

## PROSTATECTOMY PELVIC FLOOR PHYSIOTHERAPY

### How can I best prepare for my surgery?

- Ideal to begin training 4-6 weeks prior to surgery
- Bladder training
  - No just in case visits to the toilet
  - Learn to recognise a legitimate need to empty your bladder as opposed to a false alarm and regain control over when your bladder empties through urgency strategies (Discussed in “Bladder Training”)
  - Reduce bladder irritants such as alcohol, tea, coffee and soft drinks
- Begin with pelvic floor and core exercises (discussed in Level 1 and 2)
- Ensure good healthy diet
- Ensure good quality sleep
- Get active
- Ensure good erectile function pre-operatively – research has indicated a correlation between good pre-operative erectile function and satisfaction with postoperative erectile function

### What should I be doing post-operatively?

- While the indwelling catheter is in:
  - Horizontal rest to promote healing of stitches and reduce swelling. Advisable to have one-hour horizontal rest in middle of day.
  - To get out of bed: bend one knee, roll to your side and push up with your arms. Don't sit straight up.
  - Good nutrition and fluid intake (at least 1.5L fluid) to avoid constipation and straining
  - Begin with gentle exercise to avoid deep vein thrombosis or lung problems
  - Avoid heavy lifting and straining at all costs as this can damage the surgical site and cause ongoing pain and discomfort. You should not lift anything heavy for the first 3 months.
  - Ensure you are sitting on the toilet properly when opening bowels



Knees higher than hips  
Lean forward and put elbows on knees  
Bulge abdomen  
Straighten spine

- Once the catheter has been taken out:
  - Continue with:
    - Good nutrition and fluid intake
    - Avoiding constipation, straining and heavy lifting
    - Sitting properly when opening bowels
  - Bladder training program – to increase the volume and time between emptying and control urine leakage
  - Pelvic Floor strengthening program
    - LEVEL ONE: Master the technique and endurance of the pelvic floor and core muscles
    - LEVEL TWO: Power training to control leaking under pressure
    - LEVEL THREE: Integrate the pelvic floor and core into every day movement patterns and tasks

## BLADDER TRAINING PROGRAM:

Why am I leaking?

1. Removal of prostate muscle
  - In removing the prostate, the muscle that controls urine flow within the prostate is also removed.
  - Some men rely on this muscle to regulate and control urine flow their entire lives therefore when it is removed they tend to experience more incontinence as a result.
2. Catheter removal
  - The catheter holds the bladder mouth open and stretches the muscle sphincter that later seals the opening to the urethra.
  - Often after the catheter has been taken out there is ongoing unstoppable and distressing urine flow
  - It can take some time for the stretched sphincter to regain tone and close off
3. Weak pelvic floor muscles
  - One of the functions of the male pelvic floor is to kink the urethra up near the bladder to stop the flow of urine.
  - If your muscles are weak or affected as a result of the surgery the ability to kink the urethra is impaired and you may experience some loss of urine especially when standing up or laughing, coughing or sneezing.

### How can I retrain my bladder?

- Increase the volume that your bladder can hold
  - You will need to retrain your bladder to be able to “hold on” for longer periods to increase its capacity to fill up completely
  - The normal capacity of an adult male bladder is around 400- 450mL of urine
  - Do not do “Just in Case” visits to the toilet as over time this can reduce the amount of urine that your bladder can hold and increase frequency
  - You can measure the amount of urine you are passing each time you go to the toilet and note it in a bladder diary (See **“Bladder Diary”** handout attached) to monitor whether your volumes are improving
- Learn to differentiate between a legitimate need to empty your bladder and a “false alarm”
  - We normally get two urges to urinate before we need to empty our bladder. The first urge is a warning signal “I’m half full and I’ll need to empty soon” then the second urge is typically “I’m full now I need to empty”
  - After surgery these signals can be confused, and the first warning urge can feel like the second
  - To learn the difference between the two:
    - Think: When was the last time I went to the toilet? If it was only 10 minutes ago you know that your bladder is lying to you and it is not full
    - Try to distract yourself from the urge to see if it goes away. If the urge to urinate disappears then you know it was a false alarm and you can carry on with what you were doing. However, if the urge is just as strong as what it was before – get up and go to the toilet.
    - To distract yourself you are in fact calming the bladder. Try some of the strategies listed in your handout **“Tips for Managing Urgency”** when you feel that first urge and you may find that you can hold on for a bit longer before needing to empty.
  - When you are retraining your bladder, you may have set backs and occasional accidents, so it is important that you wear a pad as a safeguard



- Ensure that your bladder is emptying properly
  - After surgery the flow of urine can be affected
  - If you are sitting or standing to empty your bladder sometimes leaning forward slightly can help to empty out a little more
  - Take your time when emptying your bladder, don't rush
- Reduce bladder irritants such as tea, coffee, alcohol and soft drink

**BLADDER TRAINING OVERVIEW:**

- No "Just in Case" visits
- Try urgency strategies at the first urge to empty and see if the urge goes away. If so continue doing what you were doing, however if the urge to empty is just as strong take yourself to the toilet
- Wear pads during this period as a safeguard
- Lean forward when emptying your bladder and take your time
- Reduce tea, coffee, alcohol and soft drink

## PELVIC FLOOR STRENGTHENING PROGRAM

### LEVEL ONE – TECHNIQUE AND ENDURANCE

#### Correct muscles

- Think: Lifting or sucking your testicles up OR stopping the flow of urine midstream
- Self-test:
  - Stand up and strip down in front of a mirror
  - Imagine sucking your testicles up or stopping the flow of urine mid-stream
  - Correct: you will see a lift of the testicles and or penis, there will be no sucking in the upper abdominal muscles and you will have a sense that your testicles are lifting, or your penis is shortening
  - Incorrect: you will suck your abdominal muscles in, clench your bottom or leg muscles and hold your breath in an attempt to lift everything up. If you do this think about flopping and relaxing your belly and all other areas while standing tall and imagine lifting your testicles as you breathe out gently





### Correct technique – How do I activate the pelvic floor?

- Imagine there is an elevator inside your belly which starts on ground level and goes to level 4 (around your belly button)
- Breathe into your belly – this stretches and pre-loads the pelvic floor muscles down to basement level in preparation for lift off (imagine loading a slingshot)
- Breathe out gently and think about lifting the testicles up from the basement all the way to level 4. On the way you will feel your deep abdominal muscles tightening – if you feel abdominal muscles above your belly button contract you have gone too far!
- This contraction is meant to be slow and controlled. Think about turning up the volume (from the basement to level 4) rather than flicking a switch
- For more information, please refer to your **“Core Stabilisation”** handout

### Correct Prescription – how many do I do and how often?

#### Priority = quality not quantity

- Begin by activating your pelvic floor and holding it on level 4 for 1 breath then relax. Repeat 10 reps. NOTE: you know you have done a good QUALITY pelvic floor contraction as you will feel a lift and let go.
- If you can perform 10 good quality pelvic floor contractions holding for 1 breath, then try to hold for 2 breaths and do 10 reps.
- NOTE ON FATIGUE: The pelvic floor will want to fatigue and let go so you must learn to be able to draw it back up again when you feel that it is slipping. For example: You have done your initial contraction and you felt a good lift, as you have started to breathe in you felt the pelvic floor start to release. Don't panic! On the next gentle out breath simply draw back up again tightening back to level 4.
- GOAL OF LEVEL 1 = 60 good quality pelvic floor contractions holding on level 4 for 3 breaths per day
- You need to vary the position you are practicing this in: lying down, sitting and standing. If you can't feel good quality contractions in sitting or standing just focus of lying down for now.



LEVEL ONE OVERVIEW:

- **Muscles:** Think "lift testicles"
- **Technique:** Breathe in (preload the pelvic floor to basement) then on out breath gently lift and draw testicles up to level 4
- **Prescription:** Goal = 60 good quality pelvic floor contractions holding on Level 4 for 3 breaths. Practice in varied positions for example: 20 reps lying down, 20 reps sitting and 20 reps standing.
- **How is endurance training helping me?** Improving the endurance of the pelvic floor will provide sustained holding control of your bladder against downward load when you are out and about, walking, running etc. This can reduce the random leaks throughout the day.

LEVEL TWO – POWER TRAINING

Correct muscles: Think: "Lift testicles" (as in Level 1)

Correct technique:

- Start practicing when lying down (as this takes gravity out of the equation)
- Breathe in, preloading the pelvic floor like a slingshot (as in Level 1)
- Then on out breath, activate pelvic floor immediately, lifting up to level 4. This contraction is compared to a sprint or flicking on a switch – it is meant to be fast and strong
- You are activating fast twitch muscle fibres with this exercise and they are terrible at holding on (unlike the endurance fibres in level 1). So, you typically feel a release soon after you have reached level 4. When this happens, take a second grab of the pelvic floor muscles and lift back up to level 4 (you will be now recruiting your endurance muscles fibres) then hold for the 3 breaths.
- When you feel the intensity of the initial sprint weakening you should stop the exercise. Finish off your 10 reps using your endurance muscles – like you did in Level 1.

Correct prescription:

- To begin, practice this exercise when lying down. When you have mastered this, you can begin to practice in sitting and standing and discontinue lying down.
- Begin doing 60 reps lying down across the day then when able progress to 30 reps sitting and 30 reps standing
- All reps should be:
  - "Fast switch" or "sprints" + hold for as long as possible
  - Take second grab when you feel the contraction slipping and hold for remaining 3 breaths



LEVEL TWO OVERVIEW:

- **Muscles:** Think “lift testicles”
- **Technique:** Breathe in then on out breath lift pelvic floor immediately like you are flicking on a switch or sprinting. Hold this for as long as possible. When you feel the contraction slipping, take a second grab and lift back up to level 4 then hold for 3 breaths.
- **Prescription:** Goal = 60 good quality pelvic floor “Fast switch” or “Sprint” contractions with second grab holding for 3 breaths. If you can only do these lying down do all 60 in this position. If you can do these sitting and standing break it up: 30 sitting and 30 standing.
- **How is Power training helping me?** Improving the power and fast switch capacity of the pelvic floor will provide support when the pelvic floor is put under higher loads for example: sneezing, coughing, standing up or lifting something.

LEVEL THREE – INTEGRATION

Integration refers to the ability of the pelvic floor and core to switch on and maintain tension while doing a particular task.

Please refer to your **“Standing Core Integration”** handout for further detailed exercises.

