

# PHAROS

*A beacon of hope in the darkness*

*Newsletter of the Reading Prostate Cancer Support Group (RPCSG)*

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## THE JULY and AUGUST MEETINGS

The July group meeting was our annual Summer Social. This was a hot and cold buffet meal during which there was a quiz and raffle. The quiz was challenging with questions set by Alex and the raffle was very well managed by Nigel. Many thanks to both of these members for their efforts. The evening was well attended by 31 people. As our previous caterers Mange Bien had closed due to the retirement of its proprietor, we had for the first time a caterer called Food for Thought. Their service was good and a few comments from guests have been fed back to them.

The August meeting was a hybrid meeting with the physiotherapist Diane Wootton giving a talk. She has a private clinic to which several of our members have been referred in the past. She has a web site at <https://dianewootton.co.uk/> and she can be contacted via her web site using the 'Select Page' drop-down menu.

Unfortunately I missed this meeting due to being on holiday in Somerset, but Beverley very kindly made some notes during the talk. I am very grateful to her for this and these are the notes that she made:

Diane gave out 3 handouts, one showing the male urology anatomy, one with male pelvic floor exercises and a third with women's pelvic floor exercises. She started by explaining that there are 3 layer of pelvic floor muscles and the thickness differs between each person. It can be roughly calculated by measuring the distance between the tip of your fore finger and the knuckle nearest the hand. The muscles run from the pubic bone in the front under the legs round to the coccyx at the back and are then attached to the 'sitting bones' at either side to provide a sort of hammock for the bladder to sit on top of. During a radical prostatectomy operation some of these muscles can be removed as they sit by the prostate. The amount lost will impact on the amount of incontinence a patient has.

Diane suggested the use of an app called Squeazy NHS pelvic floor app (it does cost £2.99) which gives a lot of information about pelvic floor muscles and exercises. There is also a bladder diary and records of training.

She then went on to explain how to do the exercises. The term "nuts to guts" or testicles to spectacles" is the basis of the exercise. Diane instructed the men to pull the scrotum up and then pull in the base of the penis. It is better to do this whilst standing and turning sideways looking in a mirror so you can see the movement. Ideally this should be held for 10 seconds and repeated 10 times. If standing is difficult these exercises can be done seated or leaning against the wall to provide back support and a pelvic tilt. It can take weeks or even months to achieve an improvement and it is better to have quality rather than quantity. These exercises are known as slow twitch exercises.

There are also fast twitch exercises which involves pulling up, release, pull up and release quickly. This can lead to some leaking but Diane suggests it is better to try and do the exercises

than do nothing. These exercises should ideally be carried out 3 times a week but once or twice is better than not at all!

Coughing, sneezing or straining to have your bowels open weaken the pelvic floor muscles so should be avoided. There is an Australian U Tube programme called MooPoo that explains how to open your bowels without straining using the rib cage muscles. If necessary the use of laxatives should be used to prevent straining.

Diane also explained the need to engage the pelvic floor muscles before lifting heavy objects. The pelvic floor muscles are part of the body core muscles also including the abdominal muscles, the back and diaphragm muscles. She reminded us that the 'core' is only as strong as the weakest muscle so the pelvic floor muscles need to be exercised as much as the other muscles. Occasionally the muscles can be over strengthened leading to pelvis pain syndrome and she works with men to relax the muscles.

The meeting was then opened for questions from the floor.

It was questioned whether other exercises such as swimming, running, cycling are good at strengthening the pelvic floor muscles. Diane suggested that swimming can be a help but exercises such as running, HIIT (High Intensity Interval Training) can make you very leaky but that can encourage you to work on the pelvic floor muscles. Brisk walking is good exercise.

Another patient had radiotherapy and suggested that these exercises are also good for patients undergoing radiotherapy as they need to hold urine in the bladder during the radiotherapy. Age can weaken the muscles so they are also good for general maintenance of the muscles. These exercises will also help if a radical prostatectomy is suggested. Diane advised starting as soon as this is a possibility so the muscles are as strong as possible before the surgery. After the surgery the exercises should not be done whilst the catheter is in place as it can bend and block the catheter but can be started as soon as the catheter comes out. If a long term catheter is in place then they can be done. They are slightly less effective but still pulling up will help strengthen the muscles.

There was a question about speed of improvement. Diane suggests that there should be improvement of symptoms over months (maybe weeks) but it will take time to notice an improvement. If after about a year after a radical prostatectomy there is no improvement there are surgical interventions that can help ie Deflux bulking agents. Urodynamics is a test to see the state of the bladder looking at whether the bladder or the muscles are the problem. Bladder training can be started to engage the muscles and educate the bladder with some training. The normal for passing urine per day is 8-9 (in 24 hours) if you pass urine much more than that then tests need to be done. Alcohol and caffeine may irritate the bladder and make you pass urine more frequently.

Diane was thanked for her talk and she spent some time afterwards talking individually to patients with more specific questions.



## NEXT MEETING – 1st SEPTEMBER

The September meeting will be a hybrid meeting starting at 6:45 p.m. The speaker will be Dr Paul Rogers, who is a senior consultant at the RBH. Some detail and the link to join the meeting online will be sent nearer to the time of the meeting.

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## RPCSG WALKS AND COFFEE MORNINGS

There was a very pleasant walk in August from Reading centre to The Cuning Man. There was a good attendance of 11 people with a further 6 joining for the refreshment stop, and the weather was perfect for the occasion.

Some photographs taken during the walk:



*Steve has an adventurous flair for photographs*

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