

Managing Common Side Effects from Prostate Cancer Treatments

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Better and
fairer care.
Always.

Overview

Radical Prostatectomy

Side Effects:

Urinary Incontinence - Luke Herzog

Erectile Dysfunction/ Penile shortening - Russell Parbury

Radiotherapy

Side Effects:

Urinary Symptoms- Luke Herzog

Bowel Symptoms- Luke Herzog

Fatigue- Russell Parbury

Erectile Dysfunction- Russell Parbury

Androgen Deprivation therapy (ADT)

Side Effects:

Muscle Atrophy - Luke Herzog

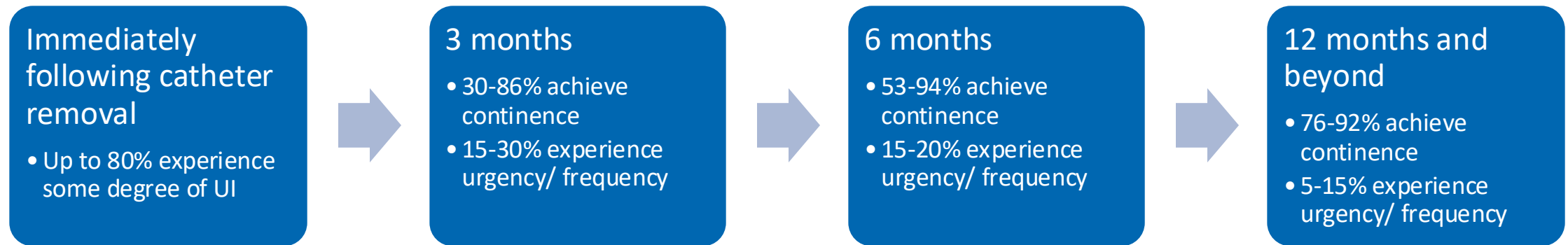
Bone Density - Luke Herzog

Hot flushes- Russell Parbury

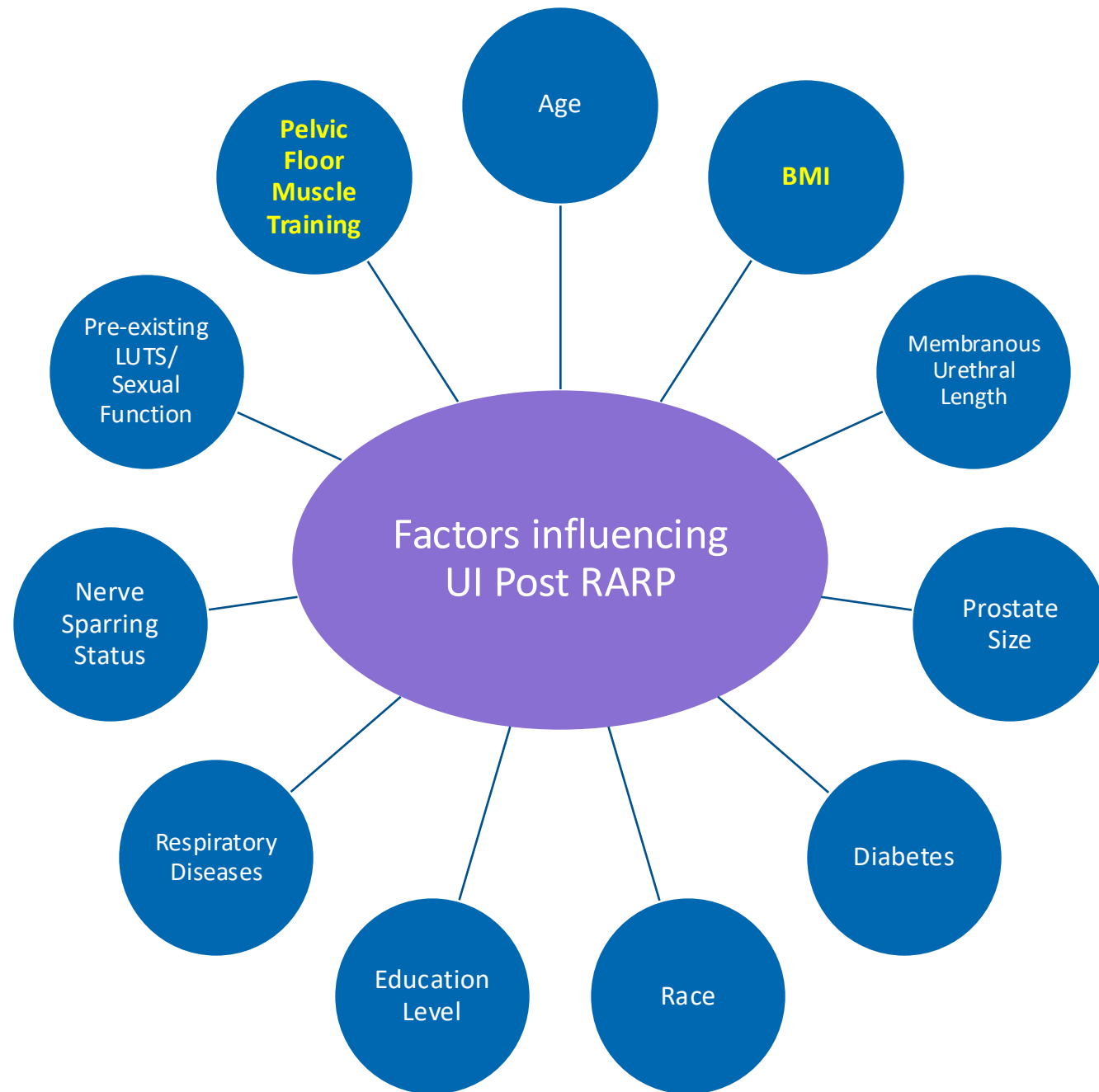
Loss in Libido/ ED - Russell Parbury

Depression + Anxiety - Russell Parbury

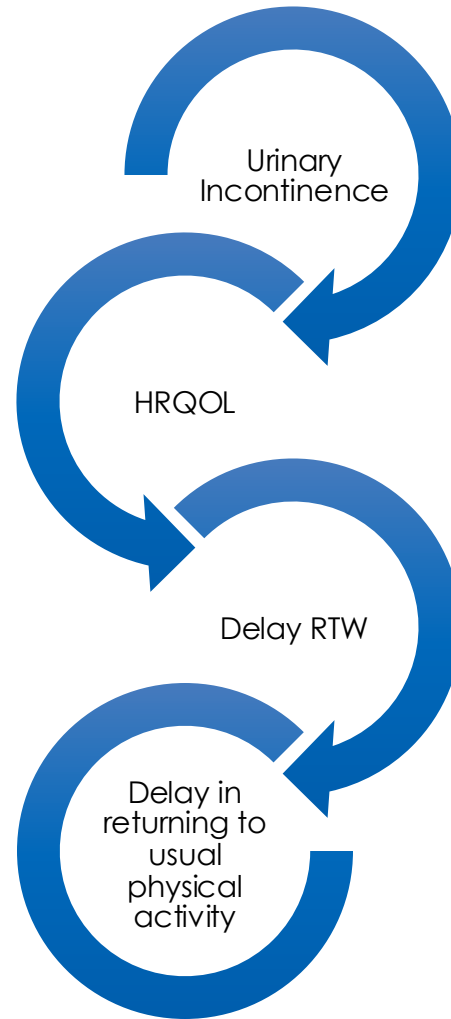
Radical Prostatectomy Side Effects: Urinary Incontinence, frequency/ urgency



*Reported incontinence rates are influenced by incontinence definition.



Importance of accelerating time to achieve continence post RP



Management Strategies for RP Side Effects - Incontinence

Pre-op / Work up for surgery	Post-op Rehabilitation
<ul style="list-style-type: none">• Education• RTUS pelvic floor muscle training and program• Bladder re-training• Graded strength and conditioning program• Setting realistic goals• Supportive therapies	<ul style="list-style-type: none">• RTUS pelvic floor muscle training and program• Bladder re-training• Lifestyle modifications• Graded strength and conditioning program• Progressive return to pre-morbid activities• Weaning off absorbent products• Supportive therapies• Clamps, slings, AUS

Erectile Dysfunction following RP

- ED post nerve sparing prostatectomy varies greatly from 30-80%
- ED post non-nerve sparing surgeries 85-90%
- Younger age + bilateral nerve spare + minimal comorbidities yields the best results in Erectile recovery
- Aetiology of ED following prostatectomy: Neuropraxia/ Nerve resection, Pudendal artery disruption and Venous Leakage
- Recovery times vary greatly from a few months to a few years
- Early and frequent intervention for nerve-sparing prostatectomies can protect the erectile tissue while nerve recovery takes place

Erectile Dysfunction Management Post RP

ASSESSMENT

- Pre op baseline function (*Sexual health inventory for men*)
- Comorbidities that effect erectile function
- Lifestyle factors that effect EF
- Age



EDUCATION/ COUNSELLING

- Penile rehabilitation treatment options



TREATMENT

- PDE5i's
- Vacuum Erection Devices
- Penile Injections/ ICI Therapy
- ICI injection patient training



Management

- Continued Follow up with Patient
- Assess response to treatment selection
- Treatment can be relaxed on return of spontaneous erections

Radiotherapy Side Effects : Urinary Incontinence, Frequency/ Urgency and Bowel Dysfunction

3 months

- 15-30% incontinent
- 20-50% urinary urgency/ frequency
- 20-30% bowel dysfunction



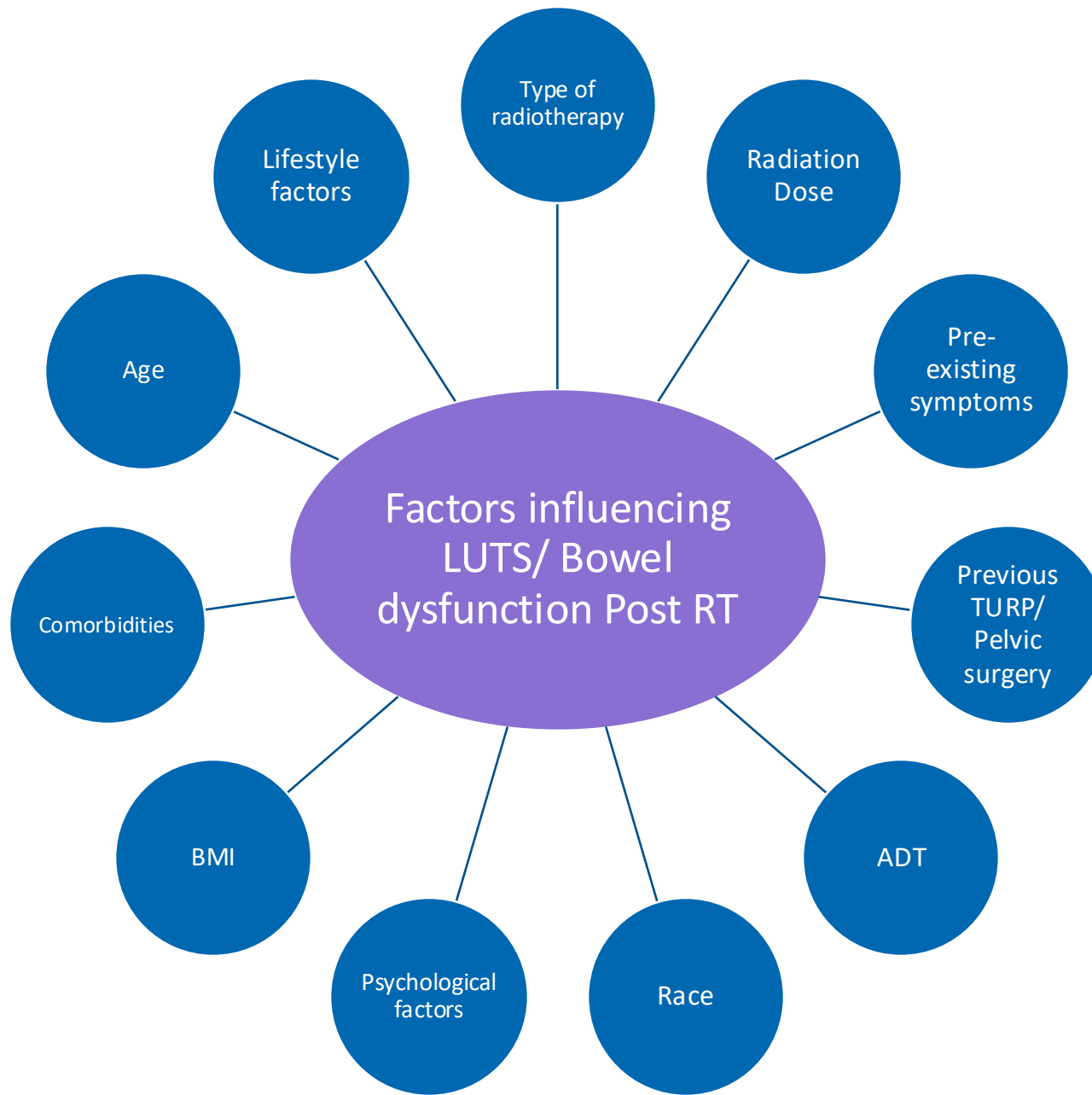
6 months

- 20-40% incontinent
- 25-60% experience urinary urgency/ frequency
- 30-40% bowel dysfunction



12 months and beyond

- 10-20% incontinent
- 15-30% experience urinary urgency/ frequency
- 10-20% bowel dysfunction



Management Strategies of RT Side Effects

Urinary symptoms (Incontinence, Frequency/Urgency)	Bowel dysfunction
<ul style="list-style-type: none">• Education• RTUS pelvic floor muscle training and program• Bladder re-training• Lifestyle modifications• Medications• Supportive therapies	<ul style="list-style-type: none">• Education• RTUS pelvic floor muscle training and program• Lifestyle modifications• Dietitian services• Graded mobility• Medications• Supportive therapies

Radiotherapy Induced Fatigue/ Management

- Effects up to 80% of patients
- The most common reported side effect
- Management includes Physical, Psychological and Nutritional Modifications

Physical

- 150mins Aerobic exercise/ week
- Addition of Resistance based exercise for patients also on ADT
- Sleep Hygiene

Psychological

- Cognitive Behavioral therapy
- Mindfulness- based stress reduction
- Meditation

Nutrition

- Fruits, vegetables
- Whole grains
- Lean meats
- Adequate hydration

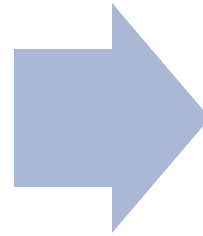
Erectile Dysfunction Radiotherapy

- 50-70% incidence of ED after EBRT
- 25-50% incidence of ED after Brachytherapy
- Principles of penile rehabilitation are effective for ED after radiotherapy
- Early intervention once ED symptoms present has been shown to be most effective
- Managing ED after radiotherapy can be the same as post surgery

ADT Side Effects: Muscle Atrophy and Bone Mineral Density

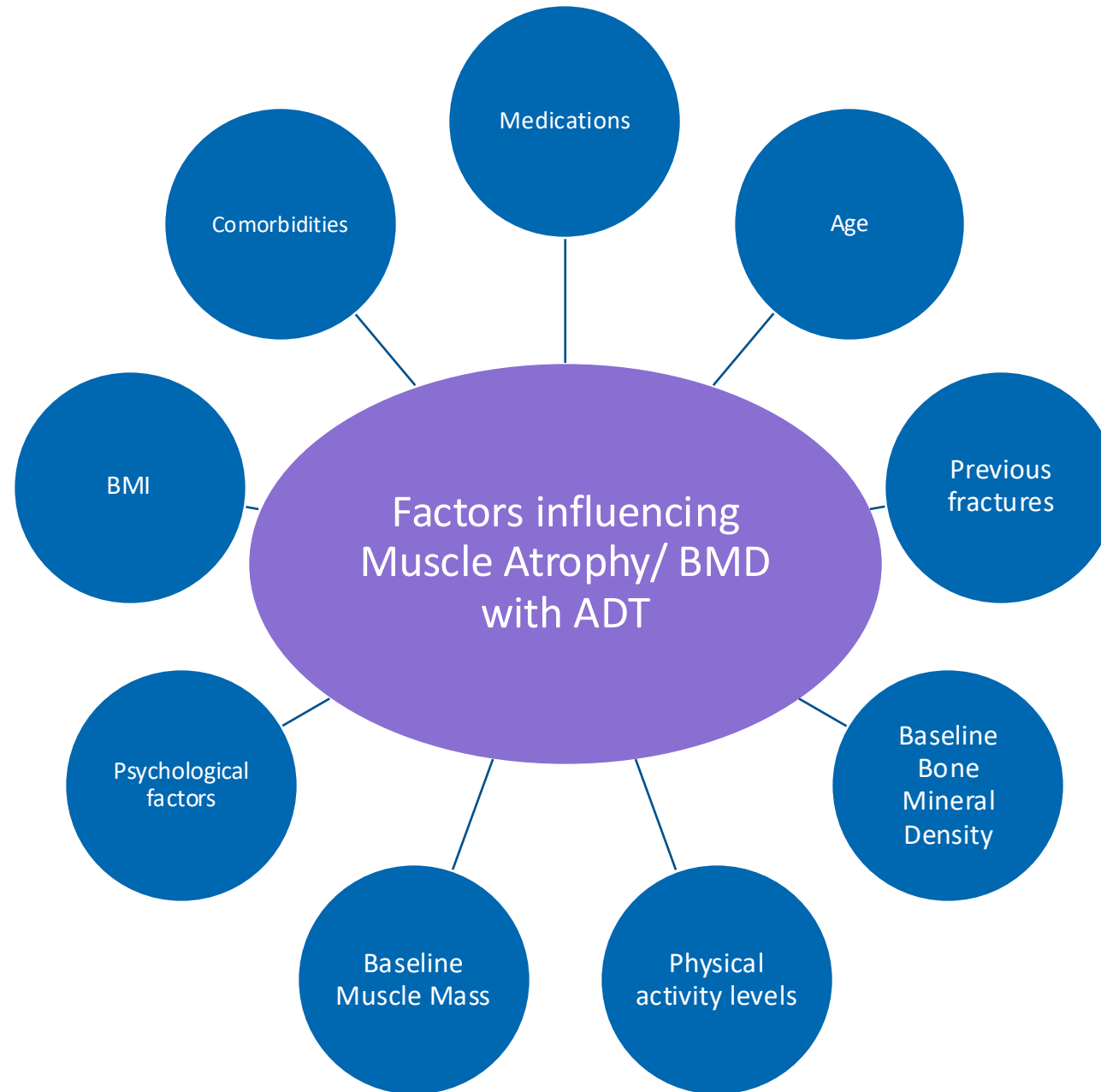
Within the first 12 months

- 30-40% have 10% loss of muscle mass
- 10-15% may experience clinically significant bone loss



Beyond 12 months

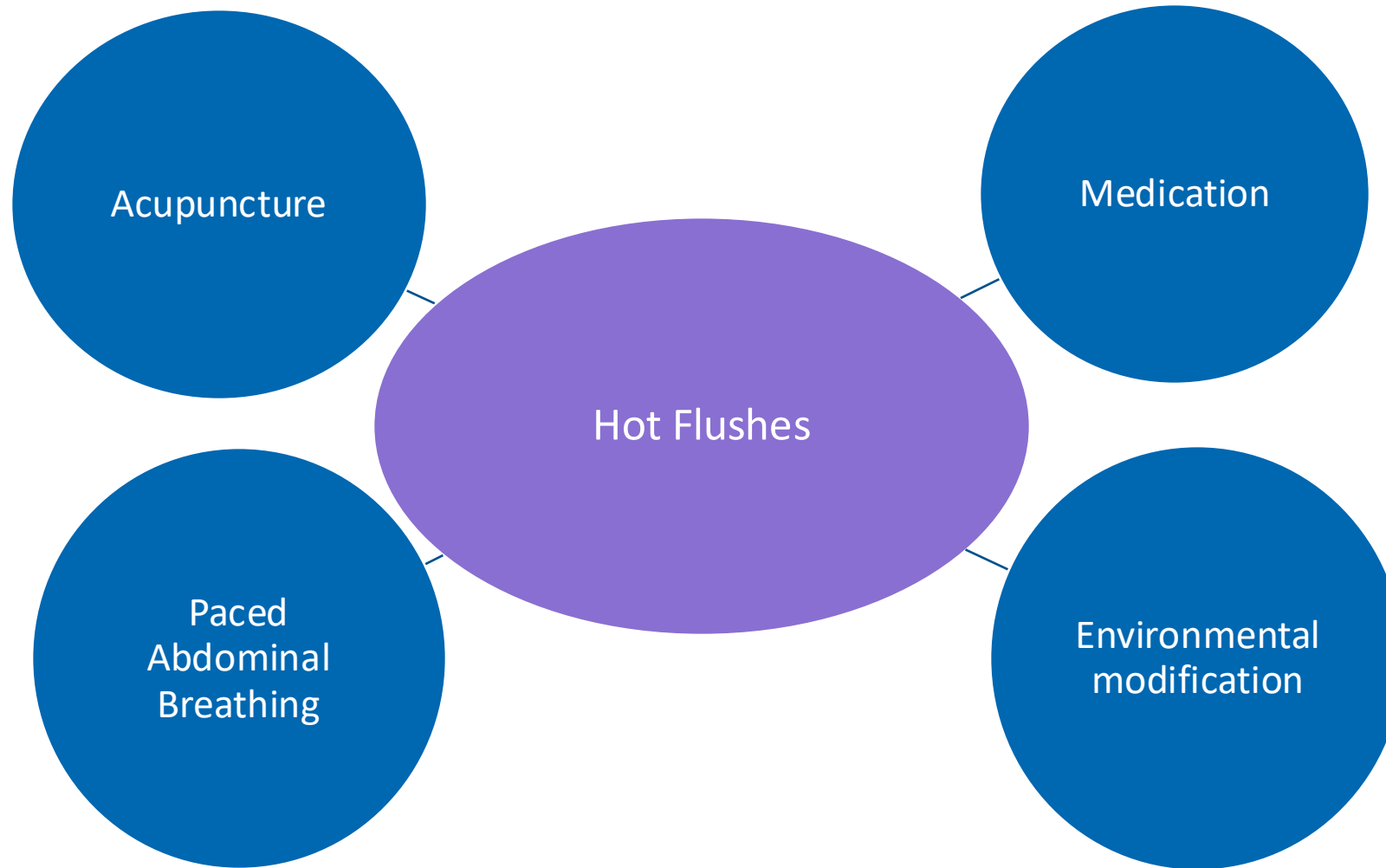
- 50% have up to 15% loss of muscle mass
- 20-30% may experience clinically significant bone loss
- 20-50% may develop osteoporosis



Management Strategies of ADT Side Effects

Muscle Atrophy	Bone Mineral Density
<ul style="list-style-type: none">• Education• Exercise programs<ul style="list-style-type: none">• Resistance exercises• Aerobic exercises• Monitoring and assessment• Dietitian services• Supportive therapies	<ul style="list-style-type: none">• Education• Exercise programs<ul style="list-style-type: none">• Weight bearing & resistance exercises• Bone density monitoring• Lifestyle modifications• Dietitian services• Medications• Supportive therapies

Managing Hot Flashes: ADT



Managing Loss of Libido: ADT

- Will effect up to 80% of patients on ADT
- Open discussion from partner to partner is encouraged
- A threat to a man's masculinity
- Knock-on effect to ED
- Loss of libido cannot be treated directly
- Penile rehabilitation practices can preserve erectile function whilst on ADT
- Patient education/ Counselling is critical

Identifying and Managing Depression + Anxiety: ADT

- Distress screening tool, fast and easy way to screen mental health
 - Scores above 4 are automatically offered psychological referral
 - Early psychological intervention shown to improve management of depression and anxiety
 - Those men without supportive networks at home are more at risk
 - Multidisciplinary approach shown to be strongly supported
 - Shift Focus back to “life” rather than cancer
- Supportive resources for patients*

<https://www.pcfa.org.au/support/matesconnect-phone-based-peer-support/>

<https://www.pcfa.org.au/support/find-a-support-group/>

<https://mensshed.org/>

<https://www.beyondblue.org.au/>

<https://www.lifeline.org.au/>

AFFIX PATIENT LABEL HERE

PROSTATE CANCER DISTRESS SCREEN

The experience of prostate cancer is for many men a difficult time. I would like to ask you a few brief questions to check how you have been feeling and ask about your main concerns. Thinking about how you have been feeling over the past week including today, how distressed do you feel on a scale of '0', no distress to '10', extreme distress? (circle)

0 1 2 3 4 5 6 7 8 9 10
No distress Extreme distress

This is a list of problems that some men with prostate cancer experience. Do any of these problems apply to you? (Read the list below, tick if yes)

Practical Problems		Physical Problems	
Work	<input type="checkbox"/>	Pain	<input type="checkbox"/>
Financial/Insurance	<input type="checkbox"/>	Fatigue	<input type="checkbox"/>
		Sexual	<input type="checkbox"/>
Family Problems		Urinary	<input type="checkbox"/>
Partner	<input type="checkbox"/>	Bowel	<input type="checkbox"/>
		Hot Flashes	<input type="checkbox"/>
Emotional Problems		Weight Gain	<input type="checkbox"/>
Depression	<input type="checkbox"/>	Weight Loss	<input type="checkbox"/>
Uncertainty about the future	<input type="checkbox"/>	Loss of Muscle Mass	<input type="checkbox"/>
Nervousness	<input type="checkbox"/>	Memory/Concentration	<input type="checkbox"/>
Sadness	<input type="checkbox"/>	Sleep	<input type="checkbox"/>
Worry	<input type="checkbox"/>		
Loss of interest in usual activities	<input type="checkbox"/>		
		Other Problems (please list)	
Treatment Problems			
Understanding treatments	<input type="checkbox"/>		
Making a decision	<input type="checkbox"/>		
Information about my illness	<input type="checkbox"/>		

Which of these are the **most important concerns** for you right now? (Please list)

Which of these concerns would you like help with?

For men with a rating of ≥ 4 consider further assessment and referral to appropriate support services.

Person completing form: _____ Date: ____/____/____

Name & designation: _____

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Thank you