

Prostate Cancer Rehabilitation – Pre and Post Surgery Physiotherapy Management of Incontinence

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Chapter 1. INTRODUCTION

The diagnosis of **Prostate Cancer** can be devastating, but there are many people available to help you get through.

Your **GP** and your **Urologist** will be involved in this early stage and help you with the right choices of management.

Your urologist will refer you to a **Continence Nurse Advisor** and a specially trained **male pelvic floor Physiotherapist** for advice on managing some of

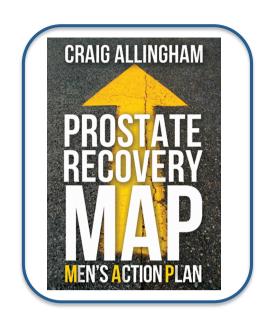
the side effects of your prostate cancer treatment.

It is very important to get the right information to help you make informed decisions about your treatment and management. Prostate Cancer Foundation of Australia and Continence Foundation of Australia are also valuable resources with good information available on their websites and in their brochures.



We also strongly recommend you read "Prostate Recovery MAP, Men's Action Plan" by Craig Allingham (available at **East Gosford Physiotherapy** or online). This is a simply written, common sense approach to prostate cancer treatment and rehabilitation, so you know what to expect and what to do.

Your local **prostate cancer support group** is also a great source of knowledge and advice. They are also a supporting "ear" for you to talk about any problems you may have associated with your prostate cancer and its rehabilitation.







Chapter 2. THE BLADDER, THE PROSTATE AND THE PELVIC FLOOR

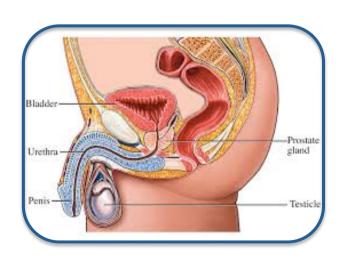
The **bladder** is a "storage balloon" which holds urine until you are ready to empty it or urinate. It is made up of a muscle and has a closing valve in its base. The **prostate** is a gland which assists in our reproduction system and is the size of a walnut and sits under the bladder. The prostate surrounds the urethra (tube which empties your bladder). This is why urine flow can be obstructed if the prostate becomes enlarged (benign prostatic hyperplasia).

The male pelvic floor is a sling of muscle which sits in the base of your pelvis and has a sphincter (closing valve) around the urine tube and the anus, these muscles help to control your bladder and bowel function and maintain continence.

When the prostate is surgically removed (**Radical**

Prostatectomy) you lose some of your ability to control urine flow and you need to rely on your pelvic floor muscles to create enough "closing pressure" to stop the flow and "clamp" the tube from your bladder.

The **Men 4 Men** program of prostate rehabilitation will help you understand this process and help you to learn how to control your pelvic floor.



Chapter 3. PRE-RADICAL PROSTATECTOMY EDUCATION

Once you have decided to have a radical prostatectomy, your urologist will advise you on the need for pelvic floor muscle training to prevent urinary incontinence after surgery. This will be taught to you by your Urologist and the Continence Nurse but it is strongly advised to also consult a

Physiotherapist specially trained in male pelvic floor rehabilitation. A male pelvic floor Physiotherapist is highly trained in muscle physiology and exercise prescription with a particular interest in preventing post-radical prostatectomy incontinence and complications.

It is important to learn about your own pelvic floor function before surgery. This allows you to "feel" the pelvic floor muscles do their job. This is something most men take for

granted. They have heard about women having problems with their pelvic floor muscles after childbirth, but never realised that men can also have problems with bladder control.

Learning "how" to use your pelvic floor correctly is most important. Unfortunately we see many men doing their pelvic floor exercises incorrectly. This can lead to bad habits, worsening incontinence and increased pad usage.

The male pelvic floor
Physiotherapists at East
Gosford Physiotherapy use
Real Time Ultra Sound to assess
pelvic floor control and advise
you on improved and correct
function.

The most important lesson to learn is not to bare down and hold your breath when attempting to do your pelvic floor muscle activation. This will increase the pressure on the bladder and make you "leak".

Learning this correct technique of muscle activation control before surgery is very important. This is a time when you will often have time to learn and practice. Like all muscle strengthening, it takes time to develop and be consolidated. Practice of the correct technique can make all the difference.





Chapter 4. POST-RADICAL PROSTATECTOMY PHYSIOTHERAPY

After having your radical prostatectomy you will wake up with a urinary catheter in your urethra which allows your bladder to drain into a bag. During this time you will recover from the immediate effects of surgery and your anaesthetic. Your **Urologist** will advise you on how long you will require the catheter. Once removed, it is time to put into practice what you have learned before your surgery, in regards to pelvic floor activation and control.

You may find it very difficult to start with, and immediately after the catheter is removed you may find you have very little control of your bladder. This can improve with commencing pelvic floor exercises.

Depending on the severity of your cancer your **Urologist** will advise you on the health of the

nerves that supply the pelvic floor and erection function. Sometimes these nerves can be temporarily damaged and your function returns when the nerves recover. This can be complex and your **Urologist** will help you understand this.

ENDURANCE MUSCLE CONTROL

This is **Level 1** of the **East Gosford Physiotherapy** Men 4 Men Program. It is very important to get endurance muscle control of your pelvic floor initially. This is what we use in everyday life to prevent leakage in simple postures like standing, walking and sitting. This type of muscle contraction is designed to work all the time, at low levels. In this way, the pelvic floor works with our postural core muscles to support our pelvis and spine while maintaining continence.

To train the pelvic floor with an endurance muscle activity, you need to train at low intensities (30% activation) and this must be maintainable. That means it can't fatigue or tire quickly. We start by holding this for 5 – 10 seconds and you must feel it "turn off".

POWER MUSCLE CONTROL

This is **Level 2** of the **East Gosford Physiotherapy** Men 4 Men Program. Once you know how to maintain pelvic floor activation in a slow and sustained way at low intensity, you need to be able to maintain the pelvic floor under stronger and heavier loads. That is when you cough, sneeze or jump. All these activities increase your intra-abdominal pressure quickly and your pelvic floor muscles need to react to this to prevent stress incontinence (loss of bladder control when a sudden load is applied to the bladder).

Our body is very clever, and tends to pre-set the amount of muscle control needed to prevent urine leakage in these loaded situations.

Following radical prostatectomy you will need to re-teach this function and involve power muscle training. This is a stronger contraction up to 100% activation, but will not be able to be maintained (less than 5 seconds). Over time your male pelvic floor physiotherapist will help you train your power muscle activation under greater loads like doing sit-ups or when jogging.

Don't rush this part of the training as it takes time to develop and "accidents" can happen along the way. Using a pad to control the leakage is fine as you try and put more stress on the system. Stay in touch with your Physiotherapist during this time as it takes a little time to develop and stay dry under loads.

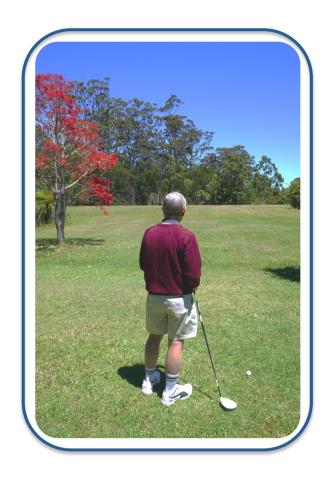
Chapter 5. BLADDER TRAINING

This is **Level 3** of the **East Gosford Physiotherapy Men 4 Men** post-prostatectomy program and not every man will need to address this.

Often men tend to empty their bladder (go to the loo) more often in the early stages of rehabilitation because they are worried about leaking and wetting their pad. This often happens when they are going out and go "just in case".

Unfortunately this encourages the bladder to empty at smaller volumes and this can become a bad habit. The bladder relies on a "full signal" to tell the brain to go to the toilet. If the bladder is emptied too regularly it never gets to be extended or stretched (remember the bladder is a muscle) so it gets "used to" registering a full signal at these smaller volumes. The brain also gets used to this and you develop the habit of "more than normal" frequency of urination. This can become a real problem and makes it difficult for you to participate in social events away from a toilet.





The inability to "hold on" when you get the urge to go from the full bladder signal is called urge incontinence. This can be improved once you develop pelvic floor muscle control and you train the ability to differ or "hold on". Difficult at times, but can improve quickly once you work out who is the boss, your brain or your bladder. That's right - it's brain training and you use distraction and deferment techniques to put off urination. You can see how important the pelvic floor is, in closing off the valve, compressing the urine tube and preventing leakage.



We only start bladder training to increase bladder volume once you have some endurance pelvic floor control. Your pelvic floor physiotherapist will help you measure this, with a 24 hour bladder diary and instruction on how to take these measurements. You will be surprised on how fast you will improve.

Chapter 6. WHERE TO FROM HERE?

At **East Gosford Physiotherapy** we encourage men who have undergone radical prostatectomy to "get back into life". Whatever is stopping you, let us help you find a solution.

There is strong evidence to support the importance of regular exercise to prevent cancer. Finding what exercise is best for you is important. Remember you need to enjoy exercise for compliance and everybody has different "likes". Also remember exercise can be varied and changed and this helps with enjoyment and compliance.

Don't let this little hurdle in life stop you from living life as you want to. Get back into bowls or golf, go back to the gym or walk on the beach. Our partner organisation, **East Gosford Exercise Physiology & Rehabilitation**, has specially trained male exercise physiologists who can help you progress with exercise and put your pelvic floor muscle training into action. If you have other chronic disease issues stopping you like cardio vascular disease or Type II Diabetes, these can also be managed with the right advice and program.

If you are undergoing Hormone Deprivation Therapy (ADT), it is strongly recommended to be advised on a strengthening and bone loading exercise program. This treatment approach, while helping your prostate cancer, can have a detrimental effect on bone density and muscle mass, leaving you vulnerable to other problems. Our exercise physiologist can prescribe an exercise program and plan to help manage this.



Contact East Gosford Physiotherapy 02 4323 7499 to see how we can help you.

For more information www.eastgosfordphysio.com.au