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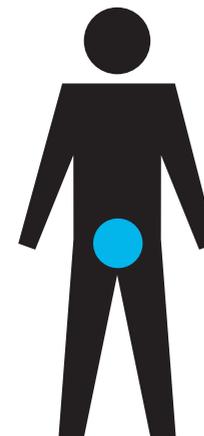
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PROSTATE INFORMATION ●

SPOTLIGHT ON

Incontinence as a symptom of prostate problems



Introduction

Incontinence is a condition that can affect people of any age, can be very distressing and can affect your quality of life. It can be a difficult thing to talk about and many men don't seek help thinking that it is just something to put up with as they grow older. In the majority of cases difficulties with incontinence can be dealt with very effectively and there are several treatments available.

This particular booklet is to provide information for those men who have incontinence difficulties after some type of problem with their prostate or treatment for prostate disease.

Treatments include:

- Pelvic floor exercises;
- Medicines;
- Surgery.

What is incontinence?

Incontinence is a symptom of another condition or problem and may be temporary or perhaps more permanent. It means that you can't control passing urine and accidentally leak some urine. This can vary from leaking small amounts that might only dampen pants to leaking larger amounts of urine that may come through your clothes. Although incontinence becomes more common as men get older it doesn't mean that it will happen or that nothing can be done to help.

What is the prostate?

The prostate is a small gland, about the size of a walnut, inside the pelvis, just below the bladder and in front of the back passage. It wraps around the tube (urethra) that allows urine to flow out of the bladder and for semen to pass out through the penis.

Understanding how urine is produced and passes out of your body

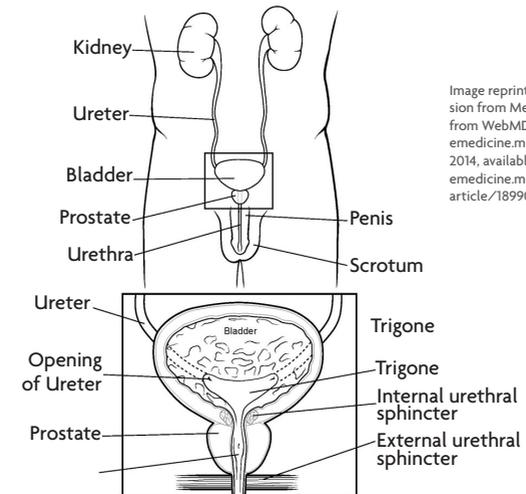


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The kidneys:

Constantly filter waste products from the blood and mix these with water. This mixture is called urine. Urine passes out of the kidneys, down two thin tubes called the ureters that empty into the bladder.

The bladder:

This is like a muscular bag that can increase in size to collect and store between 400 - 600mls (around a pint) of urine. Once your bladder is about half full, messages are sent from your bladder to the brain indicating that you need to pass urine.

The pelvic floor muscles:

These are sometimes described as like a hammock that stretches from your pubic bone at the front of your body through to the coccyx, the small bone at the bottom of your spine. One of the roles of the pelvic floor muscles is to support the bladder and bowel.

The urethra or water-pipe:

The urethra is the water-pipe that passes down through the middle of the prostate taking urine from your bladder out through your penis. It

also passes through the pelvic floor muscles. When you go to the toilet, the muscles around the urethra open, your pelvic floor muscles relax, the bladder squeezes and so you pass urine. You may hear doctors or CNS using the term 'voiding' which means passing urine.

What is 'normal'?

Passing urine that is:

- Clear and pale yellow in colour;
- Not strong smelling;
- Not cloudy;
- Doesn't have blood in it.

Normally:

- You shouldn't have any pain when passing urine;
- You can totally empty your bladder of urine;
- It's usual to pass urine every 3 - 4 hours, about 6 - 8 times every 24 hours, with perhaps one of these during the night;
- You shouldn't have any leaks of urine.

The most common types of incontinence are:

- Stress incontinence; when urine leaks out and you have no control over this leakage. It can happen when you cough, sneeze, laugh, lift something, exercise, change position eg lying to sitting or sitting to standing;
- Urge incontinence; when you urgently need to pass urine, can't hold it back and may not be able to reach the toilet in time;
- Overflow incontinence; when the bladder doesn't empty completely, urine builds up and can lead to it overflowing causing frequent dribbling;
- Frequency; You may notice that you need to pass urine more often;
- Nocturia; When you have to get up many times during the night to pass urine this is called nocturia. Typically there may be leakage at night without waking, which is known as nocturnal incontinence.

How are diseases of the prostate involved with incontinence?

- Benign Prostatic Hyperplasia (BPH)
This is caused by the prostate enlarging which may squeeze the urethra causing a blockage. The man may find that he has to get the toilet quickly, pass urine more often and have a weak dribbly flow of urine;
- Prostate cancer. The tumour within the prostate may squeeze the urethra causing a blockage;
- Prostatitis. This may result in the need to pass urine more frequently, in a greater hurry and more often during the night. The man may notice he is not able to empty his bladder completely;
- After surgery to the prostate such as radical prostatectomy, TURP (Trans Urethral Resection of the Prostate) or laser treatment to the prostate. Incontinence after surgery varies from man to man and will usually improve in a matter of weeks up to a few months but can take longer, up to 12 months. This is most likely to be stress incontinence;
- Radiation treatment to the prostate either by external beam radiotherapy or brachytherapy.

Incontinence may get worse if:

- You have a urine infection;
- You are constipated;
- You take certain medicines for example diuretics (water tablets);
- You don't take enough fluid during the day or you drink too much fluid in the evening;
- If you drink fluids that affect the bladder such as fizzy drinks, alcohol, and drinks that contain caffeine such as tea, coffee, cola type drinks and energy drinks with added caffeine.

What might happen at the doctors?

Depending on why you are incontinent, the doctor, clinical nurse specialist (CNS) or possibly specialist physiotherapist might ask some or all of the following questions or you may be given a small question sheet to fill in:

- When the problem started;
- If, and how often, you have a feeling of not emptying your bladder completely;
- How often you have had to pass urine more than once in two hours;
- How often you have found you stopped and started several times when passing urine;
- How often you felt it wasn't possible to delay passing urine;
- How often you have had a weak stream when passing urine;
- How often you have had to strain to start passing urine;
- How many times you get up to pass urine at night;
- If you had any pain or discomfort when passing urine, how often this has been and where the pain was;
- How bad it's been when you have leaked urine – just your pants are damp, wet through to your trousers or soaked;
- Which medicines you take - both those that you take on prescription and those that you may buy such as herbal treatments;
- What you normally eat and drink.

The doctor might do:

This will depend on your individual circumstances and you may have a few of these tests:

- i. *Urine sample.* You may be asked to bring or give a urine sample so it can be tested for any signs of infection or other conditions;
- ii. *Voiding diary.* You may be asked to keep a record of what and how much you drink, the number of visits and time when you go to the toilet to pass urine, the amount of urine you pass, if your pants are damp, trousers are wet or if you have been soaked and sometimes you may be asked whether this was linked to coughing, sneezing or moving (there is a visits to the toilet diary on our website www.prostatescotland.org.uk);
- iii. *A physical examination.* For this examination, the doctor will slide a gloved, lubricated finger into your back passage to check the size and condition of your prostate;

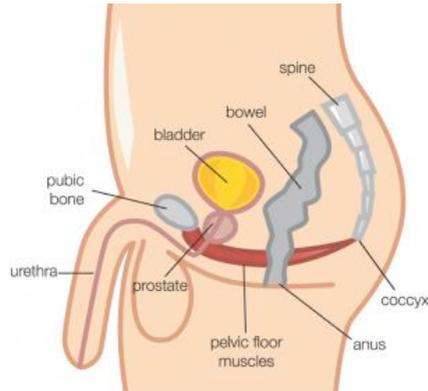
- iv. *Ultrasound scan.* A doctor or radiographer will put some gel onto your tummy then run a small probe over the surface of your tummy which sends harmless sound waves into your body to give pictures of your bladder and kidneys on a monitor;
- v. *Urine flow measurement.* If your prostate is blocking the opening from your bladder, this will make passing urine a lot slower. This test involves having a comfortably full bladder then passing urine into a funnel-shaped container and all the measurements are done automatically;
- vi. *Urodynamic testing.* This test focuses on whether the bladder is able to store urine and empty steadily so it's a useful test to find out more about the bladder;
- vii. *Cystoscopy.* The doctor gently passes a small, flexible tube that has a camera on the end through your penis into your urethra to examine your bladder and urethra.

Pelvic floor exercises (PFE)

An individualised programme of pelvic floor exercises can be provided by a physiotherapist who specialises in continence. You can ask to be referred to your local physiotherapy department for more advice or contact the ACPWH (Association of chartered physiotherapists in women's health) for details of specialist continence physiotherapists in your area. The CNS, nurse or doctor on the ward will also be able to give you more information on PFE.

What are the pelvic floor muscles?

The floor of the pelvis is made up of layers of muscle called the pelvic floor muscles (PFM). PFM are like an elastic hammock inside your body, stretching from your pubic bone at the front of your body through to the coccyx, the small bone at the bottom of your spine and from side to side. There are two openings in the PFM to allow the urethra (waterpipe) and the back passage to pass through. Normally, the openings for the urethra and back passage through the PFM are quite tight helping with control of the urethra and back passage.



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What do they do?

They assist with core support an essential element of pelvic stability and control. Additionally they support the bladder and bowel. As the pelvic floor muscles help stop the bladder from leaking urine they need to work all the time but need to work harder when you cough, sneeze, laugh, exercise or change position.

Why might these muscles get weak?

- Surgery to your prostate such as Trans Urethral Resection of the Prostate (TURP) or radical prostatectomy;
- Constipation; as you may be constantly ‘pushing down’ and straining to empty your bowels. Over time this can stretch your pelvic floor and make it weaker;
- Being very overweight can put extra pressure on your pelvic floor muscles;
- A chronic cough; continually coughing can damage and overstretch the muscles;
- Frequent heavy lifting;
- If you don’t exercise your pelvic floor muscles regularly they lose muscle tone just the same as any other muscle in your body. This may lead to them becoming stretched and weak and not working as well as before.

How to exercise your pelvic floor muscles

(The information that follows about pelvic floor exercises is meant as general guidance. As procedures may vary slightly from hospital to hospital, ask for more advice from staff at the hospital you are attending. If you have been given any specific guidance by the hospital then it is important that you follow their instructions.)

There are 3 steps to doing pelvic floor exercises:



Step 1 Identifying your pelvic floor muscles (PFM)

Do's	Don't's
Get yourself into a comfortable position either sitting or lying with your tummy muscles, thighs and buttocks relaxed	Try not to squeeze or tighten the muscles in your buttocks, thighs or tummy
Breathe normally	Don't hold your breath
Now focus on the muscles that you would use to stop yourself from passing urine or trying to stop yourself from passing wind	Don't exercise your pelvic floor muscles by trying to stop then start passing urine as it could have an effect on normal bladder emptying
You can do the exercises sitting, lying or standing. It is best to exercise these muscles in a functional position - that is when you are most likely to leak urine	

Step 2 Check that you are doing the exercises properly

- You can feel if you are using the correct muscles if you put your finger tips on the skin behind your scrotum then when you tighten the muscles you will feel the muscles lift up from your finger tips
- You can also check this by standing in front of a mirror without clothes and tightening the muscles. You should see the base of your penis pull up towards your tummy and your scrotum lift up. You may see your lower tummy pull in slightly

Step 3 Pelvic Floor Exercises into action

Once you have made sure that you are exercising the correct muscles there are 2 types of exercises that you need to do. However, if you are at all unsure, check with the specialist physiotherapist or CNS for more help.

Slow exercises:

Steadily tighten the pelvic muscles and hold for as long as you can. Build up until you can manage to hold for a maximum of 10 seconds. Relax the muscles for a count of 4. You can repeat this tightening and relaxing up to a maximum of 10 times.

Fast exercises:

Tighten the pelvic muscles as hard as possible for just a second before relaxing. You can repeat this tightening and relaxing up to a maximum of 10 times.

**Gradually build up until you can manage to do
10 slow exercises and 10 fast exercises 3 times a day.**

**To help you remember, do your exercises when you
are doing other regular activities such as brushing
your teeth or showering**

When should I start these exercises and how long should I continue?

If you are going for an operation on your prostate, you may be advised to start these exercises a few weeks before your operation. If you have a catheter after surgery to your prostate then discuss with your doctor, CNS or specialist physiotherapist when to start PFE.

A maintenance programme for life may be beneficial for some men. This can be less intensive than your original programme but still mean that you do these exercises every day.

If you're not sure, ask your doctor, CNS or specialist physiotherapist whether this would be recommended for you.

Hints to help:

- The muscles may get tired at first but will get stronger the more you practice your exercises, so try to do a little more each time;
- However, don't be tempted to try to speed up the process by doing more exercises, more often during the day. Over-exercising the muscles can lead to the muscles getting fatigued and can slow the recovery process;
- Be patient, don't give up. It may take a couple of months before you see an improvement. Most men will find that they have fewer leaks after doing PFE for 3 months and it may take up to 6 or 12 months before there is full improvement;
- To help you remember to do your exercises, do them at the same time that you do another regular activity. For example; after you have finished

passing urine, having breakfast, lunch or dinner, queuing for the bus, watching the news. Try to include them as part of your daily routine. It doesn't matter what you're doing or where you are - nobody else knows that you're doing these!

- Don't lift things that are too heavy for you. When lifting always remember to tighten your pelvic floor muscles.

How do you know if treatment is working?

First of all you may notice that you are using fewer and/or smaller incontinence pads each day. Being able to control your bladder usually takes 3 steps:

- Step 1. You are dry when lying down at night;
- Step 2. You are dry when walking or doing moderate activity;
- Step 3. You are dry when you get up from sitting down, or when you cough, sneeze or laugh. It may take you some time to reach step 3, as this is the final part of being in full control of your bladder.

Training your bladder

Training your bladder to hold a larger amount of urine will help those men who have urge incontinence. Because your bladder is a muscle you may need to work at this for a few months to gain the full benefit but it can be very successful. You may find this re-training easy and manage it very quickly but it's important not to give up if it takes slightly longer. It may take a few weeks or months to do but it will get easier as you keep at it. The key to this is doing these regularly and thoroughly.

What to do

- Keep a diary or a record over 3 days of the time and how often you pass urine or are wet;
- Check this record to see how many times you are going and the amount of time between visits to the toilet;
- Gradually try to increase the amount of time between toilet visits. This could mean; if you go every 2 hours try holding on for 2½ hours. Your bladder should steadily become used to holding more urine;
- When you feel the need 'to go', wait for a minute or so until the urge

disappears then go. You can gradually increase the time you wait to 5 minutes then 10 minutes, and so on up to an hour;

- While you are re-training your bladder, your GP may be able to prescribe something to help;
- Eventually, you are aiming to reduce the number of times that you pass urine to about 5 - 7 times each day and breaking the habit of 'going just in case'.

Incontinence products

Pads

Although you may not like the idea of using pads these can really help you manage the problem and carry on with your life. Pads are designed to lock away urine so they can stop any leaks onto your clothes, help prevent any smell and to keep you dry so your skin doesn't become sore. Knowing that these can prevent any embarrassing accidents may make you feel better and give you more confidence to carry on with your day-to-day activities.

There are many different kinds available and the local continence service, CNS or perhaps your doctor will advise you on which type may be most suitable for you. The best choice depends on your symptoms – whether you are having only an occasional leak or dribble of urine or whether you are leaking more urine frequently during the day, so it's important to have the correct pad for your needs. In fact, you may have one type of pad to wear during the day and another type for night time.

- Disposable pads may have an adhesive strip and can be held in place by your underwear. For these to work best you need to wear close-fitting pants, not boxer shorts.
- Other pads, for larger leakages, may be worn with close fitting underwear or special net pants to fully support the pad.

If you need pads to manage your incontinence, you should be able to get these from your local continence service. If you are going home from hospital you may find that the ward staff will give you a small supply of pads to take home with you and may also give you a prescription to take to the

chemist for any more pads that you might need. After that, contact your GP, district nurse, continence service or practice nurse for more advice on how to get additional pads. You may find that not all chemists have male incontinence pads in stock and may have to order these in so make sure you don't totally run out before getting another prescription.

However, there are also many types of pad especially for men that you can buy from pharmacies or supermarkets.

Sheaths

A sheath fits over the penis like a condom and collects urine which then passes through a tube into bag. This is possibly more suitable for men who have lots of leakage and are using lots of pads a day. As there are a variety of sheaths available, it's important that the CNS, community nurse or perhaps your doctor advises on the one that is the correct size and right for you.

Bed and chair protection

You can buy washable or disposable pads to protect mattresses or chairs.

If you haven't already been told ask the CNS or staff on the ward how you can obtain further supplies of incontinence products.

It's important to remember that although these products can help to manage your incontinence, there's still lots you can do to help by having a healthy diet, watching what you drink, doing your pelvic floor exercises and avoiding constipation.

For further information on incontinence products see www.continenceproductadviser.org/products/pads

What can I do to help manage my incontinence?

Advice on fluids

- It's best to drink about 6 - 8 glasses or mugs or 8 - 10 cups of fluid every day (ie 1500 - 2000mls);
- Don't try to cut down the amount of fluid you drink each day to avoid

passing urine frequently. This could make it worse not better as urine will become more concentrated and will irritate the bladder. It may also make it more likely that you will become constipated;

- Have drinks spaced out evenly throughout the day. If you find that you are getting up to go to the toilet often during the night try not having your last drink just before going to bed and perhaps stop drinking any fluids after 6 or 7pm. If you are thirsty during the night try having just a few sips of water rather than a proper drink.

What to drink	Drinks to avoid
Water – bottled or tap	
Fresh fruit juices and squashes. (If you are on warfarin, it is best to avoid cranberry juice as this may affect the action of this drug)	Fizzy drinks as these may irritate the bladder
De-caffeinated drinks – tea and coffee	Drinks with caffeine – coffee, green or black tea, cola drinks, high energy drinks or shots with added caffeine
	Alcohol

Avoiding constipation

You may find that your symptoms are worse if you are constipated because when your bowel is full it can press on your bladder. Straining to have a bowel movement may also put extra pressure on your pelvic floor muscles. It's best to prevent constipation by having a healthy diet and regular meals including the following foods:

- Wholegrain breakfast cereals;
- Wholegrain or multigrain bread;
- Fruit – fresh, stewed, frozen, dried or tinned;
- Vegetables – all types;

In addition

- Don't put off going to the toilet for a bowel movement as this can lead to constipation;
- Try to take some regular exercise;
- Make sure you are drinking enough fluid.

Your weight

Being overweight can put an extra stress on your pelvic floor so if you are overweight then it would be best to lose weight.

Smoking

Smoking can put an extra strain on your pelvic floor when you are constantly coughing so it would best to give up smoking.

Looking after your skin

- Check your skin every day for any changes such as soreness or redness;
- Washing regularly helps keep skin healthy so having a shower or bath every day may be recommended to you;
- After washing, gently pat skin dry using a soft towel ;
- Change clothes when they become wet to keep the skin as dry as possible;
- Using wetness indicators on pads will let you know when to change the pad;
- When you change a pad use a wipe to cleanse the skin of urine ;
- If your skin becomes irritated or red, let the doctor or nurse know;
- Don't use talcum powder or creams as this can affect the absorbency of the pad and perhaps lead to leakage of urine.

Medicines

- There are a wide variety of medicines available for bladder conditions and incontinence;
- Depending on the cause of the incontinence, medications are available which can help to calm the bladder down or help to reduce blockage. However there aren't really any medicines which can help to strengthen the muscles which normally keep you dry;

- Your GP, consultant or CNS will chat over which if any medications may be recommended for you;
- Before prescribing a medicine to help with your incontinence your doctor will carefully consider which other medicines you are taking to treat other conditions as these may be making your incontinence worse.

Surgical treatments

Depending on the reason for incontinence, some men may benefit from having some form of surgical treatment, although it's relatively unusual that surgery is required. This might be having an artificial sphincter, a sling to support the urethra or some kind of urinary diversion. If you would like to know more, please discuss this with your urologist.

Having a catheter

Occasionally, for some men, it may be necessary to place a catheter to help with incontinence. A catheter is a long, thin, flexible, soft, hollow tube that is used to drain urine from the bladder into a drainage bag or by using a flip-flow valve. Sometimes this is needed for just a short time whilst for other men it may be needed slightly longer.

If your doctor has advised that you have a catheter, Prostate Scotland will soon have a leaflet available 'Caring for your catheter at home' that you might find useful. Please check our website for availability www.prostatescotland.org.uk or email info@prostatescotland.org.uk or call us and a copy will be sent to you.

Useful organisations to look at /contact

Organisation	Website	Contact number
Prostate Scotland	www.prostatescotland.org.uk	0131 603 8660
NHS inform	www.nhsinform.co.uk (then type incontinence into the search box)	0800 22 44 88
Bladder and bowel foundation	www.bladderandbowelfoundation.org.uk	0845 345 0165
Incontinence UK	www.incontinence.co.uk (then type incontinence into the search box)	
Patient UK	www.patient.co.uk	
Association of Chartered Physiotherapists for Womens Health	www.acpwh.csp.org.uk	

What the medical words mean

Bladder	The organ in the body which stores urine. It sits below the kidneys and above the prostate
Benign prostatic hyperplasia (BPH)	A non-cancerous condition where the prostate begins to get bigger or enlarge
Brachytherapy	A type of internal radiotherapy where tiny metal seeds which emit radiation are placed in the prostate to kill cancer cells
Catheter	A catheter is a long, thin, flexible, soft, hollow tube that is used to drain urine from the bladder
Cystoscopy	An examination where the doctor gently passes a small, flexible tube that has a camera on the end through your penis into your urethra to examine your bladder and urethra
Digital Rectal Examination (DRE)	The doctor slides a gloved lubricated finger into the back passage to examine the prostate
EBRT	High energy x-ray beams from outside the body to kill cancer cells
Frequency	Needing to pass urine often
Hesitancy	Delay in starting to pass urine
Incontinence	Unable to hold urine in the bladder

Kidneys	There are usually 2 kidneys in the body sitting just above the bladder. They filter waste products from the blood and mix these with water
Nocturia	Waking during the night to pass urine
Overflow incontinence	When the bladder doesn't empty completely, urine builds up and can lead to it overflowing causing frequent dribbling
Pelvic floor exercises	An individualised programme of exercises to help stop the bladder from leaking urine
Pelvic floor muscles	Pelvic floor muscles are like a hammock that stretch from your pubic bone at the front of your body through to the coccyx, the small bone at the bottom of your spine
Prostatitis	An inflammation or infection in the prostate
Radical Prostatectomy	Surgery to remove the prostate
Stress incontinence	Urine leaks out of the bladder when laughing, sneezing, coughing, walking or getting up from a sitting position
Transurethral Resection of the Prostate (TURP)	A fairly common operation to 'trim off' part of the prostate
Ureters	Two thin tubes which take urine from the kidneys and empty into the bladder
Urge incontinence	Needing to pass urine very quickly, can't hold it back and may not be able to reach the toilet in time
Urethra	The tube that carries urine from the bladder and for semen to pass out through the penis
Urine	Liquid waste produced by the kidneys. Urine is a clear, transparent fluid that is normally pale yellow in colour
Voiding	Passing urine

Other booklets from Prostate Scotland that you might find helpful if these are relevant in your particular circumstances include:

'BPH and Treatments explained'

'Early prostate cancer explained'

'Spotlight on caring for your indwelling catheter at home'

'Spotlight on treatment for an enlarged prostate by TURP, GLL and HoLEP'