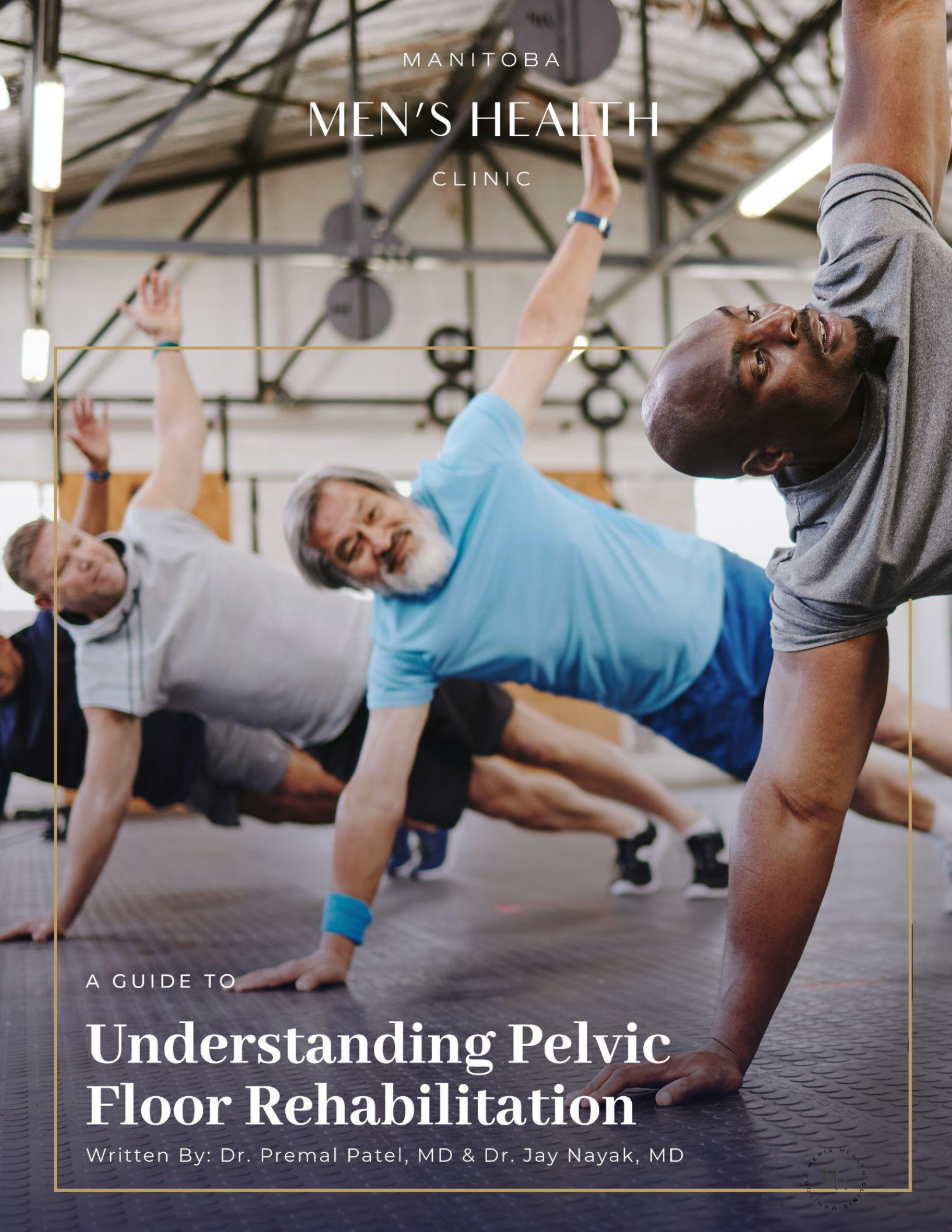

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MEN'S HEALTH

CLINIC

A GUIDE TO

Understanding Pelvic Floor Rehabilitation

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How exactly can Pelvic Floor Rehabilitation help you?

After surgeries involving the bladder, prostate, rectum, or colon, individuals may experience long-term symptoms like voiding difficulties and erectile dysfunction. These issues can result from nerve injury during surgery, weakened pelvic floor muscles, or the long-term effects of pelvic radiation therapy.

Steps in Pelvic Floor Rehabilitation

Consultation with Physicians: The first step is discussing your concerns with a physician, who will assess your history and perform necessary tests to identify the root causes of your symptoms.

Assessment and Tests may include:

- Voiding diary to track voiding patterns.
- Questionnaires to better characterize your concerns.
- Cystoscopy to examine the bladder for anatomical concerns.
- Urodynamic studies to assess bladder function.
- Blood and urine tests, including hormone level checks.
- Voiding Dysfunction

Voiding Dysfunction

Voiding difficulties are common after pelvic surgeries, resulting in symptoms like stress incontinence, urge incontinence, urinary retention, decreased bladder sensation, or blood in the urine.

Urinary Incontinence: Up to 40% of men may experience urinary incontinence following pelvic surgery. Pelvic floor physiotherapy can help strengthen the urethral closure mechanism. For severe incontinence, implantable artificial urethral sphincters or male sling procedures may be considered.

Urge Incontinence/Irritative Symptoms: Irritability of the bladder can lead to symptoms like urinary frequency, urgency, or urge incontinence. Medications such as anticholinergics or beta-3 agonists can help relax the bladder and alleviate symptoms.

Urinary Retention: Causes of urinary retention may include nerve damage, urethral stricture disease, or prostate enlargement. Management options depend on the underlying cause and may involve medications or surgical interventions.

Sexual Dysfunction and Penile Shortening

Sexual rehabilitation aims to preserve penile shape and prevent scarring that may affect erectile function following surgery. Treatment options include:

1. Oral medications (e.g., sildenafil or tadalafil)
2. Injections
3. Vacuum erectile devices
4. Traction devices
5. Surgery

Penile Shortening: Studies show that up to 60% of patients may experience reduced penile length after prostatectomy. Penile traction treatment involves a non-surgical device worn daily to maintain length and preserve function. This treatment has shown positive results in preventing penile shortening and preserving erectile function. **Starting traction therapy 4 weeks after surgery has been shown to improve length outcomes and may even improve erectile function.**

Erectile Dysfunction: Options for maintaining erectile function include medications, vacuum devices, intracavernosal injections (e.g., Trimix), and shockwave therapy. In some cases, a penile prosthesis may be recommended, either malleable or inflatable. The choice depends on individual circumstances and preferences.

Determining Implant Size

Implant size is determined during surgery based on your unique anatomy. Your internal penile length is measured during the procedure to ensure the implant suits your needs. It's important to remember that everyone's anatomy is different. If you have concerns about penile length, you can discuss them with your physician. In some cases, traction devices like RestoreX can be used before surgery to increase penile length.

Overall, pelvic floor rehabilitation and specialized treatments can help improve urinary and sexual function for individuals who have undergone pelvic surgeries. Treatment options are personalized to individual needs and preferences, and consulting with healthcare professionals is crucial for making informed decisions.

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