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Life after prostate cancer

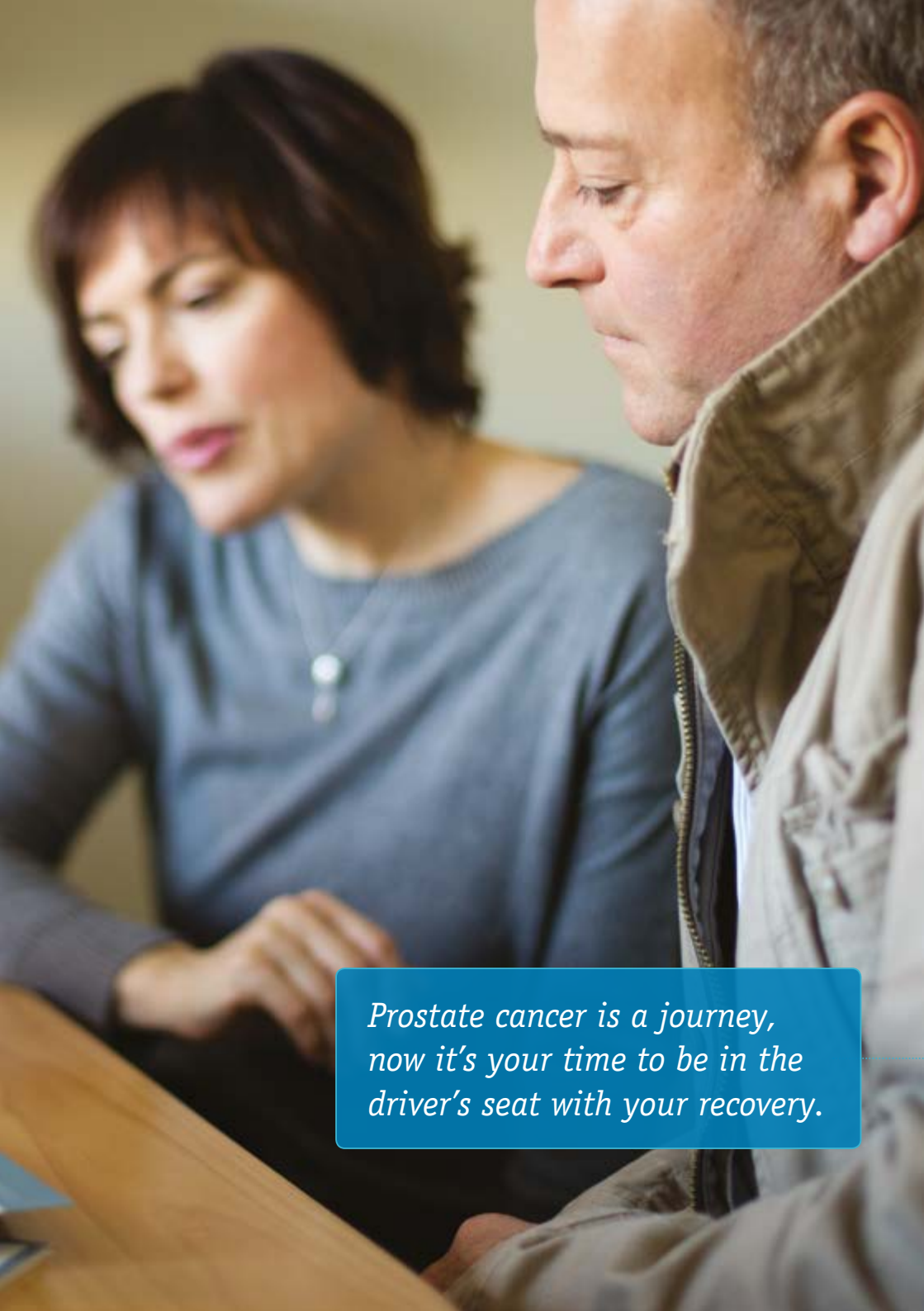
Insights to help you live life restored

Hope. Recovery. Support.

Every year, more than 1.1 million men are diagnosed with prostate cancer globally. It is the second most commonly diagnosed cancer in men worldwide.[1] If detected early, prostate cancer is usually curable.

Like many men, you have undergone surgical treatment for your prostate cancer. Advances in surgical techniques have allowed surgeons to successfully operate on a growing number of patients, and surgery offers the greatest chance for cure for localized prostate cancer.[2]

As you move into the recovery phase of your journey, we have put together this resource kit designed to provide you with important information about what to expect after your surgery, tracking your progress, support options and other important things to know during the coming months.


Prostate cancer is a journey, now it's your time to be in the driver's seat with your recovery.

Recovering bladder control and erections

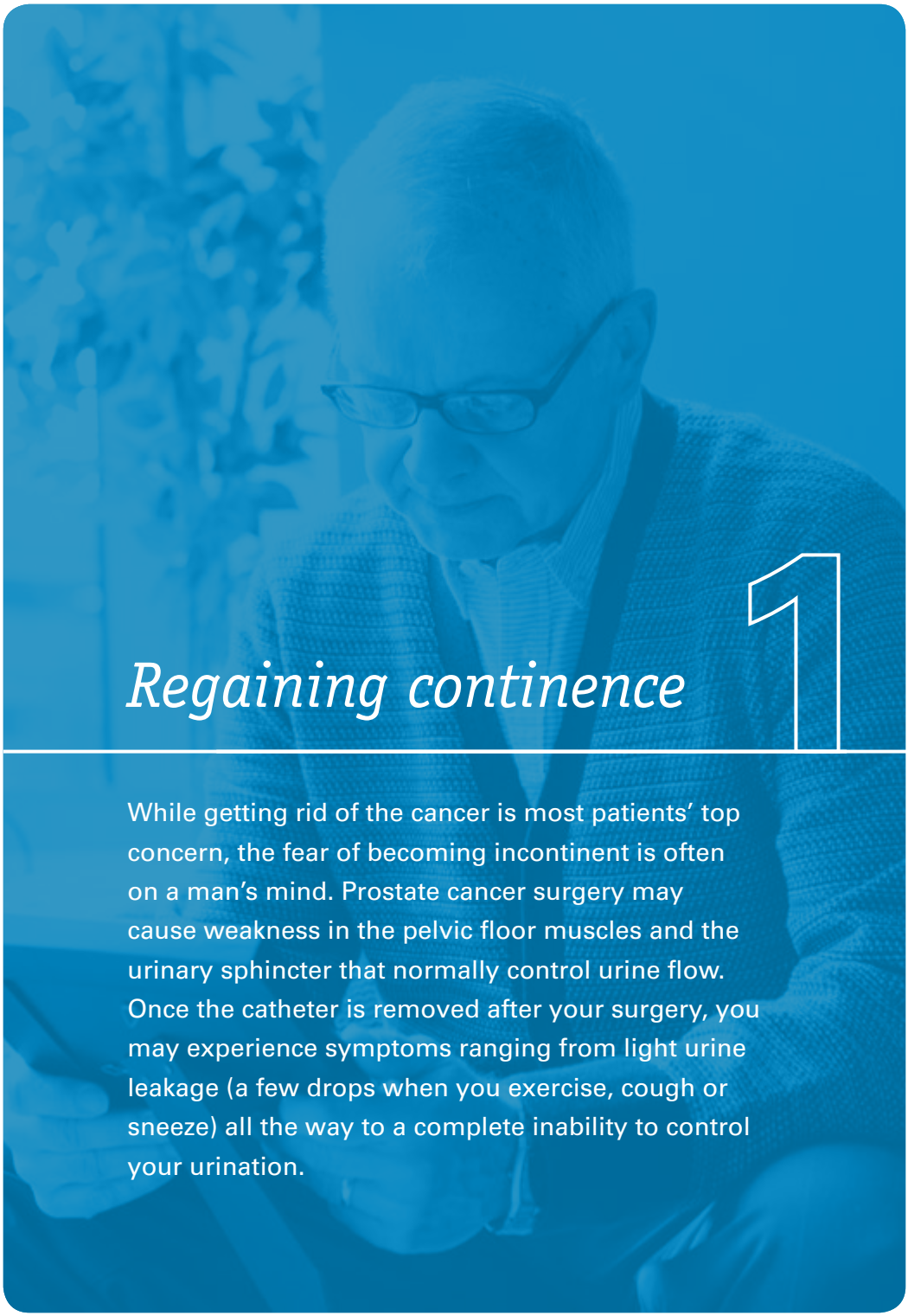
In order to remove the cancer, the mechanisms in your body that help control your urine flow and ability to get an erection may have been damaged. Most men are understandably concerned about their ability to regain bladder control and erections following their prostate surgery.

You are beating back cancer, so hold your head up with dignity

While men often experience incontinence (leaking of urine) immediately following surgery, the leakage usually tapers off within several weeks or months.[3] When incontinence persists beyond six to twelve months, you should consult your doctor. The good news is that there are multiple treatment options for incontinence.

The same is true for erectile dysfunction (ED). ED is known to be a potential complication following prostate cancer treatment. With the advent of nerve-sparing procedures, some men may regain their existing erectile function, up to a year or longer. The journey is different for every man, and some may not recover their ability to have a natural erection.

However, it's important to know that there are both short-term and long-term solutions that can be effective in treating ED. We have devoted an entire section to each of these topics, because they are important for most men during their recovery phase.



Regaining continence

1

While getting rid of the cancer is most patients' top concern, the fear of becoming incontinent is often on a man's mind. Prostate cancer surgery may cause weakness in the pelvic floor muscles and the urinary sphincter that normally control urine flow. Once the catheter is removed after your surgery, you may experience symptoms ranging from light urine leakage (a few drops when you exercise, cough or sneeze) all the way to a complete inability to control your urination.

1 *The journey to continence*[4]

Continence tends to improve over time. While every man's situation is different, many find they are continent within six to twelve months after surgery. Recovery can be impacted by factors such as your age, your general physical health, and the degree to which you had full bladder control before the surgery. If after six to twelve months the symptoms persist, consider contacting your doctor.

Knowing what incontinence is and why it happens are your first goals. You don't have to live with incontinence. Instead, you can choose to do something about it. You're in charge, not your incontinence.

Until urinary control returns, using absorbent pads or special absorbent underwear can help. Your doctor will also likely encourage you to perform regular pelvic floor/Kegel exercises. These isolate and strengthen the pelvic floor muscles and can help men regain bladder control following prostate surgery.[5] It is important to do the exercises correctly and regularly. It may help to work with a nurse or physical therapist on the exercises to ensure you are doing them properly and often enough. You may ask your physician for a physical therapy referral if you feel you need one. Some men use collection devices such as external or condom catheters or urine collection pouches to avoid accidental leakage. In the weeks and months following your surgery, talk to your doctor about your treatment options and your progress in regaining continence.

How common is incontinence following prostate cancer surgery?

Male patients who undergo a prostatectomy, the surgical removal of the prostate gland, may experience stress urinary incontinence (SUI) after their procedure. Studies indicate that as many as 50% of men report leakage due to SUI in the first few weeks following prostate surgery after removal of the catheter.[6] Data suggests a range of 8%-63% of men will report some degree of SUI to be a significant problem one year after their prostatectomy.[7,8]

1 *Taking control:* Long-term solutions

For those men who experience long-term incontinence, it's important to remember that there are effective solutions available that can restore your confidence, control and quality of life.

Injections

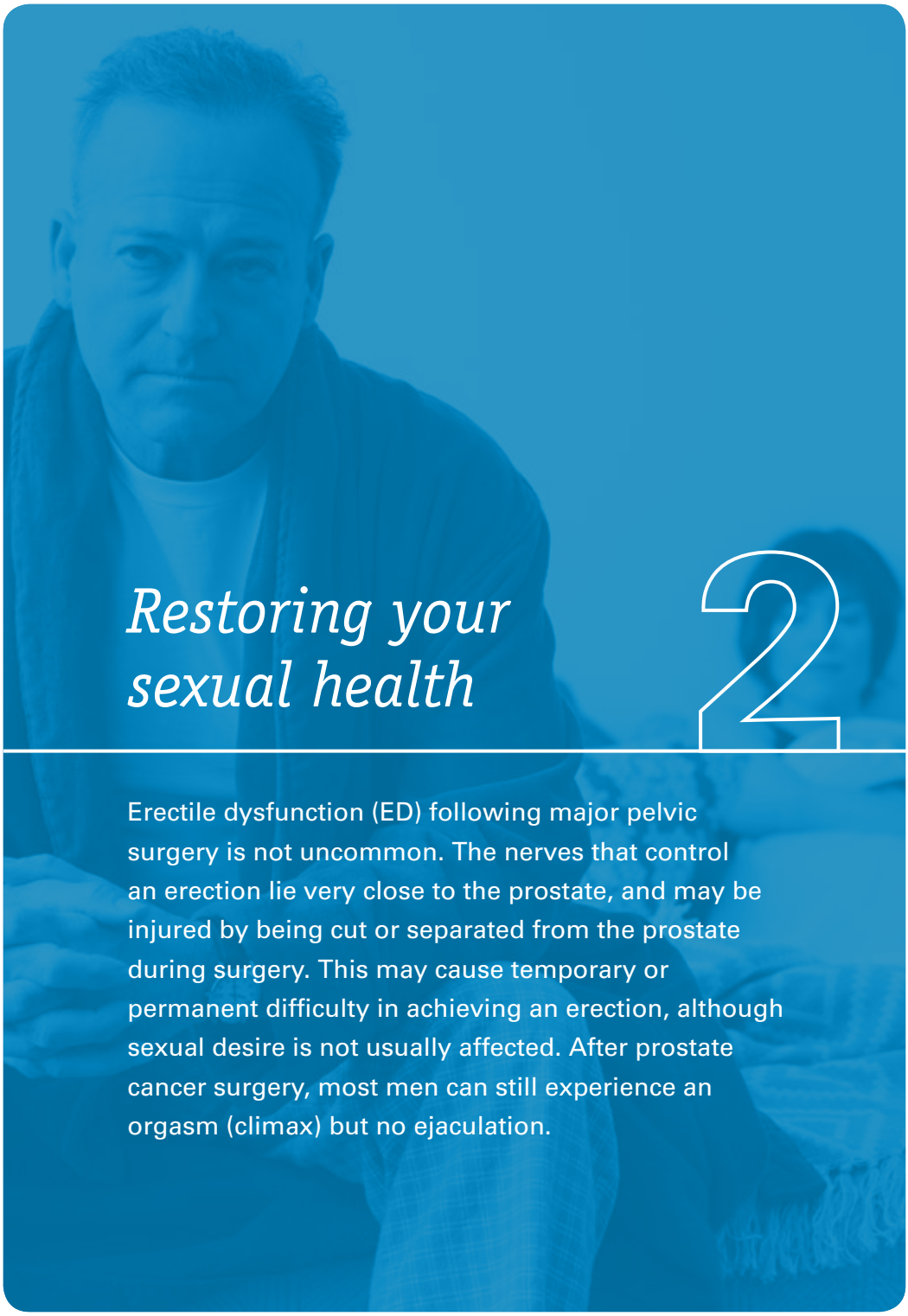
Injecting bulk-producing agents, such as collagen into the bladder neck, can help keep the urethra and bladder opening closed and may help prevent small leaks. Even if successful, repeated injections over time may be required to maintain continence.[9]

Male sling

The AdVance™ Male Sling System from AMS Men's Health is positioned in the body with a minimally invasive,[10] surgical procedure for correcting stress urinary incontinence. A small "sling" made of synthetic mesh is placed inside the body through three small incisions. The sling supports the urethra, restoring normal bladder control.[11] Most patients are continent immediately following the procedure.[12]

Artificial urinary sphincter

The AMS 800™ Urinary Control System is the "Gold Standard Treatment" for incontinence.[13, 14] This implantable device mimics the function of a healthy urinary sphincter, closing off the urethra in order to stop the flow of urine.[15] The procedure involves implanting an inflatable cuff around the urethra, which is inflated by a fluid-filled balloon that is placed behind the pelvic bone.[16] A pump inside the scrotum allows the man to deflate the cuff when he needs to urinate. It will automatically re-inflate, firmly closing off the urethra, preventing leakage.[16]



Restoring your sexual health

2

Erectile dysfunction (ED) following major pelvic surgery is not uncommon. The nerves that control an erection lie very close to the prostate, and may be injured by being cut or separated from the prostate during surgery. This may cause temporary or permanent difficulty in achieving an erection, although sexual desire is not usually affected. After prostate cancer surgery, most men can still experience an orgasm (climax) but no ejaculation.

2 What to expect

Many men find that it takes months or years to regain their ability to have an erection, and some men find that their ability to have an erection does not return.[17]

Talk to your doctor about your expectations before your surgery and your experiences after surgery. Should the ED persist, there are both short-term and long-term solutions that can be considered, and you will want to discuss which solution may be right for you. Sexual performance will be dependent on your abilities prior to the surgery.

Penile rehabilitation[18]

A penile rehabilitation program refers to a course of action designed to help the nerves responsible for erections recover after surgery, while maintaining the health of the penile tissue.

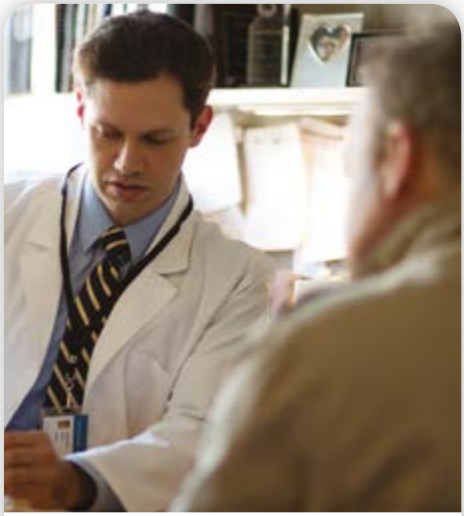
There are several factors that play a role in erection problems after prostate surgery. First of all, nerve damage can lead to erectile dysfunction. Even though your surgeon may have performed a "nerve sparing" operation, the techniques that are used to protect the erectile nerves may temporarily cause the nerves to be damaged and it may be more than a year before they recover.

Rehabilitation works for three reasons:

1. Gets more oxygen to the penis,
2. Keeps blood vessels healthy, and
3. Keeps muscles healthy.

Among 301 doctors from 41 countries, 84% performed some form of penile rehabilitation. 95% give their patients PDE5 inhibitors (for example, Viagra™,Cialis™, Levitra™). 75% give their patients intracavernosal injections (medicine that is injected into the penis). 30% give their patients vacuum erection devices (VEDs) and intraurethral alprostadil suppositories (medicine that is inserted into the tip of the penis). Men can have one or more different kinds of treatments.

Men may have long-term ED after a radical prostatectomy (RP). Studies show that penile rehabilitation may help. Your doctor will discuss the specifics of penile rehabilitation with you.



"The penile implant changed my life in such a way that confidence is abundant. I do not have to worry about whether or not I'm going to be able to satisfy my partner because I know without a shadow of a doubt that I will be able to give her total sexual satisfaction."

2 *Taking control:* *Treatment options*[19]

There are multiple treatment options available for ED. For some men, oral medications don't work,[20-22] so it's important to know all of your options. Find a solution to regain the confidence, control and wholeness you seek with an active, satisfying sex life.

Oral medications

There are a number of prescription medications (for example, Viagra,™ Cialis™ and Levitra™) available that may improve blood flow to the penis. Combined with sexual stimulation, this may produce an erection. Drug therapy is usually a first-line treatment option for most men experiencing ED, and may be used in conjunction with other methods as well.

Vacuum pumps

Mechanically enhance the flow of blood into the penis. A plastic cylinder is placed over the penis, and a pump (either manual or battery operated) creates vacuum suction within the cylinder, drawing blood into the penis to create an erection. A stretchable tension band placed at the base of the penis can help maintain the erection.

Injections and urethral suppositories

With injection therapy, a small needle is used to inject medication directly into the base of the penis. The medication allows blood to flow into the penis, creating an erection. Many men find this method effective, but the idea of regular injections can be difficult to accept. Another option, MUSE™ is the same drug available in the form of a small pellet (suppository) that is inserted into the opening of the penis.

Penile implants

When drug treatments, injections and other non-surgical therapies are not successful or unsatisfactory in resolving ED, a penile implant may be a long-term, satisfying solution. Today's state-of-the-art inflatable device from AMS Men's Health uses a pump surgically placed in the scrotum to inflate and deflate the penile implant. All components are completely concealed, and the implant allows for the ability to have an erection suitable for intercourse at any time. Another type of penile implant from AMS is the positionable or malleable implant, a non-inflatable implant for men. It provides ease of positioning, cosmetic concealment and rigidity for sexual intercourse.

An erection achieved with a penile implant can be safely maintained for as long as desired, which many men and their partners find adds to the quality of their sex life.

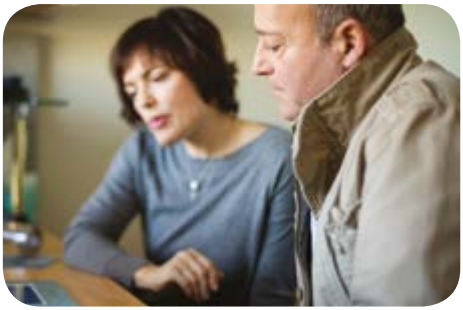
"I visited urologists. Oral meds worked, then stopped working even as I increased the dose. A suppository hurt, I never tried it again. Injections initially worked but I developed scarring. I moved forward because implant surgery was presented with compassion and hope."

2

The journey to restored sexuality

For some men – and their partners – conservative treatments (vacuum pumps, injections, etc.) for ED may not be satisfying, and may affect the quality of their sex life. However, surgical solutions may provide for more spontaneity. Whatever you are experiencing, it's important to maintain open lines of communication.

Involve your partner in the decision making, talk about what you are feeling, and experiment with new ways of being intimate together. The journey might be a challenging one, but working through it may actually strengthen your love life in unique ways.



"It's very spontaneous. It takes a few pumps to pump it up, and I'm ready to go."

Tracking your progress

3

3 *Incontinence: Stress urinary incontinence (SUI) quiz*

This standard quiz helps evaluate your level of incontinence and can be a useful tool in discussing your progress with your doctor.

	Yes	No
1. Do you ever experience unplanned,sudden urine loss either while sleeping or during the day?	☐	☐
2. Do you experience leakage while laughing, sneezing, jumping or performing other movements that put pressure on the bladder?	☐	☐
3. Do you have trouble holding urine as you hurry to the bathroom?	☐	☐
4. Do you frequently experience a sudden and immediate urge to urinate?	☐	☐
5. Have you noticed a change in your frequency of urination?	☐	☐
6. Do you visit the bathroom to urinate more than 8 times per day?	☐	☐
7. Do you currently wear pads or liners to protect against unplanned leaks?	☐	☐
8. When planning a trip, outing or event, does the availability or location of the restroom facilities affect your decision?	☐	☐

If you answered "Yes" to two or more of these questions, you should know that there are solutions available for you. Bring the completed quiz with you when you meet with your urologist to discuss your situation.

Incontinence: *Pad usage – weekly journal*

Use this journal page to keep track of your pad usage. It will help you and your doctor evaluate your return to continence, and help to determine the best solutions for you.

S	M	T	W	T	F	S		S	M	T	W	T	F	S		S	M	T	W	T	F	S
week 1								week 18								week 35						
week 2								week 19								week 36						
week 3								week 20								week 37						
week 4								week 21								week 38						
week 5								week 22								week 39						
week 6								week 23								week 40						
week 7								week 24								week 41						
week 8								week 25								week 42						
week 9								week 26								week 43						
week 10								week 27								week 44						
week 11								week 28								week 45						
week 12								week 29								week 46						
week 13								week 30								week 47						
week 14								week 31								week 48						
week 15								week 32								week 49						
week 16								week 33								week 50						
week 17								week 34								week 51						

3 *Sexual health:* *Frequency of intimacy*

Keeping track of your sexual experience post-surgery can be helpful for you and your doctor as you evaluate your erectile function. Use this journal page to make note of erection quality, frequency of intercourse, attempts at sexual activity, masturbation, etc.

Sexual health: *Sexual health inventory for men (SHIM)*[23]

The questionnaire on page 20 is designed to help you and your doctor identify if you may be experiencing erectile dysfunction. If you are, you may choose to discuss treatment options with your doctor.

Each question has several possible responses. Circle the number of the response that best describes your own situation. Please be sure that you select one and only one response for each question.

3 Sexual health: *Sexual health inventory for men (SHIM)*[23]

Over the past 6 months

1. How do you rate your confidence that you could get and keep an erection?		Very Low	Low	Moderate	High	Very High
		1	2	3	4	5
2. When you had erections with sexual stimulation, how often were your erections hard enough for penetration (entering your partner)?	No Sexual Activity	Almost Never or Never	A Few Times (Much Less Than Half the Time)	Sometimes (About Half the Time)	Most Times (Much More Than Half the Time)	Almost Always or Always
	0	1	2	3	4	5
3. During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?	Did Not Attempt Intercourse	Almost Never or Never	A Few Times (Much Less Than Half the Time)	Sometimes (About Half the Time)	Most Times (Much More Than Half the Time)	Almost Always or Always
	0	1	2	3	4	5
4. During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?	Did Not Attempt Intercourse	Extremely Difficult	Very Difficult	Difficult	Slightly Difficult	Not Difficult
	0	1	2	3	4	5
5. When you attempted sexual intercourse, how often was it satisfactory for you?	Did Not Attempt Intercourse	Almost Never or Never	A Few Times (Much Less Than Half the Time)	Sometimes (About Half the Time)	Most Times (Much More Than Half the Time)	Almost Always or Always
	0	1	2	3	4	5

Add the numbers corresponding to questions 1-5. Total:

The Sexual Health Inventory for Men further classifies ED severity with the following breakpoints:

1-7 Severe ED **8-11** Moderate ED **12-16** Mild to Moderate ED **17-21** Mild ED

Frequently asked questions

4

4 Frequently asked questions

How common is prostate cancer?[1]

Worldwide, more than 1.1 million men are diagnosed with prostate cancer every year, making it the second most common cancer in men. Two thirds of newly diagnosed prostate cancer cases are in the developed regions of the world.

Are some men more likely to be diagnosed with prostate cancer?

Older men, African heritage, and men with a family history of the disease all have an increased likelihood of being diagnosed with the disease. The common age for all men at prostate cancer diagnosis is 66 years old.[24]

How much does family history of prostate cancer increase my risk?

Men with a primary relative affected by prostate cancer (a brother or father) are more than two-fold as likely to develop the disease. Men with familial prostate cancer may develop the disease at an earlier age. They should begin testing with both the PSA blood test and the digital rectal examination at age 45 or even younger if they have multiple relatives with the disease.[25]

How curable is prostate cancer?

In general, the earlier the cancer is caught, the more likely it is for the patient to remain disease-free after treatment. Because approximately 90% of all prostate cancers are detected in the local and regional stages, the survival rate for prostate cancer is very high – nearly 99% after five years.[24,26]

What are the symptoms of prostate cancer?

If the cancer is caught at its earliest stages, most men will not experience any symptoms. Some men, however, will experience symptoms such as frequent, hesitant or burning urination, difficulty in having an erection, or pain or stiffness in the lower back, hips or upper thighs.[26]

What are some of the side effects from removing a prostate?

The two most feared side effects of radical prostatectomy are loss of erections and urinary incontinence. These side effects can occur but there are successful treatment options available. Also, after total removal of the prostate, there is no ejaculation, although there is the sensation of climax and orgasm.[27]

It's been a year since my prostatectomy and I still have no control of my bladder. What can I do?

Over the course of the first year following surgery, continence returns in the majority of men. However, 8%-63% of men will report some degree of SUI to be a significant problem one year after their prostatectomy.[7,8] After 12 months, if you are still suffering from SUI, you may want to seek out a urologist who specializes in restorative surgeries.

Why don't all men recover erectile function after surgery?

The most obvious determinant of post-operative erectile function is how the man was prior to the operation. Post-operative erectile dysfunction is compounded in some patients by pre-existing risk factors that include: older age, cardiovascular disease, diabetes, cigarette smoking, physical inactivity and certain medications such as anti-hypertensive drugs or psychotropic medications.[17]

When can a man resume sexual activity after a prostate cancer surgery?[17]

Certainly, some of the current treatments for prostate cancer can affect the sex life, but if the cancer is detected early and patients are treated by an experienced surgeon using nerve-sparing techniques, then sex lives can return after surgery – usually beginning within three to six months and then having continued improvement for two to three years. Sexual function can be restored in a lot of different ways now with medication, vacuum erection devices and certain types of injections.

Will I still be fertile after a radical prostatectomy?

Most men will have return of erections but will not be able to have children by natural means. There should be no seminal fluid after the prostatectomy, so you will no longer be fertile.[27]

Penile implants are a safe, surgical treatment option, have a high degree of patient satisfaction and provide a very natural erection. Ask your doctor to provide you with more information about this option.

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