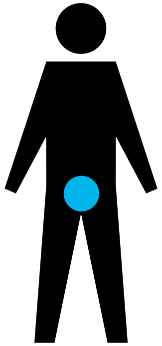

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The information contained in this leaflet has been developed by Prostate Scotland and reviewed by its Advisory Group of doctors.

This leaflet is not intended to replace medical advice or seeing a doctor for specific illnesses or symptoms.

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Prostate Scotland was awarded Health Charity of the Year 2017 in the Scottish Charity Champions Awards.

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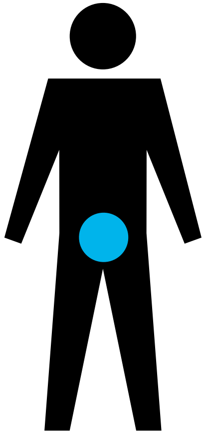
PROSTATE INFORMATION ●

SPOTLIGHT ON

Urinary incontinence as a symptom of prostate problems



Our is aim is to help all those affected by prostate problems whether it is the benign condition BPE (an enlarging prostate), the benign disease prostatitis or prostate cancer. It is anticipated that most of our information will be suitable, relevant and helpful for men and those born biologically male who still have a prostate. However, there might be times when your health care (such as appointments and treatment(s)) may be slightly different from our information. Our information will not be as applicable for those men born without a prostate. Most of our publications will use the term 'you' but there may be times that we will have to use the terms man, men or male.

It might be helpful if you are comfortable and willing to make your healthcare team aware of your gender identity so that they can provide the most relevant information and appropriate health care for you.

Introduction

Urinary incontinence is a condition that can affect people of any age, can be very distressing and may affect your quality of life. It can be a difficult thing to talk about and many people 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 urinary incontinence can be dealt with very effectively.

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

Treatments include:

- Lifestyle changes
- Pelvic floor exercises
- Retraining your bladder
- Medicines
- Surgery.

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.

What is urinary incontinence?

Urinary incontinence is not a disease but a symptom of another condition or problem or may be a side-effect of treatment. It may be temporary or 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 urinary incontinence becomes more common as people get older it doesn't mean that it will happen or that nothing can be done to help.

Understanding how urine is produced and passes out of your body

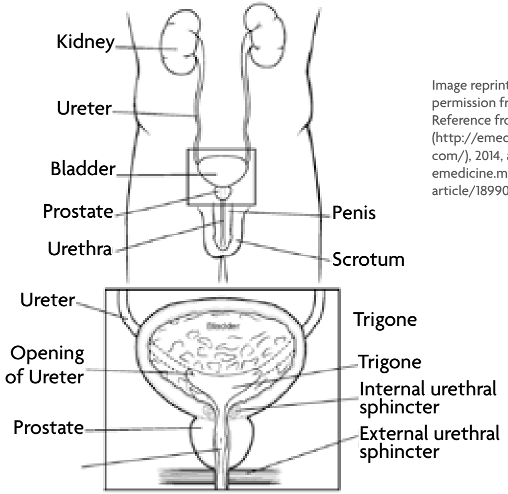


Image reprinted with permission from Medscape Reference from WebMD (http://emedicine.medscape.com/), 2014, available at: http://emedicine.medscape.com/article/1899097-overview.

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 which 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 your brain indicating that you need to pass urine. Abnormal behaviours in the bladder muscle can contribute to some types of incontinence.

Urinary sphincter:

The prostate gland sits below the bladder and immediately below the prostate is the urinary sphincter. This is a ring of muscle which normally keeps urine in. When you go to pass urine, this muscle relaxes to allow the urine to pass out. Changes in this muscle can contribute to some types of incontinence.

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 and from side to side. 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.

What happens when I pee?

When you need to/want to pee (or you decide to wait until it is convenient to pee), the muscles around the urethra open, your pelvic floor muscles relax, the bladder squeezes and so you pass urine. You may hear doctors or your CNS using the term 'voiding' which means passing urine. Once you've

finished, the sphincter contracts and the bladder relaxes. Being incontinent means that one or more of these mechanisms aren't working as well as they should, and you can't control when you pee.

Being continent means that a person can hold urine in the bladder and then when they feel the time is right and it's convenient, they can go to the toilet to pee without any leak of urine.

What is 'normal when you pee'?

Passing urine that is:

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

What is the colour of your urine?

Normally:

- Healthy urine is a pale straw or clear yellow colour similar to colours 2/3 above. It's important to be aware that some medicines and foods can cause urine to be a different colour.
- 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 urinary incontinence are:

- Stress urinary 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 urinary 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 urinary incontinence; when the bladder doesn't empty

completely, urine builds up and can lead to it overflowing causing frequent dribbling.

- Nocturnal enuresis. This is the unintentional passing of urine whilst you are asleep during the night and you don't have any control over it. (bed wetting).

Other urine storage problems

- Frequency; You may notice that you need to pass urine more often.
- Nocturia; When you have to get up 2 or more times during the night to pass urine this is called nocturia. There may be leakage at night without waking, which is known as nocturnal urinary incontinence or nocturnal enuresis.

I find I'm dribbling more after I pee – does that mean I'm becoming incontinent?

Sometimes you might find that you dribble out a few drops of urine even after you've had a few shakes or wiping with toilet tissue. If this after dribble is heavy enough it can make your pants or boxers damp or sometimes trousers wet or leave a stain on them. This doesn't mean that you are becoming incontinent though. Next time you have an appointment with your GP or CNS have a word with them as there are things you can do to help with this after dribble. Alternatively, you can check how to help this by visiting these websites:
https://www.bladderandbowel.org/bladder/bladder-conditions-and-symptoms/post-micturition-dribble/

https://services.nhslothian.scot/urologyphysiotherapy/male-urinary-symptoms/#:~:text=This%20is%20when%20you%20leak,laugh%20or%20during%20sexual%20intercourse

How might the prostate be involved with incontinence?

- Benign Prostatic Hyperplasia (BPE)

With BPE the enlarging prostate may squeeze the urethra causing a blockage. You may find that you have to get the toilet quickly, pass urine more often and have a weak dribbly flow of urine.

With BPE you may have symptoms from an overactive bladder. This means that the bladder muscles contract suddenly giving very little warning. It causes an overwhelming need to pee straight away. If you can't reach the toilet in time, then there can be a small leak or perhaps pants and trousers get wet. You can also have symptoms of an overactive bladder if you don't have an enlarged prostate (BPE).

- 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. You may notice you are not able to empty your bladder completely.

- After surgery to the prostate

Such as radical prostatectomy, TURP (Trans Urethral Resection of the Prostate) or laser treatment (green light laser, HoLEP) to the prostate. Incontinence after surgery varies from person to person 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

You may find incontinence either a temporary difficulty or sometimes a more permanent difficulty after external beam radiotherapy or brachytherapy.

What might affect my continence?

i. **You have a urinary tract infection (UTI)**. A UTI is caused by bacteria (germs) getting into any part of the urinary system. Most often this means the bacteria get into the bladder and the urethra, but bacteria can also affect the ureters and kidneys. These infections can irritate your bladder, causing you to have strong urges to pee and, this can lead to leakage of urine. If you think you have a UTI, you may be asked to drop off a urine sample at your GP Practice so it can be tested for any signs of infection.

ii. **You are constipated.** Regularly having to strain and push to pass dry, hard motions could make incontinence worse. Straining puts pressure on the bladder and urethra and can lead to weakening your pelvic floor muscles leading to urine leakage getting worse.

iii. **You don't take enough fluid during the day**. You need to drink about 2 litres (3½ pints or around 8 glasses) of fluid each day. You may try to avoid embarrassing leaks of urine by cutting down on the amount of fluid that you drink. But avoiding too many fluids can make your urine concentrated which can in fact irritate your bladder causing it to contract more often and so you can leak urine.

iv. **You drink too much fluid in the evening.** To avoid constant night-time trips to pee, try having your last cups of tea, water or juice etc a few hours before bedtime.

v. **Fluids that can irritate the bladder.** Avoid these fluids as they might irritate your bladder - fizzy drinks, and drinks that contain caffeine such as black tea, coffee, green tea, cola type drinks, energy drinks or energy shots with added caffeine. Swap some tea, coffee, green tea for de-caffeinated types.

vi. **Alcohol.** Alcohol has a diuretic effect which means that it makes you pee more often.

vii. **Smoking.** It's thought that nicotine and other substances in cigarettes can irritate the bladder. This makes the bladder contract pushing more urine out. Constantly coughing puts extra pressure on the bladder that can lead to more urine leaking out that you have little/no control over.

viii. **Weight.** Carrying too much weight can put an extra strain or pressure on the bladder, urethra and your pelvic floor muscles. If pelvic floor muscles become weakened it can lead to your symptoms getting worse.

ix. **Certain medicines can affect your bladder.** This can include:

- Diurectics or 'water pills'
- Some antihistamines for allergies or a cold
- Some antidepressants
- Some over-the-counter cold medicines with added caffeine

- Some painkillers have added caffeine.

What might happen when I see my GP, urologist or CNS?

Depending on why you are incontinent, your GP, 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 GP, urologist or CNS 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 drop off 1 or 2 samples of urine at your GP Practice to be tested. One sample will be tested with a small special stick called a dipstick that is dipped into your urine sample. This can test for infection (germs), blood and protein in your urine. If you need to provide 2 samples, the other sample will be sent off to the lab for testing. If you have a urinary tract infection (UTI) your GP may prescribe an antibiotic to treat the infection. If you are unable to see your GP, your local pharmacist, after asking some questions about your symptoms, may be able to prescribe an antibiotic for a few days until you have an appointment with your GP or the infection clears up.

ii. **Voiding diary.** Voiding means passing urine or peeing. You may be asked to keep a record for about 3 days of what you drank, how much you drank, the number of visits and times that you had a pee, the amount of urine you pass, if you've found that your pants are damp, trousers are wet or if you have been soaked through. Sometimes you may be asked to jot down whether this was linked to coughing, sneezing or moving. You may be given a 'bladder diary' at your appointment so you can record this information.

iii. **Digital rectal examination (DRE).** This might be one of the examinations that your GP will do. It gives your GP an idea of the shape, size and condition of your prostate. The prostate is usually a soft, smooth, flexible organ. During a DRE, the GP, urologist, or CNS will be checking for any hardened area, odd shape or unusual lump. For this examination, you will be asked to lie on the bed on your side with your knees bent up towards your chest. The GP will slide a gloved finger with lubricant, into your back passage or rectum to feel/examine your prostate. Although the DRE might be slightly uncomfortable, it shouldn't be painful and only takes around 15 -30 seconds.

iv. **Ultrasound scan.** A sonographer will put some gel onto your tummy then run a small probe over the surface of your tummy. This 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.** These tests are to find out how well your bladder, the muscle around the bladder neck (sphincter) and the urethra are working and if there could be leaks or blockages.

vii. **Cystoscopy.** The doctor or CNS 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.

What might be suggested to help with my incontinence?

Your GP, urologist or CNS may suggest

- Some lifestyle changes
- Pelvic floor exercises
- Bladder re-training.

Some lifestyle changes that might help

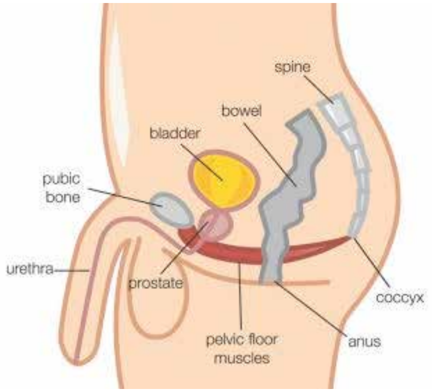
Advice on fluids

- Making sure that you have enough fluid during the day, about 2000mls (or 3½pints) This is around 6-8 glasses or 8-10 cups. Probably water is best whether tap or bottled but not fizzy water. Fresh fruit juices are fine but remember they have natural fruit sugar if you are cutting down on sugar or if you are diabetic. (If you are on warfarin, it is best to avoid cranberry and grapefruit juice as these may affect the action of this drug).
  Diluting squash is fine too. Fizzy drinks whether canned or bottled may irritate the bladder.
- 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.
- Avoid drinking large quantities of fluid at any one time so 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.

- Limiting your intake of drinks that have caffeine. Caffeine is found in black tea, coffee, green tea and cola drinks. Try replacing some of these with de-caffeinated tea, coffee and de-caffeinated green tea. Remember energy and performance drinks or energy shots can have high amounts of caffeine added.
- Limiting drinks containing alcohol. Alcohol can irritate your bladder. It is also a diuretic which means that you pass urine more frequently.

What else?

- *Exercising regularly.* Try walking for about 30 minutes (or more) every day as this can improve symptoms or find an exercise that you enjoy. If you haven't exercised for a long time, you should build this up gradually and check with you GP before starting to exercise.
- *Eating a healthy diet.* If you are overweight, try to shed those extra pounds by cutting out sugar and sugary foods, fatty foods and takeaways. If you need help with losing weight, ask if you can be referred to a weight loss clinic.
- *Stopping smoking.* This is good advice for your general health.
- *Learning to relax* if you can and have less stress in your life.



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Pelvic floor exercises (PFE)

What are the pelvic floor muscles?
The floor of the pelvis is made up of layers of muscles, ligaments and special tissue called connective tissue. Together these make up the pelvic floor muscles (PFM). They are like an elastic hammock inside your body. They stretch 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.

An individualised programme of pelvic floor exercises (PFEs) 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 POGP https://pogp.csp.org.uk/information-patients for details of specialist continence physiotherapists in your area. The CNS, nurse on the ward, urologist or GP will also be able to give you more information on PFE.

What do pelvic floor muscles 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 pelvic floor muscles get weak?

- Surgery to the prostate
- Being constipated and constantly straining to empty your bowel
- Being overweight
- Frequent heavy lifting that is not done properly
- Not exercising your pelvic floor muscles.

How to do pelvic floor exercises (PFEs)

There are 3 steps to doing pelvic floor exercises

Step 1
Identify your pelvic floor muscles

Step 2
Check you are doing the pelvic floor exercises properly

Step 3
Put pelvic floor muscles into action

For more information on how to do and achieve all of these steps please go to our pelvic floor exercises booklet HYPERLINK www.prostatescotland.org.uk/wp-content/uploads/resources/Pelvic-floor-exercises-before-and-after-surgery-to-remove-the-prostate.pdf or give us a call and we will send a hard copy of the booklet to you.

Prostate Scotland App

Prostate Scotland has developed an App to help men diagnosed with prostate cancer track and manage their prostate cancer. This includes tracking side-effects, test results, recording pad usage, a facility to set reminders for PFEs and lots more. The Android version is available from the Google Play App store and the IOS version is available from the Apple App store. On our website you will find a copy of the Welcome page and User Guide https://www.prostatescotland.org.uk/wp-content/uploads/resources/Prostate-Scotland-Navigator-App.pdf

Squeezy app

There is an app available called Squeezy https://apps.apple.com/gb/app/squeezy-nhs-pelvic-floor-app/id700740791. This app reminds you when you need to do PFE, and you can record the PFE you've done. It comes with a set of standard exercises but can be changed to suit you and fit into your lifestyle.

Adore your pelvic floor

There are 8 videos in the series which may be very useful to know about your pelvic floor and how to strengthen and condition the pelvic floor. https://adoreyourpelvicfloor.co.uk/mens-health/

Before following our pelvic floor exercises booklet, using the films or Apps, please always check with your specialist physiotherapist, CNS, urologist, GP, or nurse on the ward that these are suitable for you.

How do you know if these exercises are helping?

First of all, you may notice that you are not leaking as much urine or 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 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. The aim is to hold urine in for longer and longer amounts of time with the ultimate goal of re-training your bladder to hold urine for 2, 3 or 4 hours with less urgency and leaking. You'll need to take small steps to start with maybe 1 minute, 2 minutes, 5 minutes, 10 minutes then 15 minutes. You may find this re-training easy and manage it very quickly but if you don't, don't give up. It might just take you 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
- 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
- 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
- While you are re-training your bladder, your GP may be able to prescribe something to help
- You are aiming to reduce the number of times that you pass urine to about 6-8 times each day and breaking the habit of 'going just in case'.

For a helpful video, see https://weare.nhslothian.scot/urologyphysiotherapy/male-urinary-symptoms/

Incontinence products

There are different types of products available. There may be a local continence advisory service in your area. (For more information on continence advisory services, please see our website https://www.prostatescotland.org.uk/continence-advisory-services#:~:text=The%20contact%20number%20is%20Tel,assessed%20on%20an%20individual%20basis.&text=KA6%206AB-,You%20can%20be%20referred%20to%20the%20service,Your%20GP). Your GP or CNS should also be able to give you more details. The advisors will be able to answer your questions, advise on products that may be most suitable for you and give you some support while dealing with incontinence.

Pads

Although you may not like the idea of using pads and feel a bit embarrassed by it 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 of pads available and the local continence service, CNS, your GP or urologist 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.
- You can also buy washable reusable underwear. You can search for these online by entering 'men's washable reusable briefs pants'.

If you need pads to manage your incontinence, depending on individual circumstances, 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 district nurse, GP, continence service or practice nurse for more advice on how to get additional pads. You may find that not all chemists/supermarkets have male incontinence pads in stock and may have to order these in. Make sure you don't totally run out before getting another prescription or buying more supplies.

However, there are many types of pads made 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, your GP or urologist 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.

Toilet card

You may find it helpful to get a 'toilet card' which explains that the holder has a medical condition and may need to use a toilet urgently.
https://www.bladderandbowel.org/help-information/just-cant-wait-card/
https://www.ageukincontinence.co.uk/toilet-card
https://be.macmillan.org.uk/be/p-25976-macmillan-toilet-card.aspx

Radar Key

You may also find it helpful to purchase a radar key which allows you to open accessible toilets.

https://shop.disabilityrightsuk.org/products/radar-key

What can I do to help manage my incontinence?

Fluids

For more advice on fluids, please see pages 11 and 12.

Making time

Give your bladder time to empty properly. If you feel you are not emptying completely, make sure you have fully emptied by waiting a few seconds and then try to empty more. Perhaps sitting down to pee will help you relax your bladder and help with emptying.

Avoiding constipation

How often you need to move your bowels each day or each week varies from person to person. Being constipated generally means that you have fewer bowel movements than are normal for you. You may have to push or strain to pass stools as they're hard, dry or small.

You may find that your incontinence 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 around 2000mls (3½ pints) at least 6-8 glasses of fluid.

Some people find that a laxative is helpful. However, you shouldn't take laxatives every day to help with constipation. Taking laxatives frequently and for a long time can stop your bowel from contracting/squeezing so making constipation worse. If this is a bothersome problem perhaps your GP will prescribe something to help or have a word with your pharmacist about what you can take and for how long.

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. Use a mild soap that doesn't irritate your skin. If you don't know what to use ask your pharmacist
- After washing, gently pat skin dry using a soft towel
- Change pads frequently

- 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 wash your skin or use a wipe to cleanse the skin of urine
- If your skin becomes irritated or red, let the your GP, CNS, urologist or nurse looking after you know change the pad
- Don't use talcum powder or creams as this can affect the absorbency of the pad and perhaps lead to leakage of urine.

Medicines

By following advice on lifestyle changes, pelvic floor exercises and bladder re-training should help with your incontinence. If your incontinence continues to be bothersome then your GP, urologist or CNS may consider adding a medication to your treatment.

There are different types of medicines to treat different types of incontinence.

Urge incontinence and over-active bladder

If bladder re-training is helping but perhaps not solving this type of incontinence your GP or urologist may consider adding:

- **A type of medicine called an anticholinergic.** Possibly the most common anticholinergic drugs are Oxybutynin, Tolterodine and Solifenacin. These work by reducing muscle spasms in the bladder or helping the bladder to relax.

Potential side-effects of anticholinergics might be:

- Drowsiness
- Blurred vision
- Constipation
- Dry mouth
- Dizziness

- **Another drug called mirabegron.** This works by helping the bladder to relax and so allowing the bladder to fill up and store more urine. It may also help you empty your bladder more fully.

Potential side-effects of Mirabegron might be:

- Feeling sick
- Developing a urinary tract infection (UTI) – pain or a burning sensation when peeing; smelly or cloudy pee.
- Your heart rate speeding up and beating faster than usual
- Having headaches

As your GP, urologist or CNS knows your individual circumstances best they will advise on whether any of these medicines are appropriate for you.

Treatment for Over-active bladder (OAB)

Botulinum toxin or Botox relaxes muscles. It can be injected into muscles in the bladder to relax the bladder. The urologist or GP may suggest Botox injections when medicines and bladder retraining haven't helped. These injections can help reduce frequency, urgency and incontinence symptoms when you have an overactive bladder. It will usually be done as an outpatient.

Some local anaesthetic will first of all be placed into the muscle lining in your bladder to numb the areas. A small telescope with a camera will be guided into your bladder to examine it. A special, small needle from the scope injects Botox into various places around your bladder.

Potential side-effects:

- Urine remaining in bladder after passing urine
- Urinary Retention or not able to pass urine
- Feverish, aches and tiredness
- Blood in the urine which should settle within 48 hours
- Urinary tract infection.

Botox usually helps for around 1-2 years, but this can vary from person to person. Ask your CNS, GP or urologist for more guidance. If symptoms come back, then Botox can be given again.

Urge incontinence and BPE

For those who have urge incontinence and an enlarged prostate your GP or urologist might try you on alpha-blockers. These relax the bladder neck muscles and make it easier to empty the bladder. Possibly the most commonly used are *Tamsulosin*, *Alfuzosin* or *Doxazosin*.

Potential side-effects might be:

- Having headaches
- Feeling dizzy
- Being tired
- These can also lower your blood pressure

However, there aren't any medicines which can help you to strengthen your pelvic floor muscles so you should keep going with your PFEs.

Before prescribing a medicine to help with your incontinence your GP or urologist will carefully consider which other medicines you are taking to treat other conditions as these may be making your incontinence worse.

As your GP, urologist or CNS knows your individual circumstances best they will advise on whether any of these medicines are appropriate for you

Surgical treatments

Depending on the reason for incontinence, some 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, it may be necessary to have an indwelling catheter to help with incontinence. A catheter is a long, thin, flexible, soft, hollow tube that stays in your bladder. This tube drains urine from the bladder into a drainage bag constantly. Sometimes this is needed for just a short time whilst for others it may be needed slightly longer.

Occasionally instead of urine draining into a bag you may be offered a catheter valve or flip-flow valve. Having this valve means that urine will stay in your bladder until you open the valve so you may have the sensation of having a full bladder. This is not suitable for everyone, and your GP, urologist or CNS will decide if this might be an option for you.

Others might be given a choice of self-catheterising. When you feel the need to pee, you will put the catheter into your bladder through your urethra. Your urine will flow out through the catheter until your bladder is empty then you can gently take the catheter out. Being able to self-catheterise may be an alternative to having a permanent catheter. This is called intermittent self-catheterisation (ISC)

If your GP, CNS or urologist has advised that you have a catheter, Prostate Scotland has a booklet available 'Spotlight on Caring for your indwelling catheter at home' that you might find useful. You can download this here, go to our website www.prostatescotland.org.uk, email info@prostatescotland.org.uk or call us and a copy will be sent to you.

Going out and about

Being incontinent shouldn't stop you from getting on with your life or doing what you want to do but may just take some extra planning.

Things to think about

- Where you are going and if there are toilets available or not. There are Apps available showing where public toilets might be.
- Consider buying a radar key so you can use accessible toilets.
- The length of time you will be out. Remember hold-ups and travel delays can happen so be prepared.

- What you might need to take with you – spare pads, cleansing wipes, spare clothes in case clothes get wet, plastic bag(s) for wet clothes or for used pads.
- If you urgently need to pee on a long journey and there are no toilets around, take a suitable wide neck container with a screw on top that you can use. There are many types that you can buy online and from some pharmacies. Try an online search using '*screw top bottle for incontinence*'. Look for those that are leak proof, spill proof, have a handle and possibly a screw cap rather than one which can be popped off. Containers are reusable but must be washed after each use. There are some bottles that are specially designed to be unisex. These come with a special adaptor that can be fitted to the container for use by men or women.

Continence Advisory Services (CAS)

A continence advisory service is a confidential service. Most often they:

- provide advice on continence
- chat over your continence difficulties in detail
- provide support
- provide treatment
- help you (or family member/carer) manage your difficulty
- provide continence assessments.

Their main aim is to help improve your situation if incontinence is having an impact on you. Give you the confidence to get on with your life and get back to doing the things that you enjoy without being concerned about any leakage.

They may help with pelvic floor exercises, bladder retraining, intermittent self-catheterisation (ISC), product advice and fitting, and catheter management.

CAS is usually run by Nurse Specialists called Continence Advisors. They have specialist training and knowledge to provide help and advice for those who have problems controlling their bladder (and/or bowel.) They usually work in specialist nurse-led clinics in a variety of community settings/

community hospitals.

Depending on the Health Board process in your area, referrals may be:

- Self-referrals. This means that the person with a continence problem (or their carer) can get in touch with the CAS themselves
- Healthcare professionals. Referrals are accepted from healthcare professionals. Most often referrals will be done in writing/emailing the CAS. If this is the case in your health board then you would need to ask for a referral from your GP, urologist, clinical nurse specialist, physiotherapist. Referrals may be done through the Scottish Care Information (SCI) gateway system.

For details of the CAS in your area, see our website https://www.prostatescotland.org.uk/continence-advisory-services

Helpful websites

You may find the following website to be helpful:

www.continenceproductadvisor.org

https://www.nafc.org/mens-conditions

https://www.healthcentre.org.uk/incontinence/find.html

https://www.incontinencechoice.co.uk/shop-by-gender/incontinence-products-for-men.html

https://www.disabilityrightsuk.org/shop/official-and-only-genuine-radar-key

https://www.incontinence.co.uk/

https://www.boots.com/menshealth/male-incontinence

https://lloydspharmacy.com/collections/incontinence?page=5

https://www.pharmacy2u.co.uk/male-incontinence-s1008.html

https://www.incodirect.co.uk/products/men/?gclid=EAIaIQobChMIsIGMwOSc9QIVUertCh2OggzqEAMYAiAAEgI0rvD_BwE https://www.nhsinform.scot/illnesses-and-conditions/kidneys-bladder-and-prostate/urinary-incontinence/#about-urinary-incontinence

https://www.toiletmap.org.uk/

https://pee.place/en

(Please note that Prostate Scotland cannot recommend particular products or companies. The websites mentioned above are for information only.)

Additional resources that you may find helpful from Prostate Scotland:

Spotlight on pelvic floor exercises before and after prostate surgery.

Spotlight on caring for your indwelling catheter.

Compass

Prostate Scotland is currently developing a range of support and wellbeing services to help people across Scotland navigate prostate cancer. It's called our COMPASS project and in time it will cover information, courses, exercise programmes, workshops and support services for people with prostate cancer and disease.

Visit https://www.prostatescotland.org.uk/help-and-support-for-you to see what's available.

We currently offer:

- The opportunity to speak to a Cancer Support Specialist through a joint initiative with Maggie's in some areas of Scotland https://www.maggies.org/. The Cancer Support Specialists have expert knowledge of prostate cancer, and you can speak to them face-to-face at a Maggie's centre, on the phone or by video call. Whether it's talking through being diagnosed with prostate cancer, chatting about your treatment options, speaking about your symptoms and side-effects or the impact it's had on your life, this service can help.

- A 'Living Well with Prostate Cancer' This is a 6 week course for those undergoing treatment or when treatment has finished. We take a look at fatigue, urinary problems, side-effects and how to minimise them, erectile dysfunction and relationships, eating well and the practicalities of living with prostate cancer.
- Our special online exercise programmes for those living with prostate cancer are particularly relevant for those on hormone therapy. Please check with your CNS, oncologist, urologist or GP that these programmes are suitable for you before starting to exercise. Available on our website https://www.prostatescotland.org.uk/help-and-support-for-you/exercise-video.
- In some areas of Scotland, we have a 12 week programme for men diagnosed with prostate cancer to participate in a specially designed exercise course, as well as building your knowledge on diet and nutrition and healthier lifestyles. Currently (March 2023) two pilot courses are running in Scotland.
- Prostate Scotland Cancer Navigator App available and free to download from the Apple Store or Google play. This includes information on treatment decision making, the ability to record your consultation (with permission), appointment and medication diaries, monitor side-effects and much more.
- There will shortly be a 'Treatment decision making' workshop. Check our website as to when this will be available.

For more information visit
prostatescotland.org.uk/help-and-support-for-you

Our work:

All our awareness materials, introductory guides, explanatory guides and ‘Spotlight on’ guides such as this booklet are available free of charge to individuals and their families and all healthcare settings.

If you found the booklet helpful, you can help us reach many more people with awareness and information about prostate disease and prostate cancer by doing the following:

- Obtaining and wearing a Prostate Scotland badge
- Volunteering some of your time
- Taking part in or organising a fundraising event or making a donation.

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