Prostate Cancer Supportive Care

PELVIC FLOOR PHYSIOTHERAPY FOR BLADDER AND BOWEL CONCERNS

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RESEARCH TREATMENT

VANCOUVER PROSTATE CENTRE
A UBC & VGH Centre of Excellence

Department of UROLOGIC SCIENCES UBC

FUNDING FOR PROSTATE CANCER SUPPORTIVE CARE PROGRAM

- The PCSC Program is primarily funded by philanthropic donations
- The PCSC Program also appreciates the past support from both government and non-government organizations.

THE PROSTATE CANCER SUPPORTIVE CARE (PCSC) PROGRAM

The program is currently comprised of eight modules:

1. Introduction to Prostate Cancer & Primary Treatment Options
2. Managing the Impact of Prostate Cancer Treatments on Sexual Function and Intimacy
3. Exercise for Prostate Cancer Patients
4. Recognition & Management of Treatment-Related Side Effects of Androgen Deprivation Therapy (ADT)
5. **Pelvic Floor Physiotherapy for Bladder and Bowel Concerns**
6. Counselling Services
7. Metastatic Disease Management
8. Nutrition Advice for Prostate Cancer Patients

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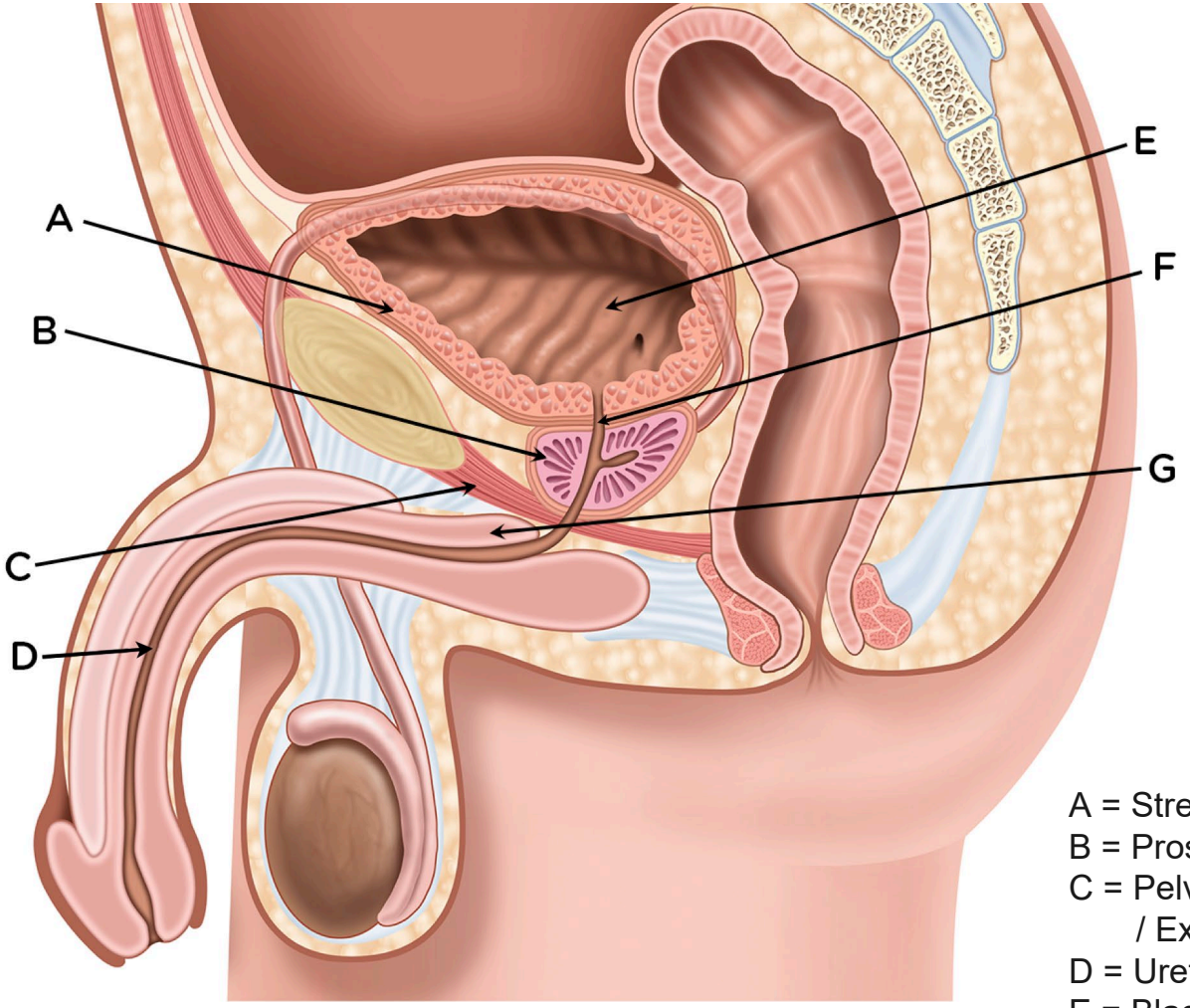
OVERVIEW

This session will cover the following:

- Bladder control mechanisms
- Bowel control mechanisms
- The effect of radiation (external beam and brachytherapy) on the bladder and bowels
- Prostatectomy and bladder control
- Pelvic floor contractions (Kegels)
- Options for managing urinary incontinence
- Management of incontinence during sexual activity

ANATOMY OF THE URINARY SYSTEM

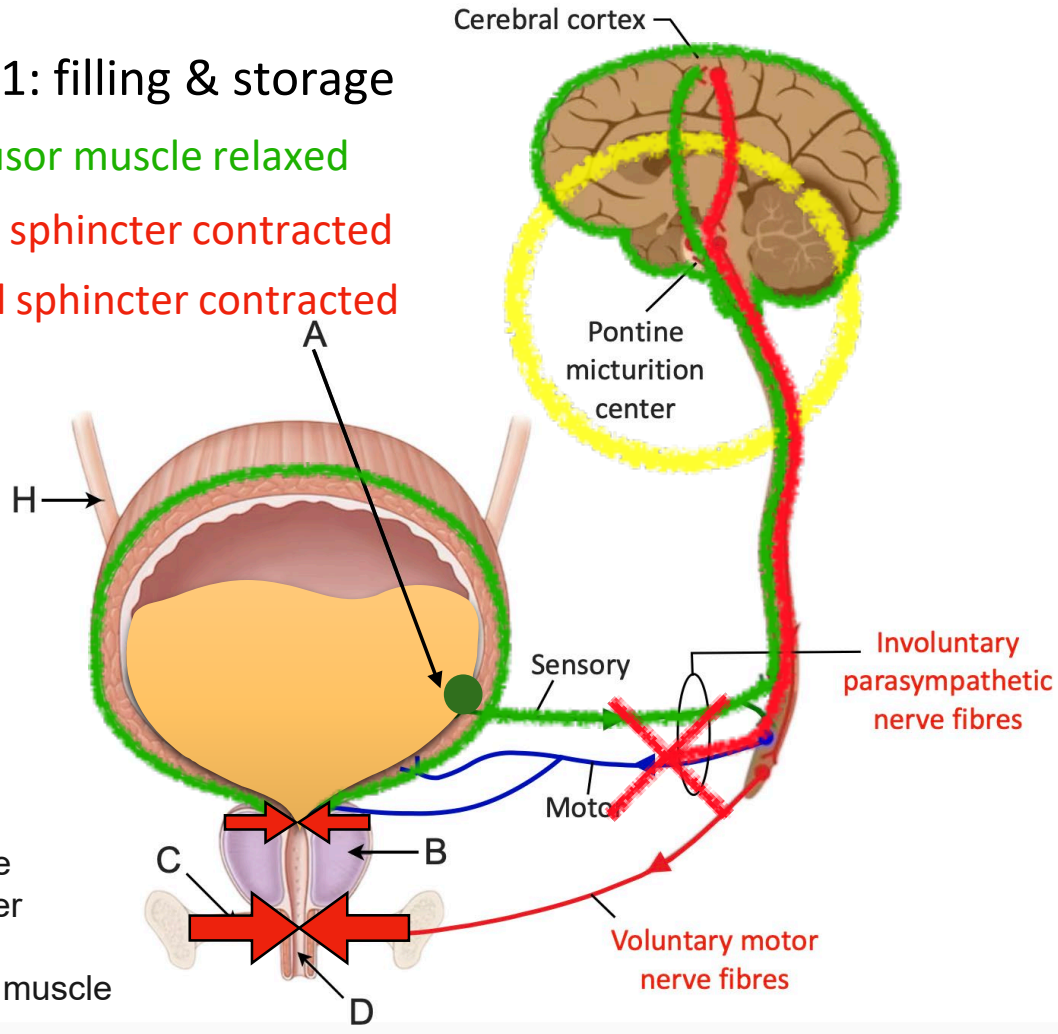


Phase 1: filling & storage

Detrusor muscle relaxed

Internal sphincter contracted

External sphincter contracted



A = Stretch receptors
B = Prostate gland
C = Pelvic floor muscle / External sphincter
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H = Ureter

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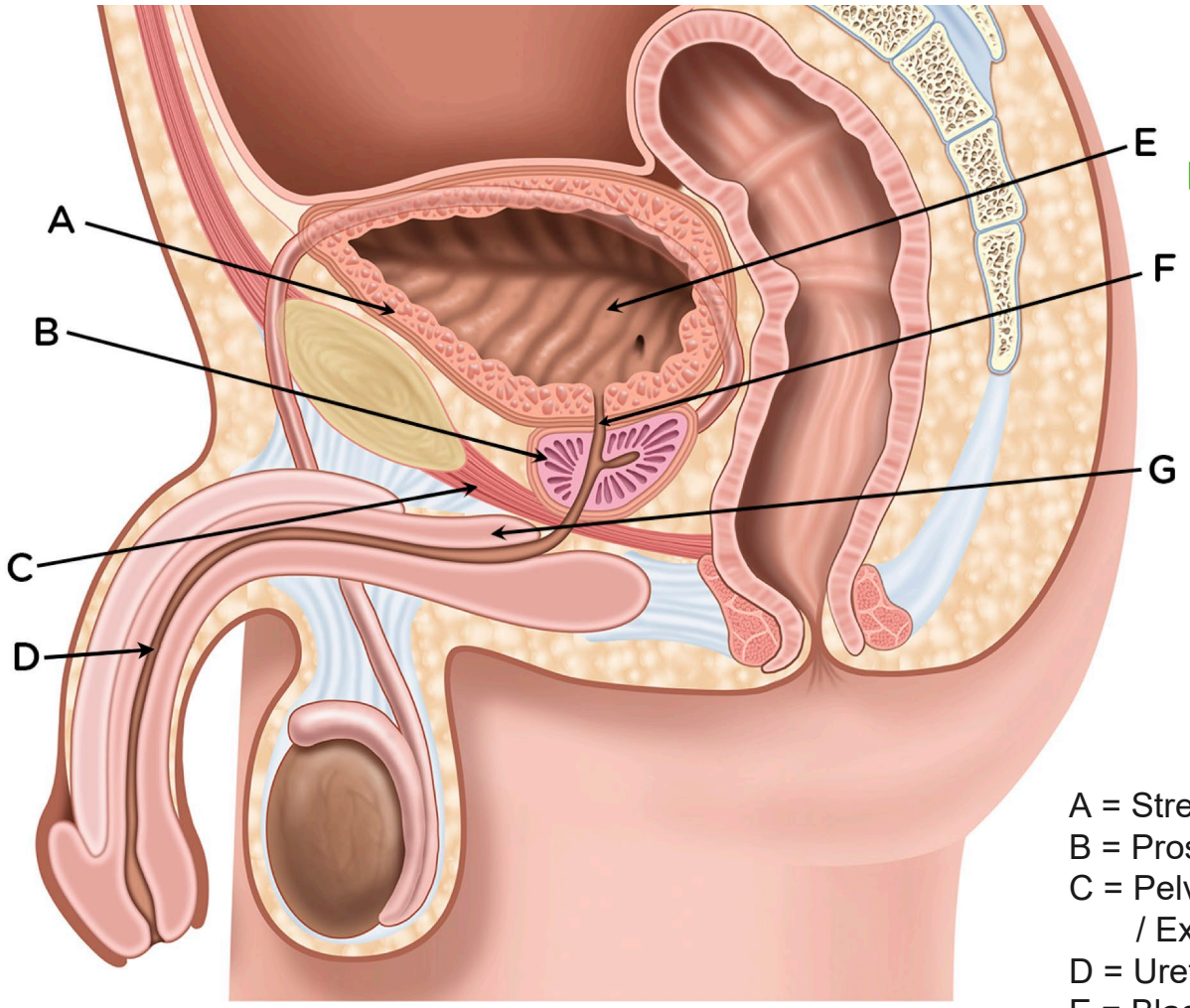
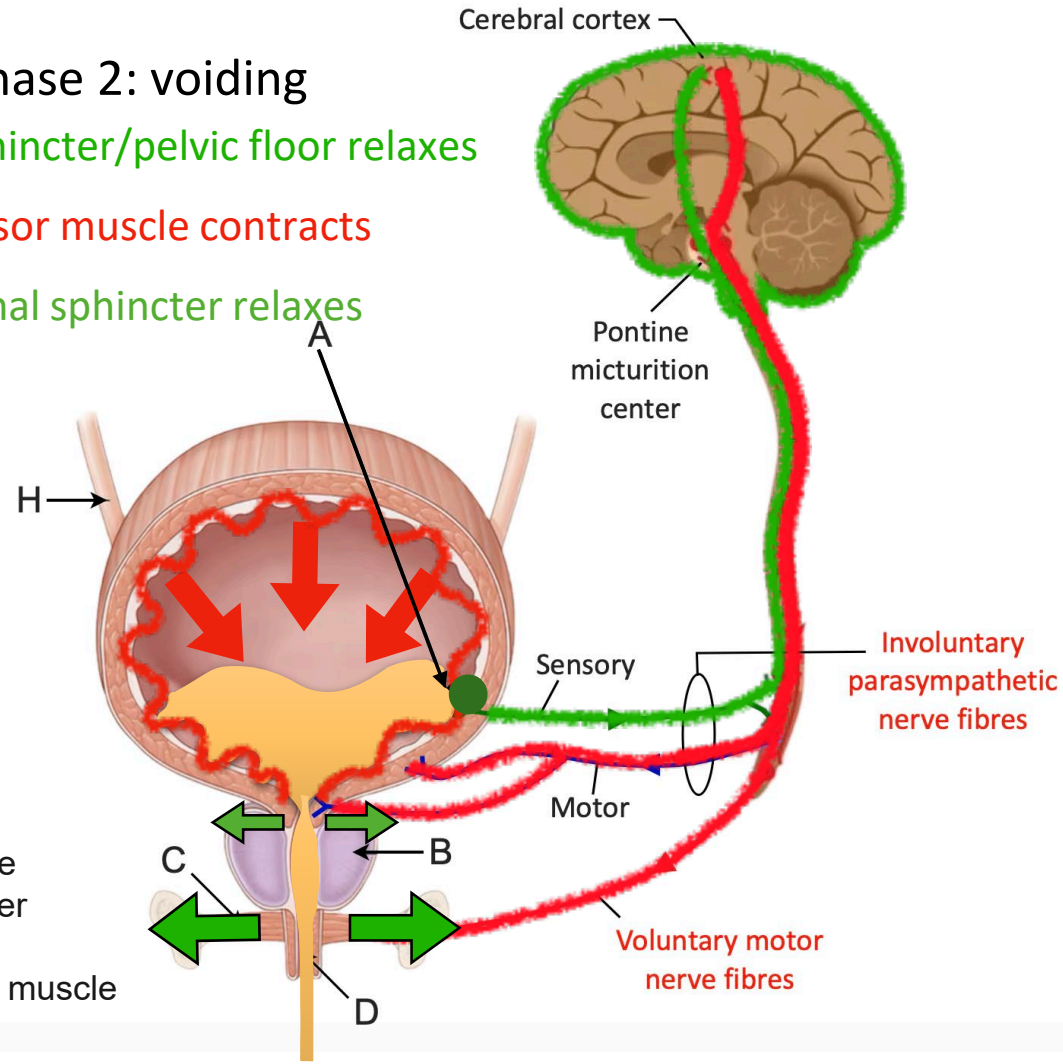


Phase 2: voiding

External sphincter/pelvic floor relaxes

Detrusor muscle contracts

Internal sphincter relaxes



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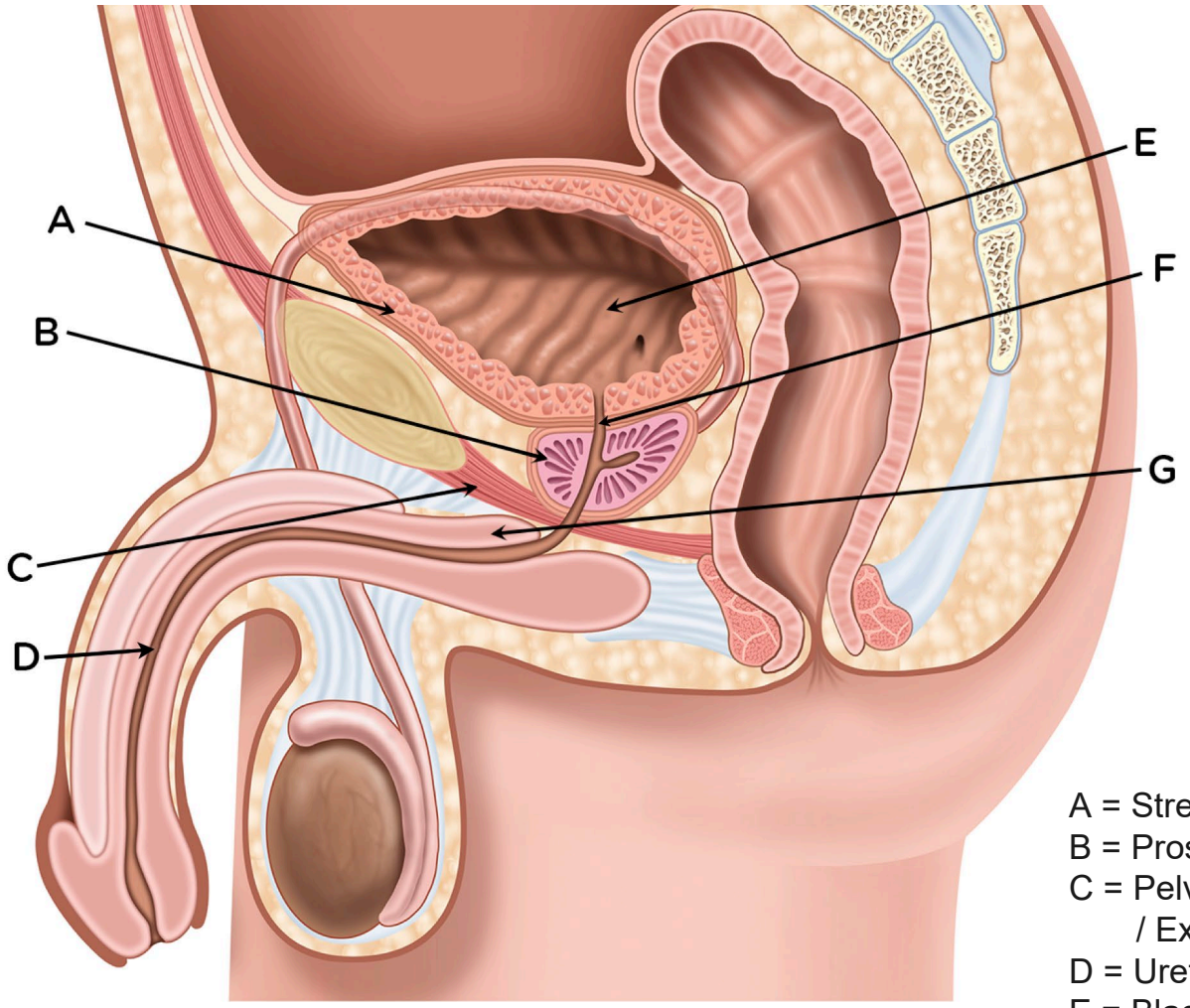
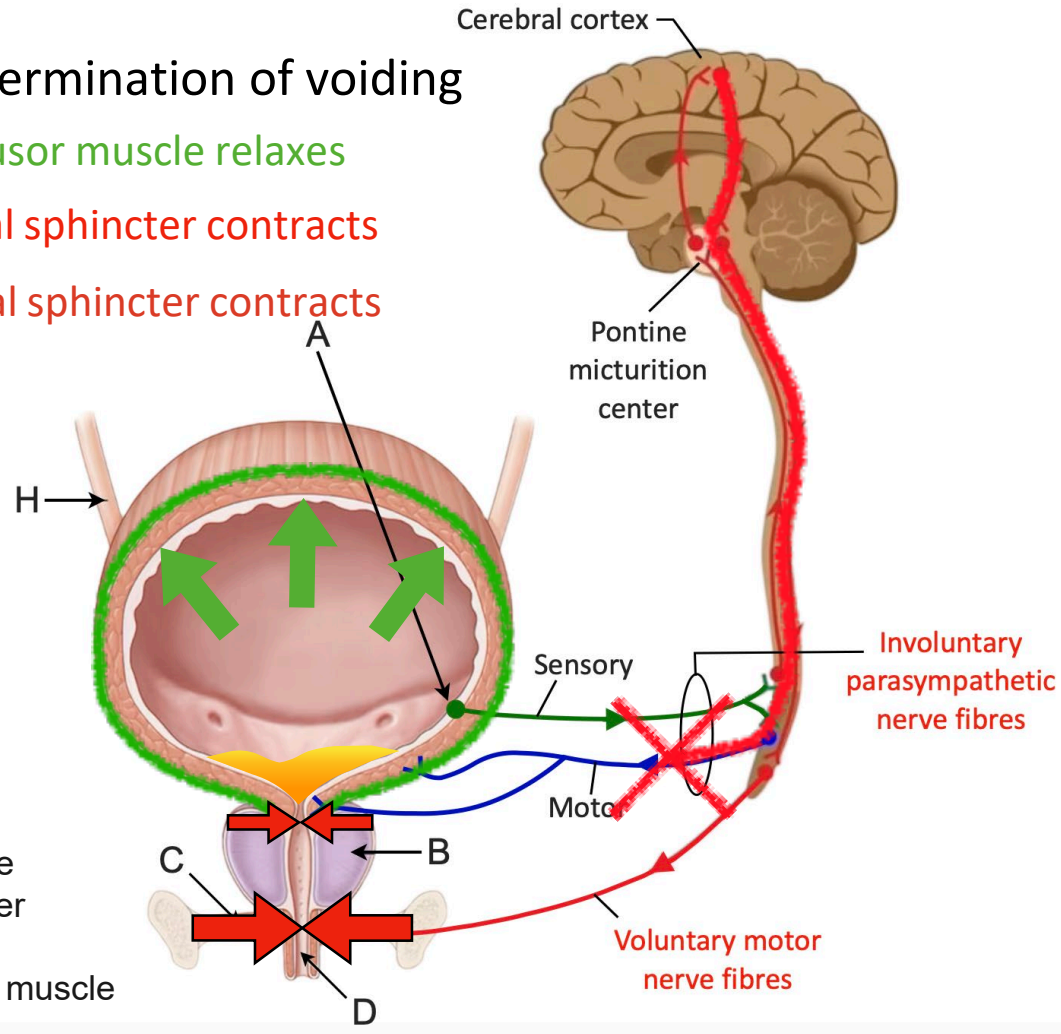


Phase 3: termination of voiding

Detrusor muscle relaxes

Internal sphincter contracts

External sphincter contracts



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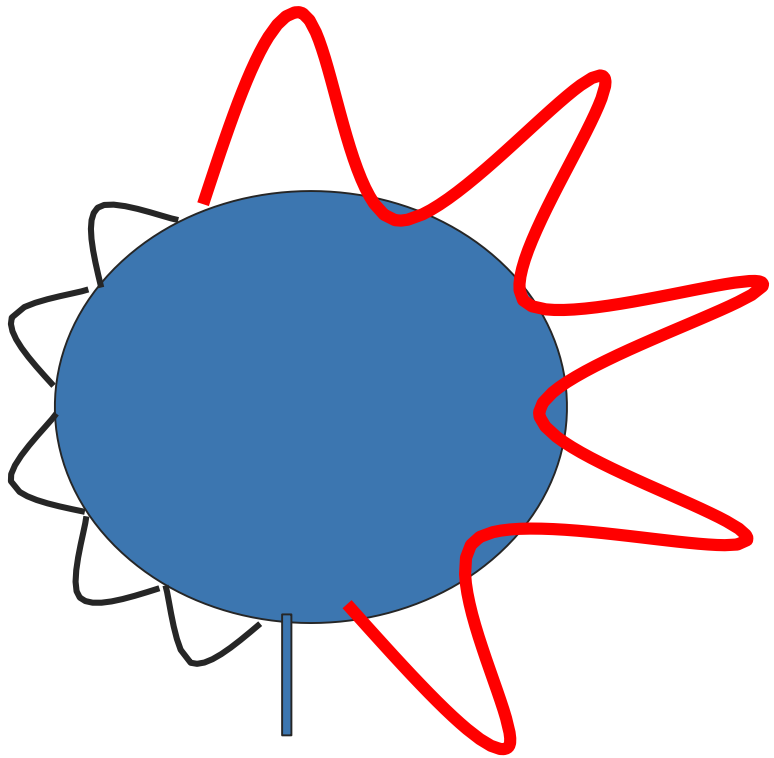
URINARY SYMPTOMS DURING AND AFTER RADIATION



- Burning when urinating
- Frequency
- Urgency
- Blood in urine
- Incontinence for 4-8 weeks after
- Long-term side effects 2-5 years after radiation

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TREATMENTS FOR URINARY SYMPTOMS

- Medications
- Increase fluids
- Urge management
- Diet - avoid bladder irritants

Bladder irritants:

caffeine (coffee, tea, cola, chocolate)
alcohol
carbonation
citrus
spicy foods
strawberries
spinach, kale
tomatoes
vitamin C
artificial sweeteners

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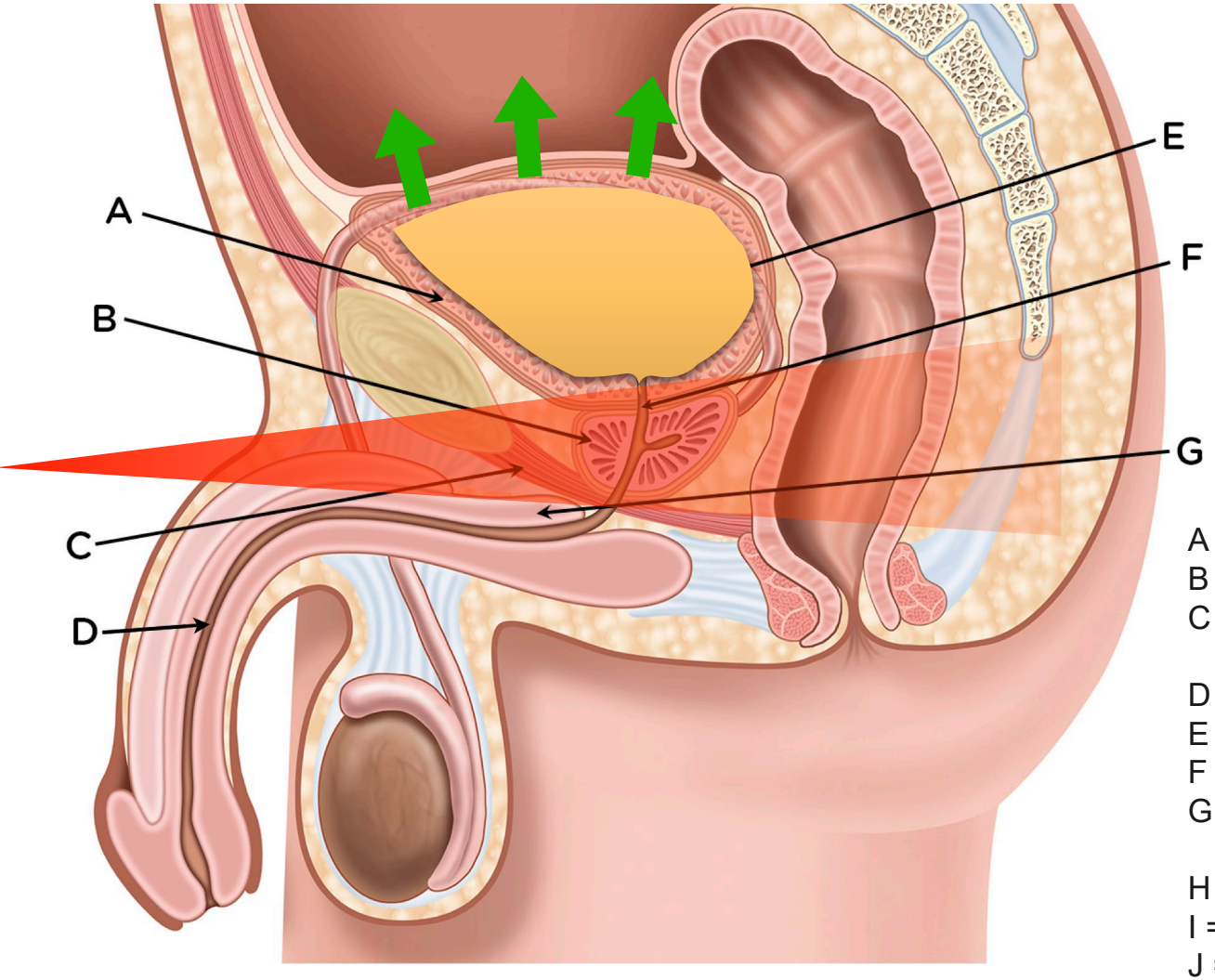
ANATOMY OF THE BOWEL SYSTEM



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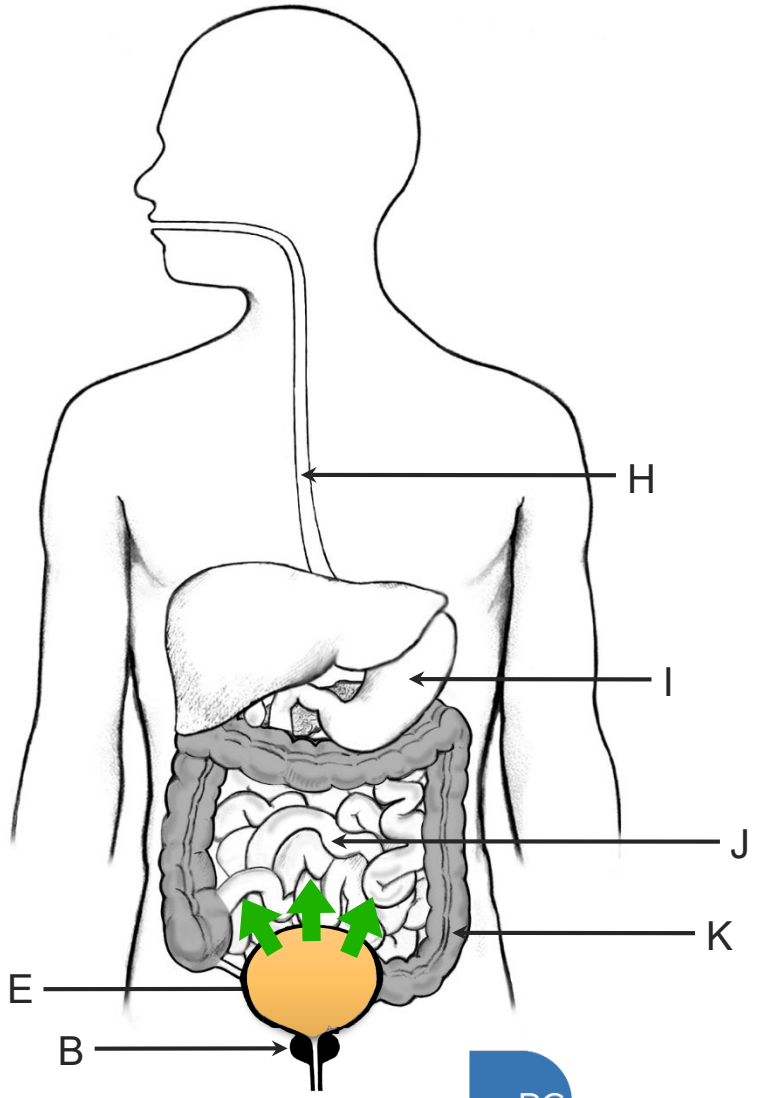
G = Corpus spongiosum / Erectile Tissue
H = Esophagus
I = Stomach
J = Small intestine
K = Large intestine/Colon



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FECAL URGENCY AFTER EXTERNAL BEAM RADIATION/BRACHYTHERAPY

What is it?	What to do?*

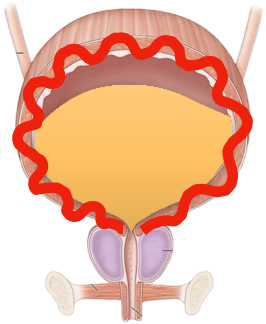
• Loose or watery stool
• Abdominal cramping
• Increased urgency
• Different than “regular” diarrhea
	• Stop any laxatives and fiber supplements
	• Follow a low fibre diet
	• Avoid bowel irritants
	  • Caffeine
	  • Spicy foods
	  • Fried, greasy foods
	  • Alcohol
	• Drink 8+ cups of fluid/day
	• Use “urge management” techniques
	• Make an appointment to see the PCSC dietician!

HELPFUL INFORMATION TO MINIMIZE BOWEL SYMPTOMS

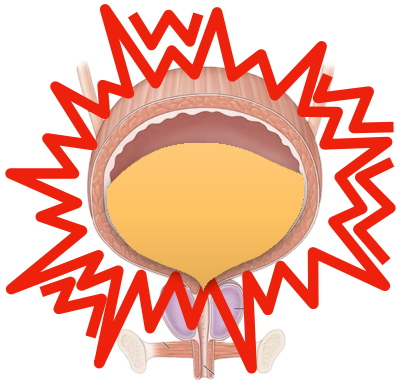
- Select low fibre foods from this booklet

http://www.bccancer.bc.ca/nutrition-site/Documents/Patient%20Education/Food%20Choices%20to%20Help%20Manage%20Diarrhea%20Caused%20by%20Cancer%20Treatment.pdf

BLADDER OR BOWEL "URGE MANAGEMENT" TECHNIQUES



The urge escalates and intensifies



The urge reaches its peak:

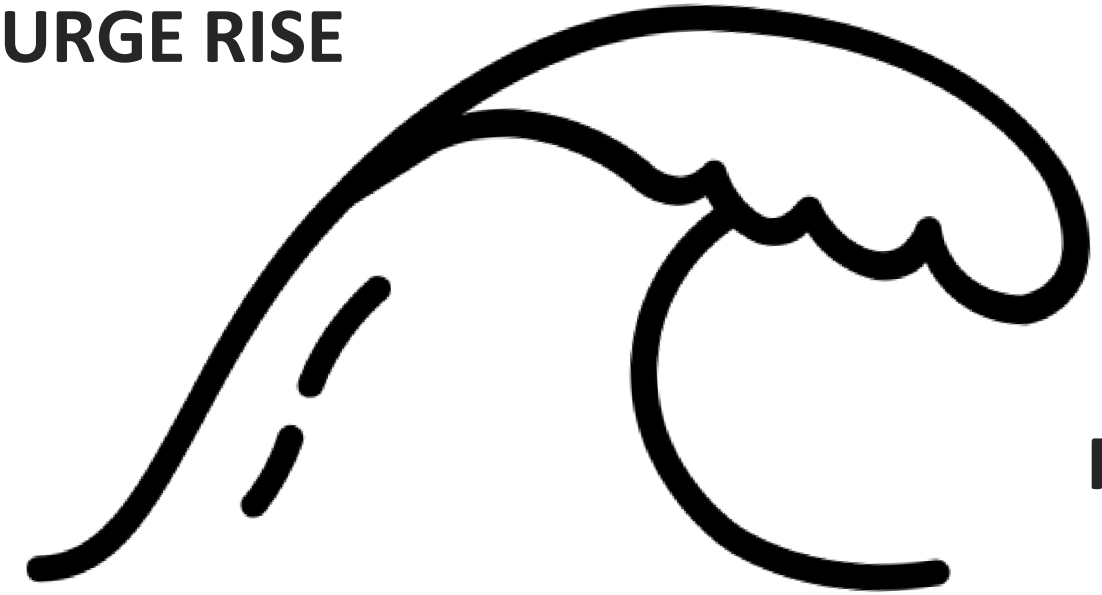
- Physical symptoms are intense and uncomfortable
- Emotional symptoms may include anxiety and panic

PEAK

URGE RISE

- Full bladder
- Running water
- Change in temperature
- Thought of urination
- Seeing a toilet/bathroom
- Key in door/arriving home
- Fluid intake

TRIGGER



FALL

The urge subsides, providing relief and a restored sense of control as physical discomfort and emotional distress ease.

Noun Project. (2018, November 6). *Wave icon* [Icon]. https://thenounproject.com/icon/wave-2140349/

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BLADDER OR BOWEL "URGE MANAGEMENT" TECHNIQUES

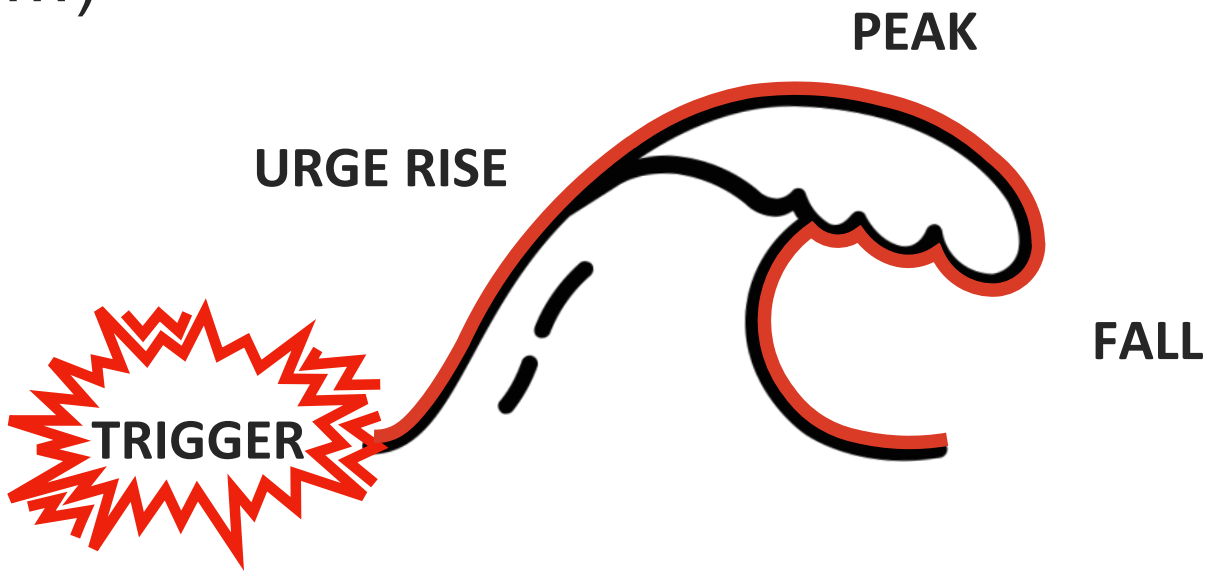
STOP

- Calm self and bladder/bowel (silent nose breathing, self talk, distract, …)
- Tighten your pelvic floor
- Once intensity of urge calms, proceed calmly to toilet

If the urge returns or intensity increases before reaching the bathroom:

Repeat sequence above until severity of urgency decreases

"Cognitive behavioral therapy" to train the brain to manage urgency



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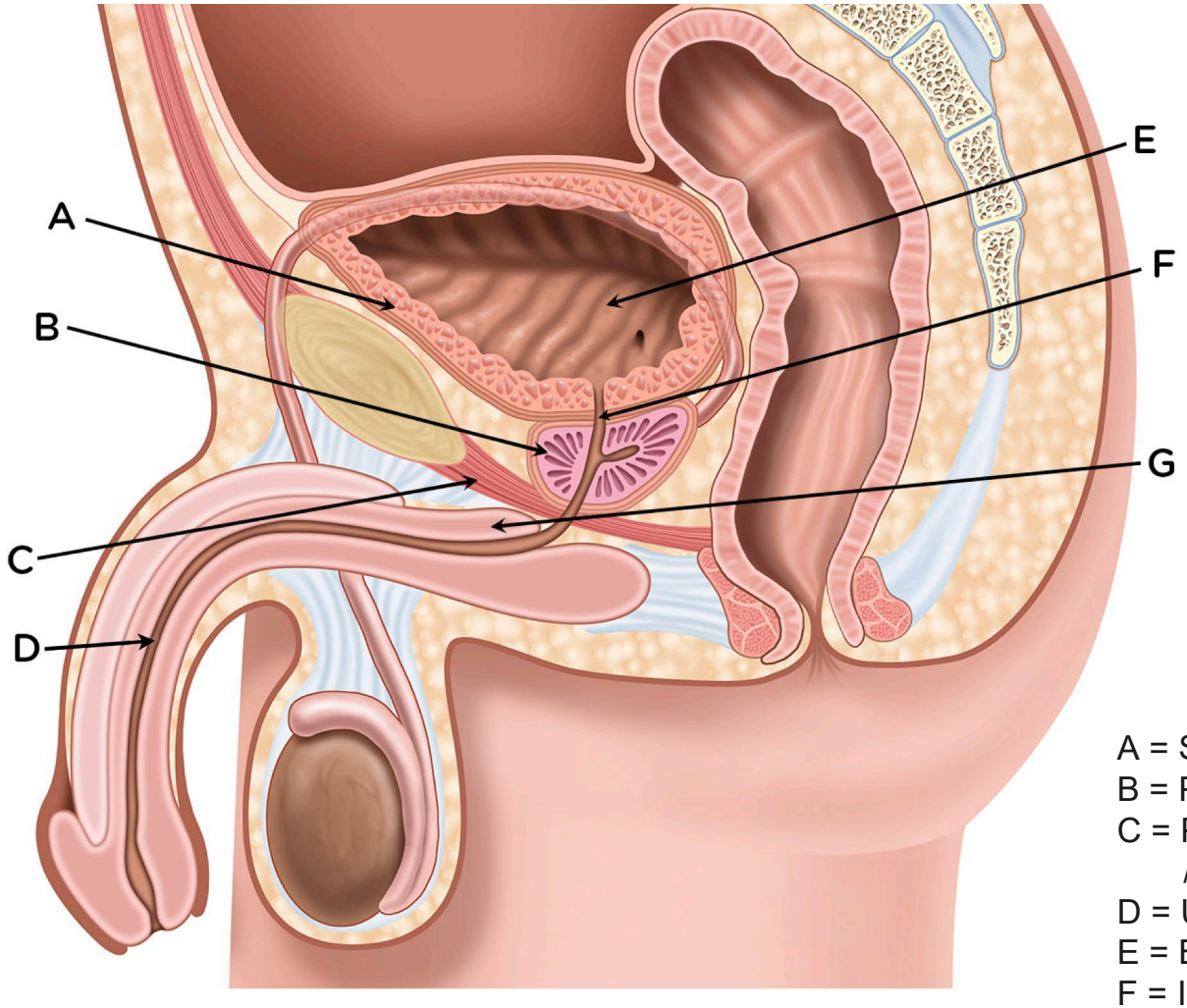
PAIN DURING/AFTER PASSING STOOL

Creams containing zinc oxide will help protect tissue and facilitate healing

- Apply a liberal amount of cream to the skin around the anus, including the ”puckered area”
- Reapply cream after each bowel movement
- Gently wash area with warm soap and water once a day

SURGERY AND STRESS URINARY INCONTINENCE



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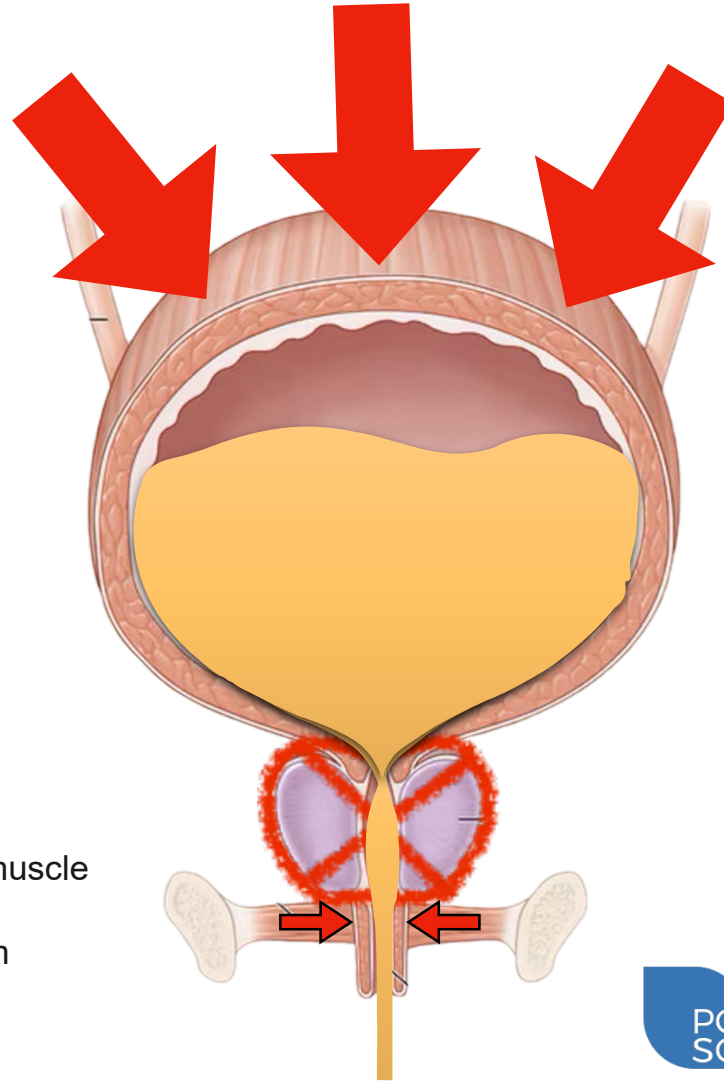

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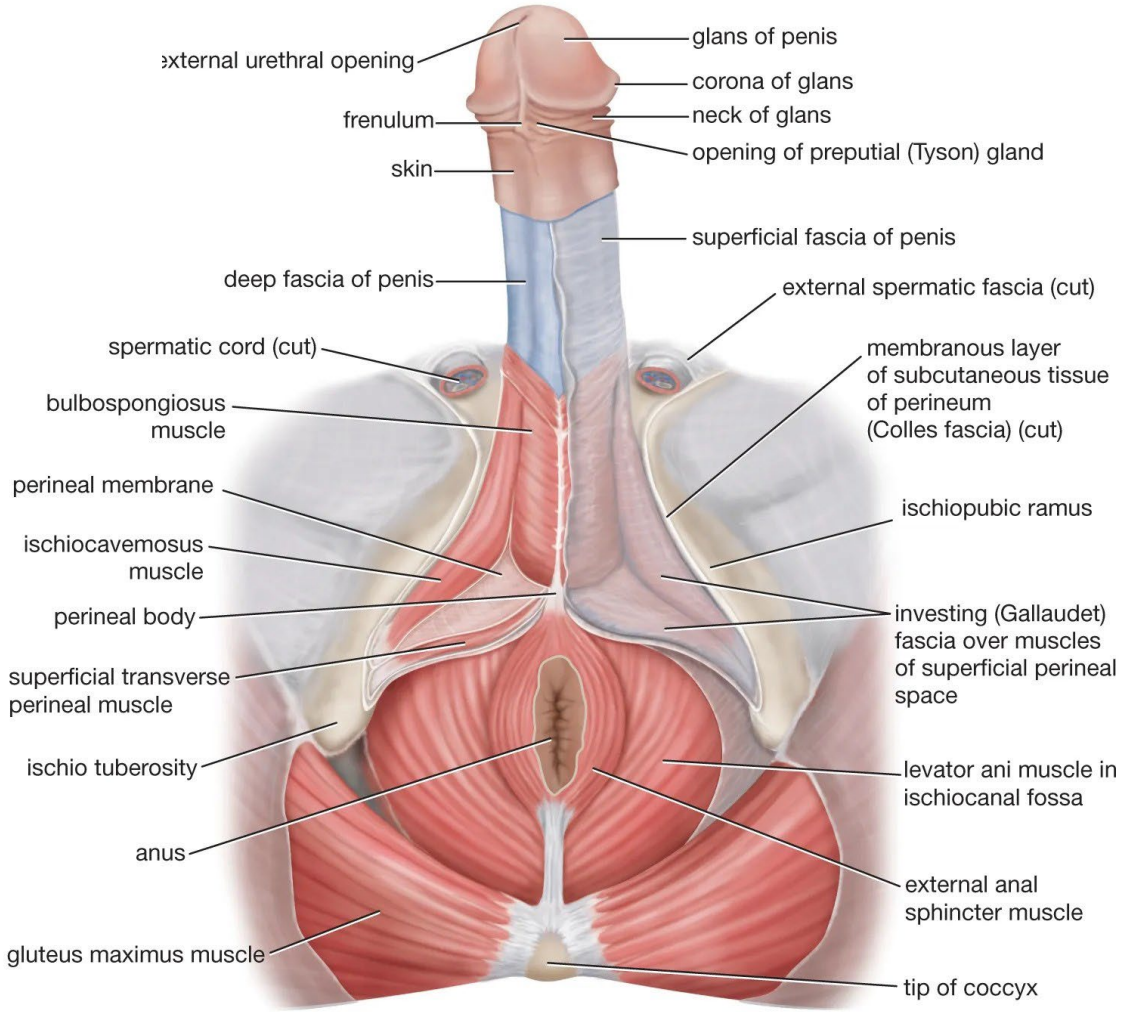
“CUES”

What cues will trigger the **pelvic floor muscles** to contract in your specific situation?

- Tighten anus
- Lift/tighten perineum (area between testicles and anus)
- Stop void
- Lift testicles
- Tighten penis towards your body
- Tighten penis and anus together



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Encyclopaedia Britannica. (n.d.). *The female reproductive system*. https://www.britannica.com/science/human-reproductive-system/The-female-reproductive-system

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WATCH AND FEEL

- Penis draw in
- Anal stretch (targeted buttock cheek pull)
- Gentle pull along the base of scrotum
- Gentle pull along the base of penis
- Anal contact (finger, glove and lube)
- Feel rope between testicles and anus
- Feel the bulb of the penis tense (pads of 2 fingers placed over the bulbocavernosus muscles)

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PF “REHAB”

Skill (C/H/R)

Strength and endurance (standing)

Need to us
when you ne

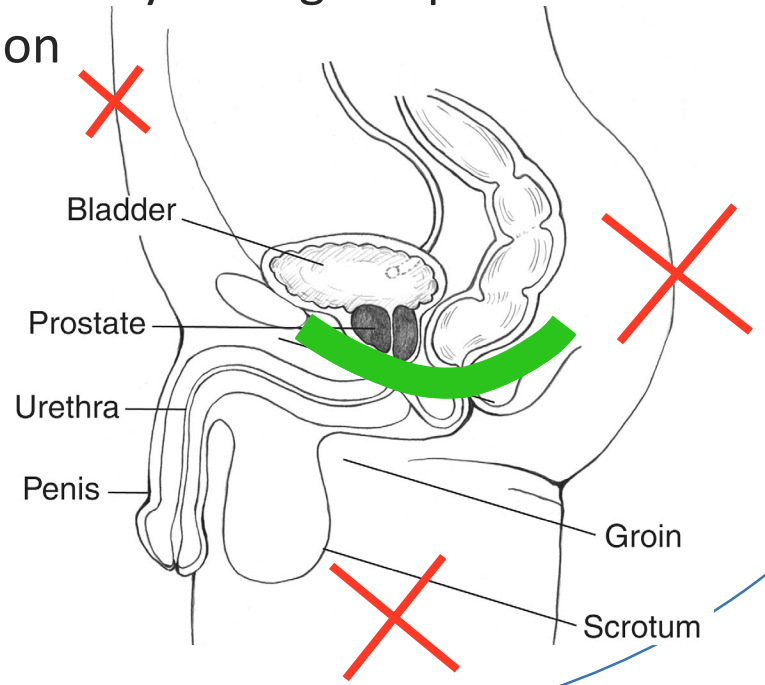
(cough, sneeze, s
up, etc.)

PRECISION, PRECISION, PRECISION

- Do not contract the buttocks or inner thighs
- Do not lead with an abdominal contraction
- Breath normally during the pelvic floor contraction

3 Skills:

- Contract
- Relax
- Hold



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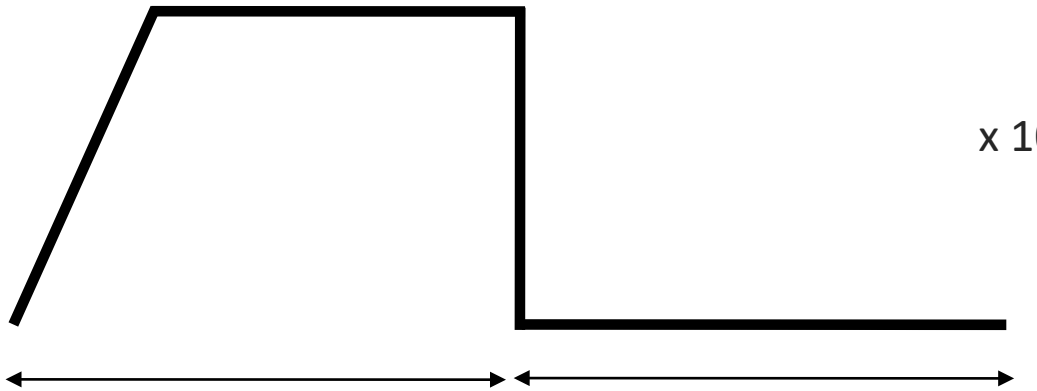

x 10 reps

Rest for 30 secs, then repeat 2 more times
(3 sets of 10 reps in standing, daily)

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Need to use it when you need it!

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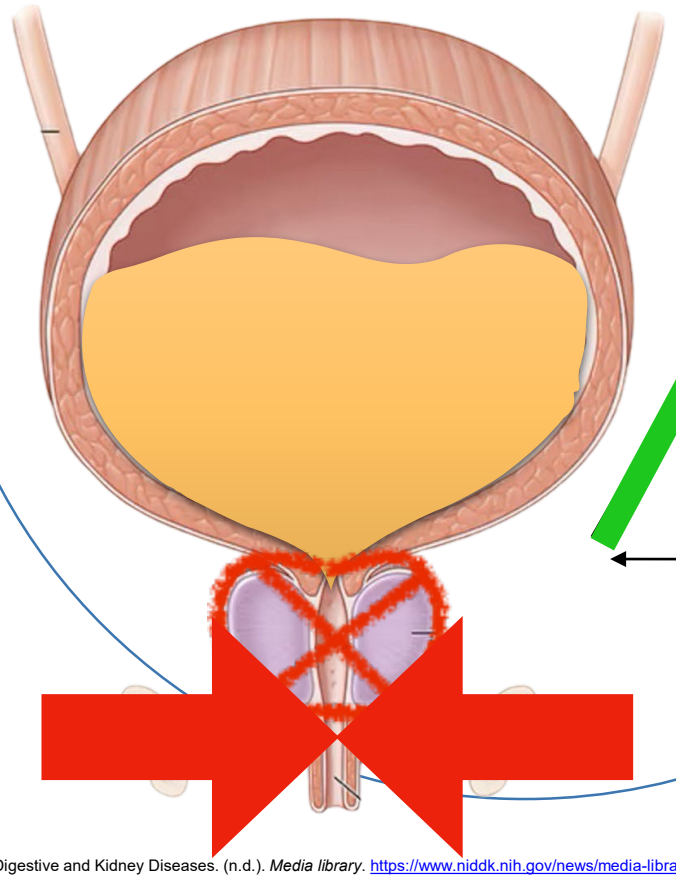

Contract pelvic floor muscles BEFORE…

10 sec hold

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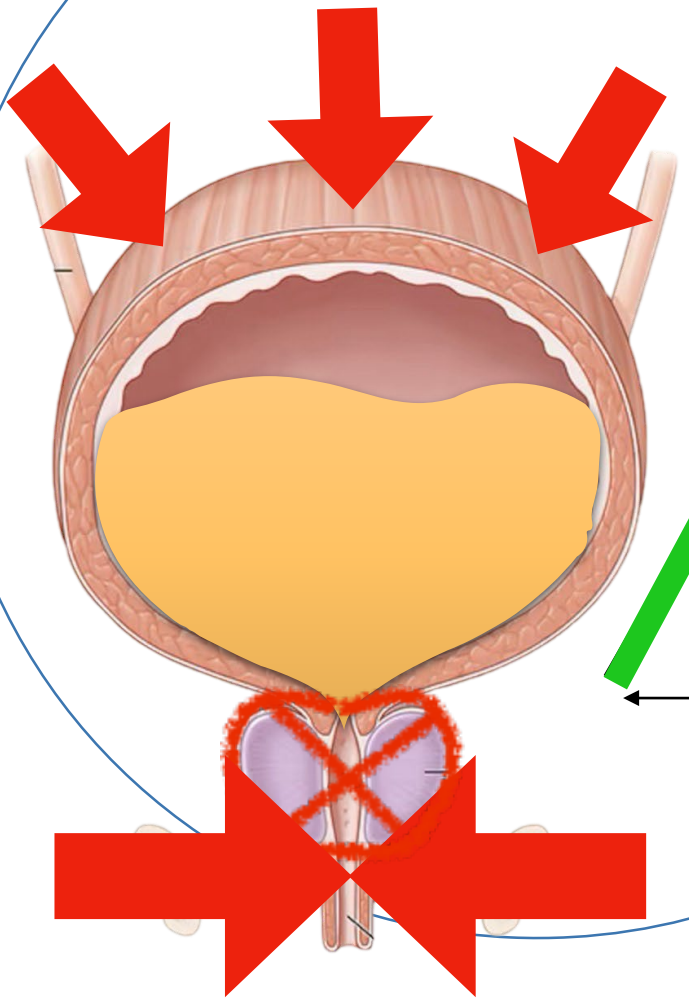
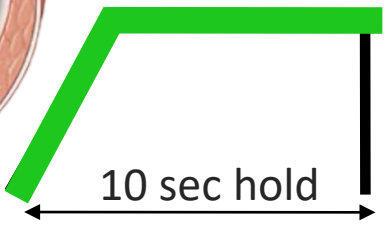


Contract pelvic floor muscles DURING…



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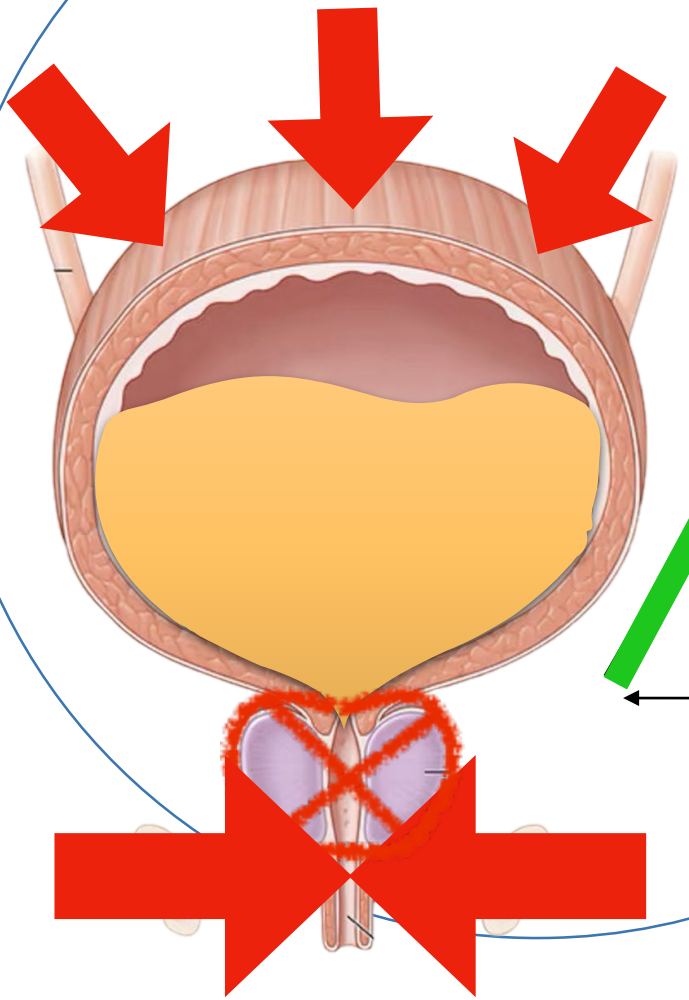
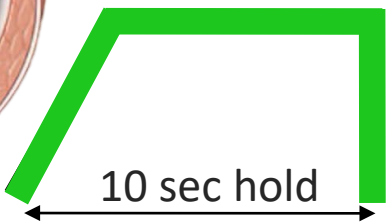


…and SHORTLY AFTER activities to prevent leakage



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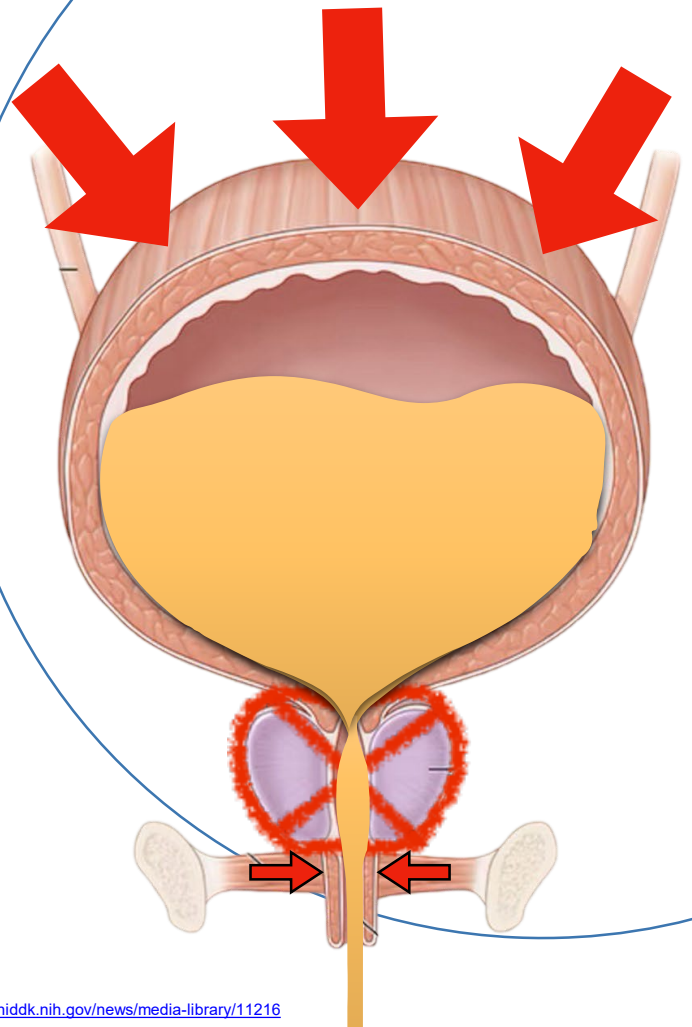

Otherwise pressure will exceed your closure mechanism = leakage

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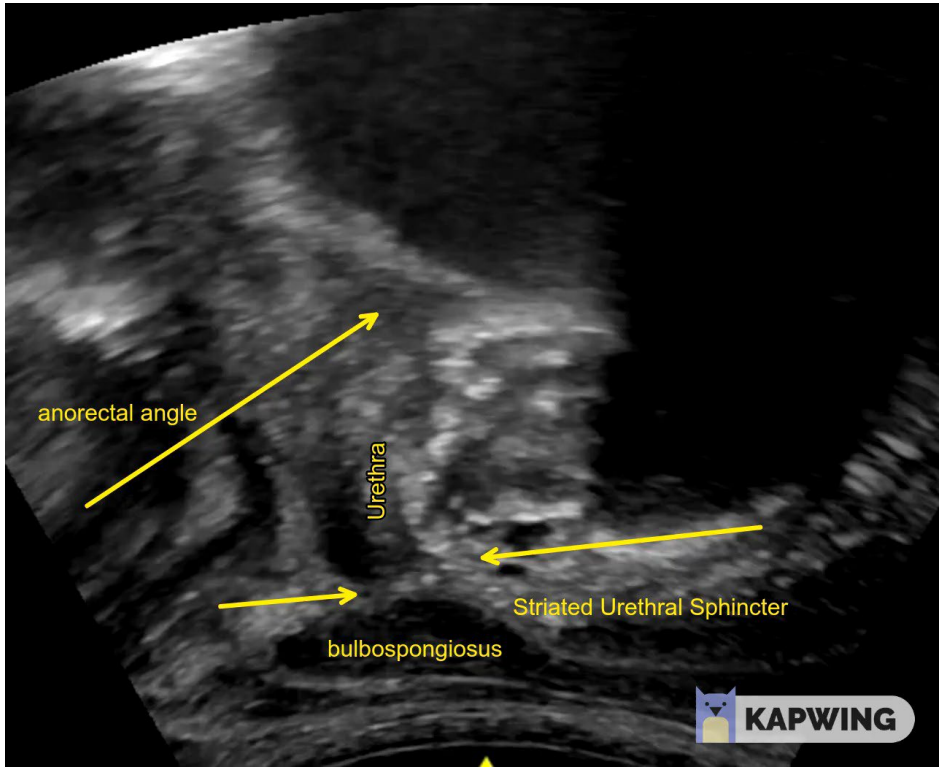
BIOFEEDBACK

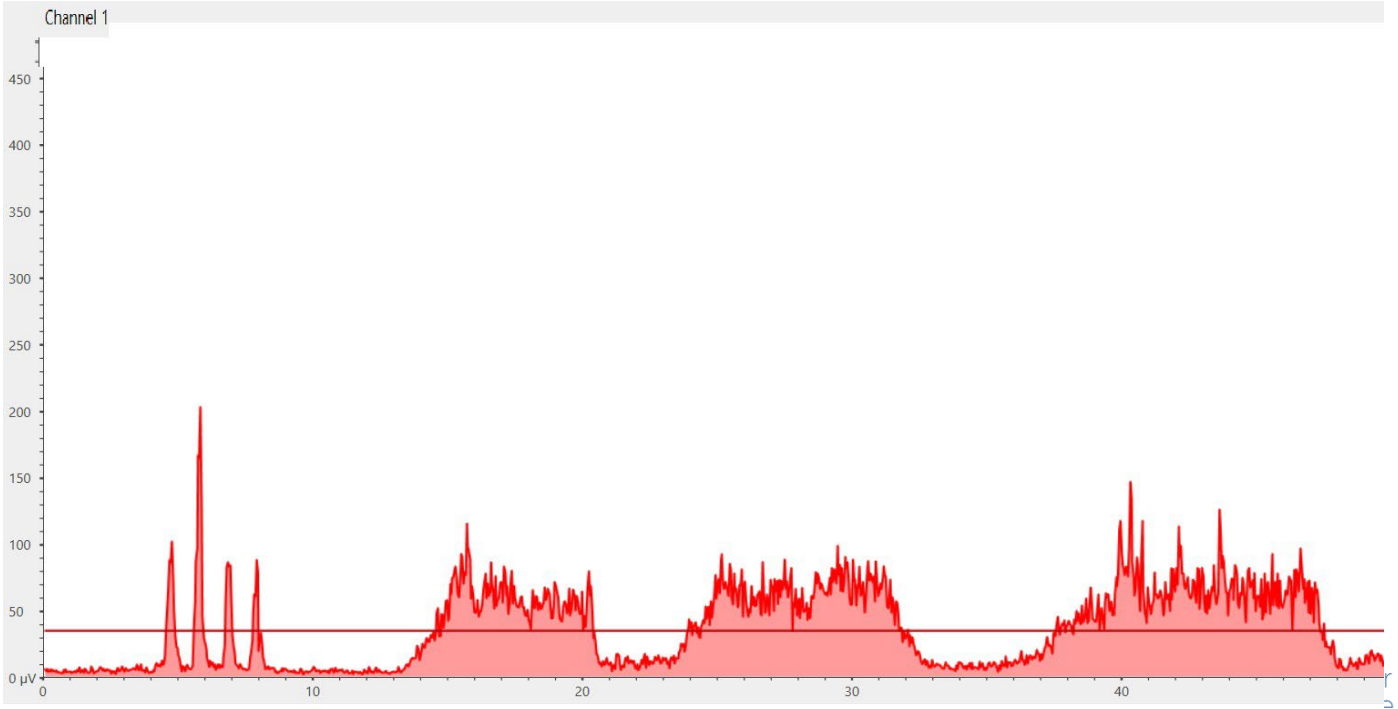
Am I doing my pelvic floor contractions correctly?

- Biofeedback devices can provide valuable visual information about the accuracy of your pelvic floor muscle contractions

Real-Time Ultrasound Imaging



Surface Electromyography (EMG)



UNTIL YOU GET DRY…YOU DON'T NEED TO BE A HERMIT

- Is there something you are **NOT** doing or enjoying because of your bladder or bowel control?
- **Let's figure it out!***
    - Absorbent products (disposable, washable)
    - Clamps
    - Urethral inserts/plugs
    - Condom drainage
    - Anal plugs

https://www.canada.ca/en/revenue-agency/services/tax/individuals/topics/about-your-tax-return/tax-return/completing-a-tax-return/deductions-credits-expenses/lines-33099-33199-eligible-medical-expenses-you-claim-on-your-tax-return.html

https://www.canada.ca/en/revenue-agency/services/tax/technical-information/income-tax/income-tax-folios-index/series-1-individuals/folio-1-health-medical/income-tax-folio-s1-f1-c1-medical-expense-tax-credit.html#toc15

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ABSORBENT PRODUCTS

- Pads for men differ from female pads
- Briefs
- **Pad inside brief!** Easier, possibly less expensive

Disposable

https://www.depend.com/i18n/mens-solutions/index.html

https://www.tena.ca/on/demandware.store/Sites-Tena_CA-Site/en_CA/TrialRequest-Start

Washable

Modibodi: light to ultra absorbency - other products on market as well

https://us.modibodi.com/collections/mens

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PENILE CLAMPS

- External device worn on the shaft of the penis
- Applies pressure to compress urethra
- Blocks urine flow through urethra
- Improves quality of life

Pacey Cuff

https://paceycuff.com
https://paceycuff.com/pages/sizing-chart

Dribble Stop

https://dribblestop.com
604-882-2548

Cunningham clamp

local pharmacies

Uriclak*

https://commedpro.com/product/uriclak-male-incontinence-clamp/
Spain: http://www.uriclak.com/en/

Wiesner*

https://www.wiesnerhealth.com
Also available on amazon.ca

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REQUIREMENTS FOR PENILE CLAMP USE

- Must be cognitively intact, able to adhere to directions
    - Should not be used all day. Choose wisely.
    - Limit wearing time as per product instruction
    - Never at night in bed
- Normal genital sensation
- Intact penile skin
- Aware of bladder filling
- Have sufficient manual dexterity to open and close the device[1]
- Do not use a clamp if you have a penile prosthesis

[1] K Moore et al., 2004

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TECHNIQUE FOR REMOVAL OF PENILE CLAMP

- Sit on the toilet
- Point the tip of the penis down toward the water
- Once the clamp is opened, urine will flow quickly, so there is no time to redirect the flow

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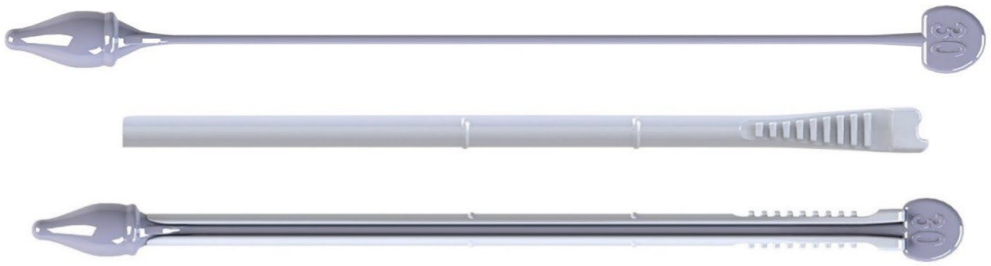
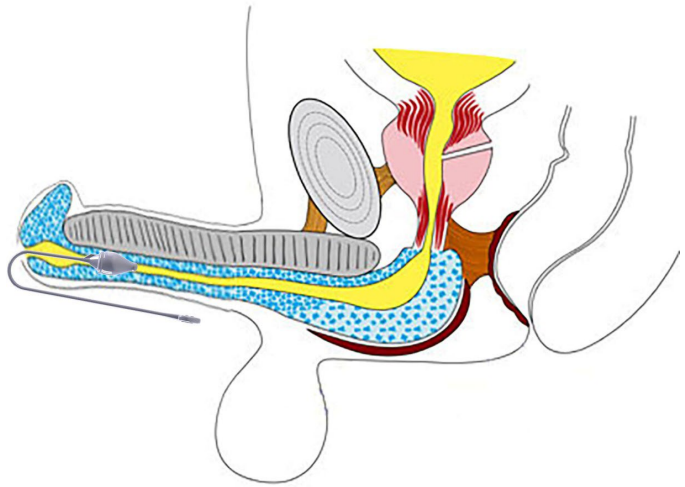
URETHRAL INSERT



Contino®



- A medical device that is inserted into the urethra
- Temporarily blocks involuntary urine leakage
- Removed before “voiding”
- Easily cleaned and re-inserted
- Must be sized by a healthcare professional

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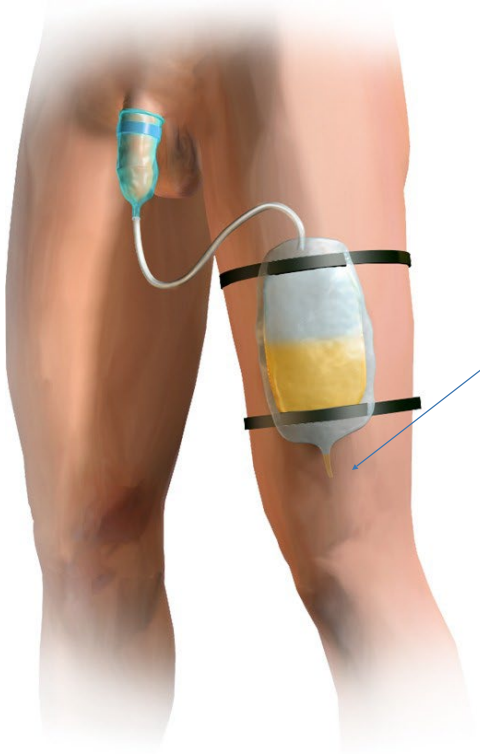
WHEN TO USE PENILE CLAMP OR INSERT

- Patients should be instructed in use of pelvic floor muscles to control bladder function before using a clamp or insert.
- If, after one year, urinary incontinence is still a major issue, consider use of a clamp or an insert.
- Scant research on long-term side effects on the use of clamps and inserts

CONDOM DRAINAGE

Condom with adhesive is rolled onto the penis



Strap the Drainage Bag to the Thigh ankle, bed side

A valve on the bottom of the collection bag can be opened, and the bag drained as needed.

SEXUAL INCONTINENCE

"Involuntary leakage of urine with sexual activity":

- Thoughts
- Arousal
- Sexual activity
- Orgasm ("climacturia" is leaking of urine during orgasm)

SEXUAL INCONTINENCE

- Urine in or on someone's body is not harmful to that person
- Management/Treatment:
  - Void before sexual activity
  - Place a towel underneath you. Afterward, shower together 💻
  - Strengthening pelvic floor muscles can help
  - Try using mild pelvic floor muscles with sexual activity
  - ~20%😊 ~80%😣
  - Condoms
  - Constrictor band at base of penis
  - Leaking urine can substitute for lack of ejaculation
  - Attend the Sexual Health Module!

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PCSC PHYSIOTHERAPY CLINIC

- If you are 4 weeks post-prostatectomy and experiencing urine leakage, you can benefit from our physiotherapy clinic.
- We offer each patient four complimentary one-on-one physiotherapy sessions, available either in-person or virtually.
- Radiation patients struggling with stool incontinence, our physiotherapy clinic is here to assist you as well.
- Please reach out to our program coordinator, to book an appointment or for further information about our services.

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CONCLUSIONS

- Bowel and bladder control can often be improved with pelvic floor physiotherapy
- Each man is an individual case, and different approaches may be required
- Consult with a pelvic floor physiotherapist to find the best solutions for you
- Even if urinary continence does not improve much, there are many strategies to manage urinary leakage

PCSC PROGRAM CONTACT DETAILS

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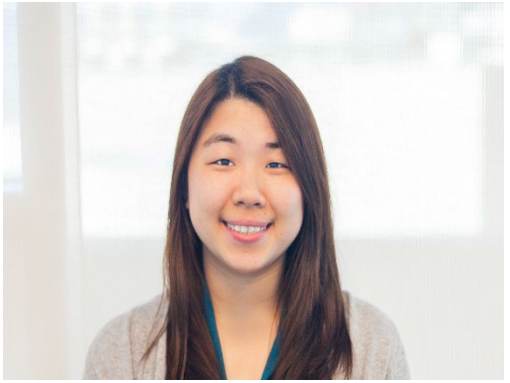

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