

Chapter 12. Recovery & Coping with the Effects of Prostate Cancer

With contributions from Nancy L. Brown, Ph.D., Palo Alto Medical Foundation Research Institute; and Stan Rosenfeld, Patient Advocate, Marin Cancer Institute, Marin General Hospital.

Recovery

Every treatment option will have different issues related to recovery and the nurse or doctor will go over what to expect prior to treatment and review it again during therapy as needed and at the conclusion of treatment. In addition, Chapter 16 in this notebook includes many frequently asked questions and answers, sorted by treatment. This chapter is primarily about the longer term effects of many treatments, and how to cope with them.

Remember, the nurse navigator is available whenever you need to ask if something is “normal,” or if it is after hours, call your physician.

Urinary Issues

It is not uncommon to experience some burning after urinating for about one month after surgery or radiation treatments.

Incontinence

Some men experience urine leakage for several months after surgery, especially when they stand up, or if they cough, sneeze, or lift something heavy. This symptom is called stress incontinence and can catch a person off guard. A light sanitary pad or other padded undergarment can be worn to catch the urine if the amount is substantial. Other men experience a little urine dripping, which can also be handled with a pad.

Similar symptoms may also occur during the period during or immediately following radiation therapy or brachytherapy, but it usually resolves completely unless prior prostate surgery (transurethral resection of the prostate or TURP) has been performed. Any urinary procedures after radiation therapy must be carefully considered and discussed with both your radiation oncologist and surgeon before proceeding.

Frequent Urination

Frequent urinary is common during the course of external beam radiation therapy or in the weeks following brachytherapy. Some men find that they are still getting up two to three times a night to urinate, even a year after treatment. The persistence of frequent urination (at night is called nocturia) depends on pre-existing prostate problems as well as the effects of therapy. You should discuss these symptoms with your doctor if they remain a problem. Some of the things you can do to reduce your need to be getting up at night include: 1) not drinking alcohol or caffeine within four hours of going to bed, and 2) reducing your intake of liquids after dinner (four hours before going to bed).

Slow Urination

You may not find that you urinate more often, but you may find the stream is slower and that it takes a long time to empty your bladder. Your doctor may prescribe a medication called an alpha blocker (Flomax, Cardura, Hytrin, or a similar medication) to help with the flow.

Bladder Neck Contracture

A bladder neck contracture is scar tissue that develops in the area where the bladder and urethra are sewn together during surgery or that develop as a consequence of TURP or radiation therapy. This problem occurs in about one out of 25 prostatectomies but is relatively unusual after radiation therapy. Symptoms of this problem include decreased urine stream and pushing (or straining) to urinate.

Your doctor may diagnose this problem using a telescope-like instrument, called a cystoscope that is passed through the urethra to the bladder neck. If the opening is small, the area can be dilated or stretched open after the area is numbed to decrease your discomfort. Usually, once is enough and the bladder neck remains open, although sometimes the dilation must be repeated, or an incision can be made to open the scar tissue. Men experiencing bladder neck contracture who require one of these procedures may experience urinary incontinence after treatment.

Bowel Issues

Rectal irritation does not occur as commonly as urinary symptoms and tends to improve more quickly than urinary symptoms. Bowel irritation is one of the potential side effects of external radiation therapy. It is less common after brachytherapy. Some men do find that they have some painless rectal bleeding, spasms, or that they can have (urgent) surprise bowel movements after treatment, so they stay closer to restrooms. These symptoms should be reported to your physicians so they can be properly managed. Medications can be prescribed to reduce such symptoms and rectal bleeding should be thoroughly evaluated since there may be other causes that must be investigated and treated. Seeing the dietician may help you develop a low-fiber diet, which can help.

Penis Shrinkage

Temporary penis shrinkage can come as a surprise to some men after treatment with surgery or radiation. You may find you have to pull your penis out to pee, or get some double spray (from decrease in the diameter and changes in the urethral channel from the bladder out through the penis). In most cases this is temporary, and your penis will return to its pre-treatment size within several months.

In addition, hormone therapy can affect the anatomy (size and consistency) of the genitalia.

Erections and Ejaculations

Your ability to have an erection may decrease after surgery or radiation (as described in the radiation and surgery sections). After radiation treatment, you may experience a burning sensation and after brachytherapy or surgery there may be some blood in the ejaculate. After brachytherapy some men experience numbness on the top and end of the penis. This symptom, a consequence of nerve irritation, often resolves slowly over many months. It is rarely permanent. Some men say that their erection feels like there is more pressure after treatment, but usually erections will gradually get back to normal. The amount of material in the ejaculation is usually markedly diminished after treatment. It is a consequence of reversal in the direction of flow into the bladder (reverse ejaculation) and decreased production by the seminal vesicles and prostate. It is not a medical concern.

Penile Functioning and Options

If you have a prostatectomy or hormone treatment, you may experience impotence (the consistent inability to achieve an erection that will penetrate) immediately, or if you had brachytherapy or radiation, the erectile dysfunction may occur sometime later (even a year or more) after the treatment. It must also be remembered that sexual function naturally declines with age.

Whether or not erections return, men can generally still attain an orgasm, although no semen will flow if they have had a prostatectomy, and many men report less semen with ejaculation. If erections do not return naturally, a number of treatment options are available, including oral medications (i.e. Viagra, Levitra and Cialis), medications placed directly into the penis such as suppositories or penile injections, vacuum erection devices or penile prosthesis (all of which are described below).

Whatever method you choose, talk to your doctor before trying it and if available, support groups may be very helpful if they contain men who have tried the different options. All modalities may have side effects.

Cialis

Cialis has to be taken 15 to 60 minutes before arousal and may work with a 36-hour period, so intercourse can happen without the pressure to perform right after taking it.

MUSE

Stands for Medicated Urethral System for Erection (MUSE), which is a suppository (that can be used only once in a 24-hour period) to induce an erection. The medication is placed into the urethra via a small applicator. The average cost per dose (without insurance coverage) is about \$25.

Levitra

Levitra helps increase blood flow to the penis and may help men get and keep an erection for sexual activity. Once a man has completed sexual activity, blood flow to his penis should decrease and his erection should go away.

Levitra has to be taken 15 to 60 minutes before arousal.

Viagra is a pill taken (only once during any 24 hours) on demand approximately an hour before intercourse and requires stimulation of the penis. Some men experience headaches or a quick heart rate after taking it. The average cost per dose is about \$10.

Injections

Prostaglandin and other medications can be directly injected into the side of the penis. These chemicals tell the blood vessels to open up and increase blood flow to the penis and work in about 15 minutes after the injection. The average cost per dose ranges between \$5 and \$25 (without insurance).

Vacuum Constriction Device

This is a plastic cylinder with a hand or battery-operated pump for inducing erections, usually used in conjunction with a constricting band placed at the base of the penis to hold blood in the penis and is removed after intercourse. The device can cost between \$150 and \$450.

Penile Implants

These are surgically placed into the penis and can be semi-rigid (you bend the penis up to have intercourse and down to hide it) or inflatable, which include cylinders on each side of the penis that are inflated using liquid from a small pump that is placed in the scrotum. Implants can cost between \$8,000 and \$15,000 (without insurance) and is usually not an option unless other methods do not work.

Some clinicians believe that Viagra or injections should be used one to two times a week regularly after prostate cancer treatment to increase the chances of a male having un-augmented erections again.

Feeling Tired

Feeling tired during the treatment process is to be expected, and you should find a way to take it easy, take naps if you can and give your body the rest it needs. You are not obliged to minimize activity if you feel well and wish to continue your normal activities. Heavy exercise should be avoided until you are well into the recovery phase.

Symptom Checklist

Every time you see the doctor about prostate cancer, someone probably asks you a series of questions about the symptoms listed below. This is because your experiences with those symptoms tell the clinician how you are doing.

- Nocturia (waking at night feeling like you need to urinate)
- Daytime frequency
- Dysuria (painful urination)
- Reduced urine stream
- Hesitancy
- Urgency
- Hematuria (blood in urine)
- Diarrhea
- Rectal or fecal blood
- Skin integrity
- Pain
- Erections
- Urinary incontinence

Fecal incontinence