

Urine leakage log after prostate removal

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Leaking urine after prostate surgery is a common occurrence. Most men report gradual improvement over several months after surgery. However, some men remain incontinent. Urine leakage can be quite complicated and should be evaluated by a physician. Some types of incontinence can be improved with conservative treatment. There are two main types of incontinence following prostate surgery: urge incontinence and stress incontinence.

“I have to go now!!!”

Urge incontinence occurs when there is a strong urge to urinate followed by urine leakage. The strong urge to urinate usually indicates an overactive bladder. The prostate is located below the bladder, around the urethra. Some prostate conditions involve slow growth of the prostate resulting in narrowing of the urethra. The bladder must contract strongly to empty through a narrow urethra. This can cause the bladder to become irritable. Unfortunately, in some cases, the bladder remains irritable after the urethra is opened with a prostate surgery.

Treatment for urge incontinence includes bladder training, medications, fluid adjustments, and pelvic muscle exercise. Bladder training involves urinating in the toilet on a timed schedule. Techniques are used to avoid urinating too often. Medications are used to calm the bladder and may have side effects. Too little fluid intake causes the urine to be concentrated and may irritate the bladder. Six to eight glasses of fluid per day are recommended for good bladder health. Some types of fluid (i.e. caffeine and pop) also irritate the bladder and should be eliminated from the diet. Pelvic floor muscle exercise can also help relax the bladder. A combination of treatments is usually most helpful.

“Every time I sneeze, I leak”

Stress incontinence occurs when cough, sneezing or lifting results in urine leakage. This type of leaking is not related to emotional stress – in fact, urge incontinence is often worse during emotional stress. Increasing pressure (stress) on top of the bladder causes leaking. Staying dry is quite complex. In males, the urethra is kept closed primarily by three structures: The automatic muscle at the bladder neck, the prostate and the pelvic floor muscle. The structures affected by prostate surgery vary greatly. In some surgeries, only some of the prostate tissue is removed. The bladder neck and the pelvic floor muscle are left intact. Leaking in these patients is fairly uncommon. In more extensive surgeries, the bladder neck and the entire prostate must be removed. The pelvic floor muscle is the major structure preventing leakage.

Treatment for stress incontinence includes pelvic floor muscle exercise and learning how to avoid bearing down on top of the bladder during daily activities. Patients may also try a condom catheter, incontinence pads, or a penile clamp to contain urine loss. There are several surgeries that can help. Sometimes the pelvic floor muscle can be strengthened to make up for the loss of the prostate and bladder neck. These exercises are somewhat difficult to learn and may require several sessions of biofeedback with individual training. It is important to learn proper lifting and exercise techniques to avoid excessive bladder pressure.

Specialized treatment for bladder dysfunction is available from Beth Shelly doctor of physical therapy in Moline IL. Please call for more information.

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