

Urinary problems after prostate cancer treatment



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This fact sheet is for men who want to know more about urinary problems after treatment for prostate cancer. Your partner, family or friends might also find it helpful.

We explain how different treatments for prostate cancer may cause problems urinating (peeing) and leaking urine. We also describe ways to manage these problems and list other sources of support and information.

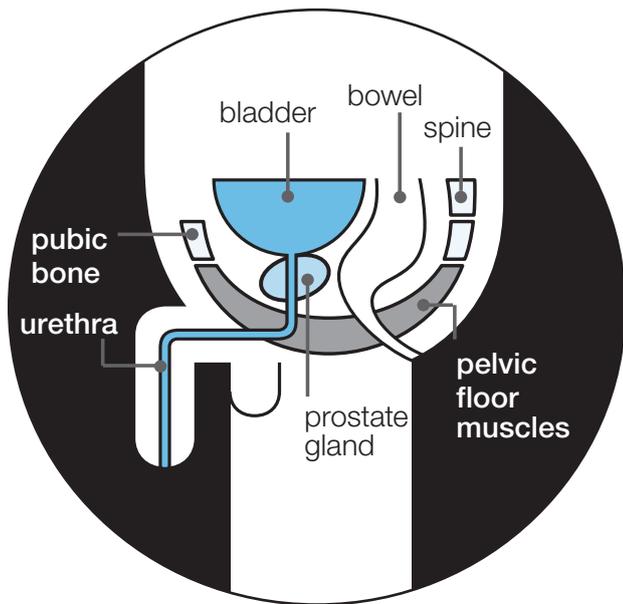
We don't describe pelvic floor muscle exercises, which can help you control when you urinate. Read more in our Tool Kit fact sheet, Pelvic floor muscle exercises. And we don't describe urinary symptoms caused by prostate cancer and other prostate problems. Read more about these in our booklet, Know your prostate: A guide to common prostate problems.

Each hospital or GP surgery will do things slightly differently. Use this fact sheet as a general guide and ask your doctor or nurse for more information about your care and the support available to you. You can also speak to our Specialist Nurses, in confidence, on 0800 074 8383.

Prostate cancer treatment and urinary problems

All treatments for prostate cancer can cause side effects. Many men get urinary problems as a side effect of their treatment.

The prostate gland lies underneath the bladder and surrounds the urethra – which is the tube that carries urine from the bladder, through the penis and out of the body. So both the bladder and urethra can be damaged by treatments for prostate cancer, causing side effects.



If you're starting treatment for prostate cancer, ask your doctor about the possible side effects. Each treatment can cause different urinary problems. Your chances of getting each side effect will depend on the treatment you're having, and on whether or not you had urinary problems before starting treatment.

If you've already had prostate cancer treatment and you're getting urinary problems, tell your doctor or nurse. They can suggest treatments and lifestyle changes that can help manage or even stop these problems. They may refer you to an NHS continence service, run by specialist nurses and physiotherapists who specialise in urinary problems. They are sometimes known as continence advisors.

You might also be offered tests to try to find out exactly what is causing your symptoms, and which treatments are most likely to help.

Urine infections

Urine infections are quite common in older men. You may be more likely to get a urine infection if you have an enlarged prostate and can't empty your bladder properly. Bladder problems, kidney problems or a poor immune system can also make you more likely to get a urine infection.

You may also be more likely to get a urine infection if you use a catheter – a tube used to drain urine from your bladder.

Problems after surgery (radical prostatectomy)

Radical prostatectomy is surgery to remove the prostate gland and the cancer inside it.

Read more in our Tool Kit fact sheet,



Surgery: radical prostatectomy.

The most common urinary problem men can get after surgery is leaking urine (urinary incontinence, see below).

A small number of men may find it difficult to urinate after surgery (urine retention). This can be caused by scarring around the opening of the bladder or the urethra. This causes the urethra to become narrow, which is called a 'stricture'. This can happen soon after surgery, or it might develop slowly over time. Read more about urine retention and ways to manage it on page 9.

Leaking urine

When you wake up after your surgery, you'll have a thin tube called a catheter in your penis. This is to drain urine out of the body. You'll usually have a catheter for about one to three weeks after surgery.

Most men can't control their bladder properly when their catheter is first removed. This is because surgery can damage the muscles and nerves that control when you urinate. These include the pelvic floor muscles, which stretch below the bladder and help support it. The sphincter muscle at the opening of the bladder, which normally stops urine leaking, may also be damaged.

Signs of a possible urine infection include:

- a fever (high temperature)
- a burning sensation when you urinate
- dark or cloudy urine with a strong smell
- needing to urinate more often.

Tell your doctor or nurse if you have any of these symptoms. They'll usually give you antibiotics to treat the infection.

Your hospital may give you some absorbent incontinence pads to put in your underwear (see below). But you might want to take some pads when you go to have your catheter removed. Close fitting underwear can help to keep the pads in place, and men often find loose trousers most comfortable.

Leaking urine usually improves with time. Most men start to see an improvement one to six months after surgery. But some men leak urine for a year or more. This can be hard to deal with, but there are things that can help.



When they took the catheter out after the surgery, I had to put a pad on straightaway because my urine was coming out like a tap.

A personal experience

You might just leak a few drops when you exercise, cough or sneeze (stress incontinence). Or you might leak larger amounts. Some men also leak urine when they get an erection or during sex.

 Watch Paul's story on our website at prostatecanceruk.org for his experience of leaking urine after surgery to remove his prostate.

If you've decided to have surgery, our Surgery Support Pack might be helpful. It includes information about the operation and how to manage the side effects of surgery. It also includes a small supply of absorbent pads for you to try, disposable bags for used pads, and wet wipes. The pack is designed to help you prepare for surgery, and to support you in the first couple of days after your catheter is removed. If you'd like to order a Surgery Support Pack, speak to our Specialist Nurses.



What can help with leaking urine?

There are treatments and products available that can help, as well as things you can do to help yourself.

Ways to manage leaking urine include:

- absorbent pads and pants
- pelvic floor muscle exercises
- urinary sheaths.

If things don't improve, there are treatments available that might help. These include:

- artificial urinary sphincter
- internal male sling
- adjustable balloons
- medicines.

Your treatment options will depend on how much urine you're leaking, and how recently you had your prostate cancer treatment. Talk to your doctor or nurse about treatments that may be suitable for you. They can also explain the different products that are available. Many men use different products for different activities, such as sleeping or swimming.

Absorbent pads and pants

These can be worn inside your underwear, or instead of underwear. They will soak up any leaks and are usually very discreet, so people won't know you're wearing them.

You can also get reusable bed pads and urinals. If you haven't had your operation yet, you might find it helps to prepare by finding out about what products are available. Talk to your doctor, nurse or continence advisor for more information, or visit www.continenceproductadvisor.org

Services vary from area to area, but your local NHS service may provide some pads for free. Or you can buy them in supermarkets, chemists or online. Age UK has a range of products that can be ordered online.

Pelvic floor muscle exercises

Pelvic floor muscle exercises can strengthen the muscles that help control when you urinate. This can help with leaking urine.



Find out about these exercises in our Tool Kit fact sheet, **Pelvic floor muscle exercises**.

Urinary sheaths

You might hear these called external catheters. These look like condoms with a tube attached to the end, which drains urine into a bag.

The sheath fits tightly over the penis and you can strap the bag to your leg – under your clothes – and empty it as needed. Or you can buy long underwear with a pocket to hold the bag.

You can ask your specialist nurse or continence advisor if these are suitable for you. You can get sheaths from chemists with a prescription from your doctor. They're made from latex or silicone and come in a range of shapes and sizes. Your continence advisor or nurse can help you get a sheath that fits well, and show you how to fit it.



I'd fill my pad within an hour of changing it. That's quite restrictive. The external catheter changed my life.

A personal experience

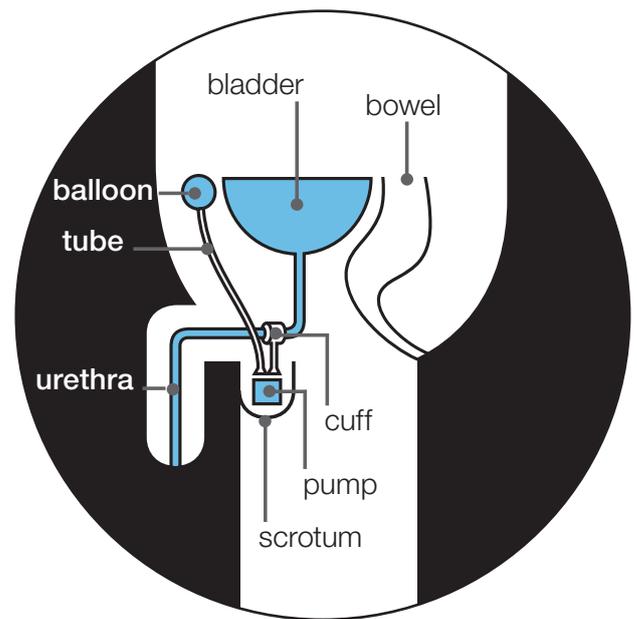
Artificial urinary sphincter

This is a small device that consists of:

- a fluid-filled cuff that fits around your urethra
- a balloon in front of your bladder
- a pump in your scrotum (the skin around your testicles).

The fluid-filled cuff presses the urethra closed, so that you don't leak urine.

Artificial urinary sphincter



An artificial urinary sphincter is usually only suitable for men who still leak a lot of urine at least six months after their prostate cancer treatment.

The artificial urinary sphincter lets you control when you urinate.

- 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 stops pressing your urethra closed, letting urine pass through the urethra so that you can urinate.
- After a few minutes, the fluid flows back into the cuff, pressing the urethra closed again.

One study found that over a quarter (27 per cent) of men with an artificial urinary sphincter no longer needed to use incontinence pads and over half (52 per cent) needed only one pad a day.

You'll have an operation to fit the device. You'll have a general anaesthetic, so you'll be asleep and won't feel anything.

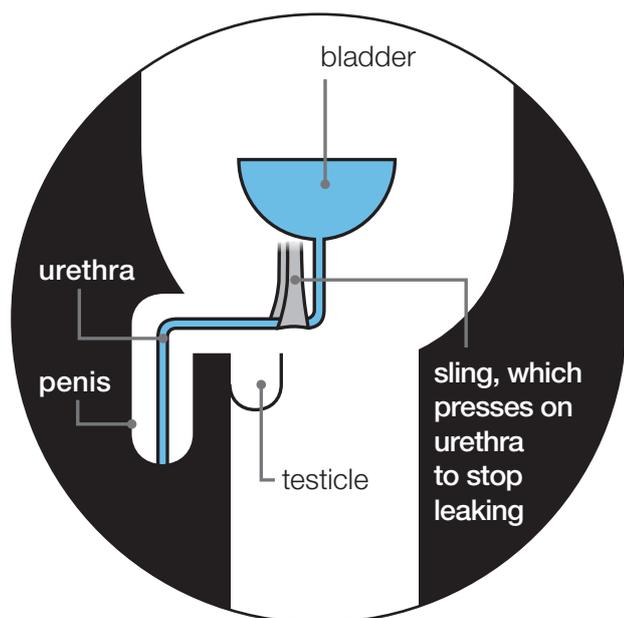
Like all operations, there are risks in having an artificial urinary sphincter, such as infection or parts of the device breaking. Some men need another operation to fix problems. Around one in 10 men (10 per cent) may need their device taken out. Your doctor or nurse can tell you more about the possible risks.

If your hospital doesn't do this type of surgery, your doctor may be able to refer you to one that does.

Internal male sling

This is a small piece of material that presses gently on your urethra to keep it closed and stop urine leaking (see diagram). The sling should be tight enough to stop urine leaking out, but loose enough to let you urinate when you want to.

Internal male sling



You may be offered an internal sling if you leak a moderate amount of urine (if you use two to three pads a day) one year after your treatment for prostate cancer. Up to three quarters (75 per cent) of men with an internal sling no longer leak urine or need pads.

The sling may not work as well if you leak a lot of urine or have previously had radiotherapy.

You'll have an operation to fit the internal sling. You will usually have a general anaesthetic, so you'll be asleep.

Like all treatments, there can be side effects.

- You may get some pain in the first three months after the operation.
- You might get an infection – about one in 10 men (12 per cent) may need their sling removed because of an infection.
- A small number of men have problems urinating (urine retention) after their operation, but this is rare.

Your doctor or nurse can tell you more about the possible risks.



Five weeks after having my internal sling, my continence is brilliant. I am close to where I was before my prostate surgery.

A personal experience

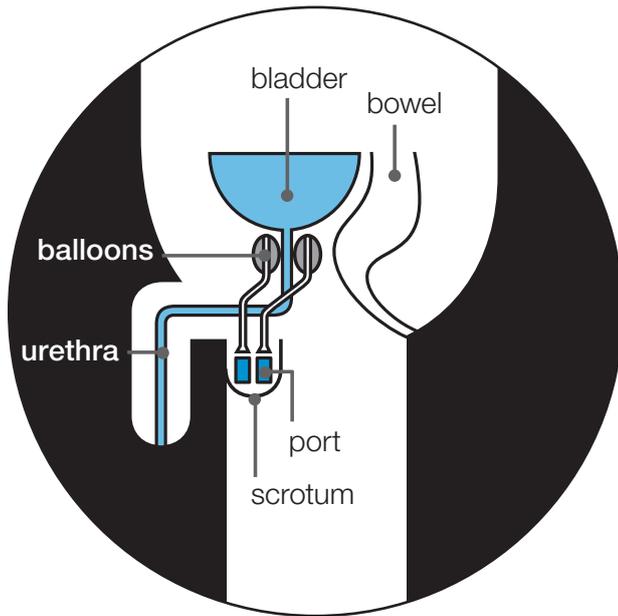
Adjustable balloons

These consist of two small balloons which are placed around the urethra (see diagram on page 6). The balloons press on the urethra to stop urine leaking out – but you should still be able to urinate when you want to.

Each balloon contains fluid and is attached to a device called a 'port', which is placed in your scrotum. Your doctor can use these ports to make the balloons bigger or smaller at any time.

For instance if you still leak urine after the balloons are fitted, your doctor can inject more fluid into them so that they get bigger and press more on the urethra. If you can't urinate properly, your doctor can remove some fluid from the balloons so they press on the urethra less.

Adjustable balloons



Balloons may be an option if you still leak urine more than six months after your prostate cancer treatment. Up to two thirds (67 per cent) of men with balloons no longer leak, or need just one pad a day.

There are risks in having these balloons. They include infection, or the balloons shrinking or moving. Up to three in every 10 men (30 per cent) may need to have their balloons taken out. Your doctor or nurse can tell you more about the possible risks.

Adjustable balloons aren't used very often. If your hospital doesn't do this type of surgery, your doctor may be able to refer you to one that does.

Medicines

If you continue to leak urine, or if other treatments aren't suitable for you, you may be offered a medicine to help keep the urethra closed, or to calm your bladder down. This can help to reduce leakages. All drugs can cause side effects, so talk to your doctor or nurse about the possible side effects and how to manage them.

Problems after radiotherapy or brachytherapy

Radiotherapy uses radiation to destroy prostate cancer cells. There are two ways of giving radiotherapy to treat prostate cancer.

- External beam radiotherapy (EBRT) uses high-energy X-ray beams to destroy the cancer cells from outside the body.
- Brachytherapy is internal radiotherapy. There are two types. Permanent seed brachytherapy involves putting tiny radioactive seeds into the prostate. Temporary brachytherapy involves putting radioactive pellets into the prostate for a few minutes at a time before they're removed.

Both EBRT and brachytherapy can cause urinary problems, including:

- bladder irritation – called radiation cystitis
- needing to urinate more often (urinary frequency)
- a sudden urge to urinate (urinary urgency)
- difficulty urinating.

Some men may leak urine after radiotherapy, but this is less common. It may be more likely if you've previously had an operation called a transurethral resection of the prostate (TURP) for an enlarged prostate. Leaking urine after radiotherapy often improves with time. See page 3 for information on ways to manage leaking urine.

Read more about radiotherapy and brachytherapy in our Tool Kit factsheets,



External beam radiotherapy, Permanent seed brachytherapy, and Temporary brachytherapy.

Radiation cystitis

Both EBRT and brachytherapy can irritate the lining of the bladder and the urethra – this is known as radiation cystitis. Symptoms include:

- a need to urinate more often, including at night
- a burning feeling when you urinate
- difficulty urinating
- blood in the urine.

Symptoms can start within a few days of your first treatment. They usually begin to improve when your treatment ends. But some men get symptoms for several months. And some don't get symptoms until months or even years after their final treatment.

Symptoms such as blood in the urine can be worrying, but this is quite a common symptom of radiation cystitis.

If you get symptoms of radiation cystitis, tell your doctor or nurse. They can check whether your symptoms are caused by your treatment or an infection.

There are treatments that can help with radiation cystitis, as well as things you can do yourself. These include:

- lifestyle changes
- bladder wash.



My side effects started about seven days after brachytherapy – a weak flow and stinging when peeing. It's now three weeks since my treatment, and the stinging has improved.

A personal experience

Lifestyle changes

Drink plenty of fluids (1.5-2 litres, or 3-4 pints a day), but try to avoid fizzy drinks, drinks containing caffeine – such as tea, coffee and cola – and alcohol, as these can irritate the bladder.

Some men find that drinking cranberry juice helps. But if you're taking warfarin to thin your blood, you should avoid cranberry juice as it can increase the effect of the warfarin.

Bladder wash

If your symptoms are severe, your doctor may suggest a treatment called a bladder wash, such as Cystistat®.

This is a liquid medicine that coats and protects the lining of the bladder, making it less irritated. It may help if your cystitis isn't getting better.

A small tube (catheter) is passed up your penis and fills your bladder with the liquid medicine. The liquid stays inside your bladder for as long as possible (at least half an hour). You then go to the toilet to empty your bladder.

You'll normally have this treatment once a week for four weeks. After that, you'll normally have the treatment once a month until your symptoms have improved.

Urinary frequency and urgency

Some men find they need to urinate more often after having radiotherapy (frequency), or get a sudden urge that's hard to ignore (urgency). You may also need to urinate more often at night (nocturia). If this happens, it might help to drink less in the two hours before you go to bed.

A small number of men find they sometimes leak urine before they can reach the toilet (urge incontinence). This can be caused by the bladder muscles going into spasm and squeezing urine out before you're ready.

There are treatments available that can help with urinary frequency and urgency, as well as things you can do yourself. These include:

- bladder retraining
- medicines
- percutaneous posterior tibial nerve stimulation (PTNS)
- BOTOX®.

Bladder retraining

If you need to urinate more often than usual or sometimes leak before reaching the toilet, you could try a technique called bladder retraining. This can help you control when you urinate, and help you hold on for longer.

If you want to try bladder retraining, the following steps may help:

1. Keep a diary for at least three days to record:
 - how often you go to the toilet
 - how much you urinate each time – use a measuring jug to measure this
 - how long you can hold on before you start to leak urine.
2. Next, try to hold on for a little longer before you urinate. It's a good idea to wait by the toilet in case you start to leak.
3. When you get the urge to urinate, try not to rush to the toilet – this could cause the muscles that control urination to relax. Try tightening your pelvic floor muscles, as this may help you to hold on until you reach the toilet.
4. Over time, you should be able to hold on for longer and longer. Remember to record your progress and don't worry if the improvement is slow – it takes time. There's no right length of time to aim for – find a timescale that works for you.

Speak to your specialist continence nurse or physiotherapist for more information on bladder retraining.

Medicines

Drugs called anti-cholinergics can help to reduce frequency, urgency and leaks. They may take a few weeks to start working.

Anti-cholinergics can cause side effects, including a dry mouth, headaches, constipation (difficulty emptying your bowels) and dizziness. If you get side effects, ask your doctor or nurse about other treatment options.

Percutaneous posterior tibial nerve stimulation (PTNS)

This treatment may help to reduce how often some men urinate and leak urine. It is quite a new treatment and is only offered at some hospitals. It's sometimes called stoller afferent nerve stimulation (SANS).

A thin needle is placed under the skin just above your ankle. A low electrical current is passed through the needle. The current travels up a nerve in your leg and affects the nerves that control urination. This can help to stop the bladder from emptying before it's full.

You'll normally have PTNS once a week for 12 weeks. Each treatment lasts about half an hour. PTNS has no serious side effects, although the area where the needle enters the skin may feel a little sore afterwards.

BOTOX®

Injecting botulinum toxin (BOTOX®) into the wall of the bladder can help stop it squeezing before it's full. This is quite a new treatment for urinary frequency and urgency and it's not available in all hospitals.

BOTOX® injections may mean you're more likely to get a urine infection (see page 2) or urine retention (see page 9). A small number of men using BOTOX® may need to self-catheterise to drain urine from their bladder. This is where you pass a small tube up your penis to empty your bladder yourself when you need to urinate.

Difficulty urinating

Some men find it hard to empty their bladder properly after radiotherapy – this is called urine retention. This may be more likely if you have an enlarged prostate. Radiotherapy, particularly brachytherapy, can cause the prostate to swell and block the urethra, leading to urine retention. It can also cause the urethra to become narrow – this is called a stricture.

A small number of men may get urine retention after surgery to remove their prostate (see page 2). And some men also get urine retention after HIFU and cryotherapy (see page 10).

Chronic urine retention

Some men can still urinate a little, but can't empty their bladder fully – this is known as chronic urine retention. Chronic means long-lasting.

The first signs often include:

- leaking urine at night
- feeling that your abdomen (stomach area) is swollen
- feeling that you're not emptying your bladder fully
- a weak flow when you urinate.

Tell your doctor or nurse if you get any of these symptoms.

Chronic urine retention is usually painless, but the pressure of the urine can cause the bladder muscles to slowly stretch and become weaker. This can cause urine to be left behind in the bladder when you urinate.

Not emptying your bladder fully can lead to a urine infection or painful bladder stones, and you may notice blood in your urine. Your kidneys could also be damaged if chronic retention isn't treated.

There are several treatments for chronic urine retention, including:

- a catheter to drain urine from the bladder
- drugs called alpha blockers, which relax the muscles around the opening of the bladder, making it easier to urinate
- drugs called 5-alpha-reductase inhibitors, which shrink the prostate
- surgery to widen the urethra or the opening of the bladder.

Acute urine retention

This is when you suddenly and painfully can't urinate – it needs treating straight away. If this happens, call your doctor or nurse, or go to your nearest accident and emergency (A&E) department. They may need to drain your bladder using a catheter. Make sure they know what prostate cancer treatment you've had.



The pain was really bad and I couldn't go to the toilet. I was rushed to the hospital and a doctor put a catheter in. It took the pain away instantly.

A personal experience

Problems after high intensity focused ultrasound (HIFU)

HIFU uses ultrasound waves to heat and destroy cancer cells in the prostate. It's newer than some of the other treatments for prostate cancer. This means we don't know as much about the risk of side effects in the long term. Because of this, it's only available in specialist centres or as part of a clinical trial.

HIFU is used to treat men whose prostate cancer is contained inside the prostate (localised prostate cancer). It can also be used to treat prostate cancer that's come back after radiotherapy (recurrent prostate cancer).

You're more likely to get urinary problems after HIFU if you've already had other treatments for prostate cancer. This is because the area around the prostate may have been damaged by your first treatment.



Read more about HIFU in our Tool Kit fact sheet, **High intensity focused ultrasound (HIFU)**.

Difficulty urinating

HIFU usually causes the prostate to swell to begin with. This can make it difficult to urinate for a week or two after treatment, so you'll have a catheter to drain urine from your bladder until the swelling has gone.

HIFU can also cause the urethra to become narrow, making it difficult to empty your bladder. This is known as urine retention (see page 9).

Leaking urine

Some men who have HIFU leak urine when they cough, sneeze or exercise (stress incontinence). This may be more likely if you've already had radiotherapy. You can read about ways to manage leaking urine on page 3.

Urine infections

Some men get a urine infection after HIFU. If this happens, your doctor will prescribe a course of antibiotics to clear the infection. See page 2 for more information on urine infections.

Problems after cryotherapy

Cryotherapy uses freezing and thawing to kill cancer cells in the prostate. It's newer than some of the other treatments for prostate cancer. This means we don't know as much about the risk of side effects in the long term. Because of this, it's only available in specialist centres or as part of a clinical trial.

Cryotherapy is usually used to treat men whose prostate cancer has come back after radiotherapy (recurrent prostate cancer).

You're more likely to get urinary problems if you've already had radiotherapy. This is because the area around the prostate may have been damaged by your first treatment.



Read more about cryotherapy in our Tool Kit fact sheet, **Cryotherapy**.

Difficulty urinating

Cryotherapy can cause the prostate to swell, making it difficult to urinate for a week or two after treatment. You'll have a catheter to help drain urine from your bladder until the swelling has gone.

Cryotherapy may also cause the urethra or the opening of the bladder to become narrow. This can be caused by damage to the urethra, or by a build-up of dead tissue in the urethra. If this happens, you may have a weak or slow flow of urine, or you might not be able to urinate at all. This is known as urine retention (see page 9).

Leaking urine

A small number of men who have cryotherapy may leak urine. This is more likely if you've already had radiotherapy. You may find the leaking improves with time, but it can be a long-term problem for some men. See page 3 for information about ways to manage leaking urine.

Dealing with urinary problems

If you're dealing with urinary problems, you might feel embarrassed, isolated or stressed. It can affect your self-esteem and your independence, and have an impact on your work, social and sex life.

As well as the treatments described in this fact sheet, there are things you can do to help yourself. Many men find that seeking advice about their urinary problems helps them to feel more in control and build their confidence. Your GP, specialist nurse or continence nurse can offer you practical and emotional support.



Read more about dealing with the impact of prostate cancer in our booklet, **Living with and after prostate cancer: A guide to physical, emotional and practical issues.**



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

A personal experience

How can I help myself?

Making some changes to your lifestyle may help, and there are some practical steps that can make things easier.

- Drink plenty of fluids – 1.5-2 litres (3-4 pints) a day. You may worry about drinking lots if you're leaking urine, but it can help prevent bladder irritation and infection. If your urine is dark, this could be a sign that you need to drink more.
- Cut down on fizzy drinks, alcohol and drinks that contain caffeine (tea, coffee and cola), as these can irritate the bladder.



- Regular pelvic floor muscle exercises can help strengthen the muscles that control when you urinate, and help if you leak urine. Read more in our Tool Kit fact sheet, **Pelvic floor muscle exercises.**



- Try to maintain a healthy weight and level of fitness. Being overweight can put pressure on your bladder and pelvic floor muscles. You may find our Tool Kit fact sheet, **Diet, physical activity and prostate cancer,** helpful.

- Eat plenty of fibre and drink plenty of fluids to avoid constipation (difficulty emptying your bowels), as this can put pressure on your pelvic floor muscles.

- If you smoke, try to stop as this can cause coughing, which puts pressure on your pelvic floor muscles. NHS Choices has more information about stopping smoking.

- Plan ahead when you go out. For example, find out where there are public toilets before leaving home.

- Pack a bag with extra pads, underwear and wet wipes. Some men also find it useful to carry a screw-top container in case they can't find a toilet.



- Get an 'urgent' toilet 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 at **prostatecanceruk.org** or call our Specialist Nurses on 0800 074 8383.

- Disability Rights UK runs a National Key Scheme for anyone who needs access to locked public toilets across the UK because of a disability or health condition.

- If you often need to use the toilet at night, leave a light on in case you're in a hurry, or keep a container near your bed.

Who can help?

Our Specialist Nurses

Our Specialist Nurses can answer your questions and go through ways of managing urinary problems with you. They've got time to listen to any concerns you or those close to you have. Everything is confidential. To get in touch:



- call our Specialist Nurses on 0800 074 8383
- email from our website at **prostatecanceruk.org** (click 'We can help').

Your medical team

It could be useful to speak to your nurse, doctor, continence advisor, or someone else in your medical team. They can help you understand your treatment and side effects, listen to your concerns, and put you in touch with other people who can help.

Trained counsellors

Counsellors are trained to listen and can help you to find your own answers and ways to deal with things. Many hospitals have counsellors or psychologists in their team who are specialists in helping people with cancer – your doctor or nurse at the hospital will be able to let you know if this is available.

There are different types of counselling available. Your GP may be able to refer you to a counsellor, or you can see a private counsellor. To find out more contact the British Association for Counselling & Psychotherapy.

One-to-one support service

Our one-to-one support service is a chance to speak to someone who's been there and understands what you're going through.

They can share their experiences and listen to yours. You could discuss treatment options, dealing with side effects, or telling people about your urinary problems – whatever's important to you.

Our Specialist Nurses will try to match you with a trained volunteer with similar experiences of urinary problems. Family members can also speak to partners of men with prostate cancer.

To arrange it:



- call our Specialist Nurses on 0800 074 8383
- visit our website at **prostatecanceruk.org** (click 'We can help').

Our online community

Our online community is a place to talk about whatever's on your mind – your questions, your ups and your downs. Anyone can ask a question or share an experience. It's a place to deal with prostate cancer together.

Sign up on our website at **prostatecanceruk.org** (click 'We can help').

Local support groups

At local support groups men get together to share their experiences of living with prostate cancer, including urinary problems – you can ask questions, offload worries and know that someone understands what you're going through. Some groups have been set up by local health professionals, others by continence services or by men with experience of urinary problems. Many also welcome partners, friends and relatives.

To find your nearest support group:



- visit our website at **prostatecanceruk.org** (click 'We can help')
- ask your nurse
- call our Specialist Nurses on 0800 074 8383.

Questions to ask your doctor or nurse



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

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

What type of urinary problems might I get?

What should I do if I can't urinate?

Will my urinary problems get better?

What treatments are available?

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

What can I do to help myself?

Where can I get pads and other products?

More information

Age UK

www.ageuk.org.uk/shop

Telephone: 0800 849 8032

Information for older people on a range of subjects including health, lifestyle and continence, and a range of continence products.

Bladder and Bowel Foundation

www.bladderandbowelfoundation.org

Helpline: 0845 345 0165

Information and support for all types of bladder and bowel problems.

CancerHelp UK

www.cancerhelp.org.uk

Nurse helpline: 0808 800 4040

Patient information from Cancer Research UK.

Chartered Physiotherapists Promoting Continence (CPPC)

cppc.csp.org.uk

Find details of private physiotherapists near you who specialise in continence problems.

Continence Product Advisor

www.continenceproductadvisor.org

Unbiased information on products for different continence problems, written by health professionals.

Disability Rights UK

www.disabilityrightsuk.org

Telephone: 0300 555 1525

Practical information guides about disability rights and benefits. And keys for accessible toilets across the UK.

Healthtalkonline

www.healthtalkonline.org

Watch, listen to and read personal experiences of men with prostate cancer and other medical conditions.

Macmillan Cancer Support

www.macmillan.org.uk

Telephone: 0808 808 0000

Practical, financial and emotional support for people with cancer, their family and friends.

NHS Choices

www.nhs.uk

Information about treatments, conditions and lifestyle, including healthy eating, physical activity and stopping smoking.

NHS Direct Wales

www.nhsdirect.wales.nhs.uk

Telephone: 0845 46 47

Provides health advice 24 hours a day, and lists local health services in Wales, including GPs.

NHS Inform

www.nhsinform.co.uk

Telephone: 0800 22 44 88

Provides health information and details of NHS and other support services in Scotland.

nidirect

www.nidirect.gov.uk

Information about government services in Northern Ireland, including health services.

PromoCon (Promoting Continence and Product Awareness)

www.promocon.co.uk

Helpline: 0161 607 8219

Impartial information and advice about bladder and bowel problems.

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 to Z of medical words, which explains some of the words and phrases used in this fact sheet.

Download and order our fact sheets and booklets from our website at prostatecanceruk.org/publications or call us on **0800 074 8383**.

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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If you have any comments about our publications, you can email:

literature@prostatecanceruk.org



Speak to our Specialist Nurses

0800 074 8383*

prostatecanceruk.org

Donate today – help others like you

Did you find this information useful? Would you like to help others in your situation access the facts they need? Every year, 40,000 men face a prostate cancer diagnosis. Thanks to our generous supporters, we offer information free to all who need it. If you would like to help us continue this service, please consider making a donation. Your gift could fund the following services:

- £10 could buy a Tool Kit – a set of fact sheets, tailored to the needs of each man with vital information on diagnosis, treatment and lifestyle.
- £25 could give a man diagnosed with a prostate problem unlimited time to talk over treatment options with one of our Specialist Nurses.

To make a donation of any amount, please call us on **0800 082 1616**, visit **prostatecanceruk.org/donations** or **text PROSTATE to 70004***. There are many other ways to support us. For more details please visit **prostatecanceruk.org/get-involved**

*You can donate up to £10 via SMS and we will receive 100% of your donation. Texts are charged at your standard rate. For full terms and conditions and more information, please visit prostatecanceruk.org/terms



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t Follow us on Twitter: **@ProstateUK**

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Call our Specialist Nurses from Mon to Fri 9am - 6pm, Wed 10am - 8pm

*Calls are recorded for training purposes only.

Confidentiality is maintained between callers and Prostate Cancer UK.

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