



Prostate cancer in focus

Understanding prostate cancer



Many men will develop prostate cancer,¹ but when caught early through screening, it can be more easily treated² successfully.

What is prostate cancer?

Prostate cancer is cancer in the prostate gland, and it is one of the most common cancers affecting men in the world today. In 2020 alone, more than 1.4 million men were diagnosed globally.¹ It occurs most often in men over 50 years old.³

Many prostate cancers develop very slowly, but some types of prostate cancer types are aggressive and can spread quickly.²

The prostate gland

The prostate is a gland and part of the male reproductive system. Shaped like a chestnut, it is located just below the bladder and in front of the rectum. It produces fluid that nourishes and carries sperm produced by the testicles.

The prostate gland surrounds the beginning of the urethra – the canal that extends from the bladder to the tip of the penis and is used to drain urine from the bladder.

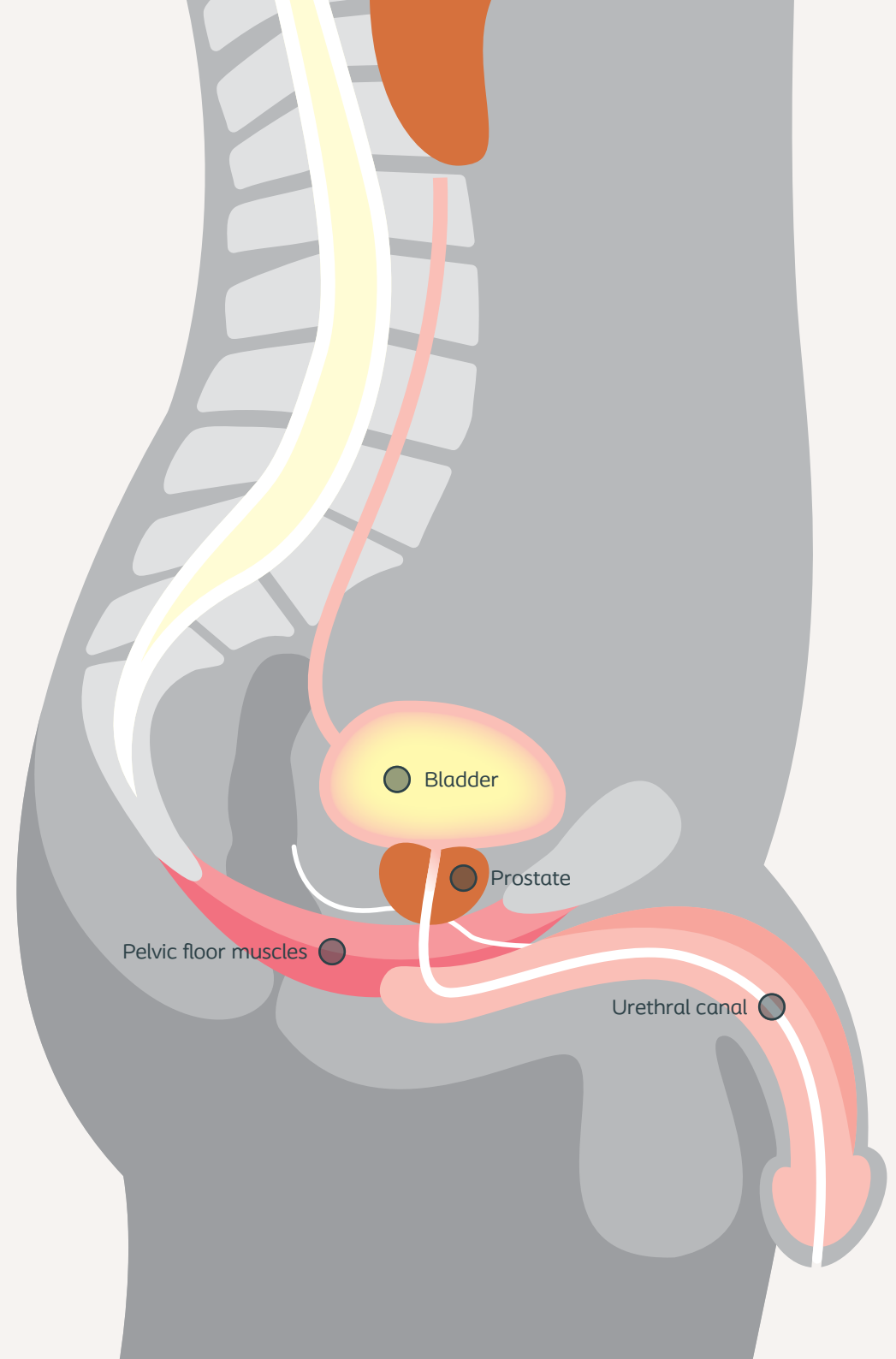
The prostate plays a role in continence and it is connected to the urethra. When the prostate becomes enlarged, e.g., due to cancer, it puts pressure on the urethra. This can make it difficult to urinate and also increases the need to urinate.²

Treating prostate cancer

Different types of treatment are available for prostate cancer.⁴ Depending on the case, treatment options might include radiation therapy, hormone therapy, cryotherapy, chemotherapy or surgery.

Radical prostatectomy

The main type of surgery for prostate cancer is a radical prostatectomy.⁴ It involves removing the entire prostate gland and the seminal vesicles, which are accessory glands and also part of the reproductive organs.⁴ The removal of the prostate may also remove the initial section of the urethra and the remaining urethral canal is then stitched to the bladder.⁵



After the operation



The most common complications men experience following surgery include:⁶

Urinary incontinence or involuntary leakage

- After the operation, difficulties in retaining urine are common. This is due to the irreparable damage to the internal urethral sphincter that allows you to unconsciously retain urine.²
- The external urethral sphincter, which you can contract voluntarily, has been preserved, however it may also be impaired after the surgery.⁵

Possible changes in sexual function

- The surgery can affect your ability to get an erection due to resulting nerve lesions.⁶ These nerves help make the penis erect.
- While your libido may not be affected, orgasms will be different because you will not ejaculate.
- Erectile dysfunction is relatively common. If you have trouble getting an erection, talk to your urologist because there are solutions that may help and allow you to resume sexual relations.



What can you do?



Performing pelvic floor muscle exercises before and after prostate surgery may be beneficial for early continence recovery.⁸

Before surgery

- Some medical teams suggest rehabilitation exercises before surgery, such as pelvic floor muscle exercises, can be beneficial to better managing possible urinary leaks following surgery.⁷
- You may not develop leakage, however there is no way to predict this before surgery. Once prescribed by your doctor or nurse, a physiotherapist trained in rehabilitation can teach you how to locate the pelvic floor muscles and how to contract them.
- Strengthening pelvic floor muscles through specific exercises improves your ability to improve your continence.⁷

After surgery

- You must wait for the urethral catheter to be removed before beginning pelvic exercises.⁷ If you experience urinary leakage, a Conveen[®] urisheath and bag can be beneficial.
- If urinary incontinence persists after surgery,⁷ your physiotherapist may guide you during the sessions to improve and intensify the useful muscular contractions to increase resistance during the day.
- Additional surgical treatment may be discussed during follow-up urological consultations.



Ready for pelvic floor muscle exercises?



Follow these guidelines to start⁸

1. Finding the pelvic muscle

Without tensing the muscles of your leg, buttocks, or abdomen, imagine that you are trying to control the passing of gas or pinching off a stool. Or imagine you are in a lift full of people and you feel the urge to pass wind. What do you do? You tighten or pull in the ring of muscle around your rectum: your pelvic muscle. You should feel your rectum contract.

2. Exercise regimen

One exercise consists of both “tightening and relaxing” the muscle. It is equally important to control when your muscle tightens and when it relaxes. Be sure to relax completely between each muscle tightening.

3. Types of exercises

You will need to practice two types of muscle contractions:

- Short (2 seconds): short or quick muscle contractions. Contract or tighten your pelvic muscle quickly and tightly, and immediately relax it.

- Longer contractions: Contract or tighten your pelvic muscle and hold for a count of 5–10 seconds (as prescribed), then relax the muscle completely for the same amount of time.

4. Where to practice

These exercises can be practiced anywhere and anytime. You can do the exercises in these positions:

- Lying down: Lie on your back, flat or with your head on a pillow, knees bent and feet slightly apart. It is helpful to support your knees with a pillow.
- Sitting: Sit upright in a firm seat and straight-backed chair, knees slightly apart, feet flat on the floor or legs stretched out in front and crossed at the ankles.
- Standing: Place your hand on a chair for support, knees slightly bent with feet a shoulder-width apart and toes slightly pointed outward. You can also lean on the kitchen counter with your hips flexed.



5. Common mistakes

Two common mistakes to avoid:

- **Do not** hold your breath. Breathe normally and/or count out loud.
- Concentrate and tighten only the pelvic floor muscle. **Do not** tighten thighs, buttocks, or stomach. If you feel your stomach move, then you are also using these muscles.

Tips for when you get home



How much should you drink?

You must drink the recommended daily amount of water to prevent dehydration. Drinking less makes your urine more concentrated. Dark, concentrated urine can irritate your bladder and make urinary frequency and urgency worse.⁸



Exercise

Take it slowly and resume your activity level gradually. After up to 6 weeks, you should be back to your normal routine.⁹



Sexual life

After recuperation from surgery, orgasm during sex is still possible, but you will ejaculate very little or not at all. For some men, full recovery of erectile function after radical prostatectomy may take up to 18 months.⁹ If your erectile dysfunction lasts, do not hesitate to talk about it with your urologist to find a solution.



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1. Wang L, Lu B, He M, et al. Prostate Cancer Incidence and Mortality: Global Status and Temporal Trends in 89 Countries From 2000 to 2019. 2022. Available from: www.frontiersin.org. June 2023.
2. Prostate Cancer Early Detection, Diagnosis, and Staging. American Cancer Society. Available from: www.cancer.org. June 2023.
3. Kimberley Hoyland K, Vasdev N, Abrof A, et al. Post-Radical Prostatectomy Incontinence: Etiology and Prevention. *Reviews in urology*. 2014; 16(4): 181–188.

4. Treating Prostate Cancer. American Cancer Society. Available from: www.cancer.org. June 2023.
5. Rahnama'i MS, Marcelissen T, Geavlete B, et al. Current Management of Post-radical Prostatectomy Urinary Incontinence. 2021
6. Surgery for Prostate Cancer. American Cancer Society. Available from: www.cancer.org. June 2023.

7. Sandhu J. S., Incontinence after prostate treatment: AUA/SUFU GUIDELINE, American Urological Association. 2019.
8. Newman D. K., Office-Based Behavioral Therapy for Management of Incontinence and Other Pelvic Disorders. *Urol Clin North*. 2013; 40:613–35.
9. Prostatectomy. Mayo Clinic. Available from: www.mayoclinic.org. June 2023.