The utilization of a dedicated sexual health and pelvic floor physiotherapy service for erectile dysfunction and urinary incontinence after prostate cancer diagnosis


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Presenting:
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The Vancouver, BC, Canada
Prostate Cancer Supportive Care Program

• Provides supportive care for both patients and their partners starting from the time of diagnosis.
• Includes six “modules” or programs that provide educational and in some cases, individual clinic services:
  • Introduction to Prostate Cancer & Primary Treatment Options
  • Managing the Impact of Prostate Cancer Treatments on Sexual Function & Intimacy
  • Lifestyle Management: diet and exercise
  • Adapting to Androgen Deprivation Treatment
  • Pelvic Floor Physiotherapy for Urinary Incontinence
  • Counseling Services & Group Therapy Workshops
Sexual Health Service (SHS)

• Led by a specialty trained sexual health nurse and an experienced sexual medicine physician.

• Group educational session (GES) offered to men before or within 6 months of treatment: ‘Managing the Impact of Prostate Cancer Treatments on Sexual Function & Intimacy’:
  – changes to sexual function, penile rehabilitation, and medical and psychological therapeutic options.

• Individual sessions (with or without partner) by RN or MD are also available regardless of treatment date.

• Follow up (in person or phone) is scheduled at 3-6 months and 12 months after initial visit.
Pelvic Floor Physiotherapy (PFT)

- Led by a specially trained pelvic floor physiotherapist with expertise in male incontinence and sexual function.
- Attendance at a group education sessions pre-treatment is encouraged.
- Those experiencing “bother” 12 weeks after completing primary treatment for Pca will be seen in clinic for 3 appointments at 2 week intervals.
- Biofeedback may be used to improve patient’s pelvic floor understanding and skill.
## Attendance at SHC and PF modules

<table>
<thead>
<tr>
<th></th>
<th>Sexual Health</th>
<th>Pelvic Floor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of patients</td>
<td>584</td>
<td>336</td>
</tr>
<tr>
<td>Median age</td>
<td>65</td>
<td>66</td>
</tr>
<tr>
<td>Attended GES only</td>
<td>12.5%</td>
<td>32%</td>
</tr>
<tr>
<td>Attended both GES and clinic</td>
<td>25%</td>
<td>37.5%</td>
</tr>
<tr>
<td>Attended only clinic</td>
<td>60%</td>
<td>30%</td>
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</tbody>
</table>
How does UI affect sexual function?

• Causes embarrassment/humiliation in sexual and social situations

• “Turns off” sexual desire and arousal in the moment for both patient and partner

• Results in avoidance of sexual activity, social withdrawal and depression.

• Both ED and UI influence body image and self-esteem.
Two strategies to approach urinary continence and erectile function after surgery

• Couples must receive honest information about both before undergoing treatment ("Disclosure does not equate to understanding")
  – Educational and individual sessions *reiterate and expand* on information given by treating MD

• Understanding the “use it or lose it” principle may apply to both erectile function as well as pelvic floor strength.

Deveci et al BJU 2015
Questions for research

• Would pre-surgical PFT, known to benefit post treatment continence, also benefit erectile function?

• Do those patients who do well with pelvic floor incontinence training (PFT) also have improved erectile rigidity due to hypertrophy of the bulbocavernosus and ischiocavernosus?

• What is the role of PFT in assisting with urinary leakage:
  – With sexual thoughts
  – With sexual arousal (sexual incontinence)
  – With orgasm (climacturia)
Summary

Vancouver PCSC Program Experience

- Since January 2013, the PCSC Program has registered over 1300 men as of October 2016.
- We have observed that urinary incontinence interferes with sexual desire and activities.
- Interprofessional connection between sexual health RN and MD and pelvic floor PT has provided valuable learning opportunities that benefits patients.
- In PCSC questionnaire evaluation, patients report feeling heard and respected, and regain some power/control and self-efficacy in terms of sexual function and continence.
- We continue to collect outcomes data and formulate research questions.
Thank you for listening

Questions?

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