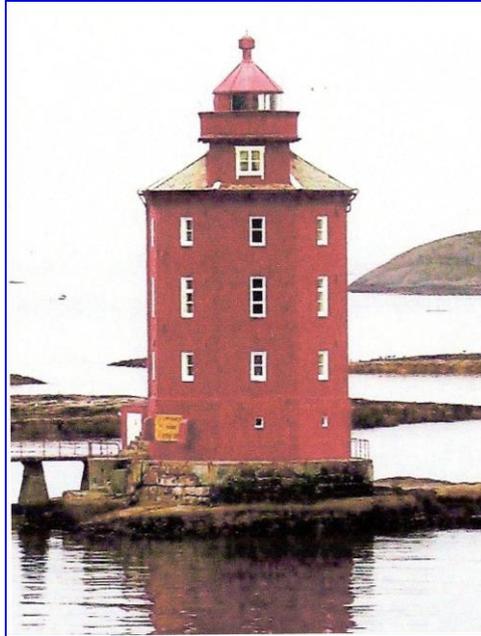


# The Pharos



*A beacon of hope in the darkness....*

Newsletter No. 40 September 2014

**Website: [www.rpcsg.org.uk](http://www.rpcsg.org.uk)**

## **IN MEMORY OF ALAN WISE**

The Chairman informed us of the sad loss of Alan Wise. Alan was a member of long-standing, having joined the group in 2008, shortly after its inception. Following is a tribute by a former newsletter editor for the group:

"Dear Member,  
You may recall that Steve Allen recently announced the passing of Allan Wise, whose funeral myself and several other Group Members attended today. It was a moving service which showed that Allan was a much loved and regarded human being.

Allan joined us in 2008 and one of his first tasks was to win the competition to name our newsletter - Pharos. At the time there was much debate if we should have a logo for the newsletter and this was Allan's photo submission. For various reasons, the decision was eventually made not to include a logo in the original newsletters. However, in his memory, it is appropriate to include it - full size - for this edition of Pharos. Our thoughts and prayers are with his wife, Pam, and his family".

**oooOooo**

As mentioned, Alan provided the winning name, Pharos, for the group, and also a logo

of a lighthouse, which is in fact the Kjeungskjaer lighthouse in Norway. For this issue of the newsletter, in deference to Alan, I have inserted Alan's submission for an icon into the header of the newsletter, and used the same header style as the first newsletter to bear the heading of 'Pharos'.

Steve Parkinson  
Editor, RPCSG Newsletter.

## **THE SEPTEMBER MEETING**

We welcomed four new members at the September meeting, and the total attendance was 55 people. All members are reminded that they can contact members of the committee at any time for support, either by email, by phone as in the contact card, or through the web site.

The September meeting saw a welcome return visit by Dianne Wootton. Diane is an established clinical specialist physiotherapist with her own practice. She gave a very interesting talk and responded to many questions from the audience, and a summary follows of her talk:

Diane started by saying that she started her career in postnatal care, then was a general physiotherapist from 1988, and then added pelvic floor therapy as a specialty area.

Diane is based in Hillingdon, and she is the only physiotherapist of four in the area, that takes male patients. There is a shortage of physiotherapists, and Diane has a waiting list of about four months. Anyone requiring her services can self refer, or ask their consultant or GP for a referral.

Diane explained that the pelvic floor is a set of strong muscles stretching across the bottom of the abdomen, attached to the pubic bone at the front, the coccyx at the rear, and from side to side are attached to the sitting bones. Incontinence is a condition that has a variety of causes, including prostate cancer treatment, and pelvic floor exercises can help to relieve or cure incontinence, when a weak floor is contributing to the incontinence. It can be beneficial to do the exercises prior to treatment as well as afterwards.

Pelvic floor exercise involves the tightening of two sets of muscles: those that would be used to try to prevent passing gas from the

rectum, and those that would stop urine flow during urination. It is not advisable to regularly try to stop a flow - it should only be carried out very occasionally to find the proper muscles in the first place. Diane's information sheets detail the exercises, which is essentially to first tighten the anal sphincter muscle, and then extending the contraction along to the urinary sphincter muscle and holding the contraction for up to 10 seconds, and then relaxing for 10 seconds, to be done 10 times in succession. Then a set of 10 contractions should be carried out, but holding the contraction for one second and then relaxing for one second, carried out ten times. This sequence should be carried out three times per day initially, and preferably whilst standing.

Body conditions such as surgery, being overweight, constipated, and smoking can all make pelvic floor exercises more difficult to carry out. It is important to carry out the pelvic floor exercises properly, and Diane can advise her clients in private to ensure that they are carrying out the exercises correctly. Men are advised to try standing in front of a mirror whilst establishing pelvic floor exercises. When carrying them out properly, the penis should be seen to retract slightly, and the scrotum may lift. She said that about 50% of her patients did not initially carry out the exercises properly. A patient should not hold their breath during contractions, but should breathe normally.

Pelvic floor exercises are also appropriate in the case of hernias, in fact after any abdominal surgery, and for some bowel issues.

Pelvic Floor Exercises are beneficial to be carried out before surgery including TURP, and should be continued until incontinence improves or stops. Typically 4 to 5 months duration is sufficient, but can take as long as a year or more. For both men and women it is advisable to do a single contraction after each session of passing urine.

Diane operates a questionnaire that will give a continence score, to help to determine treatment and progress.

The pelvic floor supports the abdominal parts, and if weakened it can allow the bladder to drop when a person coughs or sneezes, and may cause momentary urine leakage.

The exercises are not detrimental, but should be stopped in the case of any discomfort or soreness. The exercises should not be done if a catheter is installed, and patients should seek advice in the case of reconstructive surgery.

Caffeine should be avoided as it is a bladder irritant, and so should spicy foods and fizzy drinks. A person should drink about 1½ - 2 litres per day, and visit the toilet about 8 or 9 times per day, less than this could indicate that one is not drinking enough.

Cycling can be indulged in, as the pressure from the saddle does not affect the pelvic floor, except in the case of prostatitis. If any numbness occurs due to cycling, medical advice should be sought.

Most of Diane's patients are those who have had surgery, and she sees very few following radiotherapy.

Diane finished by saying that the human form is most suitable to squatting for bowel movements, to avoid pelvic floor straining. Hence it is best to sit on a toilet with a straight back and with the knees higher than the hips. Some people may find that it is more satisfactory to raise the feet off the ground by putting books or a small foot stool underneath the feet.

Diane was thanked for her interesting talk, and presented with a bouquet of flowers of appreciation.

Members are reminded that the RPCSG web site has a tab named 'Treatment Options' that contains a copy of Diane's pelvic floor exercises for both men and women, and a link to her web site <http://www.dianewootton.co.uk> from where you can contact Diane.

### **SECRETARY OF HEALTH RECOMMITMENT TO CANCER IMPROVEMENTS**

There is some good news from the Secretary of State for Health, Jeremy Hunt. He has recently reiterated the Government's pledge to 'aim high' to beat cancer. There is to be a £6 million fund made available to fund clinical trials over the next five years for a

specialist new radiotherapy that will target tumours more precisely.

He also announced other measures that include co-operation between charities Cancer Research UK and Macmillan to support GPs in ensuring quick cancer diagnoses. Currently one quarter of cancer patients are diagnosed in emergency circumstances, when symptoms are at an advanced stage, Mr Hunt said.

However big improvements have been made, and death rates from the four most common cancers - breast, bowel, prostate and lung cancer - have fallen by 30% in the last two decades, Cancer Research UK said recently. The UK still lags way behind other European countries in its survival rates, and the five year survival from breast and colon cancer is the among the worst of the world's industrialised nations. For prostate cancer, just under 81 per cent of patients in Britain live beyond five years. The rate is 90 per cent in Finland and 89 per cent in France.

Mr Hunt has said that "Aspiring simply to keep up with the European average isn't good enough. We must aim to be the best country in Europe for cancer diagnosis and treatment".

If you would like to read more about this, click on these links:

<http://www.theguardian.com/science/2014/aug/24/nhs-cancer-treatment-new-radiotherapy-trials>

<http://www.dailymail.co.uk/health/article-2518498/UKs-survival-rates-worse-European-average-9-10-cancers.html>

### **WEB SITE NEWS**

Our web site designer Laurie Fineman has now moved house and lives in the Bristol area. He will continue to maintain the web site for several months, and we are still seeking a person to take on this task of web maintenance. Laurie will give full instruction and support to anyone taking on this task. If you are willing to take on this role, please contact the Chairman.

## **'PROGRESS' MAGAZINE**

The Prostate Cancer UK organisation has recently issued another edition of its Progress magazine, it is issue number 4 (Summer 2014). This magazine always includes a lot of interesting information, and this edition contains articles on multi-parametric MRI scans, calculating risk, being physically active, and a focus on drug treatment. You can click on the following link to read or download this recent issue, and you can also read their May 2014 newsletter. You can also subscribe to the newsletters and magazines:

<http://prostatecanceruk.org/about-us/progress/subscribe>

## **FUTURE MEETINGS**

The 3rd October meeting will have a presentation by Dr. Fawaz Musa, who is a histopathologist at the RBH, and he will be telling us about the specialist work carried out in his unit on the pathological diagnosis of prostate cancer.

The 7th November meeting will feature a talk by Dr. Helen O'Donnell, a leading oncologist at RBH.

oooOooo

Please visit the RPCSG web site shortly before each meeting, as there you will find the most up-to-date information on future meetings.

Steve Parkinson  
Newsletter editor.  
[NewsEditorRPCSG@yahoo.com](mailto:NewsEditorRPCSG@yahoo.com)

*If any member without internet access would like a printed copy of any article referenced in this newsletter, please contact me – by telephone or by asking a friend or relative to email me.*

### **DISCLAIMER**

*The newsletter does not offer medical advice. Nothing contained in the newsletter is intended to constitute professional advice for medical diagnosis or treatment or to advocate or recommend the purchase of any product or use of any service or guarantee the credentials or appropriateness of any health care provider. Members are strongly advised to consult with an appropriate professional for specific advice tailored to their situation*