

Understanding Urinary Incontinence After Radical Prostatectomy: A Nursing Framework

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Prostate cancer is one of the most prevalent malignancies diagnosed in North American men. Typically, men diagnosed with localized prostate cancer have two options for curative treatment: radiation therapy or radical prostatectomy (RP). Many men choose RP to remove the cancer; however, the intervention has two possible side effects that patients dread: erectile dysfunction and urinary incontinence (UI). At least 50% of men who undergo RP suffer from UI, which can lead to embarrassment, loss of a sense of control, depression, and decreased social interactions. The Human Response to Illness Model provides a framework to gain a comprehensive understanding of the physiologic, pathophysiologic, behavioral, and experiential perspectives as well as personal and environmental factors related to UI following RP. Knowledge gained from these perspectives will help nurses design strategies that facilitate coping and improve outcomes in men with UI following RP.

Prostate cancer is one of the most prevalent malignancies diagnosed in North American men; it is the second-most common type of cancer in men in the United States and the most common type of cancer among men in Canada, with an estimated 186,320 (American Cancer Society, 2008) and 24,700 (Canadian Cancer Society, 2008) new cases being diagnosed in 2007, respectively. Typically, men diagnosed with localized prostate cancer have two options for potentially curative treatment: radiation therapy or radical prostatectomy (RP). Many men choose RP to remove the cancer; however, surgical intervention has two dreaded possible side effects: erectile dysfunction (ED) and urinary incontinence (UI) (Burt, Caelli, Moore, & Anderson, 2005). Although UI can be a problem in patients who have undergone radiation therapy, the focus of this article is on UI in relation to RP, defined by the International Continence Society as the “complaint of involuntary leakage of urine” (Abrams et al., 2002, p. 168). UI affects at least 50% of patients after RP immediately following catheter removal (Rondorf-Klym & Colling, 2003; Smither, Guralnick, Davis, & See, 2007; Talcott et al., 1997). The occurrence of UI after RP has been reported to decrease over time. In a study conducted by Smither et al., more than 91% of the 203 subjects who received nerve sparing RP were classified as having no or minimal UI by the 54th week after surgery. Conversely, in a survey of 1,288 men, Penson et al. (2005) found that 35% of the subjects reported total urinary control and another 49% reported occasional urinary leakage by one year after RP. Despite the apparent decrease in incidence of UI over time, the occurrence of UI has a negative impact on quality of life (Moore & Gray, 2004; Moore & Jensen, 2000).

At a Glance

- ◆ The Human Response to Illness Model provides a framework for nurses to gain insight into factors affecting urinary incontinence (UI) following radical prostatectomy (RP).
- ◆ Assessment of UI and evaluation of interventions can be achieved by exploring behavioral and experiential perspectives, allowing patients and nurses to monitor and refine interventions throughout the UI trajectory.
- ◆ Management of UI after RP is based on the physiologic and pathophysiologic perspectives and should focus on the needs and realistic expectations presented by the patient.

Although men who are scheduled to undergo RP receive information on treatment options and their side effects, such as ED and UI, the need for information remains high after surgery (Burt et al., 2005; Moore & Estey, 1999). Therefore, nursing interventions should focus on education, support, and advice; encouraging the development of self-care skills; and confirming progress (Maliski, Heilemann, & McCorkle, 2001).

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