

## APTA Pelvic SIG: Cases + Conversation – April 17, 2025

### Pre-op Initial Evaluation:

The patient is a 54 year old male with recent diagnosis of prostate cancer. PSA = 4.2 Gleason score = 7. Surgical plan for robotic assisted laparoscopic prostatectomy in 1 week with awareness of likely partial versus full nerve sparing due to knowledge of perineural invasion on left side. Currently he was fully continent of bowel/ bladder with no complaint of pelvic pain. He demonstrated good coordination of PFM with contract/ relax observed having penile retraction and good symmetrical palpation of bulbospongiosus. Good pressure management was present without breath holding. He was able to maintain contraction consistently for greater than 10 seconds. (I deferred rectal assessment as I did not feel it was indicated.)

The patient works as an IT professional that requires general desk work but also heavy lifting and floor to stand mobility to build larger pieces of equipment. He is active playing in a competitive adult soccer league. He is active with sports participation of his two children ages 9 and 11.

Education was provided for post operative expectations of urinary incontinence and erectile dysfunction with potential strategies for treatment on return. He was instructed to begin a routine of PFM contractions until surgery and to resume post operatively once the catheter was removed (pending no different recommendations from his surgeon). He was scheduled to return 4 weeks post-op.

### Post Operative Phone Call/ patient feedback:

At 2 weeks post operative a phone call was placed to check in with the option to come in sooner than previously scheduled. His wife answered and the patient communicated he did not want to come in through conversation with her. Upon return he offered feedback that he was very depressed at that time because he did not realize how extreme the urinary leakage would be. He stated he thought it would be annoying like damp or drops not the level of briefs he went through. (This was great feedback for me and has allowed me to change the language I use in pre-operative education.)

### Post-op Initial Evaluation:

S/P prostatectomy (nerve sparing on the right) 6 weeks ago with catheter removed day 6. Initially with a lot of urinary leakage (multiple briefs per day), getting a little better. Dry overnight, getting up 2 x nightly to void with urge present and able to hold to reach the toilet. Plans to return to work in 2 days. Does not feel he is getting leakage at rest but present with activity during the day (sit to stand, getting in/ out of vehicle, lift carry of light items). Admitted he has been restricting fluid. ED is present, taking Cialis 20mg weekly as prescribed by Urologist (breaking into 5mg every other night). [Instructed to clarify with prescribing MD that this is the correct interpretation of the script.] Pain reported on top surface of the penis. Has been doing PFM contractions quick x 30 reps daily and is up to long holds of 10 seconds 20 reps per day (but feels he is only consistently holding about 5-6 seconds). On assessment he demonstrates stronger penile retraction and bulbospongiosus palpation on the right than left. Able to perform 10 reps with initial 2 at 10 seconds decreasing to 3 seconds on 10th rep. Increased breath

Private: For educational purposes only. Do not share or distribute without permission.

holding after rep 4. Redness was present at the urethra meatus. TTP along the adductors bilaterally and right greater than left over mons pubis. Patient expresses he is not interested in use of a penile pump at this time, but wants to focus on improving urinary incontinence. He would like to be able to resume PLOF for work duties, playing with his children, and competing in soccer.

#### Treatment and Progress:

Education: fluid volume/ hydration and irritants, option of Wiesner clamp, ED options if desiring to establish a goal

Pressure management: VC for improved breath control while performing PFM contractions.

Supine > seated> functional movements of sit to stand and lift/ carry

Exercises: initially some hip opener stretches, PFM contractions. Progressed to resistance bands for standing core/ hip strengthening, weights with squats/ deadlifts/ farmer's carry, ball kicks with PFM contraction >>> quicker movements/ agility ladders.

#### At Discharge (12 weeks post op):

Remained dry overnight with voiding of 0-1. Single thin liner daily at work (some days dry).

Using Wiesner clamp to participate in Soccer and higher level activities. Ed present remains on Cialis clarified to 20mg every other day. At time feels some increase in bloodflow "a little chubbier", but no erection. Plan to continue home exercise program and verbalized understanding to return if progress changes.