Factsheet: Bladder Control after a Prostate Operation

Types of operation

Operations to the prostate gland are of two types, each having its own purpose. They are referred to as, transurethral resection of the prostate (TURP).

(1) partial removal of an enlarged prostate gland, to relieve an obstruction to the flow of urine, and

(2) total removal, to cure cancer.

The vast majority of prostate operations are of the first type. The prostate tissue causing a blockage to the flow of urine is removed, usually in a "keyhole" manner through the penis but sometimes by an "open" operation through the abdomen. After the operation your urine should run freely.

There are other alternatives to operating such as the below minimally invasive techniques;

- **Holmium laser enucleation of the prostate** - a laser is used to remove excess prostate tissue using a similar route to a TURP.
- **KTP laser vaporisation -** a small tube known as a cystoscope is inserted into your urethra. The cystoscope fires pulses of laser energy to burn away prostate tissue.

When the operation is done for cancer, the whole prostate gland is removed so that if possible all the cancerous tissue is removed and a cure is achieved. After either type of surgery you may have problems of bladder control, perhaps involving involuntary leakage of urine (urinary incontinence), but this is much more likely after the second, more extensive, operation.

Immediately after the Operation

After the operation a tube (a catheter) will have been left in your bladder in order to drain it. There will be blood in the tube initially but this will reduce over time. The catheter will be removed after a few days, but the final pattern of urine flow and control may well not become established for a number of weeks after the catheter is removed. This is because the urinary system is not entirely under voluntary control and it takes time to adjust to the new situation. This period can extend to three months or even longer. However, even during this early period, useful treatments are available if you have difficulty controlling your bladder: some are described below.

Once you are discharged home after the operation, you should slowly return to your normal pattern of eating and drinking. You may have been asked to increase your fluid intake initially, but you should be able to go back to your normal level pretty quickly. Some drinks, like tea, coffee and cola drinks, as well as strong alcoholic drinks, cause bladder irritation, and should not be drunk in excess.

You can build up your physical activities gently and progressively, including walking, swimming or any regular activity you used to undertake before your operation. You should be able to go back to your normal pattern within three or four weeks.

Avoid constipation. The best way is by having a diet rich in fibre, including wholemeal bread, bran and plenty of fruit and vegetables. If constipation is a problem, consult your doctor or practice nurse, as excessive straining should be avoided.

Complications

After a prostatectomy it is usual for men to cease to ejaculate semen from the penis during sexual intercourse.

Retrograde ejaculation - is the most common complication following prostatectomy and is caused by damage to the nerves or muscles surrounding the neck of the bladder. It means that the semen ejaculated during

sexual intercourse does not come out of the penis but flows into the bladder instead. The physical pleasure associated with ejaculation is not affected. However, it can affect your fertility, so discussion with your Urologist should take place if this is a concern. It may also make the urine look cloudy when next passed. This is not harmful in any way but it usually means that the man is infertile and cannot father a baby. If you have not finished your family, ask about freezing your sperm. Infertility cannot be guaranteed, however, so if you were using contraception before the operation, it will still be advisable afterwards.

Urinary tract infection – you may have a urine infection if you experience burning or pain when you pass urine, or if the urine is cloudy, or if it smells unpleasant.. You should see your GP, who will usually ask for a urine specimen to be tested, and may prescribe an antibiotic.

Bleeding -It is not unusual to experience some bleeding about ten days to two weeks after prostatectomy and you may find some white debris in your urine. Usually this is of no significance and can be managed by increasing your fluid intake. If it is very marked, however, or you have difficulty passing urine, you should seek nursing or medical advice.

Incontinence - Urinary incontinence is obviously a serious complication of prostate surgery. It is critical to establish its precise type and severity in order to try to predict its progress and, if need be, to decide on the best treatment. Speak to your consultant before your surgery to discuss this further.

There are five relevant types of incontinence:

(1) total incontinence;
(2) stress incontinence;
(3) urge incontinence;
(4) mixed incontinence; and
(5) after-dribble.

(1) **Total incontinence**: The valve which should keep the urine in the bladder (the urinary sphincter) no longer functions at all. The urine trickles out in a constant and slow stream. The bladder is empty, and there is no remaining ability to control the flow of urine. This type is extremely uncommon after a partial removal, less so after the rarer total removal of the prostate. It may call for a further operation or for permanent management *(see below under "Persistent Incontinence").*

(2) **Stress incontinence**: Urine only leaks when the pressure in your abdomen rises to above a certain level (on coughing, sneezing, lifting, etc). This can be mild, moderate or severe. Stress incontinence is usually due to a weak, or partially damaged, valve (urinary sphincter) mechanism. It is treated initially (and commonly successfully) by pelvic floor exercises *(see below)* but in rare, severe cases may call for further surgery.

(3) **Urgency and urge incontinence**: You feel the need to pass urine suddenly ("urgency") and may not always able to control it ("urge incontinence"). You may well need to pass urine frequently - often in small amounts - and you may be woken at night or may wet the bed while asleep. Urge incontinence is the result of overactivity by the muscles which squeeze the bladder to empty it. Before the operation, they had to squeeze hard to force the urine past the enlarged prostate gland and they may take time - even several months - to adjust to the removal of the obstruction. (If you had urge incontinence beforehand, it may or may not be cured by the operation.)

The problem generally disappears over a period of time, but in the meantime useful treatments include pelvic floor exercises, bladder retraining *(see below)*, and drugs called "anticholinergics" which help control excessive bladder activity.

(4) **Mixed incontinence**: This is a combination of stress incontinence and urge incontinence and is treated accordingly.

(5) **After-dribble:** The loss of a small amount of urine almost immediately after the bladder has been emptied is common both before and after prostate operations and tends to increase with age. It may be because your bladder does not quite empty, or because urine becomes trapped in the bladder outlet, where the prostate used to be, and leaks out afterwards. This problem usually improves with time but may be helped if you sit down on the lavatory and lean forwards to pass urine. You can also expel the last few drops by massaging gently behind the scotum or by performing a pelvic floor muscle squeeze (see Pelvic Floor Exercises).

Pelvic floor exercises

The pelvic floor is a hammock of muscles supporting the bowel and bladder in the abdomen. Strengthening them will help you with stress and sometimes urge incontinence. You will probably be taught the exercises by the physiotherapist or nurse specialist at your hospital, but you can also teach yourself to do them.
The first thing to do is to correctly identify the muscles that need to be exercised.

1. Sit comfortably with the muscles of your thighs, buttocks and abdomen relaxed.
2. Tighten the ring of muscle around the back passage as if you are trying to control diarrhoea or wind. You should be able to feel the muscle move. Try not to squeeze your buttocks or tighten your thighs or tummy muscles.
3. Now imagine you are passing urine, trying to stop the flow mid-stream, and then restarting it. Do not try to stop the stream when you are actually passing water as this may, if repeated, cause problems with correct emptying. If your technique is correct, each time that you tighten your pelvic floor muscles you may feel a dip at the base of your penis, and your scrotum move up slightly.

Now you can find your pelvic floor muscles, here are the exercises to do:

1. Your pelvic floor muscles need to have stamina. So sit, stand or lie with your knees slightly apart. Slowly tighten and pull up the pelvic floor muscles as hard as you can. Try lifting and squeezing them as long as you can. Rest for 4 seconds and then repeat the contraction. Build up your strength until you can do 10 slow contractions at a time, holding them for 10 seconds each with rests of 4 seconds in between.
2. Your pelvic floor muscles also need to react quickly to sudden stresses from coughing, laughing or exercise that puts pressure on the bladder. So practise some quick contractions, drawing in the pelvic floor and holding it for just one second before relaxing. Try to achieve a strong muscle tightening with up to ten quick contractions in succession.

Aim to do a set of slow contractions (exercise 1) followed by a set of quick contractions (exercise 2) 3-4 times each day. It takes time for exercise to make muscles stronger.

You are unlikely to notice an improvement for some weeks, and you will need to exercise regularly for several months to get the pelvic floor muscles to their full strength. It is well worth persisting. You can do the exercises any time, anywhere: if you are doing them right, there will be no external sign, no tensing of your legs, buttocks or abdomen.

Bladder training

This is a technique by which you retrain your own bladder, usually using a bladder training chart *(see page 4)*. You learn to suppress or ignore the desire to pass urine, so that a more normal pattern is achieved without the symptoms or accidents of urge incontinence.

Check how often you pass urine and then attempt to increase the time interval between visits to the toilet. For instance, if you are passing urine roughly every one to one and a half hours, set your target at two hours, and try to resist the temptation to go before the two hours are up. If you are going ten times a day, aim for nine times the next day. If you are liable to start leaking urine when you hang on, wearing an absorbent pad or drip collector may add to your confidence. As you achieve each target interval, you should gradually increase it until you are only going every three to four hours on average. It can be very difficult at first, but it really does get easier with practice.

If you find that you can hang on until the set time, but then urgency becomes severe on the way to the toilet, try *counting.* Go to the toilet, but count to 10 before you actually start to pass urine. Once you can do this, increase your counting to 20, 30, 40, etc. Once you can wait for a minute when you are at the toilet, also start to delay setting off for the toilet. Wait five minutes after you feel the bladder is full before you stop whatever you are doing, then 10 or 15 minutes, if you can manage this. Pelvic floor exercises *(see above)* may also help you to hang on for longer periods.

Bladder training requires considerable willpower and determination - but giving in to your bladder will only make it worse. “Mind over matter” really can help your problem, but only **you** can make it work. The less often you pass urine, the less you will need to go, and eventually you will be able to forget about your bladder for hours on end. It may take several weeks, or even a couple of months, to get to this stage - so don’t give up.

Persistent Incontinence

If your incontinence does not get better, mention it to the urologist at your post-operative visit, or if it is severe ask your GP to refer you back to the Urologist without delay so that it can be discussed and investigated further. There are many reasons why you may be incontinent, and it is clearly important to establish which applies in your case so that the correct treatment can be chosen.

Such treatment may be measured to control bladder overactivity, exercises or (especially if you have persistent stress incontinence) you may be advised to have further surgery, perhaps to implant an artificial sphincter. This can be very successful, but it is obviously an individual decision whether the problem is causing enough trouble to warrant more surgery.

Occasionally the condition is found to be untreatable or else the treatment available is not suitable for you. There are then many different types of equipment which may help you to cope with and disguise your problem, thereby enabling you to lead a full, normal life, despite incontinence. Pads and pants, penile sheaths, body-worn appliances and dribble pouches are available for different needs. Some are available on prescription from your GP, others can be obtained via the district nurse or continence adviser. Assessment by a health professional is important to ensure the most appropriate containment product or appliance is chosen. Your doctor or nurse should be able to tell you how to contact your local Continence Adviser.

Further Help

Your own GP or local continence advisor can give you advice. We also have a fact sheet on Pelvic Floor Exercises for Men which you may find useful. Please visit our Factsheet section on our website for more information.

On the following pages you will find a bladder diary. You can discuss the use of this with your continence nurse or health professional and between you if needed, agree a training programme suited to your needs. Bladder training works by helping you to return to a normal pattern of passing urine.

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Bladder Diary

Date: **I woke up at:** **I went to sleep at:**

Time	Record drinks (type and amount)	✔ each time you use the toilet to pass urine	✔ when you changed a pad	Each time you leak urine, circle whether you were:
12am				Almost Dry Damp Wet Soaked
1am				Almost Dry Damp Wet Soaked
2am				Almost Dry Damp Wet Soaked
3am				Almost Dry Damp Wet Soaked
4am				Almost Dry Damp Wet Soaked
5am				Almost Dry Damp Wet Soaked
6am				Almost Dry Damp Wet Soaked
7am				Almost Dry Damp Wet Soaked
8am				Almost Dry Damp Wet Soaked
9am				Almost Dry Damp Wet Soaked
10am				Almost Dry Damp Wet Soaked
11am				Almost Dry Damp Wet Soaked

Time	Record drinks (type and amount)	✔ each time you use the toilet to pass urine	✔ when you changed a pad	Each time you leak urine, circle whether you were:
12pm				Almost Dry Damp Wet Soaked
1pm				Almost Dry Damp Wet Soaked
2pm				Almost Dry Damp Wet Soaked
3pm				Almost Dry Damp Wet Soaked
4pm				Almost Dry Damp Wet Soaked
5pm				Almost Dry Damp Wet Soaked
6pm				Almost Dry Damp Wet Soaked
7pm				Almost Dry Damp Wet Soaked
8pm				Almost Dry Damp Wet Soaked
9pm				Almost Dry Damp Wet Soaked
10pm				Almost Dry Damp Wet Soaked
11pm				Almost Dry Damp Wet Soaked

Reminders

1. Don't forget to record the time you woke up in the morning and the time you went to sleep.
2. Don't forget to record what happened overnight when you get up in the morning.
3. Try and make a record of things just after they happen in case you forget them later on.
4. Record things to the nearest hour.
5. Record type and amount of drinks taken (e.g. 2 cups of tea, 1 mug of coffee, 1 can of coke, 1 glass of water/wine /juice, 2½ pints of beer)
6. Start a new sheet for each new day.

'The Bladder and Bowel Community provides information and support for people with bladder and bowel issues. We publish a wide range of user friendly booklets and factsheets.

For more information please call us on 01926 357220, email **help@bladderandbowel.org** or write to us at The Bladder and Bowel Community, 7 The Court, Holywell Business Park, Northfield Road, Southam, CV47 0FS.

www.bladderandbowel.org

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