

UNDERSTANDING

Urinary and bowel side effects of prostate cancer

A guide to help men manage the urinary and bowel side effects that may occur following treatment for prostate cancer.



Prostate Cancer
Foundation of Australia

UNDERSTANDING

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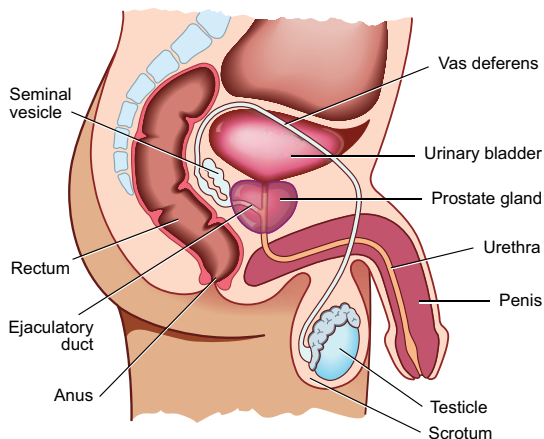
What is prostate cancer?

The prostate is a small gland located below the bladder and in front of the rectum in men. It surrounds the urethra, the passage that leads from the bladder, out through the penis through which urine and semen pass out of the body. The prostate gland is part of the male reproductive system (see diagram).

The prostate produces some of the fluid that makes up semen, which enriches and protects sperm. The prostate needs the male hormone testosterone to grow and develop. Testosterone is made by the testicles.

In an adult, the prostate gland is usually about the size of a walnut and it is normal for it to grow larger as men age. Sometimes this can cause problems, such as difficulty with passing urine.

The male reproductive system



Prostate cancer occurs when abnormal cells develop in the prostate. These cells have the potential to continue to multiply, and possibly spread beyond the prostate. Cancers that are confined to the prostate are called **localised** prostate cancer. If the cancer extends into the surrounding tissues near the prostate or into the pelvic lymph nodes, it is called **locally advanced** prostate cancer. Sometimes it can spread to other parts of the body including other organs, lymph nodes (outside of the pelvis) and bones. This is called **advanced** or **metastatic** prostate cancer. However, most prostate cancers grow very slowly and about 96% of men survive at least 5 years after diagnosis, particularly if diagnosed with localised prostate cancer.

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Urinary and bowel side effects of prostate cancer

1. Introduction

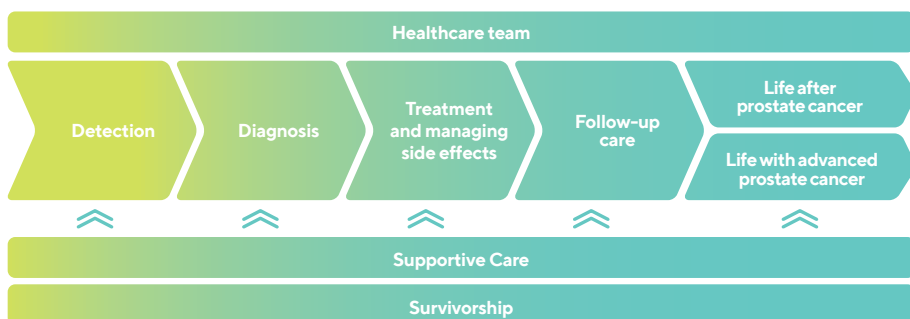
All treatment for prostate cancer has side effects. The type of side effects you get, and how severe they are, depends on several factors including the type of cancer you have, the type of treatment you have, and your state of health. Urinary problems (problems passing urine/wee) and bowel problems (problems passing faeces/poo) can happen after some prostate cancer treatments. This booklet provides you with information on urinary and bowel problems and how you can manage them.

Your cancer experience

After being diagnosed with prostate cancer, it's common for you to see a number of health professionals with different expertise who work together in a healthcare team (sometimes called a multidisciplinary team). This team includes health professionals who are involved in diagnosing your cancer, treating your cancer, managing your symptoms and side effects, and assisting you with your feelings or concerns during your cancer experience.

The cancer experience is not the same for everybody, even for those with the same type of cancer. Depending on the grade (the cancer aggressiveness) and stage (the extent of spread) of your prostate cancer and any underlying medical conditions, your experience may be quite different to someone else's.

Your prostate cancer experience



As the diagram above shows, it can be useful to think of the cancer experience in different stages: detection, diagnosis, treatment, follow-up care and either life after cancer or life with advanced prostate cancer. Take each stage one at a time so that you can break down what might feel like an overwhelming situation into smaller, more manageable steps.

From the moment prostate cancer is detected, your healthcare team will focus on survivorship – every aspect of your health and wellbeing while you are living with cancer and beyond. Survivorship also includes your family and loved ones.

2. What causes urinary and bowel problems after prostate cancer treatment?

It is quite common for men to experience incontinence (not being able to control urination) or other urinary or bowel problems after some prostate cancer treatments including surgery and radiation therapy.

Urinary problems can occur after some prostate cancer treatment because the prostate gland sits below the bladder (see diagram on the inside front cover). The prostate gland surrounds the urethra, which is the tube that carries urine from the bladder through the penis to the outside of the body. The prostate is also close to the rectum and bowel.

The treatment can damage the muscles and nerves that control when you urinate. After treatment, you might leak urine, need to go urgently, or find it hard to urinate at all.

Sometimes, radiation therapy for prostate cancer can cause bowel problems because the radiation inflames the lining of the bowel. This can lead to symptoms such as diarrhoea, bleeding from the rectum, gas and pain.

For many men, urinary problems are the most bothersome and distressing side effect of prostate cancer treatment. Urinary and bowel problems can often improve quickly. But sometimes they don't go away and you will need further support from health professionals who specialise in prostate cancer and urinary or bowel problems.

Some problems that may require urgent medical attention include:

- a urinary tract infection (symptoms include fever, pain, stinging while urinating, pain in the kidney area, feeling unwell, smelly or cloudy urine)
- blood in the urine
- inability to urinate
- bleeding from the rectum.

Contact your doctor, a member of your healthcare team or go to the emergency department if you experience any of these problems.

Different treatments may lead to different types of urinary or bowel side effects. More information on side effects caused by different treatments for prostate cancer can be found in the following booklets downloadable at pcfa.org.au or prostate.org.au:

- *Prostate cancer – a guide for newly-diagnosed men*
- *Understanding surgery for prostate cancer*
- *Understanding radiation therapy for prostate cancer*
- *Understanding advanced prostate cancer*

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3. Urinary side effects and how to manage them

There are many things you can do to improve and help you manage urinary side effects that may occur after prostate cancer treatment. Remember, you can always ask your GP, Prostate Cancer Specialist Nurse or a member of your healthcare team for advice.

Urinary incontinence

Urinary incontinence is an involuntary leaking of urine. The amount of leakage can vary from a drop to total emptying of the bladder.

Urinary incontinence is a common side effect in men who have had surgery for prostate cancer, but it can also occasionally occur in men who have had radiation therapy.

Many factors can affect continence following prostate cancer treatment, such as your age, weight, the stage of your cancer, the type of treatment you received and whether you were experiencing any urinary problems before treatment.

Urinary incontinence usually improves 1 to 6 months after treatment, but it can last a year or more. A small percentage of men will experience permanent incontinence.

There are different types of urinary incontinence.

Stress urinary incontinence: the loss or leaking of urine when there is an increase in pressure in the belly, for example, when you cough, laugh, sneeze, change position or are physically active.

Urge urinary incontinence: the sudden intense need to urinate without the ability to delay, resulting in the loss or leaking of urine before you reach the toilet. Urgency or urge incontinence occurs when the bladder is overactive or contracting without you wanting it to.

Mixed incontinence: a combination of urinary problems related to both stress and urge urinary incontinence.

Overflow incontinence: when the bladder never completely empties, causing urine to leak. This can occur in men with an enlarged prostate, scarring of the urethra caused by treatment, or at the neck of the bladder due to injury or infection.

How is urinary incontinence managed?

Pelvic floor exercises

Doing pelvic floor exercises is the best way to prevent and reduce urinary incontinence. The pelvic floor is a group of muscles that are positioned deep within the lower part of your pelvis. These muscles provide general support to your bladder and bowel and help to control the flow of urine. Exercising and strengthening the pelvic floor muscles before and after surgery or radiation therapy can reduce the amount of incontinence you experience and help you to regain urinary control sooner after surgery. Pelvic floor exercises can also reduce overactive bladder symptoms (the strong urge to urinate). Men who learn to effectively train the pelvic floor muscles, with the help of a trained physiotherapist or continence nurse, can experience less urine leakage after prostate cancer treatment than those men who don't.

How to activate the pelvic floor muscles

1. It is important to perform the pelvic floor exercises in different positions, such as sitting, standing and lying. It is best to start these exercises in the position in which you find it the easiest to feel the pelvic floor muscles contracting.
2. Activate the pelvic floor muscles by pulling or drawing your penis in towards your pelvis, as if you are trying to stop the flow of urine. When doing this, you should also feel the testicles lift and the muscles around the anus tighten. Concentrate on the feeling of the muscles contracting towards the front of your pelvis and try to keep the abdominal muscles relaxed when contracting the pelvic floor.
3. After contracting the pelvic floor, complete a controlled release of the muscles as if you are releasing your penis slowly and carefully away from your pelvis and restarting the flow of urine. As you relax the pelvic floor, you will feel your testicles drop and the muscles around your anus relax.
4. Do this again and check that you are not holding your breath. Minimise any tightening of other muscles in your body such as the leg, buttock and abdominal muscles.

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A basic pelvic floor training program

You can begin to train the pelvic floor muscles by carefully contracting and holding them for up to 10 seconds or for 3 comfortable breaths. Repeat these basic exercises 5 to 10 times while sitting, standing and lying. This is one set. Progress by completing 2 or 3 sets a day in each position before surgery. It is also helpful to learn how to contract and tighten the pelvic floor muscles quickly before you cough or just before you stand up out of a chair.

After surgery, do not do pelvic floor exercises while the urinary catheter is in place

Commence the basic pelvic floor exercise program after surgery when your surgeon advises you to do so. It is important to start with comfortable pelvic floor exercises and to avoid overdoing the exercises in the early weeks after surgery. However, you should work towards routinely activating your pelvic floor every day to reduce the amount of leakage you experience after surgery.

To learn to activate your pelvic floor muscles correctly, you will need the help of a specially trained physiotherapist and/or continence nurse skilled in teaching these exercises. Physiotherapists can use ultrasound to allow you to see the contraction of your pelvic floor muscles so that you can be confident that you are activating and training the muscles correctly. Your surgeon can provide you with the contact details of a physiotherapist or continence nurse.

For more information, contact the Continence Foundation of Australia on **1800 33 00 66** or at **continence.org.au**

Continence products

There is a range of continence products to help manage urinary incontinence. Pads are an effective first choice. They are worn with firm-fitting underwear, not boxer shorts. It is important to change pads regularly and keep your skin clean and dry to avoid irritation.

You can also buy bed protectors and containers to use if you can't make it to the toilet in time at night.

Supermarkets and pharmacies stock continence products specifically designed for men. You can also buy these products online and get them delivered straight to your home. Some companies provide free samples and sample packs that you can try. Ask your GP or nurse for advice about different continence products.

Devices for managing urinary incontinence

There are a number of devices available that can help you manage incontinence.

- **Urinary sheath (urodome):** This is like a condom with a tube attached that drains urine into a bag. It's sometimes called an external catheter. If you have a urinary sheath, a healthcare professional like a continence nurse will make sure you have the correct size and show you how to use it.
- **Penile clamp:** This squeezes the urethra shut to prevent urine from leaking. It can be uncomfortable and shouldn't be used for long periods of time. Only use a penile clamp under the advice of a doctor.

Surgery for managing urinary incontinence

Occasionally, surgery may be needed to manage urinary incontinence.

- **Internal sling:** This is a piece of specially designed tape inside you that presses on the urethra to keep it closed. It is fitted during an operation. It's usually only suggested for men who have ongoing incontinence 1 year after their prostate cancer treatment.
- **Artificial urinary sphincter:** This is a device consisting of a fluid-filled cuff around the urethra, a balloon in front of the bladder and a pump in the scrotum. You can control when you urinate by squeezing the pump. The device is fitted during an operation. It's usually only suggested for men who are leaking a lot of urine 6 months after treatment.

Burning or stinging when urinating

Sometimes radiation irritates the lining of the bladder and urethra. It can cause a burning feeling when you urinate, the need to urinate more often, difficulty passing urine, or blood in the urine. These symptoms usually go away quite quickly after treatment, but in some men they last longer or may develop months or years after treatment.

Burning or stinging can also be caused by an infection, so it's always important to tell your doctor if you develop symptoms.

How is burning or stinging when urinating managed?

You can reduce symptoms by drinking plenty of water. Avoid fizzy drinks, tea, coffee, cola and alcohol as these can further irritate the bladder. Drinking cranberry juice can help, but you should not do this if you are taking warfarin or similar medications to thin your blood. This is because the cranberry juice may stop the medications working properly. Your treatment team may recommend Ural sachets in water.

Your doctor may recommend you take medication to relieve symptoms. Sometimes they may recommend a bladder wash, which is a procedure to fill up the bladder with a liquid that protects the lining and reduces irritation.

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Frequency and urgency

Prostate cancer treatment can leave you needing to urinate more often (**urinary frequency**), especially at night. You might notice that you suddenly need to go and you may leak some urine before you make it to the toilet (**urinary urgency**). It happens because the bladder muscles spasm and release some urine.

How are frequency and urgency issues managed?

Bladder retraining can be used to help you control your bladder better. A continence nurse or continence physiotherapist can advise you.

There are medicines that can help with frequency and urgency. Some men receive an injection of Botox into the bladder. Another technique is to stimulate the nerves that control urination with a low electrical current.

Flow issues

Some prostate cancer treatments can cause a narrowing of the urethra, the tube that carries urine. This can result in several issues, including difficulty urinating or being unable to empty the bladder. This is called **urinary retention**. It is more likely if you have an enlarged prostate or if the treatment causes the prostate to swell up.

Sometimes, surgery or radiation therapy can cause the bladder neck (where the bladder joins the remainder of the urethra) to develop a narrowing known as **bladder neck stenosis (or stricture)**.

Problems caused by a stenosis may include:

- a weak urinary stream
- hesitancy
- a feeling of incomplete emptying of your bladder
- spraying of urine when urinating
- urinary retention (not being able to pee).

How are flow issues managed?

There are medicines to treat urinary retention. Sometimes, surgery is needed to widen the opening of the bladder or urethra.

If you suddenly find you can't urinate or it's painful, seek medical attention right away. Acute urinary retention can be dangerous. You may need a catheter to empty the urine from your bladder.

Blood in the urine

Blood in the urine (**haematuria**) can happen after radiation therapy for prostate cancer. It may also happen immediately after surgery to remove the prostate. It is usually nothing to worry about and clears up quickly, but it's always important to tell your doctor if you notice blood in your urine as it could be the sign of an infection or another type of cancer. Sometimes the blood causes clots that can block the flow of urine, so if you can't urinate you need urgent medical attention.

How is blood in the urine managed?

If you have blood in the urine, you will usually be referred to a urologist. A cystoscopy (camera test inside the bladder) may be recommended, together with scans. This is important to find out the cause of the bleeding.

Blood in the urine may be managed by adjusting your medication – but never do this without medical advice.

Sometimes treatment for blood in the urine may include using a catheter or a bladder wash, which is a procedure to fill up the bladder with a liquid to try and clear the blood that may be in the bladder.

If the bleeding doesn't respond to treatment, your doctor may recommend a special therapy called hyperbaric oxygen therapy, which involves breathing oxygen inside a pressure chamber for 1 to 2 hours. This helps the tissues in the bladder to regenerate and get stronger.

If the bleeding is caused by cancer or an infection, these will need to be treated.

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4. Bowel side effects and how to manage them

Bowel symptoms are not an expected side effect of surgery for prostate cancer. Sometimes constipation can be a problem immediately after surgery. Pushing or bearing down to expel a hard poo can affect how the surgical wounds heal and weaken the pelvic muscles that you need for continence. Surgery can also cause bleeding from the bowel. Very rarely, men may develop a fistula (a hole between the urethra and the rectum) after surgery. Talk to your doctor, specialist nurse or another member of your healthcare team if you experience bowel changes after surgery.

Radiation therapy can sometimes cause bowel changes. During the second half of treatment, some patients have a sense of needing to open their bowels more frequently or more urgently, though not much may be passed. Uncommonly, you may pass some mucous or have excess wind and/or discomfort when you go to the toilet. Occasionally, radiation will cause damage to the rectum (called **radiation proctitis**), which can cause a change in bowel habits, excess mucous, and/or bleeding. Bowel incontinence (leaking poo) is rare.

There are several things you can do to improve and help you manage bowel problems after prostate cancer treatment. Remember, you can always ask your GP, Prostate Cancer Specialist Nurse or a member of your healthcare team for advice.

Bowel incontinence

Bowel incontinence (**faecal incontinence**) is an involuntary leaking of poo. The amount of leakage may vary from a drop to total loss of bowel control.

The main issue with bowel incontinence is that it is rarely discussed or reported by men, so it is not highlighted as a major concern. Men can often overcome their distress by seeking advice and assistance from the healthcare team.

How is bowel incontinence managed?

A health professional such as a dietitian, continence nurse or physiotherapist will look at everything that might be affecting your bowel, including your diet and fluid intake, exercise, how mobile you are and the medicines you are taking.

Making changes to your lifestyle can often help to control bowel incontinence. There are medicines you can take to control constipation and diarrhoea.

Bleeding from the bowel

Bleeding from the back passage is an uncommon side effect of radiation treatment. Sometimes it happens months or years after treatment. It can be caused by **proctitis**, which is inflammation of the lining of the rectum. Other symptoms of proctitis are feeling like you need to open your bowels, pain, and passing mucous. Proctitis usually goes away by itself, but sometimes the symptoms continue.

Always tell your doctor if you notice blood from your back passage, as it may have nothing to do with the prostate cancer treatment. Your doctor may ask for further investigations to rule out other problems such as bowel cancer.

How is bleeding from the bowel managed?

If you bleed from the back passage, your doctor may do a colonoscopy to see if the bleeding is from radiation scar tissue or something else.

If you have proctitis, you may be given medicine to treat it. Bleeding can also be treated by laser treatment, surgery, or the use of hyperbaric oxygen therapy (see page 11).

Fistula

A fistula is a hole between the urethra and the rectum. It is a very rare side effect of surgery and radiation therapy for prostate cancer.

Sometimes pain and infections of the urethra can be early signs of a fistula, although there may be other causes of these symptoms. Contact your doctor or nurse if your urine is strong smelling or you have a temperature after the treatment, as these could be signs of an infection. Discharge from the urethra or discharge or diarrhoea from the rectum after treatment may also be signs of a fistula.

How is a fistula managed?

If you develop a fistula, you may need to have an operation to repair the hole.

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5. Looking after yourself

Deal with your emotions

Many men find coping with the challenge of urinary and bowel symptoms after their treatment is one of the most difficult stages of their cancer experience. Although you might think your life has become all about finding the nearest bathroom, you don't have to be controlled by this side effect. You can take action.

If you are experiencing problems, particularly incontinence, you may be feeling emotions such as embarrassment, anxiety, frustration, anger and social isolation. These are to be expected. Accepting these emotions, dealing with them and seeking support at an early stage can help you cope. If your emotions are affecting your ability to take control and make adjustments, there are healthcare professionals who can assist you. Ask your doctor for a referral to the right professional for your situation.

Regulate your digestion

To deal with bowel problems, eat a variety of fibre-rich foods, such as wholegrain breads, cereals, pasta, fruit, vegetables (especially raw and unpeeled), nuts and seeds, legumes and pulses such as baked beans, lentils and chickpeas.

Eat fewer fatty foods (like fried fish, fried chicken, potato chips or high fat milk products).

Try to get into a regular routine with your meals, which can help to regulate the digestive processes.

Manage diarrhoea

Diarrhoea may be frequent, with watery bowel movements. Ask your treating doctor or nurse about what to expect and when to report diarrhoea.

- Write down how many runny bowel movements you have in a day. Speak to your doctor about medicines you can take to help. Make sure you tell them about any bloody bowel movements you may have.
- Drink plenty of fluids to prevent dehydration. Water and diluted cordials are better hydrating fluids than high sugar drinks, alcohol, strong caffeine or very hot/cold fluids, which may worsen diarrhoea.
- Avoid highly spiced and fatty/oily foods.
- After the diarrhoea has cleared up, slowly reintroduce a healthy eating plan that includes fresh fruits, vegetables, wholegrain breads and pasta.
- Ask for a referral to a dietitian to talk about managing diarrhoea. Tell your doctor if you are making any changes to your diet.
- Keep the area around your anus clean and moist to prevent skin irritation. After each bowel movement, wash your anal area with warm water and gently pat dry. You may need to apply a barrier cream to protect the area.

Avoid constipation

Constipation, or hard poo, causes you to strain and this can weaken your pelvic floor muscles. The pressure from a full bowel can cause bladder pain or discomfort. It can also affect the amount of urine your bladder can hold and require you to urinate more urgently or frequently.

Eating a diet high in fibre such as wholegrain breads and cereal, fresh fruit and vegetables, and drinking 1.5 to 2 litres of water a day, will help to prevent constipation.

A glass of warm liquid when you first get up in the morning may help your bowels to start moving.

If you are constipated, try not to push hard when passing a poo.

Quit smoking

Smoking can affect your bladder in two ways. It acts as an irritant to the bladder, and coughing can weaken the pelvic floor.

For help to quit smoking, call the Quitline on **13 7848**.

Avoid drinks or food that cause bladder irritation

Caffeine (tea, coffee, cola drinks), alcohol, citrus fruits and juices, drinks with artificial sweeteners, tomatoes and tomato-based products, spicy or acidic foods can cause bladder irritation. It is best to drink water.

You may need to plan when to drink your fluids, for example, by cutting back fluids in the evening to prevent getting up at night.

Lose weight if required

Excess body weight puts extra pressure on the bladder, which can increase urinary urgency symptoms.

Manage diabetes

If you have diabetes, ensure your blood glucose levels are regulated. Urinary issues can be affected by unstable blood glucose levels.

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Exercise

Regular exercise helps you to stay a healthy weight and prevents constipation. It also helps you to sleep well and is beneficial for your overall wellbeing.

Try some gentle exercise, such as walking each day. Talk to your doctor, physiotherapist or exercise physiologist about the amount and type of exercise that is right for you.

It's important to do exercise in a way that is safe for your pelvic floor. For example, avoid high impact exercises that involve running or jumping, abdominal exercises or any exercises that put downward pressure on the pelvic floor.

A continence nurse or continence physiotherapist can advise you. For more information on pelvic floor-friendly exercises, visit www.pelvicfloorfirst.org.au.

Rest and relax

Rest is as important as exercise, particularly in the early stages during or following treatment. Many men report their urinary side effects are worse at the end of the day when they are tired or fatigued. Regular periods of rest can help minimise this.

Prostate Cancer Counselling Service

Our Prostate Cancer Counselling Service (PCCS) can help you with the psychological and emotional impacts of the disease. You can access the free service at any point - whether you or someone you love has been impacted by prostate cancer. Call **1800 22 00 99** and talk to one of our Prostate Cancer Specialist Nurses about a referral.

6. Practical tips

Getting out and about

As you recover, you can overcome the fear associated with urgency and incontinence and take back control. With encouragement from your family, friends and healthcare team, courage to explore and trial new behaviours, flexibility and a good plan, you can gradually gain the experience you need to get back your confidence and regain your life.

You may need to develop a 'survival kit'. This can take many forms, but some basic considerations could include:

- a carry bag of suitable size, with organised compartments
- medication container – may require several sections
- lubricant or skin cream
- gloves – correct size is important
- underwear (not boxer shorts)
- tissues
- cleansing wipes – pre-moistened, alcohol free baby wipes are suitable
- large plastic-backed, disposable undersheet – useful if cleaning up away from a bathroom area
- lockable plastic bags with ziplock or fasteners – various sizes depending on need
- clothing change
- deodorising spray – not perfume
- hand cleanser gel
- bottled water
- pads – experiment with the wide variety available for those that are most suitable to your comfort and purpose.

Most of these items can be found in the personal care section of the supermarket or at the pharmacy.

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Plan your trip

Prepare before you go. Be aware of your timing, route, meals and hydration. You may wish to take some of the foods you know do not aggravate your symptoms.

Toilet maps can be helpful to locate toilet facilities in unfamiliar areas or when planning outings. Australia-wide maps are available (see www.toiletmap.gov.au).

Public facilities should have ambulant or accessible toilets with rails, fixtures and disposal bins.

Information from your diet diary can enable you to select venues and menus with greater confidence when you eat out.

If you experience leakage and do not feel confident enough to meet up with people or do your usual activities such as work or going out for a meal, call the National Continence Helpline on **1800 33 00 66** for support.

Managing the cost of treatment

You may be eligible for financial help when buying continence products.

The Continence Aids Payment Scheme (CAPS) can help with some of the costs.

Visit www.health.gov.au/initiatives-and-programs/continence-aids-payment-scheme-caps for more information.

There are also state and territory government funding schemes available. For more information please contact the National Continence Helpline on **1800 33 00 66**.

7. Seeking help

Bowel and bladder problems such as incontinence can significantly affect your quality of life. Remember, you aren't alone. More than 5 million Australians are affected by incontinence. With the right help, continence problems can be managed or cured. Ask your doctor or a member of your healthcare team for advice and to refer you to the appropriate professional for you.

Professionals who can help include:

Accredited exercise physiologist: allied health professional who specialises in prescribing an individualised and safe exercise program as part of your cancer treatment.

Continence nurse: a nurse who has received specialised training in managing problems related to continence (bladder and bowel) after treatment. See page 20 for more information.

Continence physiotherapist: a physiotherapist who has received specialised training in managing problems related to continence (bladder and bowel) after treatment. See page 20 for more information.

Dietitian: an allied health professional who recommends the best eating plan before, during and after treatment and through your recovery.

General practitioner (GP): a doctor who looks after your day-to-day health matters, coordinates care and provides referrals to other specialists as necessary. Your GP is your first port of call.

Physiotherapist: an allied health professional who specialises in movement and function of the body and advises on resuming normal physical activities and pelvic floor training.

Prostate Cancer Specialist Nurse: a nurse who has received specialised training to provide treatment, support and assistance through all stages of the prostate cancer experience.

Psychologist: a professional who provides help with emotional, social and spiritual challenges.

Social worker: a professional who advises on support services and help you need to function at home physically, socially and financially.

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Continence nurse advisers and continence physiotherapists can assist with:

- pelvic floor exercise education
- development of individual pelvic floor and general exercise programs
- toileting practices during recovery from treatment, particularly correct posture
- continence product assistance for managing symptoms
- assistance and education with self-help techniques
- financial assistance advice (you may qualify for local or federal funding schemes)
- information and resources
- homecare matters such as:
 - waste disposal, infection control measures such as use of disinfectant hand wash, bathing and hygiene in the home
 - advice on fittings and fixtures, commodes, rails to assist in toileting and arranging a home care assessment. If you are eligible you may receive assistance with the cost of these home alterations
- assistance and education with self-help techniques.

Ask your doctor for a referral or contact the Continence Foundation of Australia to find your local adviser (www.continence.org.au). You can also contact the Australian Physiotherapy Association (see www.physiotherapy.asn.au or call **1300 306 622**).

8. Where to get more information and support

Prostate Cancer Foundation of Australia (PCFA)
 (02) 9438 7000/1800 22 00 99 (freecall)
 Email: enquiries@pcfa.org.au
www.prostate.org.au

Beyond Blue: the National Depression Initiative – providing information about, and support for anxiety and depression.

1300 22 46 36

www.beyondblue.org.au

Cancer Council Australia: professional telephone and online support, information and referral service.

13 11 20

www.cancer.org.au

Continence Foundation of Australia: providing information about bladder and bowel health and accessing support

National incontinence helpline: 1800 33 00 66

Email: info@continence.org.au

www.continence.org.au

Dietitians Australia: find an accredited practising dietitian

(02) 6189 1200

Email: info@dietitiansaustralia.org.au

www.dietitiansaustralia.org.au/find-an-apd/

Exercise & Sport Science Australia (ESSA): find an accredited exercise physiologist
(07) 3171 3335

Email: info@essa.org.au

www.essa.org.au/find-aep

Lifeline Australia: personal crisis support and suicide prevention

13 11 14 (24-hour service)

www.lifeline.org.au

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9. Sources

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10. Glossary

Bladder – A sac with an elastic wall of muscle; found in the lower part of the abdomen. The bladder stores urine until it is passed from the body.

Brachytherapy – A type of radiotherapy treatment that implants radioactive material sealed in needles or seeds into or near the tumour.

Catheter – A hollow, flexible tube through which fluids can be passed into the body or drained from it.

Climacturia – Leaking urine when you have an orgasm.

Constipation – Bowel motions (faeces/poo) that are infrequent or hard to pass.

Diarrhoea – Opening the bowels very frequently. Motions may be watery.

Dribbling – Slight urinary leakage after urinating is completed.

External beam radiotherapy (EBRT) – Uses X-rays directed from an external machine to destroy cancer cells.

Fistula – A hole between the urethra and rectum.

Frequency – Needing to urinate every 2 hours or less.

Hesitancy – Difficulty beginning the urinary stream.

Incomplete emptying – A feeling of not fully emptying the bladder.

Incontinence – Inability to hold or control the loss of urine or faeces.

Intermittency – A stop/start urinary stream.

Nocturia – Needing to urinate overnight.

Pelvic floor muscles – A layer of muscle and tissues that stretches like a hammock from the tailbone at the back to the pubic bone in front. The pelvic floor muscles support the bladder and bowel. The urethra (urine tube) and rectum (back passage) pass through the pelvic floor muscles.

Urinary and bowel side effects of prostate cancer

Side effect - Unintended effects of a drug or treatment.

Straining - Having to push or strain to begin your urinary stream.

Stress incontinence - The loss or leaking of urine when there is an increase in abdominal pressure, for example, when you cough, laugh, sneeze, change position or are physically active.

Support group - A group of people who provide emotional caring and concern, practical help, information, guidance, feedback and validation of the individual's stressful experiences and coping choices.

Surgery - Treatment that involves an operation. This may involve removal of tissue, change in the organisation of the anatomy or placement of prostheses.

Therapy - Another word for treatment. It includes chemotherapy, radiotherapy, hormone therapy and surgery.

Urethra - The tube that carries urine from the bladder, and semen, out through the penis and to the outside of the body.

Urgency - Strong sudden urge to urinate and inability to delay it.

Urinary stricture - Narrowing of the urethra due to scarring that may cause difficulty urinating and/or urinary retention.

Weak urinary stream - Slow flow with minimal force.

Notes

You may wish to use this note section to record your progress or questions you may have about your symptoms following treatment.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface.

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PROSTATE CANCER FOUNDATION OF AUSTRALIA (PCFA)

We are Australia's leading community-based organisation for prostate cancer research, awareness, and support. As the nation's predominant charity fund for Australian – based prostate cancer research, we exist to protect the health of existing and future generations of men in Australia and to improve quality of life for Australian men and families impacted by prostate cancer.

Our vision is a future where no man dies of prostate cancer and Australian men and their families get the support they need.

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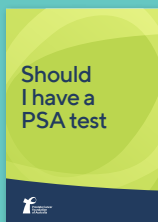
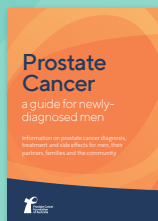
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