



SPECIAL BURNING ISSUES SUPPLEMENT MAY 2007

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PROSTATE CANCER AND INCONTINENCE: COPING STRATEGIES AND TREATMENT OPTIONS

FROM THE DOCTOR: PHYSICIAN COMMENTARY ON SELECTED ARTICLES IN THIS SUPPLEMENT

By Gerald W. Chodak, MD

This special supplement on incontinence contains some commentary and advice about managing what may be the most devastating consequence of prostate cancer therapy, the impact on urinary control. Importantly, the incidence of this complication has gradually declined, but remains dependent on a patient's age and the experience of the surgeon.

Patients choosing their doctor should never be afraid to ask: "How many have you done in the last 3 years, how many in my age group have any incontinence and how did you assess this information" because not enough doctors actually score their results.

These articles stress the need to recognize that full recovery could take up to two years. As indicated in these articles, there are many options available to help men cope with their problem so that the impact on day to day life is minimized as much as possible. Men should seek out all the resources available to them.

Attend the Incontinence Solutions presentation at:
"Living Well with Prostate Cancer"
Us TOO University Patient Education Symposium, Fri, May 11, 2007, Hyatt Regency Austin on Townlake, Austin, TX. Register online at www.ustoo.org/university

LIFE AFTER PROSTATE TREATMENT: FOCUS ON INCONTINENCE

Jeffrey Albaugh, MS, APRN,
CUCNS

The most common side effects after prostate treatment are sexual and urinary dysfunction. Although you may initially experience these problems, they may be resolved over time with treatment. It is important to be proactive about these problems to have the best chance of recovering potency and continence. This article is meant as a quick overview of the types of incontinence that may occur after prostatectomy and some of the treatment options available.

A recent study showed that as many as 84-87% of men were continent after either radical prostatectomy or laparoscopic prostatectomy, but it can take as long as two years for patients to regain continence.^{1,2} It takes time and consistent pelvic floor exercises to regain continence after surgery, and even then a small percentage of men will not regain continence. If you have had surgery to remove your prostate, you know that when the catheter comes out the leakage can begin.

Although this leakage does resolve over the next year for many men, it does not always. After prostate surgery, part of the mechanisms that maintain the urine in the bladder have been removed and the remaining pelvic floor muscles must work harder to maintain the urine in the bladder with activity, coughing, sneezing, and

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AFTER THE SURGERY: CONQUERING INCONTINENCE

By Maiya Willits

The truth is, you can survive prostate cancer and still feel like you've lost part of your life. To those suffering from urinary incontinence, it can feel like you're missing out on the best that life has to offer. In order to remove the cancer, parts or all of the tissues that help control urine flow may need to be removed. The rate of incontinence after radical prostatectomy surgery ranges from 3% to 60%^{1,2} influenced by factors such as age, general health and the amount of prostate and surrounding tissue removed during surgery.

While men often experience incontinence immediately following surgery, the leakage usually stops within weeks or a few months. When incontinence persists beyond a few months, you should consult your doctor. The good news is that there are more treatment solutions today than ever before.

Absorbent Products

Absorbent pads, diapers and garments can help individuals to deal with bladder control problems. However, absorbent products should not be employed for long-term bladder control unless a physician has evaluated the patient's incontinence. In particular, early reliance on absorbent pads may be a stumbling block for bladder control. The wearer may develop a sense of security and acceptance of the condition, which could lessen the desire to seek adequate diagnosis and treatment.

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laughing. You also may have a more urgent need to urinate and not be able to get to the bathroom before leakage occurs. If you had radiation therapy, you also may have problems with incontinence related to urinary urgency.

Urinary incontinence is any unintentional loss of urine. Urinary incontinence can be divided into several different categories. There are three main categories for urinary incontinence after prostate cancer treatment. Each type has its own cause and approach to treatment. It is important to remember that urinary incontinence can be a mixture of more than one type of incontinence as well.

Stress urinary incontinence involves unintentional leakage of urine with coughing, laughing, sneezing, lifting, or activity. This type of incontinence is the most common type in men after prostatectomy because they have lost part of the mechanisms that maintain urine in the bladder. The holding mechanisms are sometimes unable to keep the urine in the bladder when the patient is active.

Urge incontinence is an unintentional leak of urine when you have a strong urge to urinate. It is characterized by a sudden, uncontrolled need to urinate and may be triggered by changing positions, running water or the anticipation of getting closer to the toilet. This can occur after prostate treatment with either radiation or prostatectomy.

Overflow incontinence occurs when the bladder fills to capacity and never empties completely. After the bladder has filled to capacity it can overflow causing urinary leakage. This can happen as a result of scar tissue obstructing the outlet of the bladder where the prostate was previously located. The most common types of incontinence in men after prostate cancer treatment are *stress incontinence* and *urge incontinence*. Some men also complain of leakage of urine during sexual relations or with orgasm after prostatectomy. This problem along with erectile dysfunction can greatly impair a couple's ability for intimacy. If you have urinary incontinence or sexual dysfunction, you should talk to your

healthcare provider or see a specialist and develop a treatment plan after a careful history and physical exam.

Most men regain continence and there are a variety of treatment options available to men with incontinence after prostate treatment. Before you even start your treatment for prostate cancer, whether surgery or radiation, you should learn how to do pelvic floor exercises correctly. These exercises can be helpful in treating both urge and stress incontinence if they are not too severe. Learning to do the pelvic floor exercises correctly is essential and may require you to see a specialist nurse or physical therapist who can teach you to do the exercises appropriately and consistently.

The key to appropriate pelvic floor exercises is to isolate the pelvic floor muscles from all other groups of muscles, particularly the abdominal muscles, the thigh muscles and the muscles of the buttocks. There are different muscle fibers within the pelvic floor and there are various exercises that work the different muscle fibers. The exercises are most helpful if you learn to do them correctly with the help of a nurse or physical therapist who specializes in teaching these exercises and if you do the exercises progressively and consistently.

The Agency for Health Care Policy and Research Guideline, "Urinary Incontinence in Adults: Acute and Chronic Management" recommends that the first treatment option for incontinence should be the least invasive options of bladder re-training, timed voiding, and pelvic floor exercises.³ These exercises can be taught to you by a healthcare professional. If you have urge incontinence, there are anticholinergic medications that may help control the urge to urinate in the right group of patients. There are currently no FDA approved medications for treating stress urinary incontinence, although duloxetine is a new drug being investigated for treatment of stress urinary incontinence and has shown some promise in preliminary research.⁴

Surgical interventions for incontinence have been done for many years and

today there are a number of good options including various sling procedures and artificial sphincters to control stress urinary incontinence. The good news is, although urinary problems and erectile dysfunction are the most common side effects from prostate cancer treatment, both problems are very treatable problems and can often be treated successfully. To give yourself the very best chance of successfully becoming continent and potent is essential to talk to your healthcare professional about any problems and find the appropriate treatment options for you.

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References

1. Jacobsen NE, Moore K, Estey E, Voaklander D. (2007) *J Urol* 177(2): 615-9.
2. Sacco E, Prayer-Galetti T, Pinto F, Fracalanza S, Betto G, Pagano F, Artibani W. (2006). *Br J Urol Int* 97(6): 1234-41.
3. Clinical Practice Guideline Number 2 (Update). Rockville, MD: Agency for Health Care Policy and Research, US Dept of Health and Human Services; 1996. AHCPR Publication No. 96-0682.
4. Schlenker B, Gratzke C, Reich O, et al. (2006) *Eur Urol* 49(6), 958-60.

Resources

These organizations have resources for treating urinary incontinence:

Society of Urologic Nurses and Associates (SUNA)

Patient Fact Sheets on Incontinence and Overactive Bladder
SUNA National Office
East Holly Avenue, Box 56
Pitman, NJ 08071-0056
(856) 256-2335
<www.suna.org>

National Association for Continence
PO Box 1019

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COPING WITH THE FEELINGS SURROUNDING INCONTINENCE

**By Cheryle B. Gartley
President & Founder**

Simon Foundation for Continence

It is rumoured that men do not enjoy delving into emotions, nor do they appreciate surprises or feeling out of control -all things people with incontinence experience. Coping with a misbehaving bladder means experiencing a wide range of emotions; chief among them is a fear of being wet in public. Feelings caused by incontinence such as embarrassment and the desire to seek isolation lead to changes in self-confidence. Although uncomfortable, focusing on feelings about incontinence may help you prepare for your reactions to a misbehaving bladder.

Toilet training is important in American culture. Everyone has heard someone say "good boy" or "bad girl" depending on the success the child is having learning bladder control. Given society's fixation on this little muscle, is it any wonder that incontinence is an emotional issue?

Often individuals do not recognize the impact of incontinence until they realize the activities they have discontinued (golfing, attending sporting events, or even playing poker) due to the fear of not having immediate access to a bathroom. Anger, depression, and frustration are all common responses to incontinence. Interestingly, research shows that the amount of leakage experienced is not related to the emotional distress a person feels.

No one will claim that a misbehaving bladder is not embarrassing; but there are many occasions for embarrassment in life (spilling coffee, whiffing a golf ball, tripping over microphone cords) - most people cope and move on. Coping is something we don't notice unless a problem continues. Much can be done about incontinence, but still millions will not be completely cured; thus learning good coping skills can avoid incontinence taking up unnecessary emotional energy. It is helpful to think in terms of both coping with the dread of what might happen, and cop-

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Internal Collection Devices

An internal collection device, such as a catheter (a hollow plastic tube), may be recommended for certain individuals to ensure that the bladder is emptied on a regular schedule and does not overflow. Intermittent catheterization (the periodic insertion of a catheter into the urethra and into the bladder) is performed at regular intervals each day.

External Devices

External collection devices, such as external catheters, are urine storage products that may be useful for short-term incontinence treatment in men. They are attached to the shaft of the penis by adhesive, latex or foam strap devices, and a tube to a urine-collecting bag connects them.

For men, external occluding (closing) devices can be used to block the flow of urine by squeezing the urethra shut or plugging the urethra. Mechanical devices include penile clamps (e.g., the Cunningham clamp) and compression rings. The penile clamp is a V-shaped casing with a foam cushion that fits over and under the penis. When closed, the penile clamp should stop the flow of urine without causing discomfort. Compression devices are adjustable rings that surround the penis and, when inflated with air, pinch off the urine flow. Improper use of penile clamps and compression rings can result in penile and urethral erosion, penile edema (swelling), pain and obstruction.

Surgical Options

Surgical procedures are available to treat male urinary stress incontinence. Some of these include:

- Injections of bulk-producing agents, such as collagen, into the urinary sphincter.
- Implanting a "male sling," a device designed to support the muscles around the urethra. There are two male sling systems used for this type of procedure, the InVance® sling and the new AdVance™ sling, both from American Medical Systems (AMS) of Minnetonka, MN.

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PATIENT STORY: LIVING LIFE DRY

By Maiya Willits

Suspected Agent Orange exposure during his service in Vietnam left Barrett Brashers with a variety of neuromuscular health problems. He didn't know that a routine shoulder operation to repair his rotator cuff in 1997 would end up saving his life.

"When the nurse tried to put a Foley catheter in, he immediately sensed that I had a prostate problem," said Barrett, of Virginia Beach, VA. Further testing with a urologist revealed advanced stage prostate cancer. Surgery was his only option at that point, and Barrett quickly underwent the procedure.

Unfortunately the cancer wasn't encapsulated; the surgeon performed a radical prostatectomy with bilateral lymphadenectomy and hoped for the best. That turned out to be better than expected: He's been cancer-free for nine years, and for that the 63-year old retired technology executive is resoundingly grateful.

"But the incontinence never went away," said Barrett. "All this time I was going through five to eight pads a day. If I fell asleep in a chair, I'd soak the chair. Sometimes at night I'd soak through everything - my nighttime pad, the bedclothes, everything."

He heard about a seminar addressing incontinence and his wife, a practicing nurse, convinced him to attend. "I wasn't too excited about some of the surgical options I heard about - the artificial urinary sphincter just didn't seem like it was for me. But I read about this new male sling procedure, and made an appointment to talk about it."

Dr. Kurt McCammon of Devine-Tidewater Urology of Virginia felt that Barrett was an ideal candidate for the new AdVance™ male sling procedure, in which a small sling made of synthetic mesh is placed inside the body to support the urethra, restoring normal bladder control.

"I'd had enough," said Barrett. "I was getting rashes from the pads. I couldn't walk my dog. I was getting fat from all the things I was missing out on because of my incontinence. So I said let's do it." Dr. McCammon per-

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formed the surgery on January 15, 2007. "And I've been dry ever since."

Having undergone various medical procedures over the years, this one didn't seem too bad to Barrett. "I didn't need any painkillers afterwards. I had a little soreness in the groin, but no pain – and no leaking." The male sling is considered a minimally-invasive solution, often performed as an outpatient procedure, and most men are continent right away after the procedure.

The procedure was developed by two urologists from Innsbruck, Austria, Drs. Christian Gozzi and Peter Rehder. According to them, the procedure "represents a paradigm shift in the treatment of male incontinence, giving physicians the opportunity to provide real incontinence solutions to even more prostate cancer survivors."

Two large studies are underway to evaluate long-term efficacy of the procedure, and the preliminary experiences of the centers are promising. In an April 2007 supplement to Urology Times, Dr. Rehder says "We often do not realize how much patients suffer because of incontinence. Many patients are also still traumatized after having had major cancer surgery. Knowing that there is help available for treating urinary incontinence that is not a major operative procedure, most of these men welcome this help and are extraordinarily happy with the quick and so far seemingly lasting success of this procedure."

Barrett Brashers counts himself one of the lucky ones. He's back to walking his dog, shopping with his wife, and beginning to think about getting back to his six-day-a-week gym routine. "I feel great. I'm getting back into shape. I'm not messing around with the pads anymore. I feel like it's improved my life by 50 percent."

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These are highly effective, minimally invasive procedures to correct mild to moderate stress urinary incontinence in men.

- Implanting an artificial urinary sphincter, which mimics the func-

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ing with an actual loss of control.

Strategies for change include refuting irrational ideas and learning assertiveness training. Everyone engages in self-talk, your internal thought language. However, irrational or untrue self-talk leads to anxiety. You can improve how you converse with yourself; for instance try saying I will experience inconvenience and annoyance (not anxiety, depression, or anger) - also learn to be assertive about legitimate rights. You have the right to: put yourself first at times; change your mind; ask for help; not justify yourself; and not respond to questions. You also might want to remind yourself how much that you dread in life never happens!

Realistically, it is not, but when your incontinence may be exposed in public for many people. Plan for this by re-evaluating the term "accident" which is defined as "an unforeseen or unplanned event," because for most people being wet in public is not an unforeseen event. We need to remove "accident" from our vocabulary and incorporate "be prepared" instead.

There is no one correct way to be prepared; however, you might consider: knowing bathroom locations; carrying extra clothing; planning what you'll say to yourself to avoid negative self-talk; and finding an effective collection device or absorbent product designed for the male anatomy.

Remember, interpretations of a situation and self-evaluation are what create emotions... so the bottom line is that when you plan for your emotional reaction, you really are still always in control.

tion of a normal, healthy urinary sphincter. Currently, AMS offers the only artificial urinary sphincter available, and it is widely considered to be the gold-standard solution for moderate to severe stress urinary incontinence following prostate surgery.

Talk to your doctor about which solution may be right for you. The key thing to remember is that nearly every case of incontinence is treatable today

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Charleston, SC 29402-1019
(800) BLADDER [(800) 252-3337]
<www.nafc.org>

The Simon Foundation for Continence
Box 835-F, Wilmette IL 60091
(800) 23SIMON [(800) 234-4666]
<www.simonfoundation.org>

Products

Editor's Note: This listing is only a sampling of the companies that provide bladder control products or services. Us TOO International does not endorse any products, and provides this listing to simplify patient information gathering.

AlphaDry—condom catheters
<www.alphadry.com>
877-235-9379

American Medical Systems—surgical slings and sphincters
<www.malecontinence.com>
800-529-5744

Better Pant—urology leg bag holder undergarments
<www.betterpant.com>
310-457-8350

Coloplast (formerly produced by Mentor Corp) - urinary catheters
<www.urology.coloplast.com>
800-533-0464

ElderStore—online store, access to many different manufacturers of bladder control products, including Freedom Starter Kit for Male Incontinence
<www.elderstore.com>
888-833-8875

GT Urological—compression pouches
<www.gturological.com>
877-488-4379

Serenity – pads and pants
<www.serenity.com>
877-822-0904

– there are solutions that can help improve your quality of life dramatically.

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2. Herr HW. Quality of life of incontinent men after radical prostatectomy. J Urol 1994; 151(3):652-4.