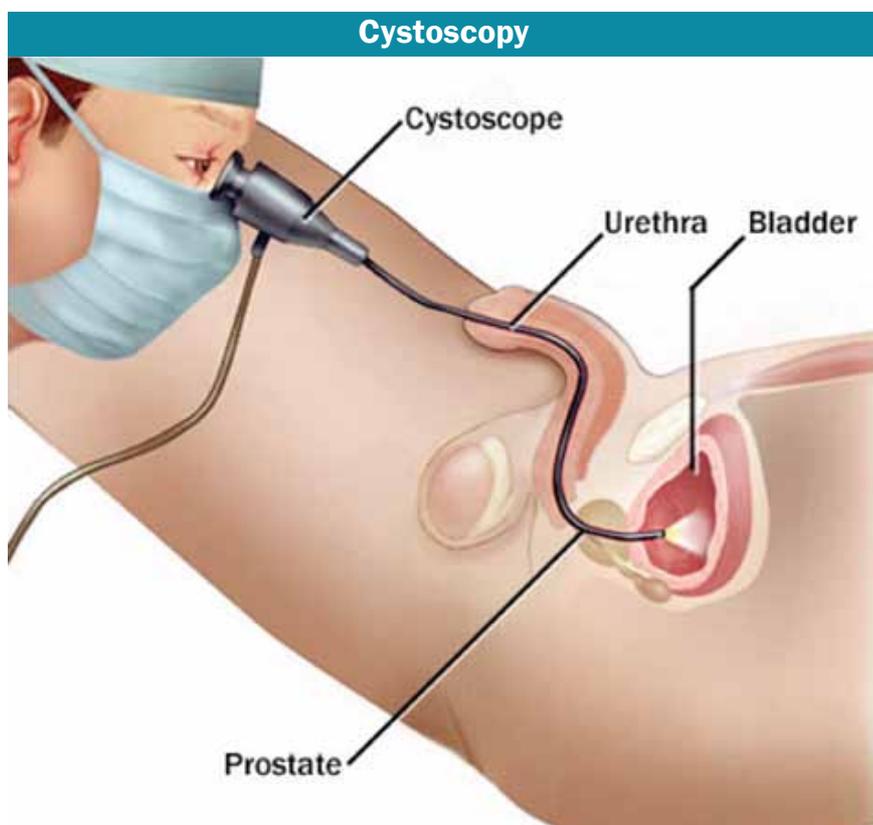
Some leakage after RP is expected. As surgical techniques improve, the level and amount of leakage has decreased with time. Some men leak very little immediately after the operation but most experience some bothersome leakage. Incontinence can be debilitating and is associated with anxiety, depression, social withdrawal and relationship breakdown. Often these effects are compounded by erectile dysfunction that also occurs in the post-operative period. The severity of urinary incontinence is largely subjective and the amount of 'bother' varies from individual to individual. The best assessment takes into account the psychosocial

affect of urinary incontinence and the overall effect on quality of life.

The management of incontinence must include emotional support, as well as, therapies aimed at restoring continence. The role of the general practitioner in co-managing this condition is to provide ongoing support to the patient and their carers, and to coordinate investigations and treatment in liaison with the treating urologist. Urology nurses, Continence Advisors and Physiotherapy trained continence therapists can be enormously helpful in providing advice and care.

Conservative therapies include bladder training, pelvic floor exercises and appropriate pad advice. This makes up the basics of care in the early stages. As continence improves with time, the pad usage reduces. It is the men who find that their pad usage is high and not improving that require further investigations. The general advice is to wait six months for natural recovery to take place, and if improvement continues, then it is best to continue with conservative treatments. Medicines that relax the bladder may also help, these are called anti-muscarinics. Sometimes skin irritation can be a problem from urinary leak despite pad usage.

If the leakage is marked and not improving, your Urologist may need to investigate the bladder function by performing a bladder pressure test known as urodynamics. This checks that the bladder is working appropriately. A telescopic examination known as cystoscopy may be performed to assess the lower urinary tract. Once a decision is made to use corrective surgery then a variety of options exist. They include urethral bulking, male slings, an artificial urinary sphincter and a variety of lesser known treatments. >>

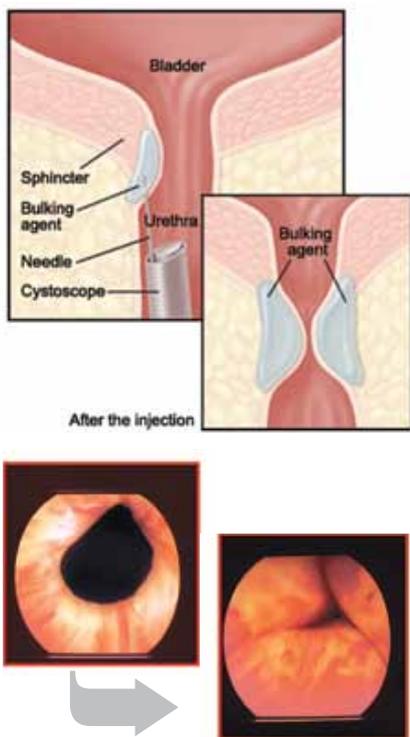


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>> Different types of surgical therapies include:

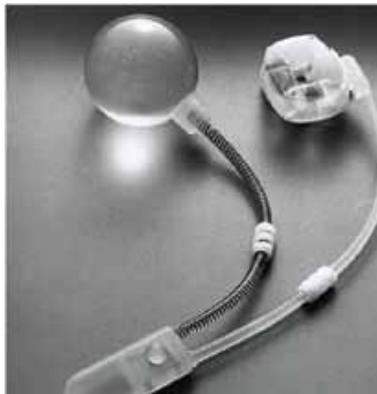
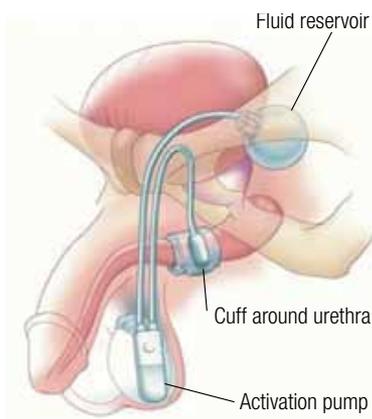
Transurethral bulking agents

Using a telescope via the urethra, your urologist can inject a 'bulking' agent into the bladder neck, such as Contigen™ and Macroplastique™, is an early treatment option for milder incontinence. These aid continence by supporting the intact sphincter, by increasing the cushioning effect, until the natural sphincter system is fully functional. Bulking agents may work for minor stress incontinence but are often short lived and disappointing, and can sometimes worsen the sphincter function.



Artificial urinary sphincter

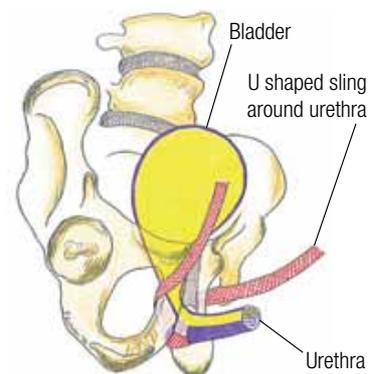
The artificial urinary sphincter (AUS) has been the gold standard and effective treatment for moderate to severe incontinence for over 20 years. The 'cuff' can be placed around the bladder neck or urethra, while the 'pump' is placed in the scrotum, and the pressure regulating balloon placed in the lower abdomen. A significant improvement should be expected in most men (but not all).



Male slings

Male slings have been developed to provide treatment for men who have mild to moderate leakage, not severe enough for an artificial sphincter, but enough to restrict day-to-day activities. They provide fixed support to the urethra just below the bladder which is weakened from the operation. They allow normal urination without any need to 'activate' or 'work' the sling.

AdVance™ male sling



Adjustable balloons

There are a number of less well known therapies and one of them is the ProACT™ adjustable balloons. These are two balloons placed along side the bladder neck that can be adjusted by varying the level of filling in the balloons 'adjusting' the level of compression against the bladder neck. The ProACT™ can be considered as part of the 'options' when surgery is being considered.

Prior radiation treatment can make all corrective surgery more difficult and increases the risk of failure.

*Adapted from

Smith I A R, Shaw, E, Rashid P - Post-prostatectomy stress urinary incontinence – current and evolving therapies. *Australian Family Physician*. Vol 38(6), June 2009.

For further information
www.continence.org.au

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Summary of important points

- Corrective surgical therapy can be considered in men with post-surgical incontinence that persists beyond the first year or earlier in men who have severe symptoms
- Degree of bother and psychological assessment are relevant in assessing quality of life
- Conservative options are important and do allow time for natural healing to occur
- A variety of treatment options exist and your Urologist is the best person to guide you.

Images supplied courtesy of the Urology Center and the Mayo Foundation for Medical Education and Research.