

Dr. Diane Newman: Thank you so much for having me. And you know, I want to commend PCF because everyone you see here on this recording have, you know, extreme experience in this area. And I also want to tell you that in addition to my work at the University of Pennsylvania, I'm also the president of Digital Science Press, which we have the website www.UroToday.com.

And this is—you'll see all of these experts there talking about the different treatments for prostate cancer. You know, most medical treatments may have some adverse events. And one thing that we see with, you know, prostatectomy, surgery for prostate cancer, but also other treatments is urinary symptoms. And what I want to talk about today is incontinence after prostate cancer surgery.

... So basically when we talk about incontinence, it's really any involuntary loss of your—people will say it—can be a bladder leak or “I lose urine when I cough or sneeze or as I walk to the bathroom,” and it can be a very devastating problem and it can be slight drops of urine leakage to actually the entire amount of urine in your bladder leaking out when you don't want it to.

The two types that we do see and can see after any type of prostate treatment is something called “stress incontinence.” And that means when there's increased pressure from above, like when you laugh, cough, or sneeze, or when I hear from men who may have something called stress incontinence after a golf swing. And what that is, is that physical activity can trigger urine loss. Usually this is episodic and it's usually small amounts, drops.

Urgency incontinence occurs after a bladder symptom that you see called urgency, and that means a strong desire to go to the bathroom. That's not the normal urge to go to the bathroom and urinate, but it's actually—comes on suddenly, we don't know when it's going to occur. And it can actually be larger volumes of urine loss.

... But there's, you know, what we see after prostate surgery, the range of prevalence can occur from 6 to 90%. We do see incontinence immediately after surgery. But over time, it gets better. It is really one of the most feared complications. And I have to tell you, my entire practice at Penn, where I've been at for 23 years, is I would treat men and women who had incontinence, and sometimes it was related to surgery or to other treatments.

And I—we do know that it has a real significant impact on quality of life. I heard this every day in my practice from men who their prostate may have been cured, the prostate was taken out. They don't have cancer anymore. But then they were dealing with urine leakage

and they really couldn't manage. It was very embarrassing. But we do know that over time, it does decrease.

5 to 20% of men have incontinence 1 or 2 years after surgery, but usually this is only slight amount of urine leakage. But I really want to stress to you that it really is very feared and can really have a negative impact on quality life. But what I want to impart to you is that there are treatments and in the next slide, I talk about something that I've been doing for years, and that's teaching how to work the pelvic floor muscles.

So this is a very simple picture. Looking at a guy sideways, okay, and both men and women have pelvic floor muscles. And I say muscles because there's many muscles. This is a very simple picture of it. But this muscle attaches to your pelvic bone, the front, and it slings around the rectum. So it goes around the area of the prostate around your rectum and attaches back to your pelvic bone.

This muscle is important because it supports the valves that we have in the rectum so that we don't lose stool. And it surrounds the valve that we have at the base of the bladder as well as in the prostate. So this is a very important structure. We call it the pelvic floor muscles because it's in the base or the floor of your pelvis.

We know now that if you exercise this muscle before surgery and after surgery, you will lessen your incontinence, you'll lessen bladder leaks. We have quite a bit of research on this. I've been doing this for over 30 years. I learned, actually, how to teach men how to do this exercise when—I learned it actually down at NIH, which was doing some research on fecal incontinence in the '80s, where they showed is working this muscle can prevent urine loss.

A lot of men will say to me, "Well, how do I identify this muscle and how do I strengthen it?" And there's a lot of information out there about how to do this. And actually, if you go to the UroToday website, we had actually—I developed a audio, an MP3 file, that all my men and my women, too, would download on your iPhone, and you could actually exercise this muscle by following a muscle regimen.

Editor's note: <https://www.urotoday.com/center-of-excellence/bladder-health/bladder-health-audio-resources/144974-controlling-bladder-urgency-frequency-and-incontinence-bladder-leaks.html>

... But you know, you have to identify the muscle and then you have to exercise the muscle. So you have to train – a lot of people don't want to exercise, but you really do have to exercise that muscle. Usually, I teach men on a daily basis to do what we call both quick two-second contractions and longer, 5 to 10 second contractions, because this muscle has both what we call short fibers or fast twitch muscle fibers, and long ones. One set of muscle fibers strengthen the muscle, and the longer fibers actually bulk up your muscle. So you want to really contract and relax, but also do other types of muscle contractions. You have to do planned exercise.

And then...you have to do something which we call “the knack.” And this is kind of the knack of doing something we call a stress strategy that you want to quickly contract the pelvic floor muscle prior to the event that might be triggering urine leakage.

So you know, you squeeze before you laugh, cough, or sneeze. This has been shown to, in research, to really close that valve there. That muscle tightens the valve so that you don't leak urine. Timing is key. If you have urgency incontinence, I teach patients to tighten the muscle before they walk to the bathroom so that they close the valve.

And if you keep learning how to do this, it becomes almost like a reflex that your body knows when it starts to feel downward pressure from above, like with a cough or a laugh, it tightens up. There's actually some research in women that are pregnant that as the baby gets bigger, that pelvic muscle knows to tighten up to keep that support from below. So it becomes automatic...

But there's also other, you know, other ways to manage your urine leakage. I do a lot of work with men on—and different options to utilize to prevent urine leakage. And on this slide, you see it's like the cat in the hat with all these different options here. There are pads, there are specific pads out there that absorb urine.

There's—they're gender specific. So we have guards for men that are made so that, you know, you can wear them where you have most of the urine leakage out of the penis. There are external condom catheters, we call them, that roll over the penis as far as to collect the urine. And it's held, collected in a bag.

There's also penile clamps. And I know that looks archaic there, that clamp. But I have to tell you that these can be life savers. Men would use these when they go to golf because they're so worried about leaking during the 18 holes of golf. So there are other options as far as what you can do to manage your urine leakage.

And I hope that this kind of helps you understand that, you know, all is not lost, that there are other ways to really handle incontinence and not to fear that...this may be a problem for after surgery, that there are ways that we can really manage it.

Dr. Zachary Klaassen: Thank you so much, Diane. Fantastic resource and really breaking it down for the patients.