

Questions to Ask Your Doctor

Erectile Dysfunction and Urinary Incontinence.

All the test results are in and so is the diagnosis: prostate cancer. What should you do now? It is time to learn as much as you can about your treatment options and then, with the guidance of your physicians, make a decision that best suits your situation. If possible, it is best to consult more than one prostate cancer specialist--a medical oncologist, a radiation oncologist, and a urologist—to help you with the process.

There are a number of treatment options for prostate cancer. However, there is generally no right answer for the best prostate cancer treatment because there is a lack of good data from well-run trials to determine the best course of therapy. That's one reason why it is so important to consult with several experts when making your decision.

A key factor you need to consider, and which many people neglect, is choosing your doctor. Generally, doctors who treat prostate cancer tend to recommend the procedures they are accustomed to performing. Therefore a surgeon will recommend surgery, a radiation oncologist will suggest radiation, and so on. Keep this in mind when you are considering your treatment options and make sure you explore all the options before making a decision. No matter what treatment option is chosen, you need to also consider lifestyle and other considerations as maintaining maximum immunity and health is fundamental to recovery and long-term wellness.

And finally, you need to determine what is important to **you** in terms of your post-treatment priorities, as now is also the time to start planning for recovery. Factors such as continence, erectile dysfunction and penile rehabilitation and other concerns should be discussed and planned based on your individual circumstances and priorities.

The following questions are offered to help you make your decision and to understand the possible and probable effect of choosing a particular treatment on erectile dysfunction and incontinence.

- How soon can erectile dysfunction occur after radical prostatectomy? [1]
- How soon can erectile dysfunction occur after hormone therapy begins? [2]
- How soon can erectile dysfunction occur after chemotherapy begins?
- How soon can erectile dysfunction occur after radiation therapy begins? [3]
- What options are available for treating erectile dysfunction?
- How effective are ED pills for erectile dysfunction?
- What side effects are associated with ED pills?
- How effective are intracavernous injections? [4]
- What side effects or complications are associated with intracavernous injections?
- How effective are vacuum constriction devices?
- What problems or complications are associated with a vacuum constriction device?
- How effective is a penile prosthesis?
- What problems or complications are associated with a penile prosthesis? [5]
- How common is urinary incontinence after radical prostatectomy?
- How common is urinary incontinence associated with hormone therapy?
- How common is urinary incontinence associated with radiation therapy?[6]
- How common is urinary incontinence associated with chemotherapy?
- What are the different types of urinary incontinence?
- What treatment options are available to resolve urinary incontinence?
- What tests does a physician do to determine the type of urinary incontinence?
- What dietary changes can I made to improve urinary incontinence?

- What are Kegel exercises and what type of urinary incontinence can they treat?[7]
- What is a penile clamp and what type of urinary incontinence does it treat?
- What are collagen injections and what type of urinary incontinence do they treat?[8]
- What is an artificial urinary sphincter and what type of urinary incontinence does it treat?[9]
- What is a male sling and what type of urinary incontinence does it treat?
- What complementary/alternative therapies can I use to treat erectile dysfunction?

[1] *Erectile dysfunction can begin immediately after undergoing radical prostatectomy, whether nerve-sparing technique was used or not. If the nerve-sparing technique was used, recovery from ED may occur within the first year after surgery. Recovery is less likely but still possible after a non-nerve-sparing technique.* Source: WebMD:

<http://www.webmd.com/sexual-conditions/erectile-dysfunction-prostate-cancer>

[2] *Erectile dysfunction may occur about two to four weeks after the start of hormone therapy and is usually accompanied by a decreased libido.*

Source: WebMD: <http://www.webmd.com/sexual-conditions/erectile-dysfunction-prostate-cancer>

[3] *Erectile dysfunction usually begins about six months after radiation treatment.* Source: WebMD: <http://www.webmd.com/sexual-conditions/erectile-dysfunction-prostate-cancer>

[4] *Injections are reportedly effective in more than 85 percent of men who have undergone radical prostatectomy.* Source: 100 Q&A about Prostate Cancer.

[5] *The malfunction rate is about 10% at ten years. Risk of infection is less, but if it occurs the entire prosthesis must be removed.* Source: 100 Q&A about Prostate Cancer.

[6] *Urinary incontinence occurs in less than 1% of men who undergo brachytherapy. However, among men who have had a TURP, the risk of incontinence is 25%, and up to 40% if they have had more than one TURP.* Source: 100Q&A about Prostate Cancer .

[7] *A study that compared Kegel exercises with no treatment for 300 men who had urinary incontinence after radical retropubic prostatectomy found that 94.6% of patients achieved continence after 6 months compared with 65% of patients in the control group.* Filocamo MT et al. Effectiveness of early pelvic floor rehabilitation treatment for post-prostatectomy incontinence. *Eur Urol* 2005 Nov; 48(5): 734-38

[8] *Collagen injections were found to work best in men who have had a radical prostatectomy but not suitable for patients who have had radiation or cryotherapy because these latter treatments cause damage to the urethra.* Westney OL et al. Transurethral collagen injections for male intrinsic sphincter deficiency: University of Texas Houston experience. *J Urol* 2005 Sep; 174(3): 994-97

[9] *A recent (December 2009) study names the artificial urinary sphincter as the “gold standard” for treatment of urinary incontinence after radical prostatectomy.* Rodriguez EF, Arano BP. Urinary incontinence after radical prostatectomy. Urinary artificial sphincter. *Arch Esp Urol* 2009 Dec; 62(10): 838-44