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Prostatectomy experience - Diagnosis and Operation, Continence and Erectile Dysfunction

At the age of 66, I discovered that I had an enlarged prostate and my PSA was 9. Subsequent scans and a biopsy diagnosed prostate cancer. Fortunately, although aggressive with a Gleason score of 8, the cancer was confined to the prostate. Medical advice was to have the prostate removed.

The prostatectomy that I had was a robotic laparoscopic procedure. The operation itself took 3 to 4 hours. I was in hospital for 3 days, but was up and walking the day after the operation, and discharged on day 4.

I know, from my own experience, that once you emerge successfully from the operation itself, the two subjects that concern you most are continence and erectile dysfunction. I felt, therefore, that it would be helpful to others if I were to comment on these matters.

Before your prostatectomy, the internal and external sphincter muscles, together with the prostate, provide bladder control. After the operation, however, only the external sphincter muscle remains to provide control, so this area needs to be strengthened. This is achieved by daily kegal exercises designed to strengthen the pelvic floor.

Temporary incontinence is part of the post-surgery recovery, because removal of the prostate creates a gap between the bladder and the urethra (the duct which drains urine). This gap has to be surgically reconnected and given time to heal. To enable this healing, you will have a catheter fitted to drain the bladder for the 10 to 12 days following your operation. Bladder control starts improving soon after the catheter is removed, and disposable pads are used to deal with any leakage. Being active and otherwise healthy, I returned to full continence 4 months after my operation, although I understand it can take up to 18 months before the extent of recovery of control is known. As it is important to keep the pelvic floor muscles in trim to maintain continence, I continue to include kegal exercises in my daily exercise routines.

After your prostatectomy, you are likely to experience difficulty getting an erection, even if you have had laparoscopic (nerve-sparing) surgery. In addition, you will be infertile and orgasms will be dry. Just to clarify, an erection involves blood vessels, nerves, hormones and muscle tissue, and is achieved when blood enters the penis through arteries.

Erectile recovery depends on your age, health and motivation, and I understand it can take up to 2 years to know the extent of your recovery. Once again, kegal exercises can help by aiding the squeezing of more blood into the penis. Other therapies that can help are either pharmacological (e.g. PDE5 inhibitors) or non-pharmacological (e.g. the use of a vacuum pump). It is up to the individual to find what works best for him personally.

Finally, and crucially, the ability to engage in sexual intercourse, whatever your level of recovery, requires a relationship with your partner based on mutual understanding and sensitivity.