

The
SIMS
Class



You still have questions...



There are five sections
in this presentation.

1. Surgical Anatomy
2. Postoperative Care
3. Incontinence
4. Erectile Dysfunction
5. SIMS/Handouts

Surgical Anatomy



What is a Prostate Gland?

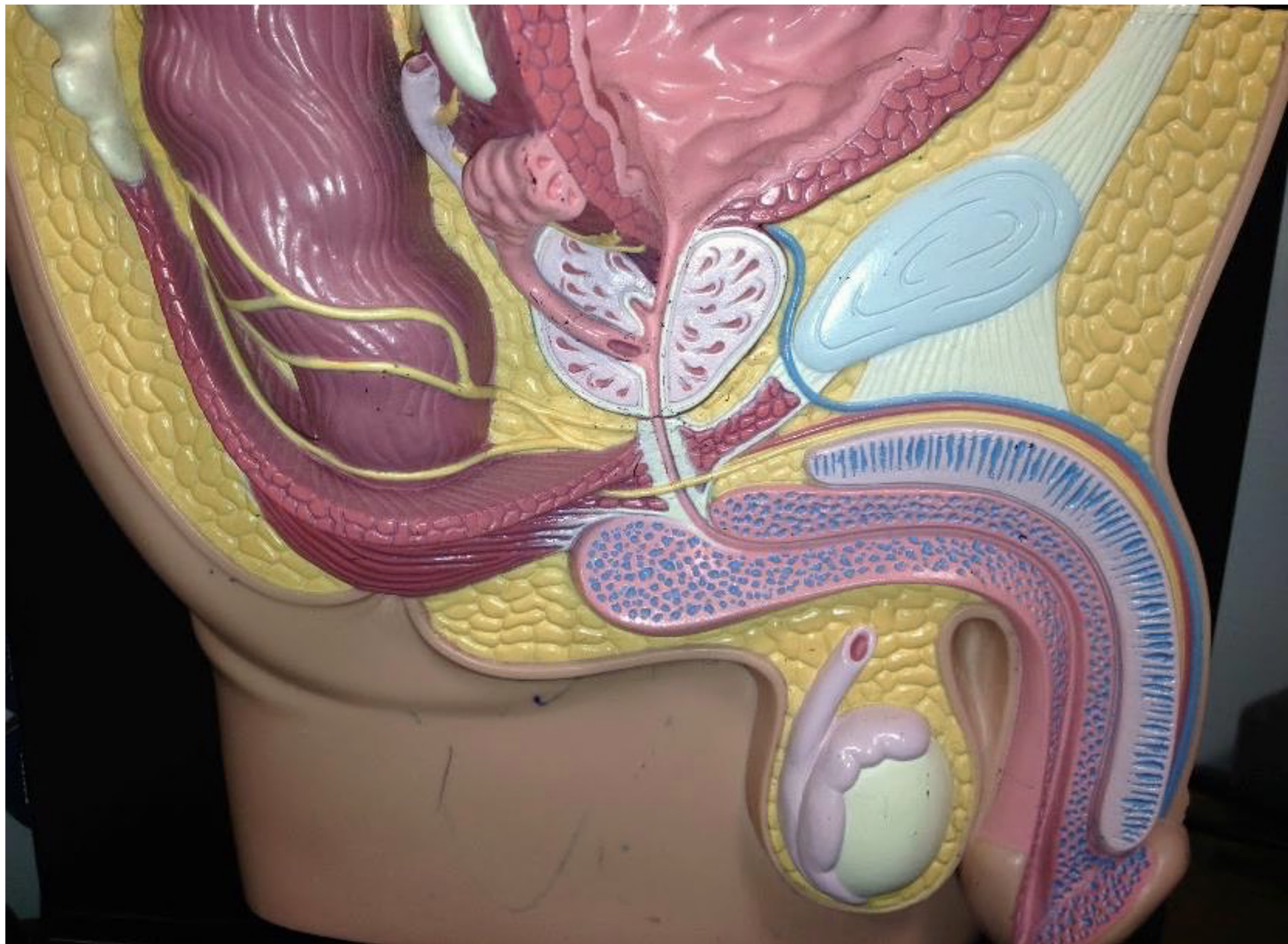
- a “walnut-sized” reproductive gland
- first part of the urethra
- discharges ejaculate
- makes seminal fluid



Where is my Prostate?

- underneath the bladder
- above the pelvic floor
- in front of the rectum
- behind the pubic bone





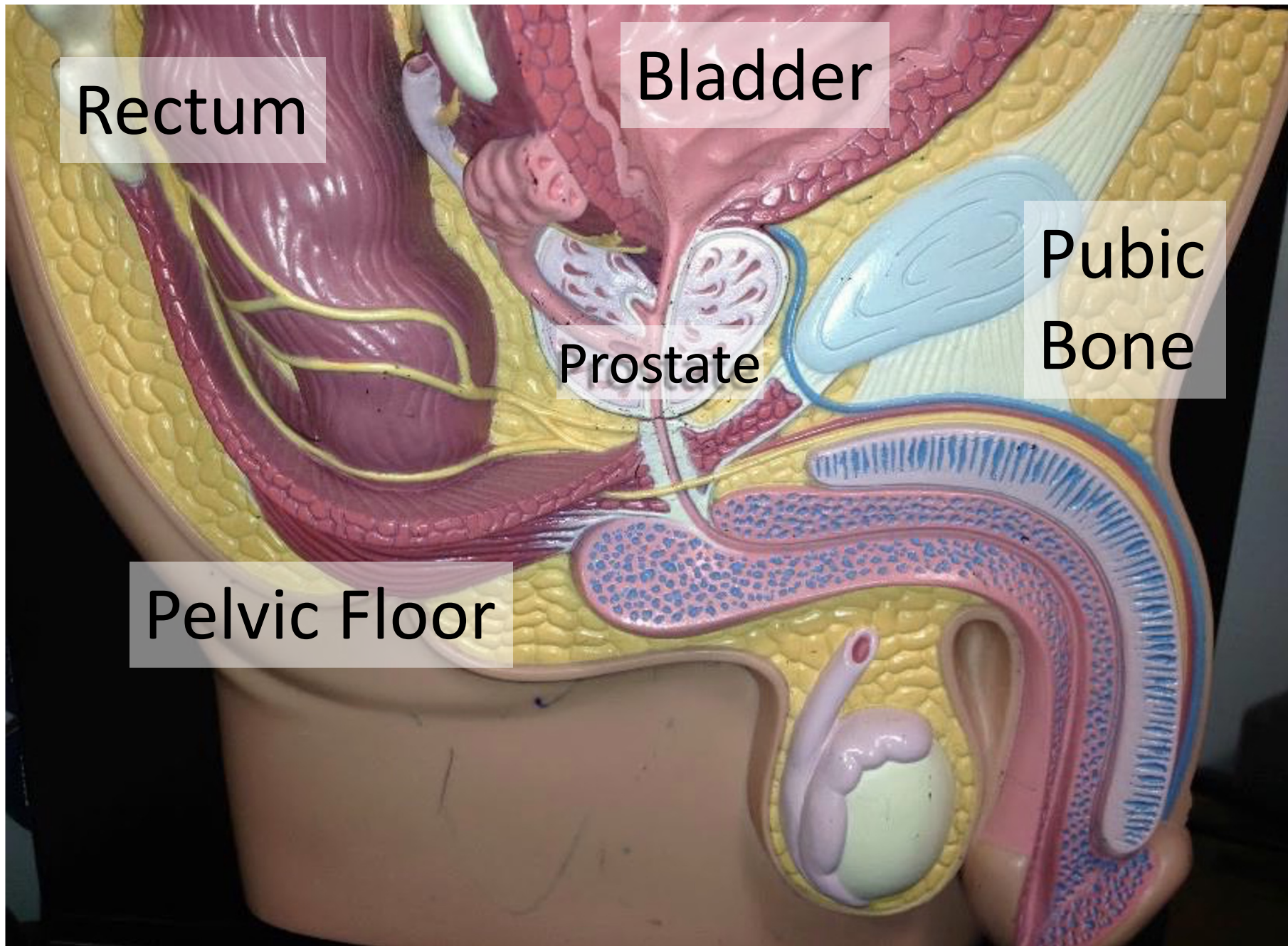
Rectum

Bladder

Prostate

Pubic Bone

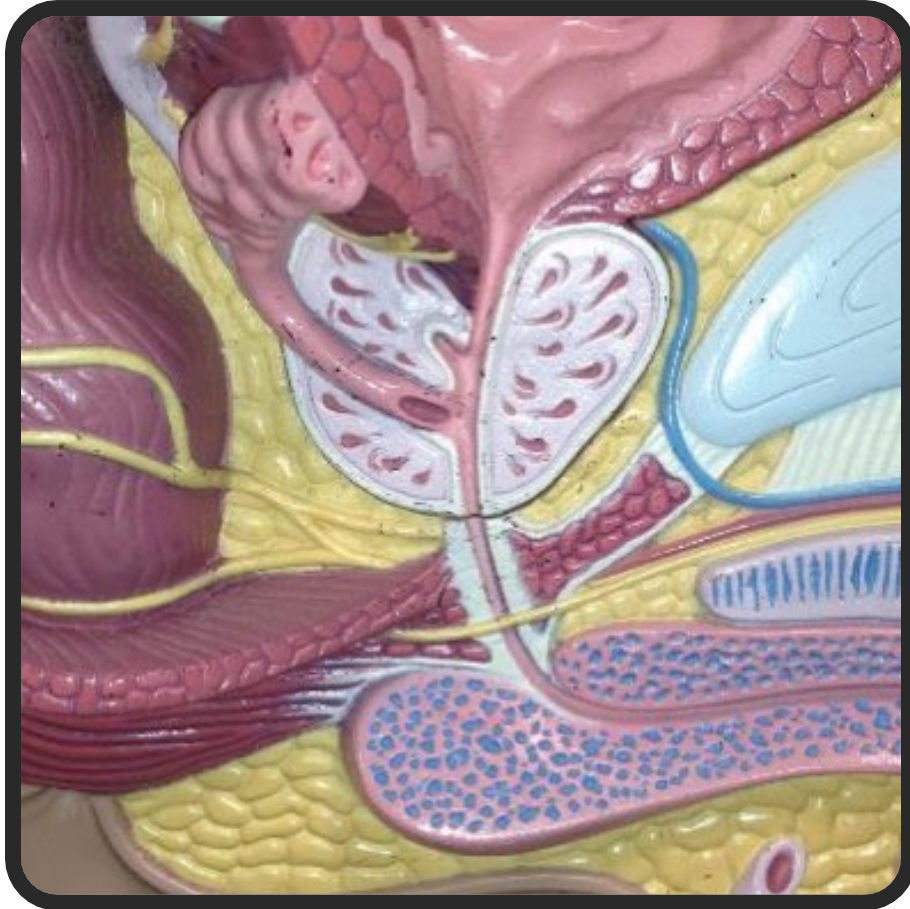
Pelvic Floor



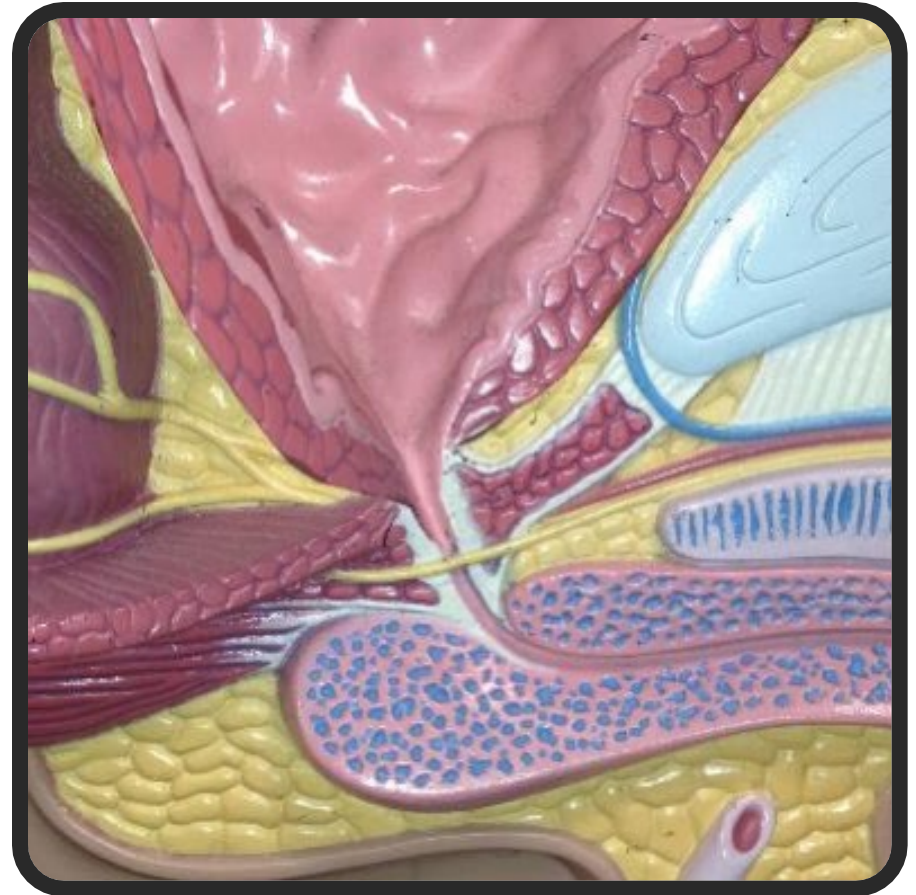
This animation shows the removal of the prostate and sewing the urethra to the bladder.



Before



After



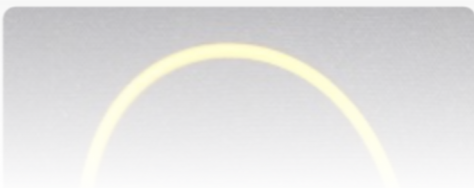
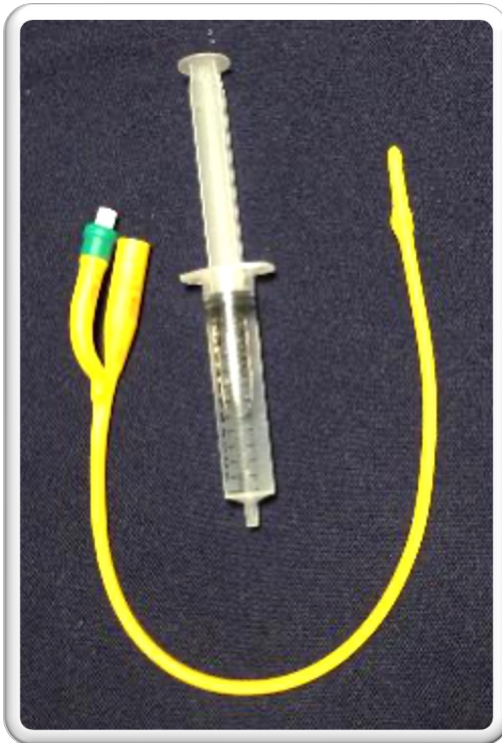
Post-Operative Care



Questions about the catheter?



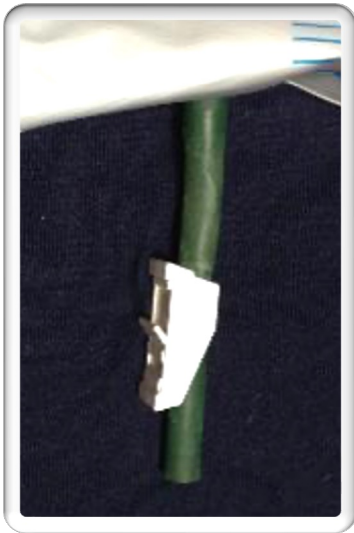
There is a balloon on the end of the catheter that keeps it in place.



The bag is easily changed. Push and pull the flange of the bag into the catheter.



There is usually a latch or release valve on the catheter bag to drain the urine into the toilet.



Other catheter tips...

- Bacitracin/Neosporin/generic ointment to tip of penis helps to lubricate.
- Wear loose pants.
- Stay hydrated. Drink lots of water.
- Avoid bladder irritants.



Avoid bladder irritants

- Caffeine
- Acidic Foods
- Carbonated Liquids
- Alcohol
- Spicy Foods



Some blood in the urine is normal. If you can read the newspaper through it should be OK.



Activity



- If you are wondering “should I?”, You probably shouldn’t.
- Walk! Make sure you do some activity several times a day.
- Lifting? 20 pounds is a good limit to start.
- Be careful on stairs and uneven surfaces.
- Avoid driving long distances



Constipation



The first bowel movement usually takes 2-5 days.



- Stool softeners (Colace)
- Senna (Senokot)
- Laxatives (Miralax, Milk of Mg)
- Metamucil
- Fleets enema

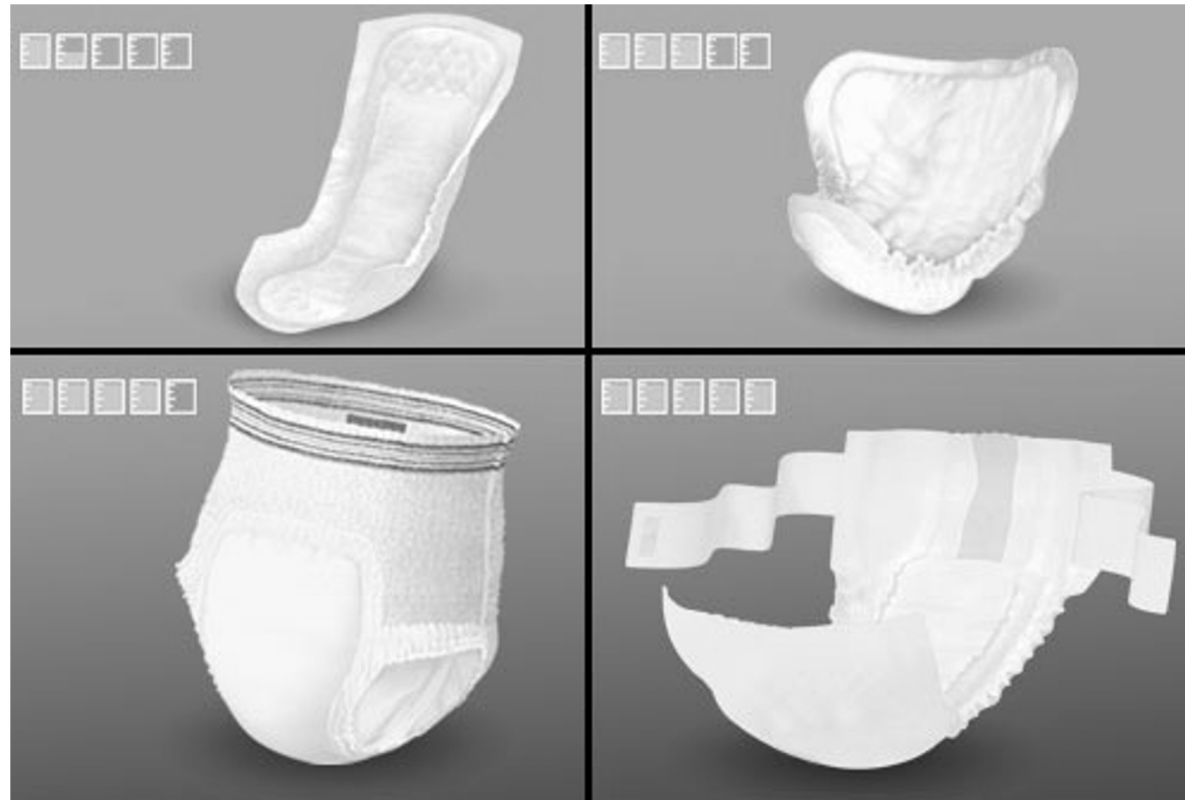


Incontinence



Expect to be incontinent for a time after surgery.

Bring a
diaper or
pad to your
catheter
removal
appointment.



There are two kinds of incontinence, stress and urge incontinence.

Stress incontinence is the loss of urine with coughing, sneezing or lifting

Urge incontinence is the loss of urine because the bladder is overactive.

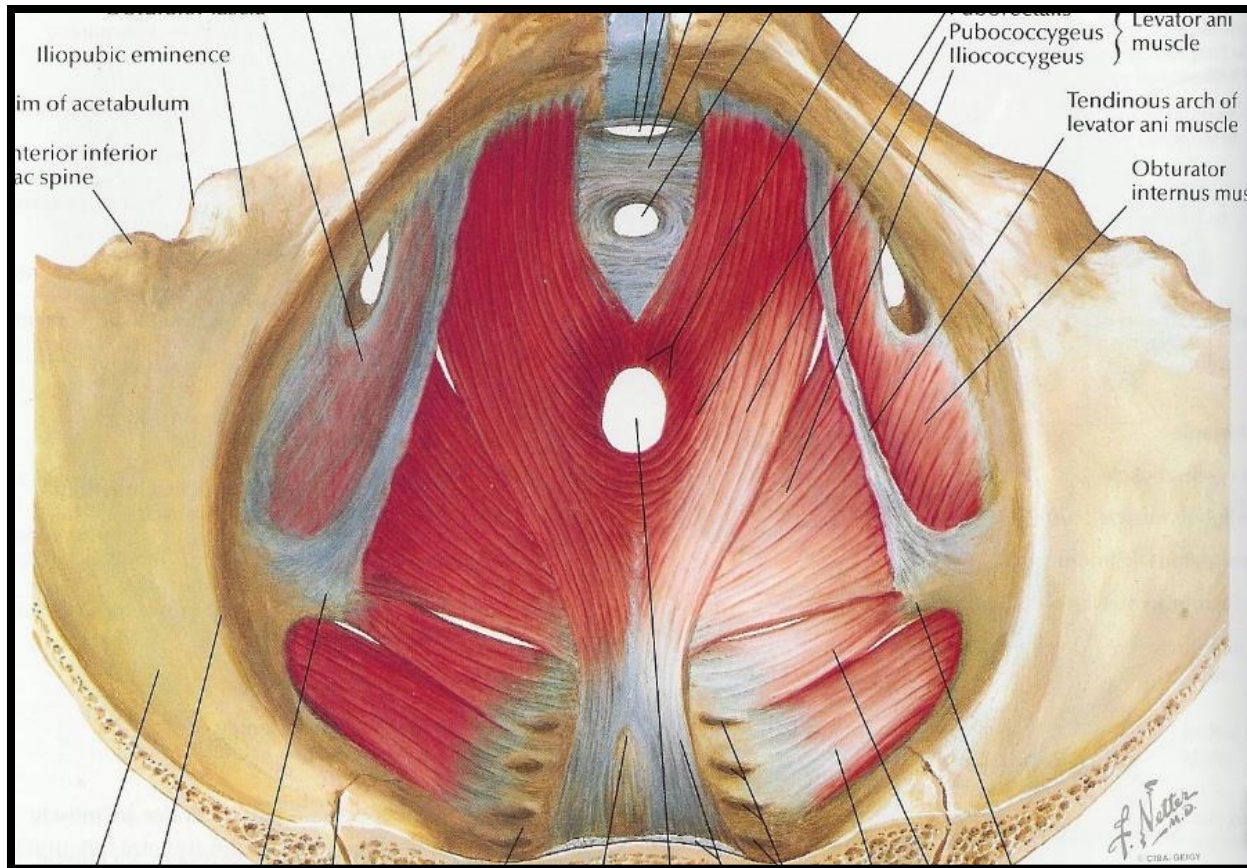
Urgency is the feeling that you “gotta go.”

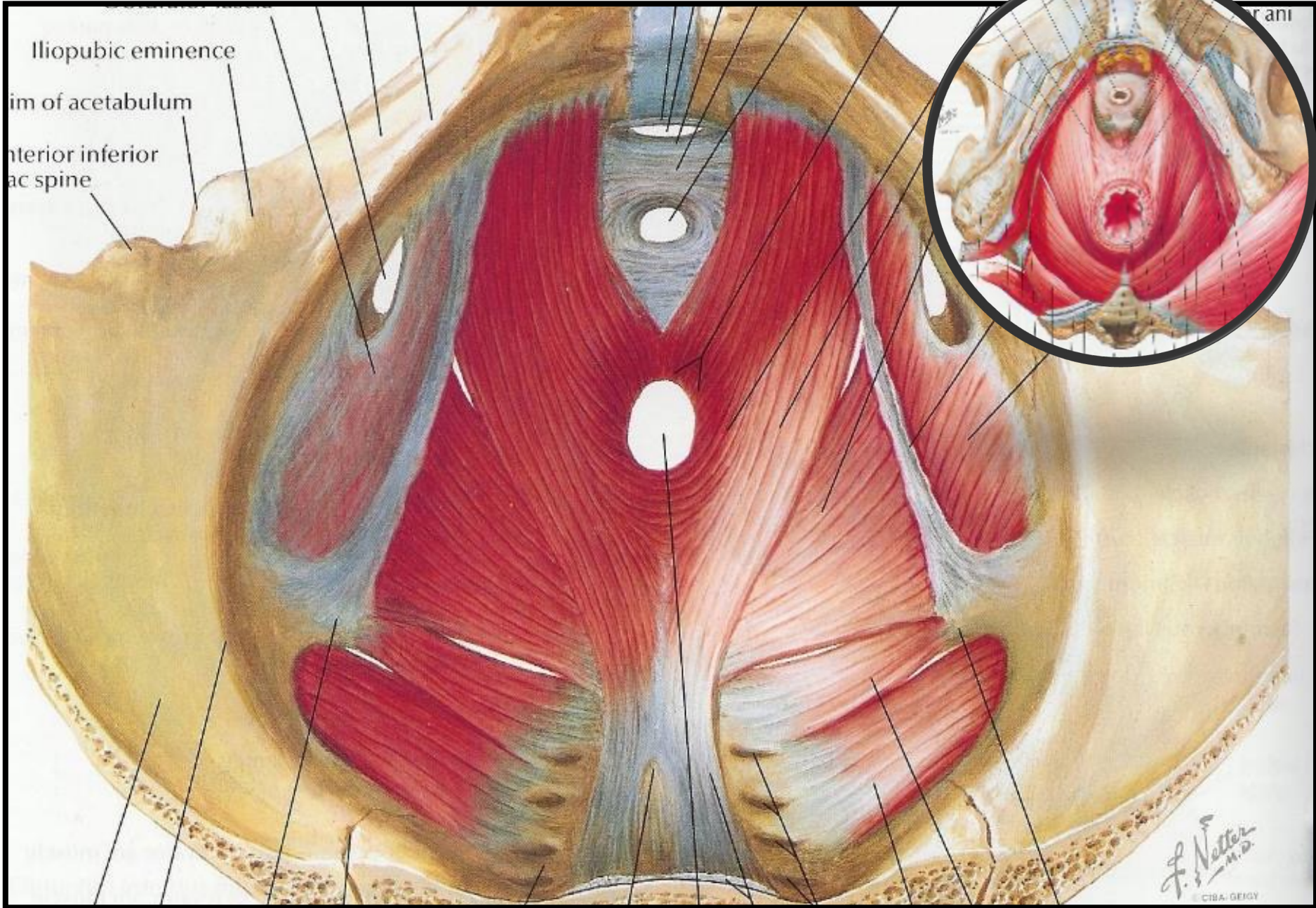
Stress Incontinence
is the most common type of
leakage after prostate surgery

The male pelvic floor is like a **hammock** of muscles suspended by the bones of the pelvis.

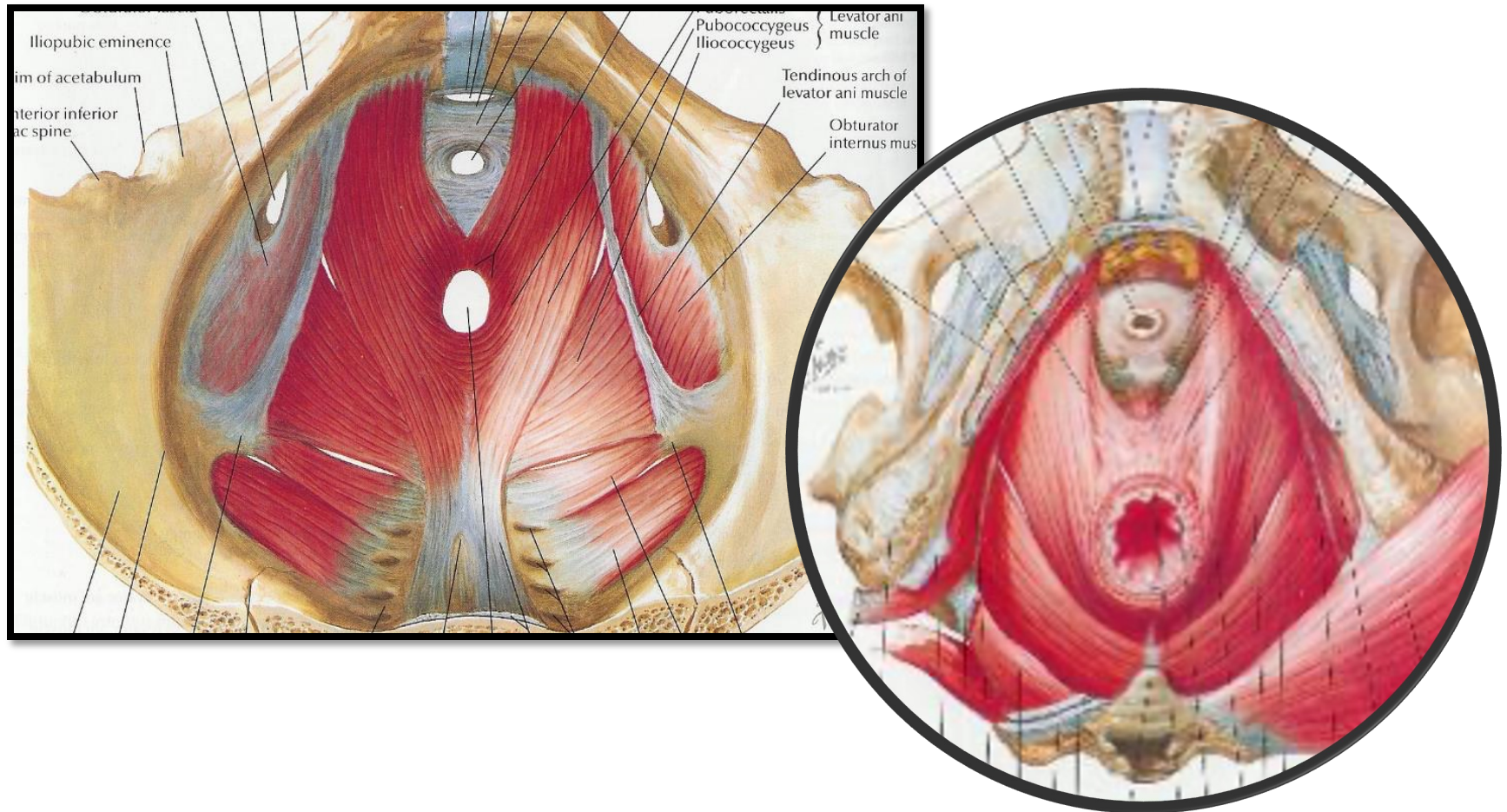


The male pelvic floor is like a hammock of muscles suspended by the bones of the pelvis.





The pelvic floor muscles coalesce into sphincter muscles around the urethra and the anus.



You can train the sphincter muscles by doing Kegel exercises.

Kegel exercises are tightening and relaxing the muscles of the pelvic floor and urinary sphincter.

Kegel Exercises can be done before surgery.

If possible, start before the operation when the muscles are healthy and relaxed.

This is how to do a Kegel.

1. Get in a relaxed position.
2. Isolate the pelvic floor.
3. Gradually squeeze.
4. Hold for a count of FIVE.
5. RELAX the muscle.
6. Repeat.

"Kegel" 5-10 repetitions, 2-4 times/day.

YES: lying down, sitting up or standing

NO: while driving or other activity

NO: squeeze your stomach, leg, or buttock

This man is not doing his Kegel exercises correctly.



Do not expect immediate results from the Kegel exercises.

Every man has a different progression through the incontinence.

“Quick” Kegels are a form of Kegels done when you need more strength in the sphincter.

To stop a sudden squirt of urine such as coughing, lifting, getting up from a chair, or getting out of a car

If you are not making progress, consider doing biofeedback.

Biofeedback is a simple painless teaching technique providing immediate, "on-the-spot" feedback.

You have to ask your surgeon to set up an appointment.

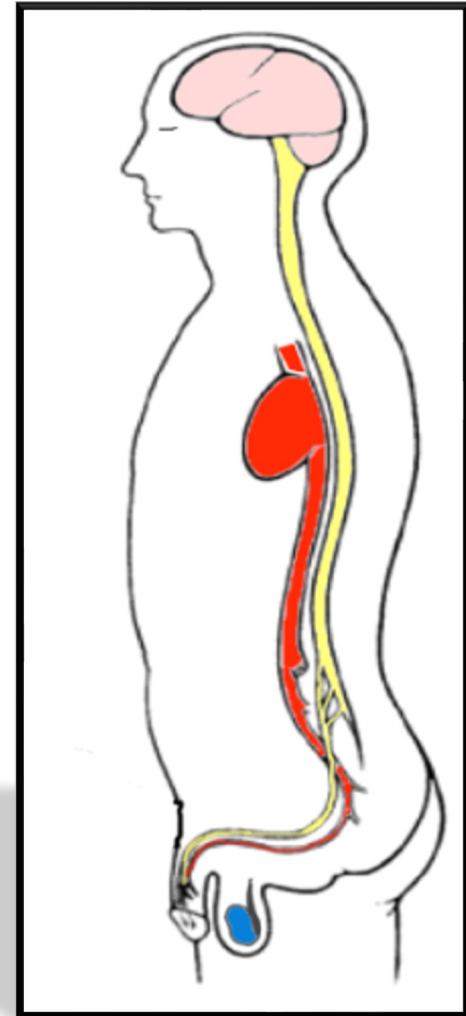
Erectile Dysfunction



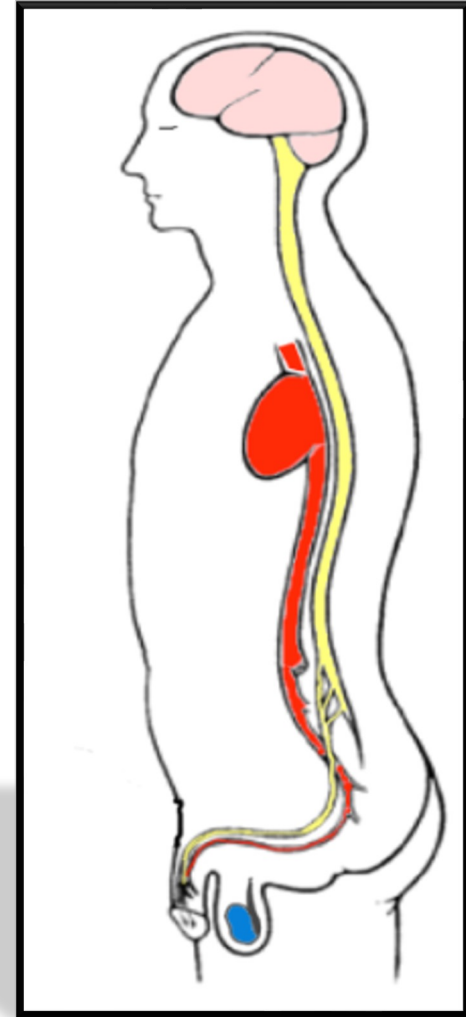
the inability to achieve
and/or maintain
an erection adequate for satisfactory
sexual activity.

JAMA 1999; 270:83–90

1. Brain
2. Spinal Cord
3. Pelvic Nerves
4. Arteries Dilate
5. Penis Traps Blood



1. Nerves
2. Arteries/Veins
3. Healthy Penis
4. Hormones



Vascular risk factors

Smoking

Diseases (e.g., CAD, diabetes)

Endothelial cell dysfunction

Neurogenic factors

Radical prostatectomy

Spinal cord injury

Epilepsy, Parkinson's, or Multiple Sclerosis

Prescription

Medication

Anti-hypertensives

Anti-depressants

Psychosocial issues

Depression

Relationship factors

1. Acute

Nerve trauma

Lack of blood flow

2. Chronic

Loss of elasticity of
erectile tissue

SIMS



There are multiple factors influence outcomes including: pre-operative level of erectile function, surgical factors (nerve sparing?), other health status, and emotional/psychological/relationship issues.

2-6 weeks after surgery

Begin PDE-5 Inhibitor

Taking medication 3x a
week

1-5 tablets per dosage

PDE-5 Inhibitors

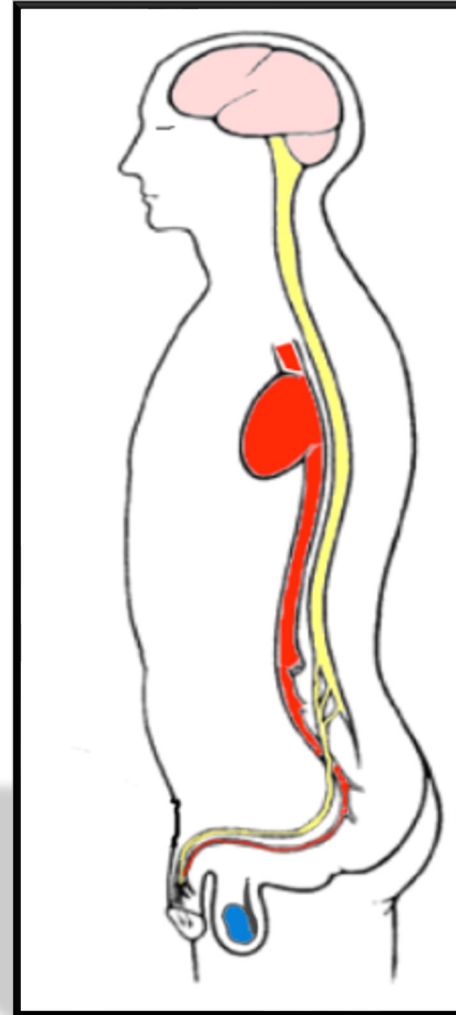


Helps nerves produce more nitric oxide

Nitric oxide causes the blood vessel and erectile tissue to relax

PDE-5 Helps Dilate Arteries

1. Brain
2. Spinal Cord
3. Pelvic Nerves
4. Arteries Dilate
5. Penis Traps Blood



6-8 weeks after surgery

Begin Vacuum Erection Device (VED)
every other day for 15 minutes

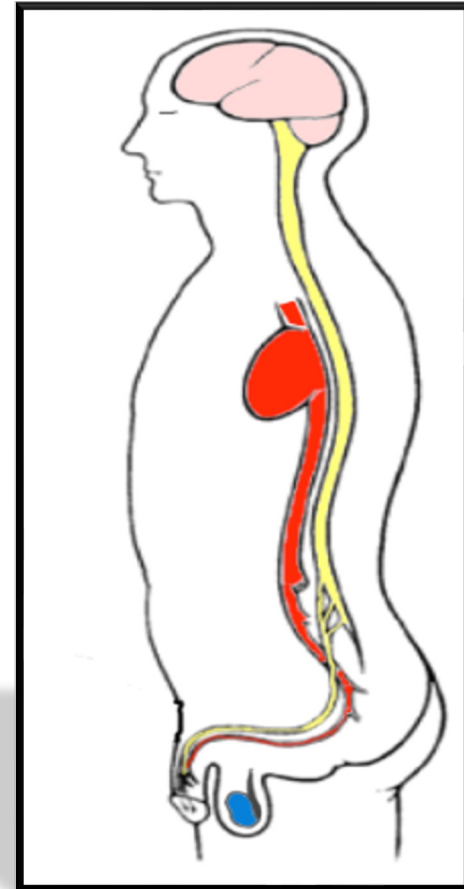
(Continue oral medication)

Vacuum Erection Device



VED Helps Maintain Penile Health

1. Brain
2. Spinal Cord
3. Pelvic Nerves
4. Arteries Dilate
5. Penis Traps Blood



Pump Training Class

- Class with “pump trainer” to learn
- assemble/clean
- utilize the pump for rehabilitation
- use the pump for intercourse

What to Expect

- It will take ?-2 years
- Multiple factors influence outcomes
 - Pre-operative level of function
 - Surgical Factors
 - Health status
 - Emotional/Psychological/Relationship
 - Compliance



What's in the Folder?



Generic Sildenafil

Generic sildenafil available in 20 mg dose.

It is available at most all pharmacies.

Take 3 times a week at 60-100 mg.

Generic is significantly cheaper than brand name alternatives.

Discuss options with your prescribing surgeon.

Generic Sildenafil

Minnesota Urology offers generic Sildenafil at rates listed below.

1. 30 tablets for 45 dollars
2. 90 tablets for 90 dollars

A more popular option is searching Sildenafil 20 mg (quantity 60 or 90) on www.goodrx.com

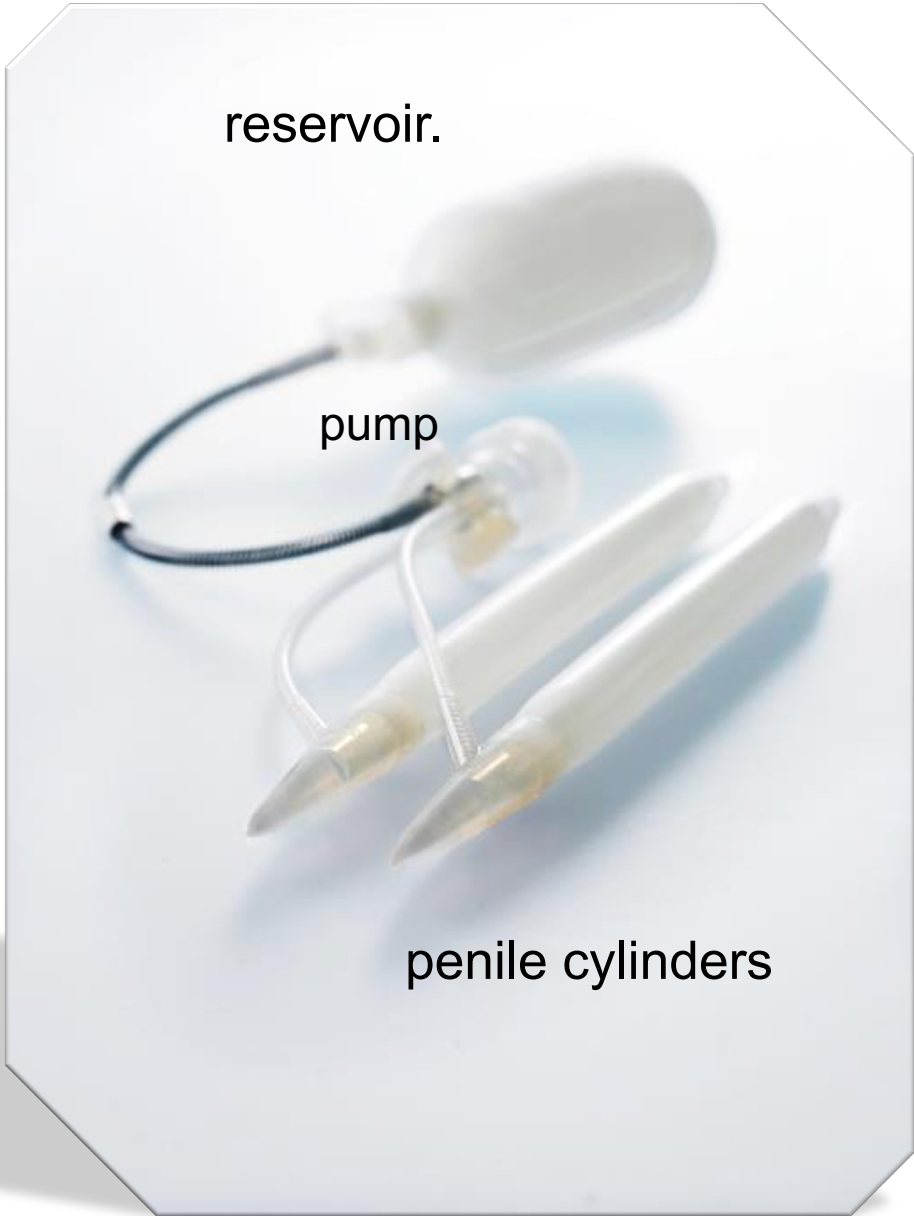
Other ED Options

Briefly, there are other options to help with sexual activity if you are not getting results.

Intra-Cavernosal Injections



Penile Implant



reservoir.

pump

penile cylinders

