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FINDING ANSWERS TOGETHER

Patients: Life After Prostate Cancer[1]

People dread a diagnosis of prostate cancer for a good reason: it is the most commonly diagnosed cancer in Australian men.

It's reported that almost 20,000 men Australia wide will be diagnosed with prostate cancer by the end of the year and over 3,300 men will die as a direct cause of prostate cancer[1].

Yet, in most cases, early detection means that there are more prostate cancer survivors than ever.

Prostate cancer can turn your life upside down. If you're a survivor, you know that the most important thing is beating the cancer and moving forward. But there may be side effects of treatment that can have a profound impact on men's lives, such as erectile dysfunction and stress urinary incontinence.

IN THIS ISSUE:

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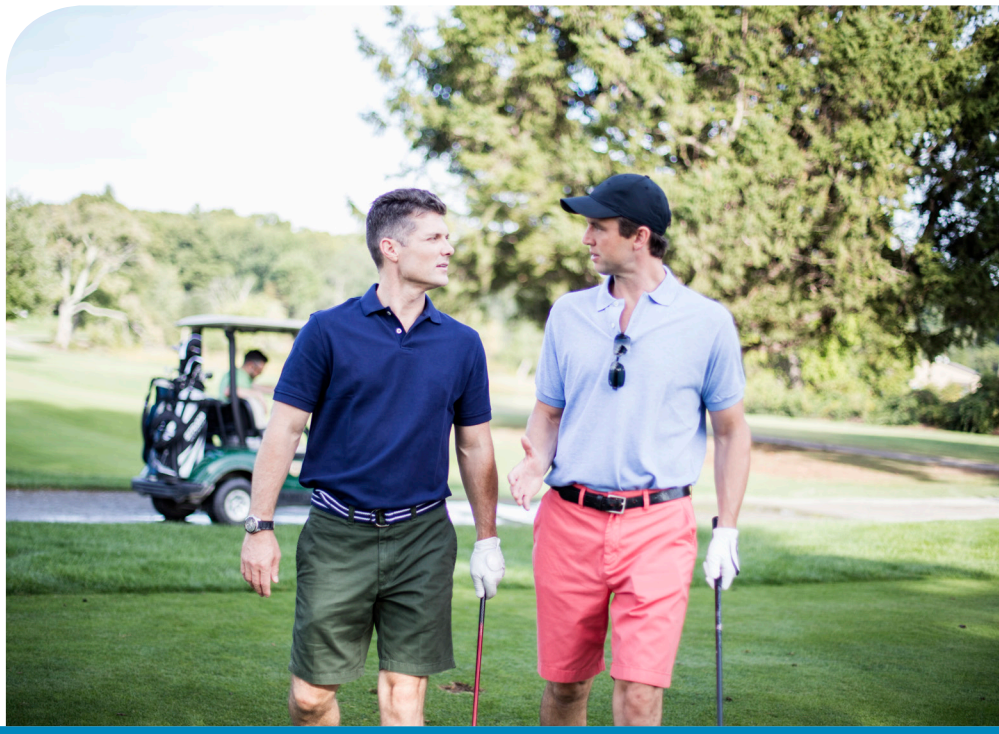
LIFE AFTER PROSTATE CANCER

While getting rid of the cancer is a patient's top concern, the fear of incontinence (bladder leakage) or erectile dysfunction is often on a man's mind. In order to remove the cancer, the mechanisms in your body that help control urine flow and the ability to get an erection may be damaged.

Most men are understandably concerned about their ability to regain bladder control and erections following their prostate surgery.

Below we take a closer look at how prostate cancer treatment and incontinence can be interrelated.



FROM BLADDER LEAKAGE TO CONTROL AND CONFIDENCE

Prostate cancer treatment may cause weakness in the pelvic floor muscles and the urinary sphincter that normally controls urine flow.

This can cause symptoms of stress urinary incontinence (SUI), which is the involuntary loss of urine on exertion, sneezing or coughing. After surgery, men can experience symptoms of light leakage that may resolve over time. Some men may experience bladder leakage that does not resolve.[1]

39 to 63% of men report that bladder leakage is still a problem a year or more after their prostatectomy.[4]

The good news is, stress urinary incontinence is treatable, and learning more about your options is the first step.

- **A sling implant uses a mesh material to function as a hammock and support the muscles around the urethra. It is designed to restore normal bladder control, especially when coughing, sneezing, and lifting.[5]**

An artificial sphincter mimics the function of a normal, healthy urinary sphincter with a fluid-filled cuff that keeps your urinary sphincter tightly closed until you're ready to urinate.[6]

In one study of 50 patients who had an artificial sphincter implant placed:[7]

- **90% reported satisfaction**
- **96% would recommend the implant to a friend**
- **92% would have the implant placed again**

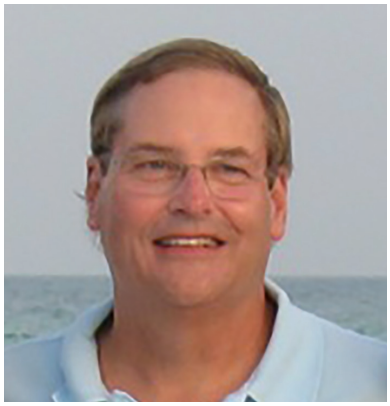
In another study of 34 patients, 59–90% reported using 0–1 pads per day after the procedure.[8]

A SURVIVOR'S STORY: Barry

"After I was diagnosed with prostate cancer, I elected non-nerve sparing robotic prostate surgery, followed by radiation, chemotherapy and 30 months of hormone suppression. The combination of therapies left me unable to achieve an erection and incontinent. My doctor had told me that these issues could be a consequence of aggressively fighting cancer. Fortunately, he also told me, "We can fix those problems!" That was encouraging.

"After researching our options, my wife and I chose penile implant surgery as well as implantation of an artificial sphincter. My wife and I are very pleased with the results.

"We often speak to other potential implant patients about our experiences with erectile dysfunction and urinary incontinence and steps that could resolve these problems. These are problems that could be fixed!"



FROM ERECTILE DYSFUNCTION TO SEXUAL SATISFACTION

The nerves that control an erection lie very close to the prostate and may be injured by being cut or separated from the prostate during surgery.[1] Many men begin to see a return to normal erections within 3 to 6 months of prostate cancer treatment.[9] Other men find that their erections do not return.[1]

It is common for men to start with oral medications before or after surgery. However, Viagra™ has been shown to be effective in ONLY 30–60% of men after radical prostatectomy.[10] If erectile dysfunction (ED) persists, the penile implant may be an option. Features of the penile implant include:

- Entirely contained within the body
- Allows for spontaneity
- Provides the ability to have an erection anytime you choose
- Once activated, you can maintain an erection as long as you desire.

TAKE THE NEXT STEP

Learn more about male stress urinary incontinence and erectile dysfunction and its impact on men after prostate cancer treatment and other health conditions.

Talk with a urologist who offers the full range of treatment options, including implants. Need help finding an experienced doctor near you? Visit our "Find a Specialist" feature at www.MensHealthTreatments.com.au and www.HARDFacts.com.au.

Individual symptoms, situations, circumstances and results may vary. This information is not intended to be used for medical diagnosis or treatment or as a substitute for professional medical advice. Please consult your doctor or qualified healthcare provider regarding your condition and appropriate medical treatment.

For more information visit www.MensHealthTreatments.com.au and www.HARDFacts.com.au

IMPORTANT SAFETY INFORMATION

Your doctor is your best source for information on the risks and benefits of a male sling system, artificial sphincter or penile prosthesis. Talk to your doctor for a complete listing of risks, warnings and important safety information.

A Penile Prosthesis is intended for use in the treatment of male erectile dysfunction (impotence). Implanting a penile prosthesis will damage or destroy any remaining ability to have a natural erection, as well as make other treatment options impossible.

Men with diabetes, spinal cord injuries or skin infections may have an increased risk of infection. Implantation may result in penile shortening, curvature or scarring.

The male sling system is intended for the treatment of male stress urinary incontinence (SUI). These devices are not for patients with urinary tract infections, a tendency to bleed easily; a blood clotting disorder, the inability to fight infection or any other condition that would interfere with healing, decreased kidney function; or relative blockage of the kidneys.

Artificial sphincters are intended for the treatment of male stress urinary incontinence (SUI). These devices are not for patients with urinary tract infections, a tendency to bleed easily; a blood clotting disorder, the inability to fight infection or any other condition that would interfere with healing, decreased kidney function; or relative blockage of the kidneys.

Artificial sphincters are intended for use in the treatment of male urinary incontinence following prostate cancer. This device is not for patients who are determined by their doctor to be poor surgical candidates, have permanent blockage of the lower urinary tract or who have uncontrollable contraction of the bladder.

Men with diabetes, spinal cord injuries or skin infections may have an increased risk of infection.

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