

Urinary problems after prostate cancer treatment



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This fact sheet is for anyone who wants to know more about urinary problems after treatment for prostate cancer. Your partner, family or friends might also find it helpful. We explain how different treatments for prostate cancer may cause urinary problems and describe ways to manage them. We also list other sources of support and information.

Each hospital or GP surgery will do things slightly differently. Use this fact sheet as a general guide and ask your doctor or nurse for more information. You can also speak to our Specialist Nurses, in confidence, on 0800 074 8383 or chat to them online.

Symbols

These symbols appear in this fact sheet to guide you to more information:



Speak to our Specialist Nurses



Read our publications



Watch online at prostatecanceruk.org

Why might I get urinary problems after treatment?

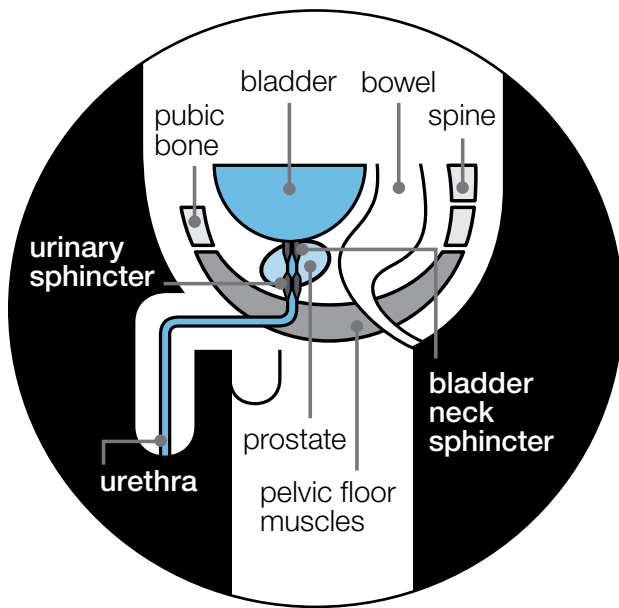
Normally your bladder, muscles and nerves work together to let you control when you urinate (wee). Prostate cancer treatment can damage these muscles and nerves, causing problems such as leaking urine (urinary incontinence), and difficulty urinating (urine retention).

This is because of where the prostate is. It lies underneath the **bladder** and surrounds the **urethra** – which is the tube that carries urine from the bladder out of the body through the penis. There are muscles around the prostate that work together and help to control when you urinate.

- **Pelvic floor muscles** lie below the bladder and act like a sling to support it.
- The **urinary sphincter** surrounds the urethra and sits just under the prostate.
- The **bladder neck sphincter** muscle sits at the entrance of your bladder and opens and closes it.

Prostate cancer treatment can sometimes damage these muscles and your bladder (see diagram on next page).





If you're starting treatment for prostate cancer, ask your doctor about the possible side effects. Each treatment can cause different urinary problems. Your chances of getting each side effect will depend on the treatment you're having, and on whether or not you had urinary problems before starting treatment.

If you've already had prostate cancer treatment and you're getting urinary problems, tell your doctor or nurse. They can suggest treatments and lifestyle changes that can help manage or even stop these problems. They may refer you to an NHS continence service, run by nurses and physiotherapists who specialise in urinary problems. They are sometimes known as continence advisors.

You might also be offered tests to try to find out exactly what is causing your symptoms, and which treatments are most likely to help.

Problems after surgery (radical prostatectomy)

Radical prostatectomy is surgery to remove the whole prostate and the cancer inside it. It's common for men to leak urine (urinary incontinence) after prostate cancer surgery. This is because surgery can damage the muscles and nerves that control when you urinate, which can take time to recover. Most men will have some urinary incontinence that

will usually get better with time. It's uncommon, but some men never fully recover, even if they have treatment to help with their incontinence.

You may find it difficult to urinate after surgery (urine retention) and have a weak flow or dribble after finishing. This is because surgery can cause damage and scarring where the bladder neck and urethra join. This makes the join become narrow, which is called a 'stricture'. This can happen soon after surgery, or it might develop slowly over time.



You can read more about surgery in our fact sheet, **Surgery: radical prostatectomy**.

Leaking urine

After your surgery, you'll have a thin tube called a catheter in your penis. This is to drain urine out of the body. You'll usually have a catheter for about seven to ten days after surgery. Some men might need to have the catheter left in for two or three weeks until they are fully healed.

Most men can't control their bladder properly when their catheter is first removed. This is because surgery can damage the muscles and nerves that control when you urinate, including the urinary sphincter and the pelvic floor muscles. Recovering from this damage can take some time.

Your hospital may give you some absorbent incontinence pads (see page 4). But you might want to take some pads, and a spare pair of pants and trousers with you when you go to have your catheter removed.



If you've decided to have surgery, our **Surgery support pack** might be helpful. It includes information about the operation and how to manage the side effects of surgery. It also includes a small supply of absorbent pads for you to try, disposable bags for used pads, and wet wipes. The pack is designed to help you prepare for surgery, and to support you in the first couple of days after your catheter is removed. To order a **Surgery support pack**, speak to our Specialist Nurses.



You might just leak a few drops when you exercise, bend forwards, go to sit down or stand up, cough or sneeze (stress incontinence). Or you might leak larger amounts. Some men also leak urine when they get an erection or during sex. This isn't harmful as urine is usually germ-free, but it might bother you or your partner.

Leaking urine usually improves with time. Most men start to see an improvement one to three months after surgery. But other men can leak urine for up to a year or more. This can be hard to deal with, but there are things that can help.

▶ **Watch Paul's** story on our website at prostatecanceruk.org for his experience of leaking urine after surgery to remove his prostate.



If I went to stretch for something, or got out the shower and there was a change of temperature, or if I coughed, I would leak.

A personal experience

The dos and don'ts of catheter care

If you have a catheter, there are some important things to remember.

Do

- Shower or bath with a catheter – but a shower is better.
- Drink plenty of fluids to prevent urine infections and stop the catheter getting blocked (1.5 to 2 litres, or about 3 to 4 pints a day).
- Make sure the catheter tube isn't twisted or bent, as this will stop the urine draining properly.
- Make sure you keep the catheter below the level of the bladder.
- Ask your doctor or nurse for a larger size catheter bag to use at night. This helps store more urine (2 litres).
- Always wash your hands with soap and water before and after touching your catheter.
- Try to wash the area around where the catheter enters your penis twice a day, washing away from the catheter to prevent infection.
- Use warm soapy water and a clean wash cloth.
- Dry carefully after washing.

Don't

- Don't do pelvic floor muscle exercises with your catheter in.
- Don't do any heavy lifting, or try to avoid lifting as much as possible.
- Don't strain to urinate. Urine flows through the catheter without you doing anything.
- Don't let the leg bag get too full – make sure you empty it regularly.
- Don't use chemicals, scented soap or talcum powder.

Remember, it's common after surgery for the urine in your catheter bag to be a pink or rusty colour.

If your urine is bright red, thick or has clots, contact your healthcare team straight away.

Urine infections

Urine infections are quite common in older men. You may be more likely to get a urine infection if you have an enlarged prostate and can't empty your bladder properly. You may also be more likely to get a urine infection if you use a catheter. Signs of a possible urine infection include:

- a fever (high temperature), with or without shivers
- a burning sensation when you urinate
- dark or cloudy urine with a strong smell
- blood in your urine
- needing to urinate urgently or more often.

Tell your doctor or nurse if you have any of these symptoms. They'll usually give you antibiotics to treat the infection.

What can help with leaking urine?

There are treatments and products available that can help, and there are things you can do to help yourself.

Ways to manage leaking urine include:

- absorbent pads and pants
- pelvic floor muscle exercises (see page 5)
- urinary sheaths (see page 5)
- bed protectors and handheld urinals (see page 5)
- penile clamps (see page 5).

If you have sudden urges to urinate (urinary urgency) and sometimes leak urine before you get to the toilet (urge incontinence), you may be offered bladder retraining (see page 9).

If you still leak urine 6 to 12 months after surgery and pelvic floor muscle exercises haven't helped, there are treatments available that might help.

These may include:

- an internal male sling (see page 5)
- an artificial urinary sphincter (see page 6)
- adjustable balloons (see page 7)
- medicines (see page 7).

The treatments and products you can have will depend on how much urine you're leaking, and how recently you had your prostate cancer treatment. As some men can leak urine for up to a year after surgery, you may find your doctor or specialist nurse will wait until then to discuss these treatments with you. Talk to your doctor or nurse about treatments that may be suitable for you. They can also explain the different products that are available. You can use different products for different activities, such as sleeping or swimming.

Absorbent pads and pants

These can be worn inside your underwear or instead of underwear to soak up any leaks. Some people find it helpful to wear close fitting underwear with pads. You may want to try female pads as your leaking improves, as these tend to be smaller and lighter and may fit better. Pads are usually very discreet, so people won't know you're wearing them. But you may feel more confident wearing dark trousers so it won't show as much if your pad does leak.

If you haven't had your operation yet, you might find it helps to prepare by finding out what products are available. Talk to your doctor, nurse or continence advisor for more information, or visit www.continenceproductadvisor.org

Services vary from area to area, but your GP or the continence nurses at your hospital may provide some pads for free. Or you can buy them in supermarkets, chemists or online. Age UK also has a range of products that can be ordered online.



I was convinced people knew I was wearing pads. But in reality, nobody knows.

A personal experience

Pelvic floor muscle exercises

Pelvic floor muscle exercises can strengthen the muscles that help control when you urinate. This can help with leaking urine. Find out about these



exercises in our fact sheet, **Pelvic floor muscle exercises**.

Urinary sheaths

You might hear these called external catheters. These look like a condom with a tube attached to the end that drains urine into a bag. The sheath fits tightly over your penis, and you can strap the bag to your leg – under your clothes – and empty it as needed. Or you can buy long underwear with a pocket to hold the bag.

You can ask your specialist nurse or continence advisor if these are suitable for you. You can get sheaths from chemists with a prescription from your doctor. They're made from latex or silicone and come in a range of shapes and sizes. Your continence advisor or nurse can help you get a sheath that fits well and show you how to fit it.



I'd fill my pad within an hour of changing it. That's quite restrictive. The urinary sheath changed my life.

A personal experience

Bed protectors and handheld urinals

If you have to go to the toilet often during the night, or you leak urine when you're in bed, bed protectors or handheld urinals might be useful to you.

Bed protectors are large pads that protect your sheets and mattress by soaking up any urine that you might leak. There are pads that you can wash and reuse, and others that you only use once before throwing them away.

Handheld urinals are containers that can be used if you can't reach the toilet in time or if there isn't a toilet nearby. They have a large

opening with a lid so that you can store the urine until you reach a toilet. These might also be useful if you drive long distances and don't have any toilets near you.

Penile clamps

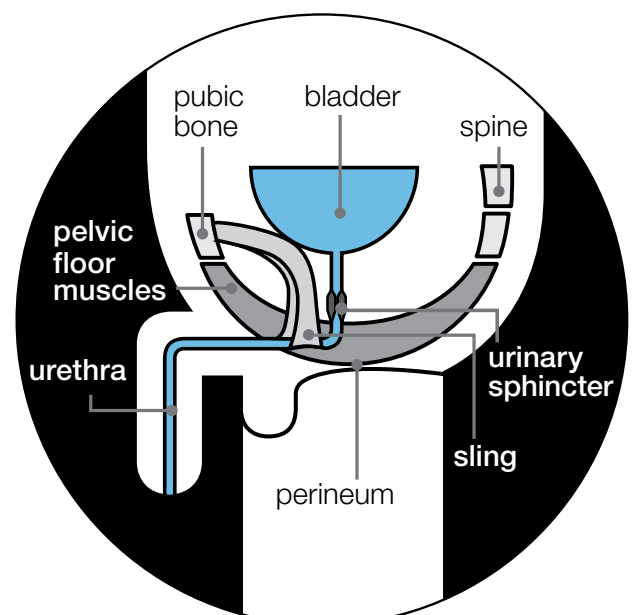
You might hear these called penile compression devices. There are several types of penile clamps including a clip and a strap. The clamp fits onto the penis and squeezes it, closing the urethra so that no urine can leak out. You should only use a penile clamp during the day for short periods of time, and should open it at least every two hours to let your blood flow back into your penis.

Penile clamps can be uncomfortable to wear and aren't commonly used in the UK. They aren't usually recommended by health professionals, as they reduce the blood flow to the penis. This means that it can be unsafe if a clamp is put on too tightly or for too long. But, some men like to use them for activities such as swimming or jogging.

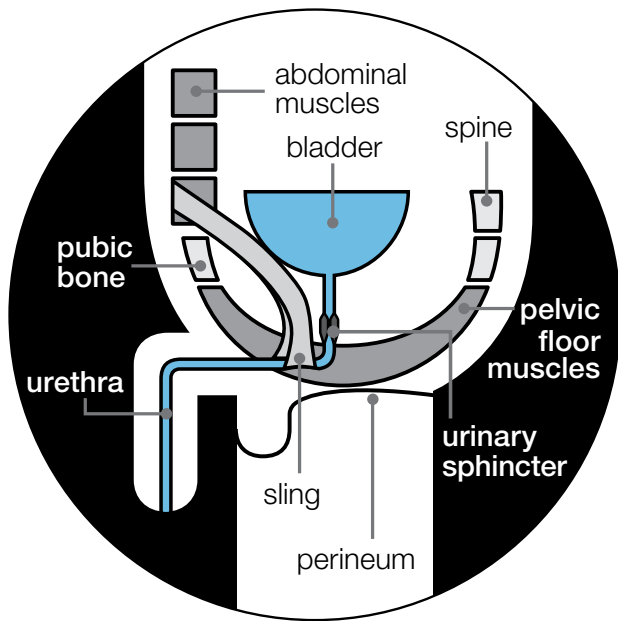
Internal male sling

This is a small piece of material (mesh) that presses gently on your urethra and supports the urinary sphincter to keep it closed. This should help to reduce the amount of urine you leak and keep you dryer for longer. The sling should be tight enough to stop urine leaking out, but loose enough to let you urinate when you want to.

Internal sling (attached to bone)



Internal sling (attached to muscle)



You may be offered an internal sling if you leak a mild to moderate amount of urine one year after your treatment for prostate cancer, for example, if you still use two or three pads a day. A sling may not work as well if you leak a lot of urine or have previously had radiotherapy.

You'll need an operation to fit the internal sling. You'll be given a general anaesthetic so that you're asleep during the operation. The surgeon will make a cut in your perineum (the area between the testicles and the back passage). Depending on the type of sling you're offered, they may also make a small cut in each of your groins (the area between your stomach and top of the thigh). The surgeon will use these cuts to put the sling under the urethra. The ends of the sling are attached to either the pubic bone or the muscles in your abdomen (stomach area).

After you wake up, you'll be given antibiotics to prevent any infections. You'll also have a catheter that will be removed a day after surgery.

Like all treatments, there can be side effects.

- You may get some pain in the first three months after the operation.
- You might get an infection – about one in eight men (12 per cent) may need their sling removed because of an infection.

- A small number of men have problems urinating (urine retention) after their operation, but this isn't very common.

Your doctor or nurse can tell you more about the possible risks.

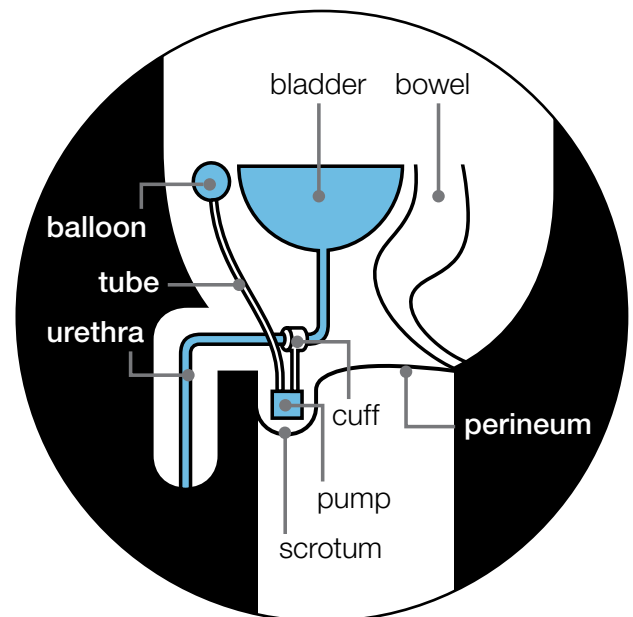
Artificial urinary sphincter

This is a small device that consists of:

- a fluid-filled band (cuff) that fits around your urethra
- a balloon in front of your bladder
- a control pump in your scrotum (the skin around your testicles).

The cuff presses the urethra closed, so that you don't leak urine.

Artificial urinary sphincter



The artificial urinary sphincter lets you control when you urinate.

- You squeeze the pump in your scrotum – this moves the fluid out of the cuff and into the balloon.
- When the cuff is empty it stops pressing your urethra closed, letting urine pass through the urethra so that you can urinate.
- After a few minutes, the fluid flows back into the cuff, pressing the urethra closed again.

An artificial urinary sphincter is usually only suitable for men who still leak a lot of urine at least six months after their prostate cancer treatment.

You'll need an operation to fit the device. You will have a general anaesthetic, so you'll be asleep and won't feel anything. The surgeon will make a cut in your perineum (the area between the testicles and the back passage) and place the cuff around your urethra. They will make another cut in your groin (the area between your stomach and thigh) or abdomen (stomach area). They will use this second cut to place the balloon and tube inside you. The surgeon will also use the second cut to place the control pump in your scrotum.

After you wake up, you'll be given antibiotics to prevent any infections. You'll also have a catheter that will be removed the day after surgery, and you will usually be able to go home on the same day. You will have to wait a few weeks before going back to the hospital for a nurse or doctor to turn on your pump.

Before leaving the hospital, you will be given a sphincter card. This card will have the details of your device. It's important to show this card to medical staff in the future, particularly if you need a catheter put in. This is to avoid damage to the device and your urethra.

Like all operations, there are risks in having an artificial urinary sphincter, such as infection or parts of the device breaking. This may be more likely if you've previously had radiotherapy. Some men need another operation to fix problems, and some may need to have their device removed. Your doctor or nurse can tell you more about the possible risks. If your hospital doesn't do this type of surgery, your doctor may be able to refer you to one that does.

Adjustable balloons

These consist of two small balloons that are placed around the urethra (the tube you urinate through). The fluid-filled balloons press on the urethra to stop urine leaking out – but you should still be able to urinate when you want to.

A device called a 'port', which is placed in your scrotum allows your doctor to make the balloons bigger or smaller at any time.

Balloons aren't common in the UK. But if your hospital doesn't do this type of surgery, your doctor may be able to refer you to one that does. Balloons may be an option if you still leak urine more than six months after your prostate cancer treatment. But you probably won't be able to have them if you've had radiotherapy.

Like all operations, there are risks in having adjustable balloons. They include infection, or the balloons shrinking or moving, and you may have to have the balloons removed. Your doctor or nurse can tell you more about the possible risks.

Medicines

If you continue to leak urine, or if other treatments aren't suitable for you, you may be offered a medicine called an anti-cholinergic to help keep the urethra closed, or to calm your bladder down. This can help to reduce leakages. All drugs can cause side effects, so talk to your doctor or nurse about the possible side effects and how to manage them. Read more on page 9.



Five weeks after having my internal sling, my incontinence is brilliant. I am close to where I was before my prostate surgery.

A personal experience

Problems after radiotherapy

Radiotherapy uses radiation to destroy prostate cancer cells. There are two ways of giving radiotherapy to treat prostate cancer.

- External beam radiotherapy uses high-energy X-ray beams to destroy cancer cells from outside the body.

- Brachytherapy is a type of internal radiotherapy that involves putting a source of radiation directly inside the prostate.

Both external beam radiotherapy and brachytherapy can cause urinary problems, including:

- bladder irritation (radiation cystitis)
- needing to urinate more often (urinary frequency)
- a sudden urge to urinate (urinary urgency) – you may sometimes leak before you get to the toilet (urge incontinence)
- difficulty urinating (urine retention).

Some men may leak urine after radiotherapy, but this is less common. It is more likely if you've previously had an operation called a transurethral resection of the prostate (TURP) for an enlarged prostate. Leaking urine after radiotherapy often improves with time. See page 4 for information about ways to manage leaking urine.



Read more about radiotherapy and brachytherapy in our fact sheets, **External beam radiotherapy**, **Permanent seed brachytherapy**, and **High dose-rate brachytherapy**.

Radiation cystitis

Both external beam radiotherapy and brachytherapy can irritate the lining of the bladder and the urethra – this is known as radiation cystitis. Symptoms include:

- needing to urinate more often, including at night
- a burning feeling when you urinate
- difficulty urinating
- blood in the urine.

Symptoms can start within a few days of your first treatment. They usually begin to improve when your treatment ends. But some men get symptoms for several months. Others won't get symptoms until months or even years after their final treatment. Symptoms such as blood in the urine can be worrying, but this is quite a common symptom of radiation cystitis.

If you get symptoms of radiation cystitis, tell your doctor, nurse or therapy radiographer (a person who gives radiotherapy treatment). They can check whether your symptoms are caused by your treatment or an infection.

There are treatments that can help with radiation cystitis, as well as things you can do yourself, including lifestyle changes or a bladder wash (see below).



My side effects started about seven days after brachytherapy – a weak flow and stinging when peeing. Three weeks after my treatment, the stinging improved.

A personal experience

Lifestyle changes

Drink plenty of fluids (1.5 to 2 litres, or 3 to 4 pints a day), but try to avoid drinks that irritate the bladder. These include fizzy drinks, alcohol, and drinks containing caffeine, such as energy drinks, tea, coffee, hot chocolate and cola.

Although the evidence for this isn't very strong, some men find that drinking cranberry juice helps. But if you're taking warfarin to thin your blood, you should speak to your doctor or nurse about drinking cranberry juice as it can increase the effect of the warfarin.

Bladder wash

If your symptoms are severe, your doctor may suggest a treatment called a bladder wash, such as Cystistat®. This is a liquid medicine that coats and protects the lining of the bladder, making it less irritated. It may help if your cystitis isn't getting better.

A small tube (catheter) is passed up your penis and fills your bladder with the liquid medicine. The liquid stays inside your bladder for at least half an hour. You then urinate to empty your bladder.

You'll normally have this treatment once a week for four weeks. After that, you'll normally have the treatment once a month until your symptoms have improved.

Urinary frequency and urgency

Some men find they need to urinate more often after having radiotherapy (frequency), or get a sudden urge that's hard to ignore (urgency). You may also need to urinate more often at night (nocturia). It usually only lasts for a few months after radiotherapy, but if it happens, it might help to drink less in the two hours before you go to bed, and to avoid drinks that irritate the bladder (see 'lifestyle changes' on page 8).

A small number of men find they sometimes leak urine before they can reach the toilet (urge incontinence). Urge incontinence happens when the bladder muscles twitch and squeeze (spasm) without you controlling them. This pushes urine out before you're ready.

There are treatments available that can help with urinary frequency and urgency, as well as things you can do yourself. These include:

- bladder retraining
- pelvic floor muscle exercises (see page 5)
- medicines to control bladder spasms
- percutaneous posterior tibial nerve stimulation (PTNS)
- Sacral nerve stimulation (SNS, see page 10)
- BOTOX® (see page 10).

Bladder retraining

If you need to urinate more often than usual or sometimes leak before reaching the toilet, you could try a technique called bladder retraining. This can help you control when you urinate, and help you hold on for longer.

If you want to try bladder retraining, the following steps may help.

1. Keep a diary for at least three days to record:
 - how often you go to the toilet
 - how much you urinate each time – use a measuring jug to measure this
 - how long you can hold on before you start to leak urine.

2. Next, try to hold on for a little longer before you urinate. It's a good idea to wait by the toilet in case you start to leak.
3. When you get the urge to urinate, try not to rush to the toilet – this could cause the muscles that control urination to relax. Try tightening your pelvic floor muscles, as this may help you hold on until you reach the toilet.
4. Over time, you should be able to hold on for longer and longer. Remember to record your progress and don't worry if the improvement is slow – it takes time. There's no right length of time to aim for. Find a timescale that works for you.

Speak to your continence advisor or physiotherapist for more information on bladder retraining.

Medicines to control bladder spasms

Drugs called anti-cholinergics can help to reduce frequency, urgency and leaks. They may take a few weeks to start working. Examples include solifenacin (Vesicare®), tolterodine (Detrusitol XL®), and oxybutynin.

Anti-cholinergics can cause side effects, including a dry mouth, headaches, constipation (difficulty emptying your bowels) and dizziness. If you get side effects, ask your doctor or nurse about other treatment options.

If you can't have anti-cholinergics, you may be offered mirabegron (Betmiga®) tablets. Mirabegron is a type of medicine called a beta-3-adrenoceptor agonist. It can also help to reduce urinary problems. Side effects include urine infections and an increased heart rate.

Percutaneous posterior tibial nerve stimulation (PTNS)

This is where a thin needle is placed under the skin just above your ankle. A low electrical current is passed through the needle. The current travels up a nerve in your leg and affects the nerves that control urination. This can help to stop the bladder from emptying before it's full.

This treatment may help to reduce how often you urinate and leak urine. It is quite a new treatment and is only offered at some hospitals. It's sometimes called stoller afferent nerve stimulation (SANS).

You'll normally have PTNS once a week for 12 weeks. Each treatment lasts about half an hour. PTNS has no serious side effects, although the area where the needle enters the skin may feel a little sore afterwards.

Sacral nerve stimulation (SNS)

This is sometimes called Sacral Neuromodulation (SNM). A small wire (called an electrode) is surgically placed against the sacral nerve in your lower back. The other end of the wire is connected to a small box (called a stimulation box). The SNS device makes mild electrical pulses that stimulate the sacral nerve to help you regain control of your bladder.

You will need two operations to fit the SNS device. Both are usually done under local anaesthetic or sedation. In your first operation, the electrode will be connected to a temporary stimulator box placed outside the body. This is to see if SNS works for you. You will have this device for two to four weeks. Depending on whether the SNS device worked for you, the second operation will either be to put in a permanent device, or remove the temporary one.

In the second operation, they will reopen the cut made in your lower back to put in a stimulator box about the size of a two-pound coin under the skin. This is connected to the electrode touching the sacral nerve.

Like all treatments there are risks in having a SNS device, such as infection, pain or discomfort where the SNS device has been put in. SNS is not suitable for everyone. Your doctor will talk to you about whether you're suitable for SNS.

BOTOX®

Injecting botulinum toxin (BOTOX®) into the wall of the bladder can help stop it squeezing before it's full. This is quite a new treatment and it's not available in all hospitals.

BOTOX® injections may mean you're more likely to get a urine infection (see page 4) or urine retention. A small number of men using BOTOX® may need to self-catheterise to drain urine from their bladder. This is where you pass a small tube up your penis to empty your bladder yourself when you need to urinate.

Difficulty urinating

Some men find it hard to empty their bladder properly after radiotherapy – this is called urine retention. This may be more likely if you have an enlarged prostate. Radiotherapy, particularly brachytherapy, can cause the prostate to swell and block the urethra, leading to urine retention. It can also cause the urethra to become scarred and too narrow – this is called a stricture.

A small number of men may get urine retention after surgery to remove their prostate (see page 2). And some men also get urine retention after HIFU (see page 11) and cryotherapy (see page 11).

Chronic urine retention

This is where you can't empty your bladder fully, but can still urinate a little. Chronic means long-lasting or developing slowly over a long time.

The first signs often include:

- a weak flow when you urinate
- leaking urine at night
- feeling that your abdomen (stomach area) is swollen
- feeling that you're not emptying your bladder fully.

Tell your doctor or nurse if you get any of these symptoms.

Chronic urine retention is usually painless. But the pressure of the urine can slowly stretch your bladder muscle and make it weaker. This can cause urine to be left behind in the bladder when you urinate.

If you don't empty your bladder fully, you might get a urine infection or painful bladder stones. You might also see some blood in your urine. Chronic urine retention can damage your kidneys if it isn't treated.

There are several treatments for chronic urine retention, including:

- using a catheter to drain urine from your bladder
- drugs called alpha blockers, which relax the muscles around the opening of the bladder, making it easier to urinate
- drugs called 5-alpha-reductase inhibitors, which shrink the prostate
- surgery to widen the urethra or the opening of the bladder.

Acute urine retention

This is when you suddenly and painfully can't urinate. It needs treating straight away. If this happens, call your doctor or nurse, or go to your nearest accident and emergency (A&E) department. They may need to drain your bladder using a catheter. Make sure they know what prostate cancer treatment you've had, especially if you have recently had a radical prostatectomy.



The pain was really bad and I couldn't go to the toilet. I was rushed to the hospital and a doctor put a catheter in. It took the pain away instantly.

A personal experience

Problems after high-intensity focused ultrasound (HIFU)

HIFU uses ultrasound energy to heat and destroy cancer cells in the prostate. It's newer than some of the other treatments for prostate cancer. This means we don't know as much about the risk of side effects in the long term. Because of this, it's usually only available in specialist centres or as part of a clinical trial. HIFU can be used to treat prostate cancer that is contained inside the prostate (localised prostate cancer). It can also be used to treat cancer that's come back after radiotherapy (recurrent prostate cancer).

You're more likely to get urinary problems after HIFU if you've already had other treatments for prostate cancer. This is because your first treatment may have damaged the area around your prostate. Read more about HIFU in our fact sheet, **High-intensity focused ultrasound (HIFU)**.



Difficulty urinating

HIFU usually causes the prostate to swell to begin with. This can make it difficult to urinate for a week or two after treatment, so you'll have a catheter to drain urine from your bladder until the swelling has gone.

HIFU can also cause the urethra to become narrow (a 'stricture'), making it difficult to empty your bladder. This is known as urine retention (see page 10).

Leaking urine

Some men who have HIFU leak urine when they cough, sneeze or exercise (stress incontinence). This is more likely if you've already had radiotherapy. Read about ways to manage leaking urine on page 4.

Urine infections

Some men get a urine infection after HIFU. If this happens, your doctor will give you antibiotics to treat the infection (see page 4).

Problems after cryotherapy

Cryotherapy uses extreme cold to freeze and kill cancer cells in the prostate. It's not as common as other treatments for prostate cancer. This means we don't know as much about the risk of side effects in the long term. Because of this, it's usually only available in specialist centres or as part of a clinical trial.

Cryotherapy is usually used to treat men with localised prostate cancer or men whose cancer has come back after radiotherapy (recurrent prostate cancer). You're more likely to get urinary problems if you've already had radiotherapy. This is because your first treatment may have damaged the area around your prostate.

Read more about cryotherapy on our website, prostatecanceruk.org/cryotherapy

Difficulty urinating

Cryotherapy can cause the prostate to swell, making it difficult to urinate for a week or two after treatment. You'll have a catheter to help drain urine from your bladder until the swelling has gone.

Cryotherapy may also cause the urethra or the opening of the bladder to become narrow. This can be caused by damage to the urethra, or by a build-up of dead tissue in the urethra. If this happens, you may have a weak or slow flow of urine, or you might not be able to urinate at all. This is known as urine retention (see page 10).

Leaking urine

A small number of men who have cryotherapy may leak urine. This is more likely if you've already had radiotherapy. You may find the leaking improves with time, but it can be a long-term problem for some men. See page 4 for information about ways to manage leaking urine.

Dealing with urinary problems

If you're dealing with urinary problems, you might feel embarrassed, alone or stressed. It can affect your self-esteem and your independence, and have an impact on your work, social and sex life.

As well as the treatments described in this fact sheet, there are things you can do to help yourself. Many men find that seeking advice about their urinary problems helps them feel more in control and builds their confidence. Your GP, specialist nurse or continence advisor can offer you practical and emotional support.



Read more about dealing with the impact of prostate cancer in our booklet, **Living with and after prostate cancer: A guide to physical, emotional and practical issues.**




The continence nurse was supportive and reassuring. She made me feel very comfortable and gave me helpful advice.

A personal experience

How can I help myself?

Making some changes to your lifestyle may help, and there are some practical things that can make things easier.

- Drink plenty of fluids. Aim to drink about 1.5 to 2 litres (3 to 4 pints) a day. You may worry about drinking lots if you're leaking urine, but it can help prevent bladder irritation and infection. If your urine is dark, this could be a sign that you need to drink more.
- Cut down on fizzy drinks, alcohol and drinks that contain caffeine (tea, coffee and cola), as these can irritate the bladder.
- Regular pelvic floor muscle exercises can help strengthen the muscles that control when you urinate, and help if you leak urine.
-  Read more in our fact sheet, **Pelvic floor muscle exercises.**
- Try to maintain a healthy weight. Being overweight can put pressure on your bladder and pelvic floor muscles. You may find our  fact sheet, **Diet and physical activity for men with prostate cancer**, helpful.
- Eat foods that are high in fibre and drink plenty of fluids to avoid constipation (difficulty emptying your bowels), as this can put pressure on your pelvic floor muscles.
- If you smoke try to stop as this can cause coughing, which puts pressure on your pelvic floor muscles. The NHS website has more information about stopping smoking.

- If you often need to use the toilet at night, leave a light on in case you're in a hurry, or keep a container near your bed.
- Plan ahead when you go out. For example, find out where there are public toilets before leaving home.
- Pack a bag with extra pads, underwear and wet wipes. Some men find it useful to carry a screw-top container in case they can't find a toilet.
- Get our **Urgent toilet card** to show to staff in shops, restaurants and other public places. They should let you use their toilets without asking questions. You can order a card on our website at prostatecanceruk.org or call our Specialist Nurses on 0800 074 8383.
- Disability Rights UK runs a National Key Scheme for anyone with a disability or health condition who needs access to locked public toilets across the UK.

Who else can help?

Your medical team

It may be useful to speak to your nurse, doctor, GP, continence advisor, or someone else in your medical team. They can help you understand your treatment and side effects, listen to your concerns, and put you in touch with other people who can help.

Our Specialist Nurses

Our Specialist Nurses can answer your questions and go through ways of managing urinary problems with you. They've got time to listen, in confidence, to any concerns you or those close to you have.

Trained counsellors

Many hospitals have counsellors or psychologists who specialise in helping people with cancer or urinary problems – ask your doctor or nurse if this is available. You can also refer yourself for counselling on the NHS. To find out more, visit www.nhs.uk/counselling

Support groups

At support groups, men get together to share their experiences of living with prostate cancer, including urinary problems. Some support groups also hold meetings online. Some groups have been set up by health professionals, others by others by men themselves. Many also welcome partners, friends and relatives.


Our one-to-one support service

This is a chance to speak to someone who's been there and understands what you're going through. We'll try to match you with someone with similar experiences of urinary problems.


Our online community

Our free online community is a place to talk about whatever's on your mind – your questions, your ups and your downs. Anyone can ask a question or share an experience.

Our sexual support service

 This is a chance for you, or your partner, to talk to one of our Specialist Nurses with an interest in helping with sexual problems after treatment for prostate cancer. They can talk to you about the impact of treatment on your sex life and relationships, and discuss possible treatments or ways to deal with these changes.

Our fatigue support

 Our Specialist Nurses can talk to you in depth about your experience of fatigue, and the impact it's having on your day-to-day life. They can also discuss ways to help you better manage your fatigue, such as behaviour and lifestyle changes.

To find out more about any of the above, visit prostatecanceruk.org/get-support or call our Specialist Nurses on 0800 074 8383.



Questions to ask your doctor or nurse



You may find it helpful to keep a note of any questions you have to take to your next appointment.

Is the treatment I'm having for prostate cancer likely to cause any urinary problems?

What type of urinary problems might I get?

What should I do if I can't urinate?

Will my urinary problems get better?

What treatments are available?

What are the risks and side effects of treatments for urinary problems?

What can I do to help myself?

Where can I get pads and other products?

More information

Age UK

www.ageuk.org.uk

Telephone: 0800 678 1602

Information for older people on a range of subjects including health, finances and lifestyle.

Bladder and Bowel UK

www.bbuk.org.uk

Telephone: 0161 214 4591

Information and advice about bladder and bowel problems.

British Association for Counselling & Psychotherapy

www.bacp.co.uk

Telephone: 01455 883 300

Information about counselling and details of therapists in your area.

Cancer Research UK

www.cancerresearchuk.org

Telephone: 0808 800 4040

Information about cancer and clinical trials.

Continence Product Advisor

www.continenceproductadvisor.org

Unbiased information on products for continence problems, written by health professionals.

Disability Rights UK

www.disabilityrightsuk.org

Telephone: 0330 995 0400

Practical information about disability rights and benefits, and keys for accessible toilets across the UK.

Macmillan Cancer Support

www.macmillan.org.uk

Telephone: 0808 808 0000

Practical, financial and emotional support for people with cancer, their family and friends.

Pelvic, Obstetric and Gynaecological Physiotherapy (POGP)

www.thepogp.co.uk

Details of private physiotherapists who specialise in continence problems.

NHS website

www.nhs.uk

Information about conditions, treatments and lifestyle.

About us

Prostate Cancer UK has a simple ambition: to stop men dying from prostate cancer – by driving improvements in prevention, diagnosis, treatment and support.

Download and order our fact sheets and booklets from our website at prostatecanceruk.org/publications or call us on **0800 074 8383**.

At Prostate Cancer UK, we take great care to provide up-to-date, unbiased and accurate facts about prostate cancer. We hope these will add to the medical advice you have had and help you to make decisions. Our services are not intended to replace advice from your doctor.

References to sources of information used in the production of this fact sheet are available at prostatecanceruk.org

This publication was written and edited by our Health Information team.

It was reviewed by:

- Vinod Nargund, Consultant Urological Surgeon, The Princess Grace Hospital
- Anna Ashfield, Prostate Cancer Clinical Nurse Specialist, Guys and St Thomas' NHS Hospital Foundation Trust
- Our Specialist Nurses
- Our volunteers.

Tell us what you think

If you have any comments about our publications, you can email:

yourfeedback@prostatecanceruk.org



Speak to our Specialist Nurses

0800 074 8383*

prostatecanceruk.org

Donate today – help others like you

Did you find this information useful? Would you like to help others in your situation access the facts they need? Every year, over 47,000 men face a prostate cancer diagnosis. Thanks to our generous supporters, we offer information free to all who need it. If you would like to help us continue this service, please consider making a donation. Your gift could fund the following services:

- £10 could buy a Tool Kit – a set of fact sheets, tailored to the needs of each man with vital information on diagnosis, treatment and lifestyle.
- £25 could give a man diagnosed with a prostate problem unlimited time to talk over treatment options with one of our Specialist Nurses.

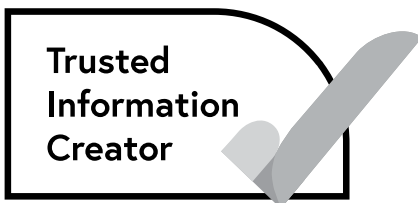
To make a donation of any amount, please call us on **0800 082 1616**, visit **prostatecanceruk.org/donate** or text **PROSTATE** to **70004**[†].

There are many other ways to support us. For more details please visit **prostatecanceruk.org/get-involved**

[†] You can donate up to £10 via SMS and we will receive 100% of your donation. Texts are charged at your standard rate. For full terms and conditions and more information, please visit prostatecanceruk.org/terms



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t Follow us on Twitter: **@ProstateUK**

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Call our Specialist Nurses from Monday to Friday 9am - 5pm, Wednesday 10am - 5pm

* Calls are recorded for training purposes only.
Confidentiality is maintained between callers and Prostate Cancer UK.

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