

# Urinary Control after Prostate Surgery Q&A

## Will I Leak Urine After My Catheter is Removed?

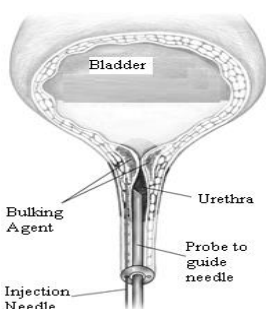
The majority of men will initially leak urine especially when there is pressure on the abdomen from coughing, sneezing, lifting, standing from a sitting or lying position).

## When Can I Expect to Become Dry?

Return of urinary control varies from man to man. Men who have a robotic prostatectomy usually regain urinary control more quickly than men who have the traditional open procedure. In one study,  $\frac{3}{4}$  of the men did not need urinary pads just three months after their surgery. Studies show 75% to 93% of men have regained full urinary control one year after their surgery and that less than 5% are still having problems with control eighteen months after their surgery.

## What If I Am Still Wearing Urinary Pads 12-18 Months After My Surgery?

There are additional surgical treatment options for men with persistent incontinence:



### Urethral Bulking Agents

Bulking agents are the least invasive short-term treatment for urinary incontinence. While asleep, a telescopic lens is placed through the penis to the junction between the bladder and urethra. A bulking agent (synthetic material) is injected near the urinary sphincter to narrow the urinary channel.

Bulking agents can decrease pad usage by 50%. You will need repeat injections, usually every 7 months. Patients with a history of bladder neck scarring or prior external beam radiation therapy are not candidates for bulking agents.

### Bulbourethral Sling

Under anesthesia, a small incision is made to expose the urethra under the scrotum. We place a synthetic material under the urethra to give it support.

Studies have shown that after the sling procedure 30% of patients are down to 0 urinary pads per day and another 63-79% are down to 1 or 2 urinary pads per day. Patients with a history of prior external beam radiation therapy are not candidates for the bulbourethral sling procedure.

### Artificial Urinary Sphincter (AUS)

The AUS is the most effective treatment for incontinence after prostatectomy.

- A golf ball-sized, fluid filled reservoir is implanted in the groin area next to the bladder.
- A pump device about the size and shape of the thumb is placed inside the scrotum in front of one of the testicles.

- The last piece is a circular inflatable cuff that is placed around the urethra and sphincter area.
- When activated, the cuff compresses the urethra with sufficient pressure to withstand forces associated with most activities.
- When one has the usual sensation of a full bladder, the pump in the scrotum is pressed between the fingers twice to allow the cuff to open.
- Voiding is completed in the normal fashion and the device automatically closes over 1-2 minutes.

Implantation of this device generally requires a 2 hour surgery and an overnight stay in the hospital.

Studies have shown that after the AUS procedure 59-84% of patients are down to 1 or less urinary pads per day. The AUS needs to be revised or replaced on average every 7 years. Patients with a history of prior external beam radiation therapy or bladder neck surgery are candidates for the procedure.

## What Are Some Ways to Control Leakage?

After the operation, it takes time for the brain to reconnect to your sphincter to control leakage. You may need some help with urinary control during social events. The following devices may assist you.

- **Condom Catheter:** A condom device that attaches to a drainage tube and collection bag, is adjustable for fit, and secures to the penis with paste or Velcro strap.
- **Cunningham Clamp:** This clamp applies light pressure to the urethral canal on the underside of the penis to prevent leakage. It is adjustable for proper fit. Do not set it too tight or it will interfere with blood flow.
- **McGuire Urinal:** This is a self-contained unit that holds about 150 milliliters (ml) of urine. It can be used with a leg bag, which can store up to 1000 ml of urine. This device is popular among men who are sensitive to adhesives. Designed in a style similar to an athletic supporter, there are two styles available:
  - The original version has a sewn-in sheath and a fabric waistband that is not adjustable. It is elasticized and can accommodate 2 different, but specific, waist size ranges.
  - The uni-size is adjustable in three positions, each with a different size range (26" to 44"). The sheath snaps on, so it can be replaced.
- **Acticuf™:** The Acticuf™ is a disposable pouch that is placed on the penis to manage light to moderate urinary incontinence. It gently presses down on the urethra to control urinary flow, and the padding of the pouch absorbs leakage.

## Do I Need to Worry About Urinary Incontinence During Sex?

"Climacturia" is incontinence (leakage of urine) associated with male sexual arousal or orgasm. If you are experiencing this problem, try to void before intercourse and then use a condom.

## **Is There Anything I Can Do Before Surgery to Decrease My Chances of Urinary Leakage?**

Starting Kegel exercises before surgery may speed up the return of urinary control. Start doing your Kegel exercises as soon as possible. A referral to physical therapy may be appropriate.

## **How do I Locate the Pelvic Muscles?**

The following methods have been used to help identify the specific muscles that you will be exercising with the Kegel exercises:

- Tighten the ring of muscles around the rectum as if you wanted to avoid passing gas or having a bowel movement. You should feel a "drawing up" or tightening between your legs.
- Stand in front of a mirror and look at your penis. Try to make your penis twitch or move up and down without moving the rest of your body. If you can, you are using the right muscles.
- While standing at the toilet, tighten your muscles and stop the flow of urine. If you cannot stop the flow, try again.

## **How Do I Exercise the Pelvic Muscle?**

### **First exercise**

1. First, empty your bladder. Then relax.
2. Tighten the muscle and hold for 10 seconds, then relax the muscle completely for 10 seconds. You should feel a pulling sensation around your rectum.
3. Repeat 10 - 20 times, tightening and relaxing for each set. Repeat the set 5 times per day.

### **Second exercise**

1. Tighten the pelvic floor for 1 second and then relax for 1 second. Repeat as many times as you can, as often as you can.

## **When Should I Exercise the Pelvic Muscle?**

These exercises may be done at any time: watching TV, riding in a car, etc. At first you may not be able to hold this contraction for the full count of 10 seconds; however, you will slowly build up to this. The muscle may start to tire after about 6 or 8 exercises. If this happens, stop and go back to exercising later.

## **What are Some Common Mistakes?**

Never use your stomach, legs, or buttock muscles. To find out if you are using your stomach muscle, place your hand on your abdomen while you squeeze your pelvic muscle. If you feel your abdomen move, then you are using these muscles. In time, you will learn to practice effortlessly, eventually working these exercises into your lifestyle: tighten when you walk, before you sneeze, when moving from a reclined position to upright sitting, when moving from sitting to standing, etc.