Urinary problems after prostate cancer treatment

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This fact sheet is for men who are concerned about problems with controlling or passing urine following treatment for prostate cancer. Partners or family members may also find it useful. It describes how treatment for prostate cancer may cause you to leak urine (urinary incontinence) and may cause other problems passing urine. It also describes ways to manage urinary problems and lists sources of help and support.

Each hospital or GP surgery will do things slightly differently. Use this fact sheet as a general guide to what to expect, and ask your doctor or nurse for more details about the treatments available to you. You can also speak to one of our Specialist Nurses by calling our confidential helpline.

If you would like information on doing pelvic floor muscle exercises, please read our Tool Kit fact sheet, Pelvic floor muscle exercises.

What urinary problems might I experience?

Treatment for prostate cancer may cause some of the following problems with controlling or passing urine:
- leaking urine (incontinence), which can range from leaking just a few drops to leaking in a steady slow flow throughout the day and at night
- leaking or dribbling urine when you sneeze, cough or exercise (stress incontinence)
- passing urine more often than usual (more than eight times a day)
- getting up a lot at night to pass urine (nocturia)
- a sudden urge to go to the toilet (urgency) needing to go to the toilet urgently, and sometimes leaking before you get there (urge incontinence)
- a weaker or slower flow of urine, or
- problems emptying.

There are treatments and lifestyle changes that can help manage or even stop these problems.
What else can cause urinary problems?

There are other causes of urinary problems. Some men may have difficulty controlling or passing urine because they have an enlarged prostate gland, also called benign prostatic enlargement (BPE). You can read more about this in our booklet: Enlarged prostate: A guide to diagnosis and treatment.

A urine infection may also cause symptoms such as needing to pass urine more often and without much warning. Urine infections can cause you to have a burning feeling when you pass urine, or pass urine which may be cloudy or dark with a strong smell. You may also have a temperature. Speak to your GP if you have any of these symptoms. A course of antibiotics should clear up an infection.

How can treatment for prostate cancer cause urinary problems?

Treatments for prostate cancer can cause side effects, including problems with controlling or passing urine. These problems can range from leaking a small amount of urine now and then to more severe urinary incontinence, which may need treatment.

If you are considering which treatment to have for prostate cancer, discuss the possible side effects with your doctor. You can read about each treatment and its side effects in our Tool Kit fact sheets. You can also speak to one of our Specialist Nurses by calling our confidential helpline.

The following treatments for prostate cancer can cause urinary problems. You can read about ways to manage these problems below.

Surgery (radical prostatectomy)
Radical prostatectomy is surgery to remove the prostate gland. You will usually have a catheter to help you pass urine for up to two weeks after surgery. (See page 4 for information about catheters.) Surgery may damage some of the muscles and nerves that help you control passing urine. These include:
- the pelvic floor muscles, which are below the bladder and help support it, and
- the sphincter muscle at the opening to the bladder, which surrounds the tube that you pass urine through (the urethra) and normally stops you leaking urine.

After surgery many men will leak some urine. Studies vary as to how many men leak urine, but between one and 13 out of every 20 men (five to 67 per cent) report some problems leaking urine. Symptoms tend to improve over time and most men will notice an improvement three to six months after surgery.

Some men have problems passing urine after surgery due to a build-up of scar tissue around the neck of the bladder. This is called a stricture. Again, studies vary, but up to a third of men (between 0.4 and 32 per cent) may have problems with this. You may need a short operation to stretch or release the scar tissue.

You can read more about urinary problems caused by surgery in our Tool Kit fact sheet, Surgery: radical prostatectomy.

External beam radiotherapy
Radiotherapy treats prostate cancer with high energy X-ray beams directed at the prostate from outside the body. This can irritate the bladder and cause radiation cystitis. Radiation cystitis can cause:
- a need to pass urine more often and more at night
- a burning feeling when you pass urine, and
- sometimes, blood in the urine.

These symptoms can start within a week of starting treatment, and may continue up to three months after treatment has finished. If you have any of these symptoms, speak to your GP as it could also be an infection causing them.

Drink plenty of fluids (one and a half to two litres or three to four pints a day) to stop the bladder becoming more irritated. However, avoid fizzy
drinks, drinks containing caffeine (tea, coffee and cola) and alcohol, as these can also irritate the bladder. Some men find that drinking cranberry juice helps. However, if you are taking warfarin to thin your blood, you should not drink cranberry juice as it can increase its effect.

Radiotherapy may also cause a narrowing of the urethra. This is called a stricture and it may make your urine stream weak. A few men might find that they cannot empty their bladder properly (chronic retention) or that they cannot pass urine at all (acute retention). See page 10 for more information about treatments for urinary retention.

Less commonly, radiotherapy may cause long term urinary incontinence. One study showed that five years after having radiotherapy around four out of 100 men (four per cent) still frequently leaked urine. This is more likely if you have previously had an operation called a trans-urethral resection of the prostate (TURP) to treat an enlarged prostate.

You can read more about urinary problems after radiotherapy in our Tool Kit fact sheet: External beam radiotherapy.

Brachytherapy
Brachytherapy is internal radiotherapy. There are two types of brachytherapy.

- Permanent seed brachytherapy uses radioactive seeds implanted into the prostate gland.

- High dose rate brachytherapy involves inserting a source of high-dose radiation into the prostate gland for a few minutes at a time to destroy cancer cells.

Brachytherapy can cause the prostate gland to swell. This may narrow the urethra, which can cause a weak urine flow. It may also cause urinary retention in between one and 22 in every 100 men (1 – 22 per cent). (See page 10 for more information about urinary retention.)

During and after treatment you may need to pass urine more often and with less warning.

Some men may also have a burning feeling when they pass urine. These symptoms can get worse in the first few weeks after treatment but usually start to improve after a few months. Drink plenty of fluids (one and a half to two litres or three to four pints a day), but cut down on drinks that may irritate the bladder. These include fizzy drinks, drinks containing caffeine (tea, coffee and cola) and alcohol.

Some men leak urine after brachytherapy. Research suggests this happens in up to 19 out of 100 men (19 per cent). You may be at greater risk if you have already had surgery called a trans-urethral resection of the prostate (TURP) to treat an enlarged prostate.

You can read more about urinary problems after brachytherapy in our Tool Kit fact sheets: Permanent seed brachytherapy, and High dose rate brachytherapy.

High intensity focused ultrasound (HIFU)
HIFU treats prostate cancer using high frequency ultrasound waves to heat and destroy cancer cells. HIFU is relatively new treatment, and you may be offered it as part of a clinical trial.

HIFU may cause your prostate gland to swell temporarily. This can make it difficult for you to pass urine for a week or two after treatment. You will have a temporary catheter after the treatment to drain urine from your bladder. (See page 4 for information about catheters.)

Some men may leak small amounts of urine when they cough, sneeze or exercise (stress incontinence). About three out of 25 men (12 per cent) may have stress incontinence after HIFU.

Some research suggests that two out of 25 men (eight per cent) may get a urine infection following HIFU. If this happens to you, your doctor will prescribe you a course of antibiotics to clear the infection.

After you have recovered from HIFU you may notice that your flow of urine is slow.
This may be caused by a narrowing of the urethra or the neck of the bladder (stricture). This can affect about one in ten men (ten per cent). A stricture can be treated with a small operation to stretch the narrowed area.

You can read more about urinary problems after HIFU in our Tool Kit fact sheet: **High intensity focused ultrasound (HIFU).**

**Cryotherapy**
Cryotherapy involves freezing and thawing the prostate gland, killing both normal and cancer cells within the gland. You will have a catheter for up to two weeks after having the treatment (See below for information about catheters.)

Cryotherapy can cause urinary incontinence in some men. This varies, but between one and nineteen out of 100 men (1 to 19 per cent) may leak urine as a long term side effect of cryotherapy.

Cryotherapy may also cause problems passing urine. This is because cryotherapy causes a narrowing of the urethra or a narrowing of the opening of the bladder. These problems can be treated with a simple operation.

Cryotherapy is a relatively new treatment, and you may be offered it as part of a clinical trial. You can read more about urinary problems after cryotherapy in our Tool Kit fact sheet: **Cryotherapy.**

**What help is there for urinary problems?**

If you have any urinary problems after treatment for prostate cancer, let your doctor or nurse know. They will be able to offer advice about treatment. They may also refer you to an NHS continence service, run by nurses and physiotherapists who specialise in urinary problems. Your GP will also be able to refer you to a continence service. You can find out if there are any continence services in your area by contacting The Bladder and Bowel Foundation (see page 15).

The continence service can assess your urinary problems and offer advice about treatments. They can also give you support and advice on products that can help you cope with incontinence.

**What can I do to help myself?**

Making some changes to your lifestyle may help you to manage your urinary problems.

- Drink plenty of fluids (one and a half to two litres or three to four pints per day). Not drinking enough may irritate the bladder. Avoid or reduce fizzy drinks, drinks that contain caffeine (tea, coffee and cola), and alcohol as these may also irritate the bladder.

- Try to maintain a healthy weight and level of fitness. This reduces the pressure on your bladder and pelvic floor muscles which control urination.

- Avoid constipation, which may also put pressure on your pelvic floor muscles. Eating a healthy diet that is high in fibre and drinking plenty of fluids will help avoid constipation.

- If you smoke, try to stop as smoking can cause coughing, which puts pressure on your pelvic floor muscles.

- Regular pelvic floor muscle exercises can help strengthen your pelvic floor muscles. (See page 5.)

Our Tool Kit fact sheet: **Diet, exercise and prostate cancer** has more information about a healthy diet and physical activity.

**Urinary catheters**
A urinary catheter is a narrow tube which is passed through your penis, or through a small cut in your abdomen (a suprapubic catheter), into the bladder to allow urine to drain out of the body. You may have a catheter for a short time after some treatments for prostate cancer, including surgery, cryotherapy and HIFU.
There are different types of catheter. Which type you have may depend on your particular needs.

You may have a catheter that is attached to a bag that can be worn inside your trousers, strapped to your thigh or calf. You can then empty the bag when it is convenient for you. Or you may have a catheter with a valve which you open when you want to empty your bladder. Your nurse will show you how to use a catheter and how to look after it. They will show you how to:
- empty the bag and how often
- connect a larger bag at night
- clean the catheter, and
- get a prescription for more supplies.

If you have problems emptying your bladder (urine retention), you may be able to self catheterise. This involves passing a catheter up through the penis into the bladder yourself to drain urine. Your nurse will show you how to do this. It may take some practice to get used to it, so don’t be put off if you find it difficult at first. See page 10 for more information about urine retention.

Urine infections can be common if you have a catheter. The following tips can help prevent infection.

- Always wash your hands before and after handling your catheter.
- Wash the area where the catheter enters the body every day with a downward movement away from the entry point. Use unscented soap and water, and dry it afterwards.
- Drink plenty of fluids (about one and a half to two litres or three to four pints a day).
- Eat plenty of fibre to avoid constipation as constipation can stop the catheter draining properly.
- Let your nurse know if the catheter is not draining properly.

Contact your doctor or nurse if you have a high temperature, burning sensation or dark, cloudy or unpleasant smelling urine. These could be signs of a urine infection.

What if I leak urine?
You may leak urine because you have a problem with your bladder, sphincter or pelvic floor muscles. The bladder muscle may empty too quickly or with no warning. If the sphincter or pelvic floor muscles are weak, they may allow urine to escape, especially during exercise or when coughing or sneezing (stress incontinence). Some men also leak urine when they are sexually aroused or during sex.

If you are leaking urine after your prostate cancer treatment, there are a number of things that may help. Finding a treatment that is right for you will depend on how much urine you are leaking and the amount of time since you had treatment. Treatments for leaking urine include:
- pelvic floor muscle exercises
- incontinence products such as absorbent pads, pants and urinary sheaths
- an artificial urinary sphincter
- an internal male sling, and
- bulking agents.

Pelvic floor muscle exercises
Pelvic floor muscle exercises strengthen the muscles that control urination and may help many men regain control of their bladder. They may be particularly helpful if you leak urine when you stand, cough or sneeze. You can read more about pelvic floor muscle exercises and how to do them in our Tool Kit fact sheet: Pelvic floor muscle exercises.

Incontinence products
There are a number of products available that can help if you leak urine.

Absorbent pads and pants can be worn inside your underwear, or may replace your underwear altogether. These will soak up any leaks.
Your NHS continence service may be able to provide you with free disposable pads but this is based on an assessment of your needs. There is usually a limit to the number of pads they can provide for free. If you buy incontinence pads you may be able to get them from the supplier without paying VAT.

Urinary sheaths look like condoms with a tube coming out of the end. You may also hear them called external catheters. The tube connects to a bag that you can strap to your leg, under your clothing. You can buy long underwear with a built-in pocket to hold the bag.

Your continence advisor or district nurse will help to make sure that you get a sheath that fits well. Sheaths are available in latex or silicone and in a range of sizes and shapes. You can get them from chemists with a prescription from your doctor.

"A sheath and leg bag might be a bit uncomfortable and inconvenient but you never have to worry about needing to rush to find a lavatory."

A personal experience

Other products such as reusable bed pads and urinals are also available. Talk to your continence advisor for more information. The Bladder and Bowel Foundation has a directory of products, where you can find detailed information about different products. It also includes a list of manufacturers and suppliers. PromoCon (Promoting Continence and Product Awareness) is an organisation that provides information about continence products and services. (See page 15 for contact details.)

**Artificial urinary sphincter**

This involves having an operation to fit a small device to stop urine leaking out. The artificial urinary sphincter is made up of:
- a cuff, which is filled with fluid, around the tube that you pass urine through (urethra),
- a balloon in front of your bladder, and
- a pump in your scrotum (pouch of skin containing the testicles).

You can control when you pass urine.

- 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 will stop pressing your urethra closed, so you can pass urine.
- After a few minutes, the fluid will automatically flow back into the cuff.
- Once the cuff is full of fluid it will squeeze your urethra closed again.

You will normally only have an artificial urinary sphincter fitted if you are leaking a lot of urine regularly, at least a year after treatment for prostate cancer. One study found that after...
having an artificial urinary sphincter fitted, just over a quarter of men (27 per cent) no longer needed to use incontinence pads and just over half (52 per cent) needed only one pad a day.

Not all hospitals in the UK carry out the operation to fit an artificial urinary sphincter, but you may be able to be referred to another hospital which does.

There can sometimes be complications with the artificial urinary sphincter, such as infections or parts of the device breaking. These complications may mean that you will need to have another operation to correct any problems. One study showed that around one in ten men (around ten per cent) had to have the artificial urinary sphincter taken out because of complications.

**Internal male slings**

If you leak a moderate amount of urine (you need to use two to three pads a day) a year after having treatment for prostate cancer, an internal sling may be another option. An internal sling is a small piece of synthetic material that is inserted, normally under a general anaesthetic. It presses gently on your urethra to keep it closed and stop urine leaking out.

There are different types of sling available but all work in a similar way. The sling should be tight enough to stop urine leaking out, but not so tight that it stops the flow of urine when you want to pass urine.

Up to three quarters of men who have an internal sling (75 per cent) will no longer leak urine and will not need to wear pads. Slings may not work as well for men who leak a lot of urine or who have previously had radiotherapy. Like all operations, there may be some side effects from having a sling put in.

- Some men experience some pain after the operation. This may last for around three months.
- There is a risk of infection. Around two to 12 out of a hundred men (two to 12 per cent) may need to have the sling removed because of infection.
- Occasionally, some men may have problems passing urine (retention) after the operation but this is rare.

If you are considering having an internal sling, you should discuss the possible side effects with your doctor or nurse.

**Balloons**

If you still leak urine more than six months after having surgery to remove the prostate, another option is to have two small inflatable balloons inserted. These contain fluid and are placed around the urethra at the opening to the bladder.

They press on the urethra and stop urine leaking out. You should be able to pass urine normally when you want to. Each balloon is attached to a device called a ‘port’ which is used to adjust the size of the balloon. This is placed in the scrotum (pouch of skin containing the testicles). (See diagram below)

The balloons can be adjusted at any time. If you still leak urine, your doctor can inject more fluid to increase the size of the balloons so that they press more on the urethra. If you are unable to pass urine properly, your doctor can remove some fluid to help you pass urine more easily.
Up to two thirds of men (67 per cent) will have no leaking or only need to wear one pad a day after having the balloons fitted. There can be complications, such as the balloons deflating or moving, or infections. Between one and three men out of ten (10 to 30 per cent) may need to have the balloons removed.

Only some hospitals in the UK fit the balloons. If your hospital does not, you may be able to be referred to another which does.

**Bulking agents**
This involves injecting a gel such as silicone into the tissue around your urethra or bladder neck. This will make the tissue thicker and keep the opening of the urethra and bladder closed to prevent leaks. This can normally be done under a local anesthetic and takes around 15 minutes. If you have had a radical prostatectomy, you may not be able to have an injection of bulking agents as the tissue may be scarred.

Bulking agents may be helpful for men who leak a small amount of urine. The effect of the bulking agent may decrease over time and you may need more injections. If your urinary problems are more severe then other treatments might work better.

**Medication**
If you continue to leak urine, or if other treatments are not appropriate for you, you may be given medication called duloxetine. This can help to reduce leakages. Like all medications, it does have side effects, including tiredness, a dry mouth, difficulty sleeping and constipation. Speak to your doctor or nurse about these.

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What if I dribble after I finish passing urine?
Losing a few drops of urine after you have finished passing urine is common in men of all ages, but is more likely to happen if the pelvic floor muscles are weak. Many men find that even after waiting and shaking the penis, a very small amount of urine will leak out afterwards. This may happen if the urethra has not emptied completely and a small pool of urine gets left behind (known as ‘after dribble’).

After you have finished passing urine, try tightening your pelvic floor muscles once for several seconds or tightening and releasing them a few times. This will push the urine out of the urethra and help to stop the dribbling.

Alternatively, after you have finished passing urine, wait a few seconds and then use your fingertips to press gently behind the scrotum. Move your fingers forward toward the base of the penis under the scrotum and keep pressing gently. This should push the urine further along the urethra. You can then shake the last few drops out in the normal way.

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What if I pass urine frequently and with little warning?
Some men find that they need to pass urine more often and that they have a sudden urge to go to the toilet that is difficult to ignore. Sometimes they may leak before they get there. This may be due to the bladder muscles contracting to push urine out before you are ready.

There are a number of things you can do to reduce or relieve your symptoms:

- Drink plenty of fluids (one and a half to two litres, or three to four pints per day). Do not reduce your fluid intake as this can make symptoms worse.
- But avoid drinks that might irritate the bladder such as fizzy drinks, drinks containing caffeine such as coffee, tea and cola, and alcohol.
- Pelvic floor muscle exercises may help.

You could try bladder retraining - see next page.

If you need to urinate frequently and notice that your urine is dark, cloudy, smells or stings, you may have a urine infection and should go and see your GP.
**Bladder retraining**

Your continence advisor or specialist physiotherapist may provide advice about a technique called bladder retraining. Your bladder should normally be able to hold between half a pint and a whole pint (250-500ml) before you need to go to the toilet. Most people first feel that they need to pass urine when the bladder is about half full. They are then usually able to hold on until the bladder is fuller and there is a convenient place to go.

Bladder retraining aims to help you hold back or ignore the strong feelings of wanting to go to the toilet when the bladder is not full. This helps you to regain control over your bladder by reducing the number of times you need to pass urine and helping you hold on for longer. If you leak urine because you cannot get to the toilet in time, bladder retraining can also help reduce or stop this.

The following steps may help.

1. Keep a record of how often you go to the toilet and how much urine you pass each time. You should keep this record for at least three days. You should also note how much warning you get before any urine leaks out.

2. The length of time you can hold on for before urine leaks out, for example two minutes, is the starting point that you can train your bladder from. So when you get the first feelings that you need to pass urine, try holding on for two minutes. It is important not to start holding on from when the feelings have become too urgent as this could lead to you wetting yourself.

3. Practise holding on every time you need to pass urine. This will help to get your bladder into a new routine.

4. When you get the urge to pass urine try doing a long slow contraction of your pelvic floor muscles. Sitting on a hard surface may help as this gives support to these muscles. You could also try distracting yourself with a book or the television. When it is time to go to the toilet try and walk slowly. Rushing may make your pelvic floor muscles sag and urine may be more likely to leak out.

5. When you are able to hold on for two minutes every time you need the toilet for three days in a row, try increasing this time by one minute.

6. Continue increasing the 'hold' time until you can hold on for 15 minutes. This can take some time, so try not to rush things.

Bladder retraining is not about holding on for as long as you can. Not all men will be able to hold on for as long as 15 minutes. Bladder retraining should be able to help you find a time scale that works for you and means you are not going to the toilet quite so often. It can take time to retrain your bladder. Keep a record whilst you are doing this so that you can see your progress.

**Other treatments**

In some cases, drug treatment may be effective. There are drugs available called anti-cholinergics, which can reduce frequency, urgency and leaks. They can take up to a few weeks to work. These tablets can cause side effects including a dry mouth, headaches, constipation and dizziness. If the drug you are prescribed causes side effects you can discuss alternatives with your doctor or nurse.

You may be offered something called percutaneous posterior tibial nerve stimulation, also known as Stoller Afferent Nerve Stimulation (SANS). This involves inserting a fine needle into your ankle. The needle is connected to a low electrical current. The electrical current passes up a nerve in your leg and stimulates the nerves that control the pelvic floor and bladder muscles. The aim is to stop the bladder trying to squeeze out urine before it is full. You will have 12 treatments about a week apart. Each treatment lasts about half an hour. Only some treatment centres in the UK carry out SANS.

Another treatment involves injecting botox into the wall of the bladder to stop it contracting before it is full. This is relatively new and so not available everywhere.
What if I get up to pass urine many times at night?

If you are bothered by having to get up to go to the toilet a lot at night, try cutting down on any drinks in the last two hours before you go to bed, particularly any alcohol, coffee or tea. Bladder retraining may help, but you will need to train your bladder in the daytime before you work on any problems at night.

What if I have problems emptying my bladder?

If your urethra becomes very narrow, you may not be able to empty your bladder. Prostate cancer, some treatments for prostate cancer, or other prostate problems such as noncancerous benign prostatic enlargement (BPE) can all cause narrowing of the urethra.

If you have a sudden and painful inability to pass urine (acute urinary retention) it is important that you get treatment straight away. You should contact your doctor or nurse, or go to your hospital’s accident and emergency (A&E) department. They may need to drain your bladder using a catheter. (See page 4 for more information about catheters.)

Some men may be able to pass some urine but leave increasingly large amounts behind in the bladder (chronic retention). The first signs for some men include leaking urine, wetting the bed, discomfort in your abdomen or increased urine infections. You may find that you need to pass urine more frequently or urgently, your bladder still feels full after passing urine or notice that your stream is weak.

You should let your doctor or nurse know if you are having any of the problems described above. Chronic retention is usually painless but it means that you are not passing all of the urine that is in your bladder. Your bladder slowly stretches as it tries to cope with the pressure of the urine, which can weaken the bladder muscle. The urine left in your bladder may cause an infection or bladder stones. Without treatment, the build up of urine can overwork the kidneys and cause them to fail.

There are several treatment options for urinary retention.

- Your doctor may prescribe medication to help to relax the muscles at the neck of the bladder, or to shrink the prostate, making it easier to pass urine.
- You may be able to self-catheterise. (See page 4 for more information.)
- Some men may need a long-term catheter fitted through a small cut in their abdomen. This is called a suprapubic catheter. (See page 4.)

An operation may help to widen the urethra. This works by either stretching the narrow area or by removing some excess prostate tissue, depending on the cause of the problem.

At first I was reluctant about self-catheterising, but once I was trained I found it easier than expected and it gave me more independence than a permanent catheter.

A personal experience

Where can I get support?

Urinary problems can affect your self-esteem and your independence. It can be embarrassing and may have an impact on your work, social and sex life. If you need help and advice there are a number of places you can go. Your GP, continence nurse or specialist nurse will be able to offer you practical and emotional support.
The Bladder and Bowel Foundation provide information about practical and emotional aspects of urinary problems. The manufacturers of continence products may also be able to offer advice about using their products.

It may also be useful for partners, family and friends to get support, as they might be helping their loved ones cope in practical and emotional ways.

You may find it helpful to speak to someone with personal experience of urinary problems caused by prostate cancer treatments. Our support volunteers are all personally affected by prostate cancer and are trained to listen and offer support over the telephone. Call our Specialist Nurses on our confidential helpline and ask to be put in touch with a support volunteer.

There are also prostate cancer support groups throughout the country where you and your family can meet other people affected by prostate cancer. You can find details of your nearest group on our website at prostatecanceruk.org or ask your nurse. Some continence services also run local support groups.

If you have access to the internet, you can join our online community on our website. This is for men with prostate cancer and their families to share experiences, information and support.

Many men find that seeking advice about managing urinary problems can help them feel more in control and build self-confidence.

Practical steps
A few practical steps may help to make things easier.

- Plan ahead when you go out. For example, find out where public toilets are before you leave home.
- Pack a bag to make sure you have any extra pads, underwear or hand wipes you may need. Some men also find it useful to carry a screw-top container in the back of the car.
- Get an ‘urgent’ card to show to staff in shops, restaurants and other public places. They should let you use their toilets without asking awkward questions. You can order a card on our website or by calling our helpline on 0800 074 8383.
- Radar provides a National Key Scheme to anyone who is disabled. You can buy a key that gives you access to disabled toilets across the UK. (See page x for contact details.)
- If you know you will need to go to the toilet in the night, leave a light on in case you are in a hurry, or keep a container nearby.

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

A personal experience
Questions to ask your doctor or nurse

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

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

What type of urinary problems might I have?

If I cannot pass urine what should I do?

Will my urinary problems get better?
What treatment is available?

What else can I do to help myself?

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

Where can I get pads and other equipment?
More information

The Bladder and Bowel Foundation
www.bladderandbowelfoundation.org
Helpline: 0845 345 0165. You can leave a message 24 hours a day.
Provides information and support for all types of bladder and bowel related problems, for patients, their families, carers and healthcare professionals.

CancerHelp UK
http://cancerhelp.cancerresearchuk.org/
Freephone: 0808 800 4040 (9am–5pm, Mon–Fri)
CancerHelp is the patient information website of Cancer Research UK and provides information about living with cancer.

Chartered Physiotherapists Promoting Continence (CPPC)
www.cppc.org.uk
Allows you to search for details of specialist continence physiotherapists in your area.

Macmillan Cancer Support
www.macmillan.org.uk
Freephone: 0808 808 00 00 (9am-8pm, Mon-Fri)
Practical, emotional and financial support for people with cancer, family and friends.
Information about cancer, its treatment and living with cancer.

PromoCon (Promoting Continence and Product Awareness)
www.promocon.co.uk
Helpline: 0161 607 8219 (9am - 4pm, Mon–Fri)
Part of the Disabled Living Foundation. Provides impartial information and advice about bladder and bowel problems.

Radar
www.radar.org.uk
Tel: 020 7250 3222
Provides practical information for people affected by disability. Sell keys to disabled toilets across the UK.

About us

Prostate Cancer UK fights to help more men survive prostate cancer and enjoy a better life.

This fact sheet is part of the Tool Kit. You can order more Tool Kit fact sheets, including an A-Z of medical words, which explains some of the words and phrases used in this fact sheet.

All of our publications are available to download and order from the website. You can also order printed copies by calling 0800 074 8383 or emailing literature@prostatecanceruk.org

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

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