

Prostate Cancer



ALCHEMY
IN MOTION

Surgery

Commonly, prostate cancer is treated by a robotic surgical removal of the prostate and surrounding cancerous markers

Following these operations, men can experience urinary incontinence and erectile dysfunction.

Anatomy

Prostate – Mix of muscle and glandular tissue that wraps around the urethra

Pelvic Floor– sling (like a hammock) of muscle that wraps from pubic bone to tailbone

Urethra – pliable tube (like a hose) that carries urine from the bladder and out through the penis. The urethra can be kinked either by the prostate or the pelvic floor to stop the flow of urine.

Once the prostate is removed, the only way to kink the urethra and stop the flow of urine is by contracting the pelvic floor. As most men have never consciously contracted their pelvic floor, this muscle tends to be weak.

Pelvic Floor Physiotherapy

Fluid., bladder & bowel advice and recommendations

Pelvic Floor rehabilitation:

- How to activate the pelvic floor
- Strength, endurance & coordination training for good bladder control & erectile function
- Functional pelvic floor training – how to use your pelvic floor for everyday tasks / movements and sport / exercise specific movements

Exercise & activity modification advice

Strategies to improve erectile function + penile rehabilitation

When should I start?

Pre-op – 4-6 weeks PRIOR to surgery

Post-op – 1-2 weeks post catheter removal
= 3-4 weeks post surgery is usually recommended. This however, is guided by your surgeon as to what their recommendation is

References: See website

Who to see



Zoe Mills



Ocean Kabikwa



Alice Mackenzie