

## Management of SUI (Stress Urinary Incontinence) after RRP (Radical Retropubic Prostatectomy)

Expect to wear a pad or diaper. It is normal to leak after surgery for up to 3 months. Some men take longer and up to 10% never achieve complete dryness.

10-14 days after surgery: remove catheter if no issue, instruction of PFMT (pelvic floor muscle exercises)

### PFMT Stage I:

- 3 daily sessions
- 3 sets total: 1 each of lying, sitting, standing
- 15 repetitions of 2-10 second contraction followed by equal period of relaxation
- Advance duration of contraction by 1 second each week to maximum of 20 seconds
- Practice interruption of urine stream once daily. This is actually a BAD HABIT and should not be regularly done. It is simply used to show that the muscle contraction are effective.
- Keep track of SUI events and exercises in diary
- Stay hydrated. Be aware that alcohol and caffeine can worsen recovery.

4 weeks out from surgery

### PFMT Stage II:

- Repeat instruction on PFMT
- Review training/bladder diary. Continue with diary.
- Stop interrupting urine stream

6 weeks out from surgery

- Review progress. OK to stop diary if doing well.

8 weeks out from surgery

- Can advance to PFMT Stage III or consider referral to PT

### PFMT Stage III:

- Daily PFMT of 15 repetitions of 10-20 second contraction/relaxation exercises. Can be divided into sets. Recommend strategy is 3-5 repetitions 3-4 times daily.

Websites that may have helpful information:

National Association for Continence

<http://www.nafc.org>

Wound, Ostomy, and Continence Nurses Society

<http://www.wocn.org>

Reference for this information:

“Behavioral Therapy with or without Biofeedback and Pelvic Floor Electrical Stimulation...”

Goode PS, Burgio KL, et al

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