



National Association For Continence

What Every Man Should Know Including Instructions for Pelvic Muscle Exercises

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Promoting Quality
Continence Care through

Consumer
Education

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National Association For Continence

www.nafc.org

How to find medical assistance:

- Talk to your family doctor about your symptoms.
- Call NAFC at 1-800-BLADDER for the name of a urologist, or visit the NAFC website, www.nafc.org, to “Find An Expert” by using your zip code. You can also search other professional databases for additional choices by clicking on “Other Search Engines” on the NAFC homepage.
- Call your local hospital and ask if the hospital has a continence clinic, or look in your local yellow pages directory. Your medical insurance company will also have a list of specialty providers.
- Confide in a friend. Often friends will tell you where they had their treatment and if they were satisfied.

About NAFC

NAFC is the world’s largest and most prolific consumer advocacy organization dedicated to public education and awareness about bladder and bowel control problems, voiding dysfunction including retention, nocturia and bedwetting, and related pelvic floor disorders such as prolapse.

This material is based on professional advice, published experience and research, and expert opinion. It does not represent individual therapeutic recommendations or prescription. For specific medical advice, consult your personal physician or other knowledgeable healthcare provider. For further information, visit www.nafc.org or call us at 1-800-BLADDER (1-800-252-3337).

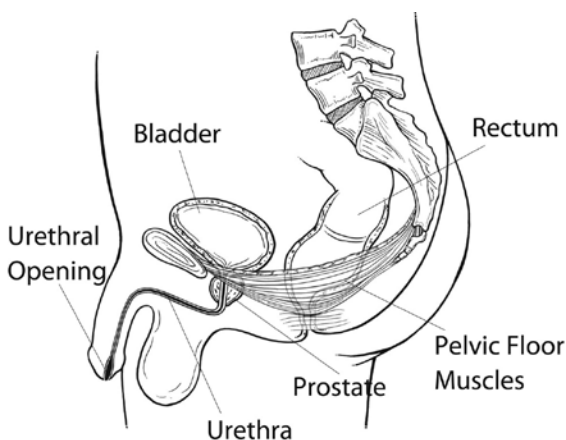
Urinary Incontinence

What Every Man Should Know

Urinary Incontinence is the accidental leakage of urine. This condition affects people of all ages in the United States. It is estimated that approximately 25 million adults nationwide suffer from this medical problem. Therefore, if you or a loved one are affected by urinary incontinence, you should know that you are not alone. It is not an inevitable part of the aging process. Urinary incontinence is a treatable condition in the large majority of circumstances.

Although men have a lower chance of experiencing incontinence, the loss of bladder control is relatively common among them. Studies suggest that 5 to 15% of men living at home above the age of 60, and 2 to 15 % of men between the ages of 15 to 64, are affected by incontinence. Among younger men, the condition is often related to prostate cancer surgery. Approximately half of all men who undergo prostate removal surgery because of prostate cancer will experience leakage of urine during the first six weeks after surgery. At the end of the first year, about 20% will continue having a significant problem with leakage, or stress urinary incontinence.

As men age, the prostate gland grows. It is estimated that 17 million men have an enlarged prostate, or symptoms of Benign Prostate Hyperplasia (BPH) (this is a medical term that simply means a non-cancerous enlargement of the prostate).



The prostate gland wraps around the urethra (the bladder outlet), so an enlarged prostate can constrict or block the urethra. This is known as prostatic obstruction. Prostatic obstruction can compromise the bladder's ability to effectively empty, causing chronic retention of urine. This contributes to urgency and frequency because the bladder still signals that it needs emptying. If left untreated, the bladder can become distended, worsening its ability to contract and completely empty. It is possible to have prostatic obstruction even if the prostate is not enlarged.

Men can also experience spasms of the bladder due to unknown causes, what is known as an overactive bladder (OAB). The classic symptoms are a sudden and urgent need to urinate, and having to urinate frequently, even having to get up at night to go to the bathroom. This affects approximately 33 to 34 million adults in the U.S., men as well as women. Among these, around nine million have accidents, or episodes of urge urinary incontinence, because they are not able to reach the bathroom before losing control of their bladder. A common cause of OAB in men is prostatic obstruction.

Actually, incontinence and problems with urination in themselves are not diseases; they are symptoms that can have many causes. It is important to understand that there's no reason why incontinence or any difficulty with urinating has to be accepted as if it were something that has no remedy. There are many solutions. The first step is to become educated, in order to be able to understand the condition and evaluate the resources available to address it.

You should seek treatment for your bladder control problem when you are not able to control your bladder or bowel as you once did or when the frequency or urgency to urinate is interfering with the quality of your life.

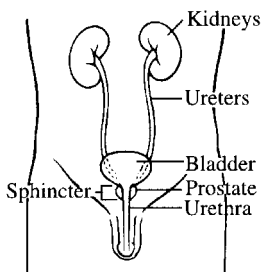
The Most Important Thing Is to Understand

By having the most information possible, you will be able to:

- Know how to talk about your symptoms, so that you can get the most accurate diagnosis from your doctor
- Choose among treatment options and discuss them with your doctor
- Ask all the questions you can think of and understand the answers you get from your doctors and their nurses
- Be in a better position to protect your health, consider your family, hold the job that you want to keep, maintain your relationships and recapture the quality of your life.

Knowledge Is Power

In order to understand the causes of urinary incontinence or problems with urination, it is necessary to learn a little bit about how the bladder and the urinary system in the body work.



Male Urinary System

- Normally, the bladder is like a bag that has two functions. One is to accumulate urine. The second is to contract and push out the urine when a man is ready to empty the bladder. There is a sphincter muscle surrounding the exit to the bladder at its connection, or neck, with the urethra (that is the tube that carries the urine to the outside). The urethra descends through the penis, passing through the prostate, to the body's outlet.
- Sometimes this mechanism suffers damage at some point. If the damage to the sphincter is severe enough, or if the bladder becomes overactive and contracts at the wrong time, the pressure of the urine could make it leak out of the bladder, which causes incontinence.
- As the prostate gland increases in size when men grow older, it can often block the flow of urine. This prostatic obstruction causes symptoms of sudden urgency to

urinate, more frequent urination, a weak stream of urine or difficulty in initiating flow of urine, and incomplete emptying of the bladder which worsens the frequency of urination. These symptoms can also occur even if the prostate is not enlarged.

As they age, men also have a greater tendency to experience an overactive bladder. Since the symptoms of urgency and frequency are similar to those caused by prostatic obstruction it can be difficult for doctors to differentiate the diagnosis. It is possible for these conditions to be occurring at the same time. By the age of 80, men have the same probability as women of having symptoms of an overactive bladder. In spite of this, they typically have fewer accidents (not being able to reach the toilet before losing control of the bladder) than women. This is because pelvic muscle support is often weaker in women due to childbirth.

Overactive bladder symptoms can be caused by many other conditions like bladder or prostate infection, kidney stones, bladder cancer and nerve damage. Nerve damage caused by diseases such as diabetes, Parkinson's disease, multiple sclerosis, or strokes due to high blood pressure, can cause interruptions of the signals between the bladder and the brain. This can result in overactive bladder symptoms of urgency, frequency and incontinence.

What to Expect at a Doctor's Appointment

When first seeking treatment, expect your healthcare provider to be concerned about your complaint and to be attentive to the information you bring. Be prepared to give a complete history,

have a complete physical examination, and give a urine specimen with testing afterwards to see if there is still urine in the bladder. This is done with a small sensor that is rubbed over the lower abdomen. This is called an ultrasound. A sample of blood may also be taken.

The doctor may begin treatment immediately or do some other tests. He/she may ask you to complete a diary about your bladder symptoms and undergo a pad test if you are incontinent to determine the severity of your leakage. Other tests including urodynamics and cystoscopy might be necessary, in which case you will also be catheterized to measure urine residing in the bladder after urinating. This is done by passing a small thin tube via the urethra into the bladder. These tests show how the bladder acts when it is filling and emptying and what the inside of the bladder looks like. The reason for all tests should be explained. You should know when and how you will get the results and what the potential complications are from the tests themselves.

Once the specialist has made a diagnosis of the bladder or bowel problem, expect to have the treatment choices explained, with the risks and benefits and estimated cost of each option.

Expect to participate in your own care to get the best results. Treatment will be most successful when you help to choose the solution and are responsible for record-keeping, going to the toilet regularly, drinking the recommended amount and types of fluids, and performing pelvic floor muscle exercises. Report any side effects of medicines or treatments and discuss any concerns about treatment with your healthcare provider.

Diagnosis and Treatment Options

There are several types of urinary incontinence and problems with urination. The first type is associated with difficulty in emptying the bladder or retention, due to an obstruction to the flow of urine or a weakened bladder muscle, usually caused by a non-cancerous, enlarged prostate.

Among the symptoms are:

- Diminished or interrupted urine flow
- Urgent and sudden urge to urinate
- Increased frequency of urination
- Inability to empty the bladder completely when urinating
- Difficulty in starting the urine flow, even when the bladder feels full.

Treatment options for retention in men caused by an enlarged prostate include:

- Medications to reduce the severity of symptoms, improve the flow of urine and reduce the size of the prostate;
- Minimally invasive treatment in a doctor's office or surgery that does not require spending the night at a hospital (such as the use of microwave energy or low frequency radio waves), typically requiring a few days off work to recover; or
- Surgery that is done in an operating room and might require an overnight hospital stay and additional time afterwards to recover.

A second category of problems is OAB, including urge incontinence.

Among the symptoms are:

- Urgent and sudden urge to urinate
- Increased frequency of urination
- Getting up at night to urinate, or nocturia
- Loss of urine when you can't get to the toilet in time to prevent an accident

Treatment Options for OAB:

Note that some of the symptoms are the same in BPH and overactive bladder. Some men could have both conditions. It could be difficult to isolate the diagnoses and prescribe the correct treatment. The most common cause of these symptoms is prostatic obstruction, and the most effective treatment is surgery to relieve the obstruction. However, in most men it is prudent to try other treatments first because the majority of men are satisfied with the results. For men without prostatic obstruction, surgery is not even an option. The best non-surgical treatment for OAB is a combination of behavior (diet, bladder re-training and pelvic floor muscle exercises) along with medication.

When medication is not satisfactory or effective, men may consider electrical stimulation of nerves in their legs, or in more severe cases, the implant of a device like a heart pacemaker. The device is called Interstim®. These treatments seek to calm and regulate the spasms of the bladder.

Treatment Options for Post-Prostatectomy Incontinence

Still another category of urine control problems follows prostate cancer surgery. When the prostate gland is removed, often damage occurs to nerves, tissues and the sphincter muscle that serves as a valve for the bladder, given how close the prostate is to the urethra and sphincter. When this occurs, there are various levels of intervention, depending on the severity and duration of the post-operative symptoms.

Pelvic muscle exercises, also called Kegel exercises or PMEs, are an important part of the behavioral treatment techniques that help increase bladder control and decrease bladder leakage. Research shows that men who do PMEs prior to surgery have three times better chances of recovering continence, or regaining control over the bladder completely, within six months. After surgery, muscle exercises of the pelvic floor help as well. Furthermore, they are important for maintaining sexual vitality and regaining erectile function. PMEs, when performed correctly, help strengthen the muscles that support your bladder. These techniques require conscious effort and consistent participation. Through regular exercise, PMEs build strength and endurance to help improve, regain, or maintain bladder and bowel control. Biofeedback and electrical stimulation therapy could also be necessary for some men who need additional assistance with pelvic muscle rehabilitation.

Pelvic muscle exercises

The muscles of the pelvic floor are located in the base of the pelvis between the pubic bone and tailbone. These muscles have three main functions: (1) they help support the abdominal and pelvic contents from below, (2) they help control bladder and bowel function, and (3) they are involved in sexual response. Like other muscles of the body, if they get weak they are no longer efficient at doing their job.

Identification of the pelvic floor

It can be difficult to find the pelvic floor muscles. They are the ones used to hold back gas or stop a urine stream. It is important to isolate the contraction of these muscles and avoid tightening the buttocks or abdomen.

Quick contractions and slow contractions

PMEs can be performed anywhere, anytime, and in a variety of positions (sitting, standing, lying down, etc.) There are two types of exercises used to strengthen the pelvic floor. The first exercise is called a quick contraction, and it works the muscles that quickly shut off the flow of urine to prevent leakage. The muscles are quickly tightened, lifted up, and then released. The second exercise works on the holding ability of the muscles and is referred to as a slow contraction. The muscles are slowly tightened, lifted up, and held up to the goal of 10 seconds.

Exercise schedule

To improve muscle function, PMEs must be done regularly. It is advisable to start with three sets of 10 quick and 10 slow contractions, twice a day. Ultimately, the number of repetitions and sets can progress to three sets of 15 quick and 15 slow contractions, three times a day.

For more help

If you want more information about performing PME's, you can order NAFC's pelvic muscle exercise kit for men, with an instructional recording and printed manual. Call 1-800-BLADDER or visit www.nafc.org to order.

Biofeedback helps detect and record pelvic floor muscle activity by placing small sensors close to the muscles of the pelvic floor. For men, internal sensors are placed inside the anus or external sensors, similar to small adhesive bandages, can be placed on the skin surface just outside the anal opening. The information collected during biofeedback can be used to (1) ensure that a man is correctly contracting his pelvic floor and (2) plan a personal exercise program to increase the strength and holding power of the muscles that control urination.

Electrical stimulation of the pelvic floor, or pelvic floor stimulation, involves the controlled delivery of small amounts of stimulation to the nerves and muscles of the pelvic floor and bladder. This stimulation helps the muscles contract, thereby strengthening the pelvic floor and support of the bladder. The stimulation is generated through a tampon-like sensor that is placed in the rectum or by surface electrodes around the anus. Electrical stimulation is not painful. Some people describe a tightening of the pelvic floor muscles. Others feel nothing or a light tapping or mild tingling sensation. Over time, it is believed that electrical stimulation helps relax the bladder muscle, so it also can be helpful for men with overactive bladder or urge incontinence. Biofeedback and electrical stimulation are available from a physical therapist or nurse specialist. Ask your urologist for a referral.

Over the past decade, several different biocompatible materials have received FDA approval to serve as bulking agents aimed at improving closure of the urethra to avoid more invasive procedures. Injection therapy has not been very successful in men with sphincter weakness; only 8-20% of men report successful outcomes following injection of injected collagen. Other injectable materials have been used as well with similar outcomes.

For men with moderate leakage who have not responded to behavioral therapy, a sling can be performed. Mesh is surgically implanted to support the urethra by means of an incision between the scrotum and the rectum. The results indicate an improvement in up to 80% of men, and half of these men completely stop leaking afterwards. Slings can cause complications, however, and should usually not be done in men who have undergone radiation treatment for prostate cancer.

In men with more severe and uncomfortable leaking, an option would be surgically implanting an artificial urinary sphincter. This is a mechanical ring that helps close the exit from the bladder. Studies show satisfaction by 90% of all men with this device and less than 15% malfunction after eight years.

Seek Help

Generally, start with your primary care provider (PCP) about your problems with bladder or bowel control. If a PCP does not have a special interest in diagnosing and treating incontinence or symptoms persist, ask to be referred to a urologist. A urologist is a surgeon who specializes

in the urinary conditions of men and women. Many urologists have advanced training in the surgical correction and medical treatments for incontinence, but not as many have experience with non-surgical treatments such as pelvic muscle exercises, bladder training, biofeedback, and electrical stimulation. Some nurse specialists, physical therapists, and occupational therapists have training that qualifies them to offer non-surgical treatments for incontinence. This is true in the case of electrical stimulation and biofeedback therapy as a means of behavioral treatment.

Pads and Appliances

If you prefer not to undergo specific treatment or if you are not completely cured after treatment:

- If you opt for managing by means of absorbent products or an external catheter condom, make sure you have the appropriate size and fit. NAFC has information about a number of choices in products and discrete mail-order sources for adult absorbent products.
- Change the product at least once a day for good hygiene and protection against fungus and skin irritations.

Conclusion

We hope that this information will encourage you to seek treatment and allow you to talk to your healthcare provider about your symptoms, get an accurate diagnosis, ask questions, choose between options, and be in a better position to safeguard your health. Call NAFC or visit www.nafc.org for more information.

National Association For Continence is a national, private, non-profit 501(c)(3) organization dedicated to a threefold mission: 1) To educate the public about the causes, diagnosis categories, treatment options, and management alternatives for incontinence, nocturnal enuresis, voiding dysfunction and related pelvic floor disorders, 2) To network with other organizations and agencies to elevate the visibility and priority given to these health concerns, and 3) To advocate on behalf of consumers who suffer from such symptoms as a result of disease or other illness, obstetrical, surgical or other trauma, or deterioration due to the aging process itself.

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