

“Up and Away!”

Erection Implants and Incontinence Surgeries after Prostate Cancer Therapy

Dr. Richard Baverstock

Urologist



vesia

[ALBERTA BLADDER CENTRE]

About Me: Dr. Richard Baverstock

- Born and raised in Cranbrook, BC
- UBC - 13 yrs (BSc, MD, Residency)
- UofT - Reconstructive Urology Fellowship
- UofC - 2004 - present
- Focus:
 - Reconstruction
 - Functional Urology
 - Fellowship
 - Vesia



Up and Away



- Questions and Answer Approach
- Away with Urinary Incontinence
 - Causes?
 - Treatments?
- Up with Surgical Options for Erectile Dysfunction

Prostate Cancer is a Journey...

1. Should I get a PSA? biopsy? MRI?
2. Should I have treatment?
 - Active surveillance / surgery / radiation / cryo
3. What are the risks of each?
4. Cancers gone but so are my erections! Will they come back?
5. When will this leakage stop?



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I wish to thank you very much for giving me back a normal life with the surgery for the Artificial Sphincter.

After the surgery in Calgary on December 2nd of 2010, I [REDACTED] activated it. I felt so good following that I didn't think it possible that I would feel this good again. I do not need to use a pad at all anymore even. What a relief after two yrs of using four diapers and four pads per day . Also the agonizing clamp when I wanted to go out in the evening at all.

I know that I have an issue with scar tissue so I still need to use a catheter once a day. [REDACTED] has set a date three months from now to see if the scar tissue has stopped growing. I am looking forward to the time when I will not need to use the catheter at all.

Did not realize how sensitive the surgery was going to be as I experienced a lot of soreness around the scrotum. I iced myself twice a day for quite some time to keep the swelling down although even yet I find it very tender when I have to relieve myself.

It has been worth all the pain or discomfort to have such great results . I would recommend any man who has this incontinence problem have this operation .

I wish to thank you once more as living a normal life again is a great reward.

**Did I make the
wrong choice for
treating my cancer?**



TRUTH: The things we do to the prostate CAN create problems...

1. Open or Da Vinci Radical Prostatectomy
2. TURP / Greenlight Laser / Rezum
3. External Beam Radiation
4. Brachytherapy
5. Cryotherapy
6. HIFU

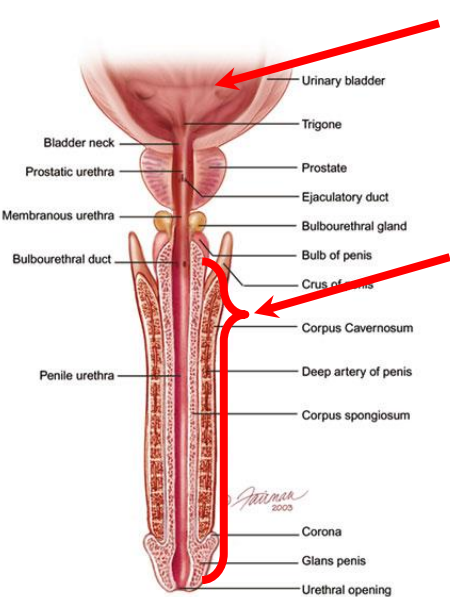


Will I leak after Prostatectomy?

- First few weeks...
 - Leakage is very common (80%) esp. with activity
- 2 months to 6 months...
 - Leakage is less common
 - about 1 pad/day
- After 6 months...
 - Most men wear NO pads
 - Or 1 pad just in case

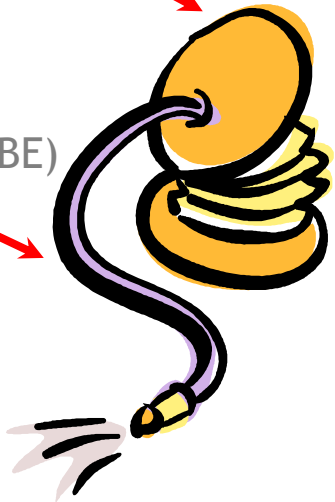


Urology Simplified



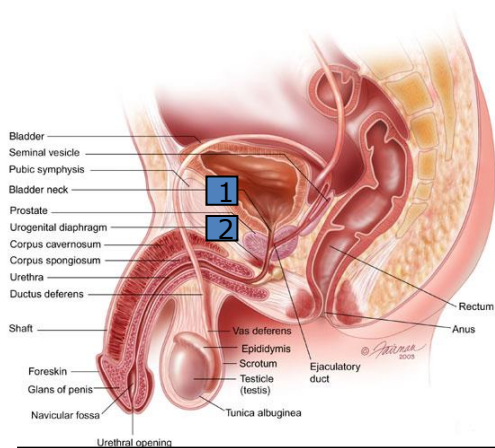
Bladder (PUMP)

Outlet (TUBE)

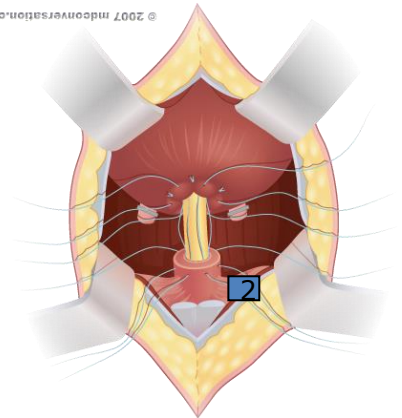


Why do men leak after prostatectomy?

- BEFORE PROSTATE SURGERY - 2 “VALVES”
- AFTER PROSTATE SURGERY - 1 “VALVE”

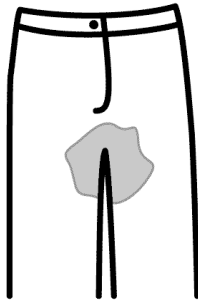


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1. Involuntary (Bladder Neck) 2. Voluntary (Ext. Sphincter)

Are there different types of leakage?



3 Types of Leakage

1. OVERFLOW INCONTINENCE

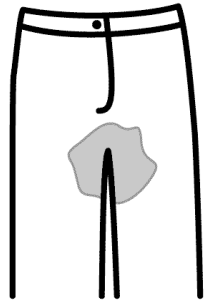
- Overfull bladder with dripping

2. URGENCY INCONTINENCE

- Jumpy bladder with sudden squirts

3. STRESS INCONTINENCE

- Weak muscle or valve below bladder



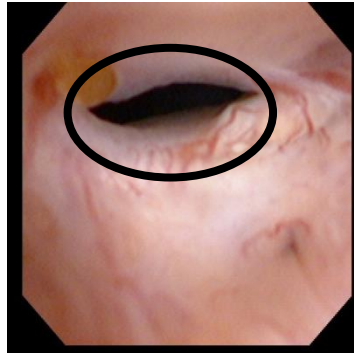
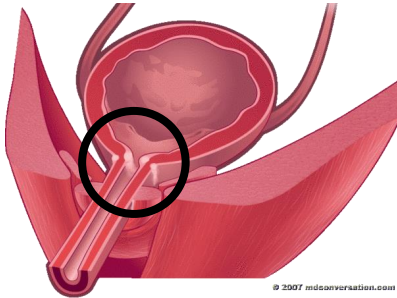
OVERFLOW INCONTINENCE

- The bladder is SO full that it is LOSING a BIT of urine all the time
- Like an over-flowing toilet
- Either the bladder isn't working to PUMP or the tube is BLOCKED



**Why did my surgeon
tell me I had scar
tissue?**

Bladder Neck Contracture (BNC) can cause overflow incontinence



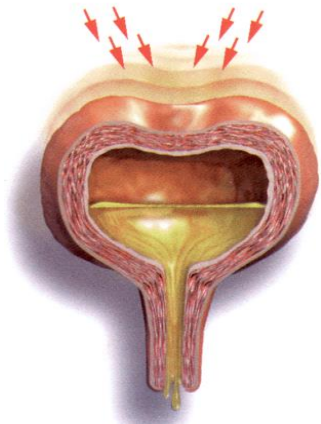
BNC occurs in 5-10% of patients - may require surgery to open up the scar tissue (TURBN) and this can make the leakage worse

**Could pills help me
with my leakage?**



Overactive Bladder (Urgency Incontinence)

- Bladder is twitchy: sudden feeling of needing to void
- Before you can get to the washroom you start to void (urgency incontinence)
- Frequency (> 8 x/day)
- Urgency
- Night voids (>1 x/night)



Common complaint that often leads to original referral

Overactive Bladder (OAB)

- Made worse by:
 - Neurologic Diseases (Stroke, MS)
 - Radiation therapy
 - Prostate Obstruction (BPH)
 - Urinary Tract Infections
 - Increased Age
 - Diabetes
- Also:
 - caffeine / fluids / alcohol

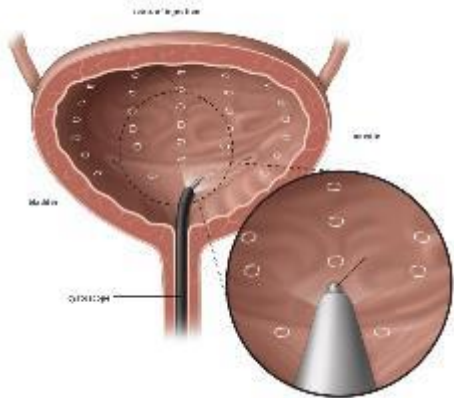


Medications for OAB

- Anticholinergics /Beta 3 agonists:
 - Quiet down the URGENCY
 - Cut down the FREQUENCY
 - Reduce URGENCY INCONTINENCE
- Examples are:
 - Fesoterodine (Toviaz)
 - Mirabegron (Myrbetriq)
 - Solifenacin
- Side effects possible



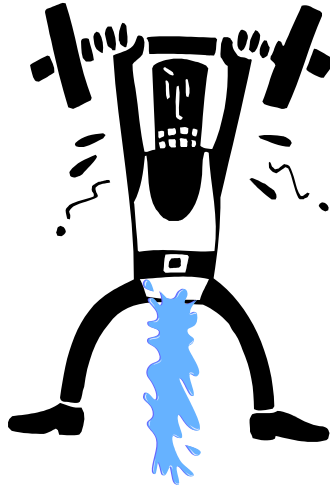
I've heard Botox is used, really?



BOTOX for Overactive Bladder

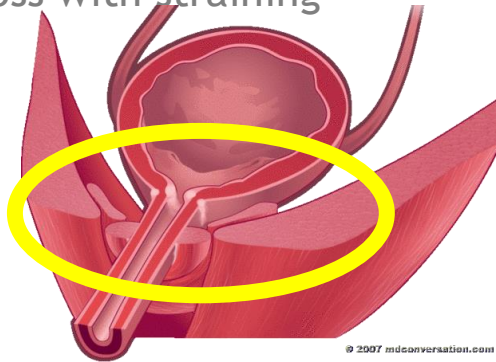
- Indicated when medications are not enough or side effects are intolerable
- Botox used to settle URGE, FREQUENCY, NOCTURIA and URGENCY INCONTINENCE.
- Tiny needle used through the cystoscope to inject Botox® into the bladder wall
- Done in local cystoscopy or operating room
- Helps for 6-9 months typically
- Risks: UTI, bleeding, urinary retention

What is the most common type of leakage after prostate cancer treatments ?



MALE STRESS INCONTINENCE:

After PROSTATE removal or radiation treatments, the external sphincter is too weak to hold back urine loss with straining



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Exercise and time alone may not fix it!

Questions I'm going to ask you...

- Does this bother YOU?
- Does this stop you from enjoying life?
- Did your wife send you?



Questions I'm going to ask you...

- When does leakage occur?
 - All the time
 - Only with activity
 - With sudden urge
- Details of Prostate Ca Therapy
 - Prior TURP
 - Bladder neck scarring (TURBN)
 - Any radiation
- Past Med History
 - DM, Neurologic disease, Pelvic Surgeries
 - Medications



Questions I'm going to ask you...

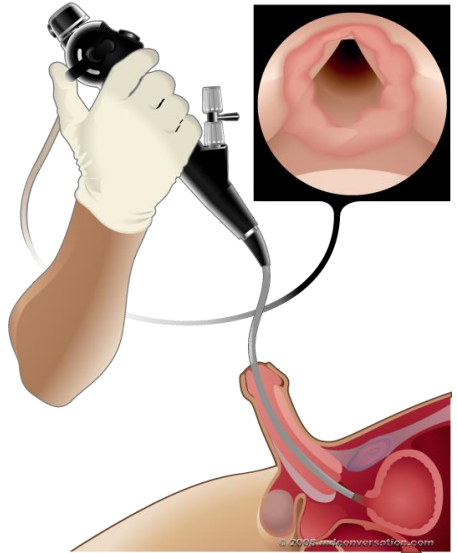
- Severity of Leakage: “Not all leakage is the same to every man!”
- # of pads/day (what type of pads, how wet)
- Pads, clamp, external catheter
- # of episodes/day (urge episodes)



Important: Flexible Cystoscopy

Need to rule out:

- Scar tissue in urethra or bladder neck
- Strength of sphincter
- Damage from radiation



Urodynamics Testing

1. Assess bladder storage and emptying
2. Assess leakage - when and how much?
3. Define need for and success of treatments



**I don't want surgery,
how can I improve
my leakage?**

Pelvic Floor Retraining

- Online /Youtube Available
- Pelvic Physiotherapy
 - Working with a professional to ensure you are maximizing your recovery
 - Calgary has experts: Safa Rahman works with us



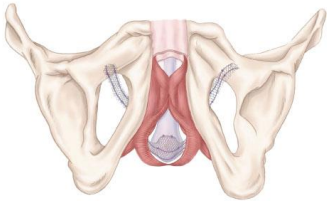
Male External Clamps

- Dribblestop.com and PaceyCuff.com
- Available at Cathetersplus.com



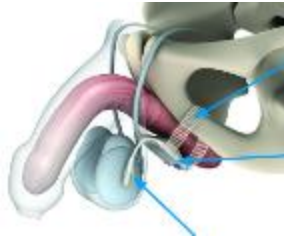
**I want surgery to fix
this, what options
do I have?**

Surgical Options for Incontinence



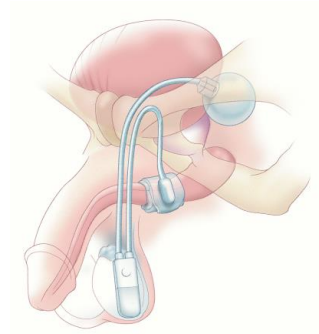
AdVance

(mild/mod)



ATOMS

(mild/mod/radiation)

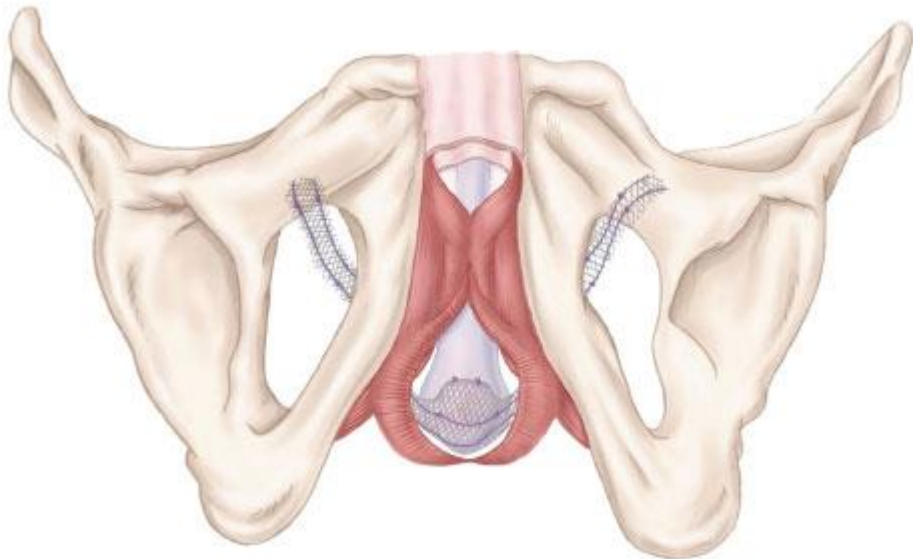


AUS

(wet)



AdVance Male Sling (mild leakage: 1 - 3 pads / day)



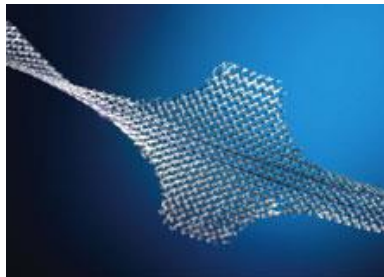
Action of Sling

AdVance™ sling tries to add to your weakened sphincter and compress the urethra to increase resistance



AdVance Surgery: What to expect!

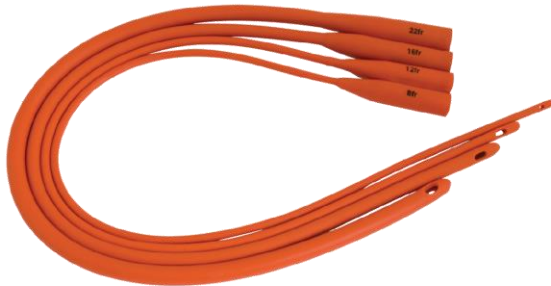
- Rule out bladder infection and treat
- Spinal or General Anesthetic is fine
- Antibiotics are given before surgery
- Incision under the scrotum and two pokes in the groin area
- All stitches are dissolving.
- Overnight stay with Catheter



NOTE: It is a MESH product.

What to expect after AdVance Male Sling?

- A Foley catheter will be left in overnight
- In the morning, catheter will be removed
- A trial of voiding will be done.
- About 10 - 20% of men have trouble voiding (GOOD SIGN)
 - Need to learn In and OUT catheter
 - Some go home with Catheter
- Difficulty voiding usually lasts 1 - 2 weeks **MAXIMUM!**



What to expect after AdVance Male Sling?

- Home with a prescription for a pain killer and antibiotic
- Phone call from vesia [Alberta Bladder Centre] nurse after 5 - 7 days
- If problems, office visit for flow test and nurse visit.
- No squatting, lifting, exercise for 4 - 6 weeks
- Numbness under scrotum for 6 months



Exercising early can LOOSEN the TAPE!

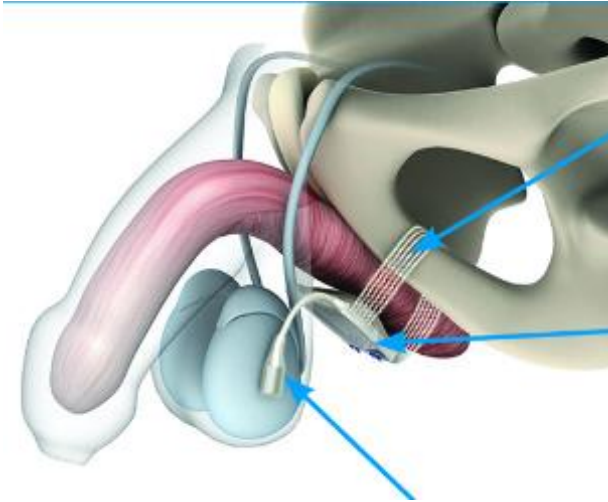
Why choose AdVance Male Sling?

- Effective treatment for mild to moderate incontinence
 - 1 - 3 pads/day
- Fairly simple surgery with overnight stay
- Immediate results and no pump to operate.
- Does not STOP future Artificial Urinary Sphincter (AUS)

SUCCESS: 75% (cure and much better)

**We are still looking for a BETTER device for
MILD INCONTINENCE**

ATOMS



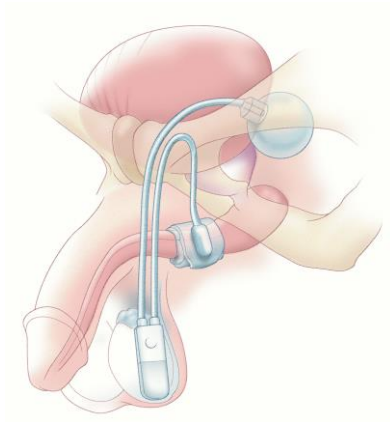
Adjustable TransObturator Male Sling

ATOMS: Bottom Line

- <1 hour operating time
- Success (improvement) rates of 80–92%
- Dry rates of 50–64%
- Most pts (60–70%) need at least 1 adjustment
- Complications mostly due to port site infection
 - Explantation rate of 4–20%
 - Pain
- Works in RT and severe incontinence (but maybe not as well)



AMS™ 800 Artificial Urinary Sphincter (AUS)



“The Gold Standard”

Artificial Urinary Sphincter

1. NEED

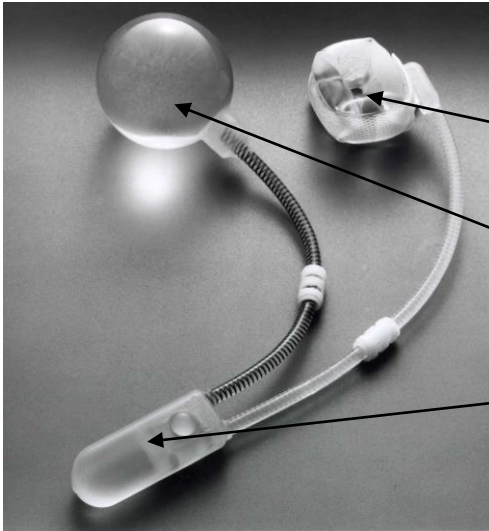
1. good HANDS
2. good BRAIN
3. good BLADDER (> 200 cc, flow > 10 cc/sec, good emptying)

2. Incontinent for at least 6 months

3. Desire to be dry or nearly dry outweighs fears (TAKE THE CHANCE?)



AUS - How does it work?



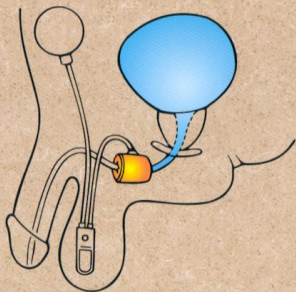
Three components:

Cuff

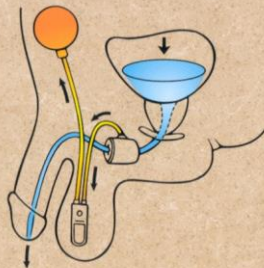
**Pressure
Regulating
Balloon**

Pump

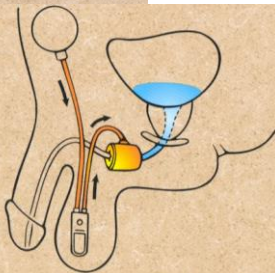
AMS Sphincter 800™



The cuff squeezes the urethra closed.



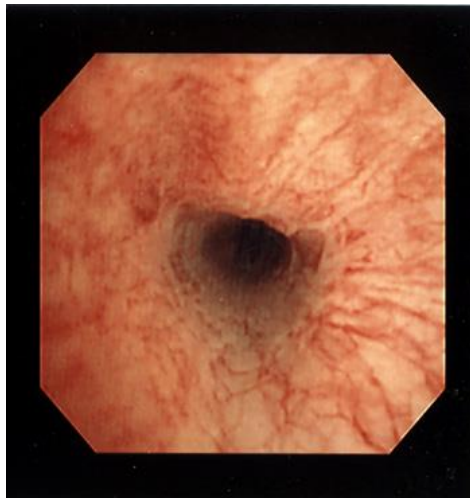
The patient squeezes the pump to move fluid from the cuff to the pressure-regulating balloon, allowing urination to occur.



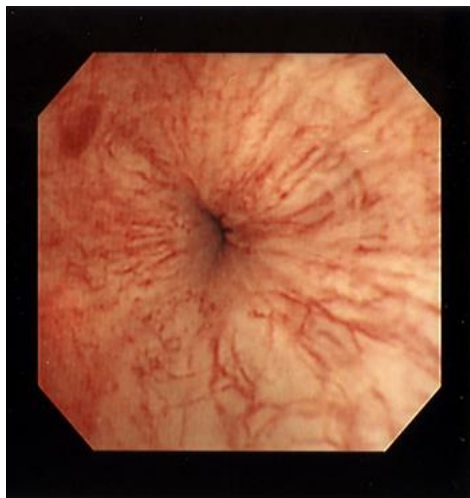
The fluid automatically returns from the pressure-regulating balloon to the cuff, restoring continence again.

AMS Sphincter 800™ Cystoscopic View

Open



Closed



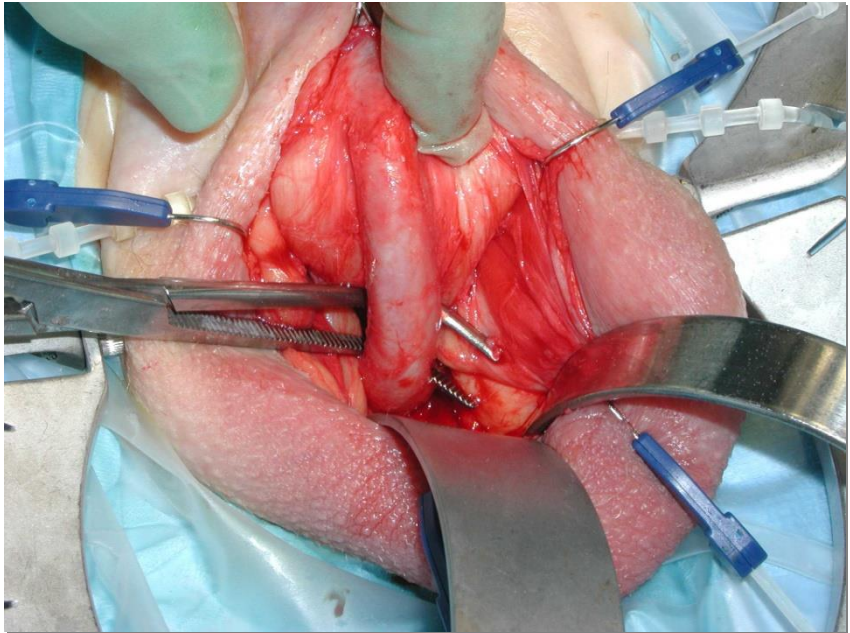
Images courtesy
of Dr. A. Diokno

AUS Surgery: What to expect!

- Rule out infection before and treat
- Rule out obstruction before and treat and make sure it stays open
- Spinal or General Anesthetic is fine
- Overnight stay with NO CATHETER
- Genital scrub and shave - INFECTION is a DISASTER!!!!

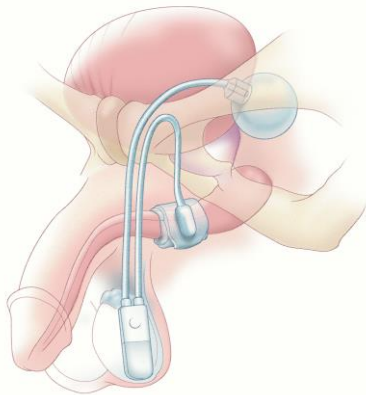


AMS Sphincter 800™ - around urethra



What to expect after AUS surgery?

- No catheter and STILL leaking for 6 weeks
 - In and out catheter with 14 F okay if can't void
 - Cuff is deflated for 1st 6 weeks
- **TWO INCISIONS**
 - (lower abdomen / under scrotum)
- Swelling / Bruising of Scrotum / Penis normal



AUS - Does it work?

- 90% of male patients reported satisfaction with the AMS 800™
- 92% of male patients would have the AMS 800™ placed again
- 80% of males were socially continent (0-1 pad/day) at 7 years

AUS is an AMAZING DEVICE that changes lives!

AUS must be REMOVED if...

INFECTION is a disaster - usually it is a low level infection that antibiotics will not clear!

EROSION is a disaster - the cuff works its way into the urethra

- **IF** you require a **CATHETER** let them **KNOW!**
- **WEAR** a **MEDIC-ALERT** bracelet!



**Can I have surgery to get
my sex life back?**



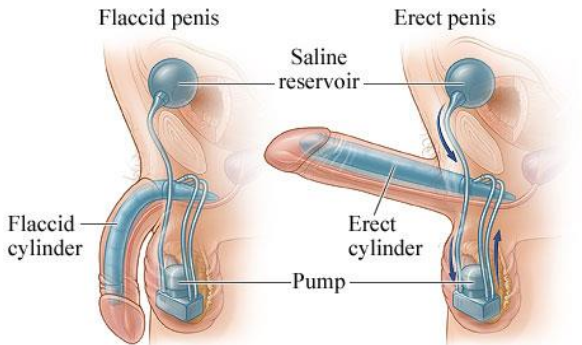
Yes but how FAR are you willing to go?

1. Is an ERECTION that important to you?
2. Are you willing to have surgery to achieve it?
3. Are you prepared for the risks of infection, erosion or need for revision?
4. Do you have a willing partner?

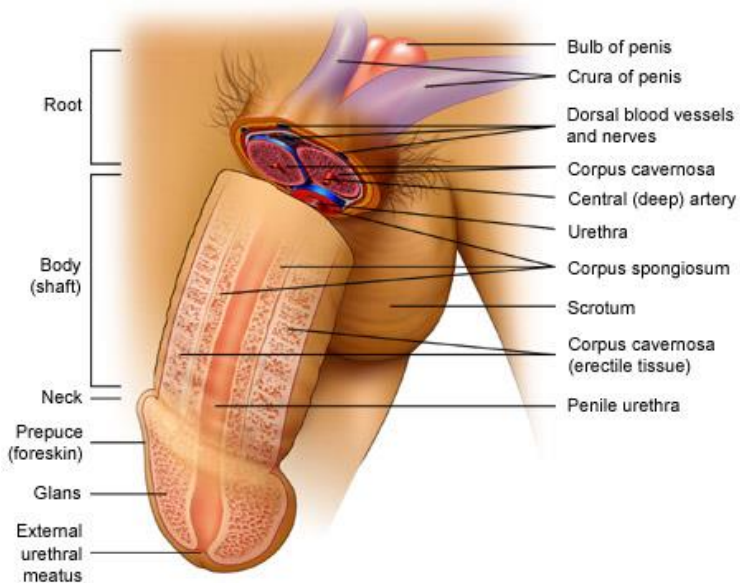


Proven Benefits of Implant Surgery

- Long-term solution that is spontaneous!
- Erection anytime YOU choose
- Feels natural to you and your partner
- No ongoing costs for PILLS or INJECTIONS

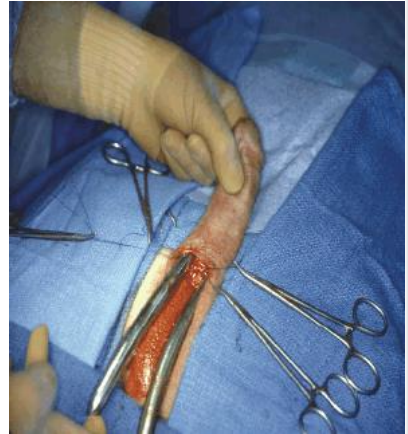


Where does implant go?



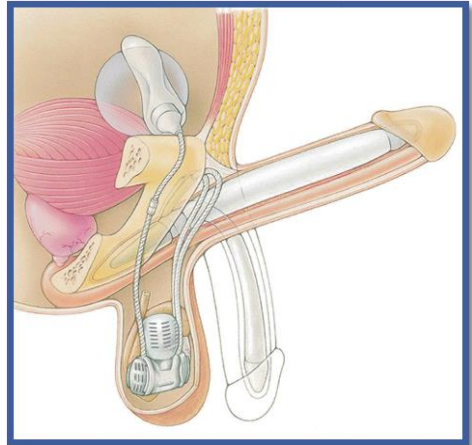
VERY EFFECTIVE but NO GOING BACK!

1. There are risks associated with any implant surgery!
 - ❑ Infection / Erosion / Revision
2. Patient's medical history important
 - ❑ Diabetes, radiation, nerve issues
3. Have you exhausted other options because once I insert they won't work!



The Gold Standard from AMS: 3 Piece Inflatable Penile Prosthesis

- Easy to use with Pump up and Momentary Squeeze deflation
- Totally hidden in the body
- Acts and feels more like a natural erection
- Some Length and some Girth expansion
- More firm and full than other implants



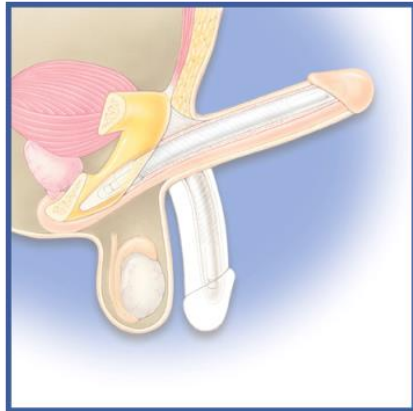
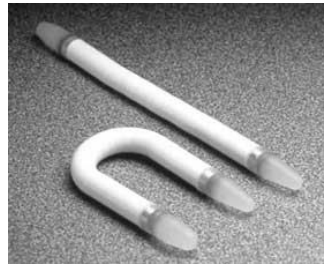
Will it be like I'm 18 again?



DOWN.....UP

Simplest Penile Prosthesis - Malleable Rod

- Easy to use with Pull up and Push down
- Penis looks erect all the time
- Nothing to fail mechanically (no pump, fluid or tubing)



What to expect with Penile Prosthesis surgery?

- Cystoscopy important to ensure NO surprises!
- What are you going to tell people you are having done?
- Spinal or General Anesthetic is fine
- Infection is a disaster so:
 - ❑ Antibiotic in OR and after
 - ❑ Genital scrub and Iodine drape

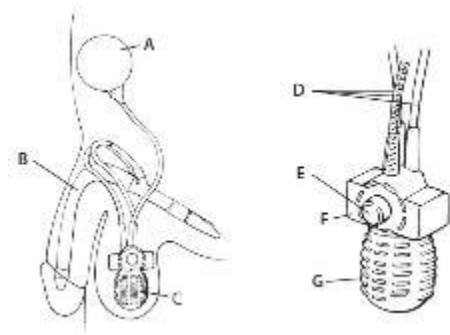


What to expect after Penile Prosthesis surgery?

- Swollen Scrotum / Bruising (**it's a ton of work to get the device into place**)
- Stay overnight (antibiotics, monitor bruising, pain)
- Patient can try to work pump after ~ 4-6 weeks
- Wait for 4-6 weeks for sex (**penetration**)
- **No Foley catheter - risk of EROSION!**

OUTCOMES?

- 88.2% would recommend the device to others
- > 90% of patients report functional prosthetic erections at three years
- **WON'T BE AS LONG, WIDE, or HARD but USABLE**
- **PUMP is the BIGGEST LIMIT**



QUESTIONS?

Dr. Richard Baverstock



vesia

[ALBERTA BLADDER CENTRE]