

PHAROS

A beacon of hope in the darkness

Newsletter of the Reading Prostate Cancer Support Group (RPCSG)

Issue 30: November 2013

EDITOR'S FOREWORD.

We had planned that Mr. Steve Foley would give a talk at the November meeting. The November meeting happened to coincide with his Birthday, and a celebration event had been planned for him by his wife. He thought that he could make both events, but later found that he could not. We were fortunate in having Diane Wootton to give us a talk. She is a physiotherapist and has worked with Mr. Foley, and some of his patients have been referred to Diane. She gave us an excellent presentation as summarised later, and included some information on the topics of incontinence and pelvic floor exercises. The information sheet on pelvic floor exercises that she had at the meeting, is reproduced at the end of this newsletter.

On the subject of incontinence, we know that incontinence almost certainly follows a radical prostatectomy. I would advise anyone who is suffering from this to visit the Continence Clinic of their local hospital. I did this following my RP in January this year, and found that the hospital was very helpful. I had started doing pelvic floor exercises a couple of weeks before my first visit to them, and I found that I had been doing them incorrectly. I thought that the contractions for both the long and short contractions had to be started rapidly, and I was snatching rapidly at almost all the muscles below the waist. I was clenching my buttock and thigh muscles as well, and my kneecaps rose and my toes curled upward. I had also been leaving too short a time between contractions, if a contraction starts almost immediately after a previous relaxation, the muscles may not achieve full relaxation between contractions. The hospital nurse described the correct way to do the exercises, and by placing her finger in

interesting parts of my anatomy, confirmed that I was then doing them properly.

The nurse introduced me to a company called Rochester that provides via the NHS, some incontinence products including the sheath (or Conveen) external catheter, that looks rather like the end of condom with a tube that attaches to a collection bag on the thigh. I used this for several weeks during my recovery of continence, and it was very useful and convenient.

THE NOVEMBER MEETING (1st November 2013).

The guest speaker was Diane Wootton, who is a Clinical Specialist Physiotherapist in Pelvic Floor Dysfunction and Chronic Pelvic Pain. She has a wide range of medical expertise mainly concerning the pelvic floor, and sometimes patients are referred to her by Mr. Steve Foley of the RBH.

Diane invited questions from the audience during her talk, which was greatly appreciated as questions can be posed at the appropriate time. Diane told us of her background. She trained as a general physiotherapist in the 1970's, and has worked in several areas including respiratory and intensive care. She took an extra course in the pelvic floor and specialises in this. She is also experienced in bladder, urgency and the menopause. There are about 600 such physiotherapists in the UK including those treating both men and women, and there is a shortage of such physiotherapists. Five years ago she acquired expertise in acupuncture.

Diane described the pelvic floor, which is layers of muscle and connecting tissue stretching from the pubic bone to the coccyx. The urethra and rectum pass

through the pelvic floor. Stress incontinence occurs when coughing, doing gardening, etc, and pelvic floor strengthening can help in these cases. Drugs can also help incontinence, a new one being Betmiga, which has fewer side effects than other drugs. Factors that stress the pelvic floor and can contribute to incontinence, include age, smoking and obesity.

Carrying out pelvic floor exercises before prostate treatments can help to reduce incontinence post surgery.

To help a weak pelvic floor, Diane can also advise of therapy involving the diaphragm and abdominal muscles. Weak abdominal muscles can lead to back ache.

Diane advised of the correct way to carry out pelvic floor exercises. Each contraction should start slowly with a contraction of the anal muscle, as if trying to prevent passing wind, and then the urethral muscles, which are the ones that a man would use to try to stop a urine flow once it has started. Men should try standing in front of a mirror, and when the exercise is carried out properly, the penis should be seen to lift slightly. A finger can be placed under the scrotum, and the lifting can easily be felt by the finger. The exercises are better if carried out when standing up, but this can be difficult; if so a patient can start to do them whilst lying down. Hold the muscle contraction for up to 10 seconds. Do not start counting the seconds until both of these muscles are fully tightened.

Squatting stretches the pelvic floor, and the pelvic floor exercises can be very effective if carried out whilst squatting. Straining during bowel movements should be avoided as this will weaken the pelvic floor. Squatting is also the best position for a bowel movement. The knees should be higher than the hips, and Diane recommended that when sitting on a toilet, some books or a foot stool under the feet will help the body towards the optimum angle of 35 degrees to the legs. She also advised cyclists to lift their weight off the saddle every few minutes whilst cycling.

Patients visit her either pre-operatively, or for a course of treatment after surgery. Typically a patient will attend for 6 sessions

in 3 months, but more often if the pelvic floor is weak.

Diane was presented with a bouquet of flowers as a token of our appreciation.

One of Diane's handouts was a description of pelvic floor muscle exercises for men. This description is annexed as the last page of this newsletter, and these exercises can be carried out both before surgery to strengthen the pelvic floor, and after surgery to help regain bladder control. The cycle of 10 long and 10 short contractions should take about 4½ minutes, and should initially be done three times per day. This should be continued for about 15 – 20 weeks, and when symptoms have disappeared, carry out one cycle per day, for ever.

Diane has a website as below, that includes a means of contacting her:
www.dianewootton.co.uk

FUTURE MEETINGS

At the December meeting on Friday 6th December we will be hosting our annual Christmas Supper and Social at St Andrew's Hall. An event not to be missed!! The Chairman has sent an email detailing the arrangements for the Social and the arrangements for paying for the evening – which are for payments to be mailed to him at his home address, and for numbers to be finalised by 28th November.

There will be no formal meeting on Friday 3rd January 2014 but the hall will be open for anyone who would like to attend for a social gathering. At the January meeting of 2013 there were about 25 members arriving, as well as two new members, so it is well worth members visiting us on that day.

The February meeting is being planned.

The March meeting will include the AGM.

FUTURE EVENTS

A fund raising collection is being planned for March 2014. This will take place outside the

Madejski Stadium football ground, and volunteers will be greatly appreciated.

NEW MEMBERS.

We welcomed two new members at the meeting.

All members are welcome to get in touch with any of the support contacts below should they want to discuss any matter relating to prostate cancer.

SUPPORT CONTACTS

For any member who would like some help or support from the Group, or simply would like to chat with someone – perhaps another member who is or has been in a similar situation – any of the members below can be contacted:

Steve Allen	01189 266 747
Ian Forrester	01189 789 857
Keith Jackson	01189 842 999
Paul Sefcick	01635 34778
Graham Cook	01189 691 668
Steve Parkinson	01189 785 268

RPCSG WEB SITE

Additions and improvements to the draft web site continue to be made. It is hoped to give a demonstration of the web site at the start of the December meeting – to be confirmed.

AND FINALLY...

Here is an article that I wish that I had discovered about fifteen years ago. Things could have been so different, in more ways than one. The headline is:

Sex staves off prostate cancer

The story reports on a trial detailed in the Journal of the American Medical Association.

It says that frequent sex is a factor that can help to prevent prostate cancer developing. In fact it is the ejaculation rather than the act of sex, but don't tell that to your partner! The report says that frequent ejaculations can reduce the risk of prostate cancer by about one third. It is particularly applicable to men over the age of 50.

There are two theories as to why this is so. One says that ejaculation flushes out cancer-causing chemicals. Another says that it reduces calcification within the prostate.

The news article can be seen at this web page:

<http://www.dailymail.co.uk/health/article-300544/Sex-staves-prostate-cancer.html>

The New Scientist has a neat summary of the report with this headline:

Frequent ejaculation may protect against cancer

that can be seen at this web page:

<http://www.newscientist.com/article/dn4861-frequent-ejaculation-may-protect-against-cancer.html#.UoInwScXJCR>

Steve Parkinson
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If any member without internet access would like a printed copy of any article referenced in this newsletter, please contact me – by telephone (see in Support Contacts) or by asking a friend or relative to email me.

DISCLAIMER

The newsletter does not offer medical advice. Nothing contained on 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.

PELVIC FLOOR MUSCLE EXERCISES FOR MEN

The pelvic floor muscles are attached to the pubic bone at the front of the pelvis, and to the coccyx (tail bone) at the back. They work to support the abdominal contents and help control the flow of urine from the bladder and faeces from the bowel. They form a broad sling, and as their name suggests, form the floor of the pelvis.

You can improve bladder and bowel control by working hard at these exercises and should see improvement in a few weeks but may not reach maximum performance for several months.

How to exercise

Internally, tighten the muscles around the anal sphincter as if preventing passing wind and, while still holding this contraction, tighten the muscles at the base of the penis as if trying to stop the flow of urine. If you are doing this correctly you should feel a 'squeeze and a lift'. You can check by looking in a mirror as you should be able to see the penis retract and the scrotum raise. (It can be helpful to place a hand under the scrotum to feel a lift up off your fingers).

Hold this pelvic floor contraction for as many seconds as you can **(up to a maximum of 10)** without holding your breath, tightening your buttocks or your inner thigh muscles.

You should also contract transversus (the horizontal abdominal muscle) in conjunction with your pelvic floor muscles. The action of transversus is as if you are contracting the abdominal muscle between your navel and pubic bone inwards towards your spine.

Aim to progress your pelvic floor exercises by finding out how many seconds you can hold this contraction **maximally** and for how many repetitions **(up to a maximum of 10)**.

As well as these slow contractions, try some fast 1 second contractions again **up to a maximum of 10**.

Try both these exercises lying down then in a sitting position and eventually in standing **x3 per day**.

Remember that **quality is better than quantity!** Fewer good exercises done maximally are more beneficial than many half hearted ones.

Where to exercise

Get used to tightening your pelvic floor muscles after every urination to help empty the bladder but don't try mid-stream stops as this can cause urinary retention.

Always pull up these muscles strongly when changing position, particularly when sitting to standing, before coughing or sneezing, walking and before lifting any object.

Continue doing your pelvic floor exercises **x3** times a day until the muscles have strengthened and then **10 second hold 10 reps and 10 fast exercises x1 day for life**.

Try to avoid weakening these muscles further by not putting on any extra weight or becoming constipated.

D W 27/10/2013