



Program Overview

Great outcomes are rarely an accident. They are the result of planned purpose-driven effort. This is a concept that holds true for many things, including the recovery and maintenance of sexual and urinary function following pelvic surgery and/or radiation therapy. Although the factors that affect men's outcomes are complex and nothing is guaranteed, Thrive Beyond - Urologic Wellness equips men with the tools they need to achieve their best chance at recovery as well as solutions should any further improvement be needed following the recovery period. Life after cancer is uncertain and scary. We want to give you the tools and equip you with the knowledge to **thrive** in this new phase of survivorship. This program has been developed using the latest clinical insight and research. The 3 key steps of the program are:

- **Step 1: Protect: Your Foundation**
- **Step 2: Reconnect: With Confidence**
- **Step 3: Thrive: In Your Future**

A summary of each step is provided below with more detailed handouts on each step to follow. Please visit <https://urologyaustin.com/> to watch our videos and for electronic versions of each of these handouts.

Step 1: Protect: Your Foundation

Our foremost goal is to preserve the level of sexual and urinary function that men have prior to surgery and/or radiation therapy. This part of the program starts even prior to treatment and is maintained throughout the recovery period. Using a combination of oral medication and a vacuum device for daily penile exercise, this step is designed to maintain the health and size of penile tissue as the pelvic nerves recover from surgery and/or radiation therapy. Men are also provided with education regarding pelvic floor exercises to help increase the chance for early return of urinary control after surgery.

Step 2: Reconnect: With Confidence

Recovery following treatment of prostate cancer takes time. However, many men are eager to regain as much quality of life as soon as possible and perform as soon as they can. Although the pelvic nerves that supply erections can take several months to ‘wake up’, this portion of the program gives men the means to perform sexually during this time. These sequential options include additional oral medication, penile injection therapy, and the use of the vacuum erection device in combination with a constriction band for sexual performance, rather than just penile exercise.

Step 3: Thrive: In Your Future

Our final goal with Thrive Beyond - Urologic Wellness is to help you prevail over the side effects that come along with your cancer treatment. Starting 3 months after treatment, you’ll have regular follow-up with Urology Austin to evaluate your progress. A customized treatment plan is created, and your improvement is tracked over time. With the strategies listed above, many men will regain full sexual and urinary function. However, for those men who still need or desire further improvement, we offer minimally invasive outpatient procedures (*inflatable penile prosthesis and artificial urinary sphincter*) to revitalize men’s sex lives and pelvic health! You can learn more about these options at <https://urologyaustin.com/>. With the Thrive Beyond - Urologic Wellness, you can beat your cancer AND get the quality of life that you deserve!

If you would like to make an appointment, please contact Urology Austin at 512-788-9688.

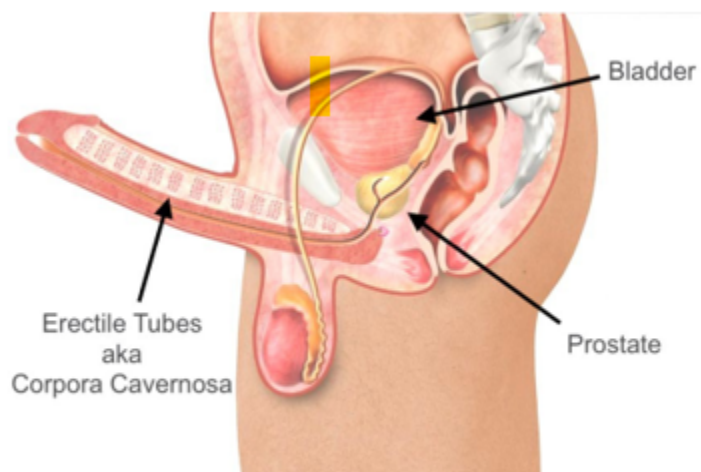
Program Step 1: Protect: Your Foundation

This handout explains Step 1 of the Thrive Beyond - Urologic Wellness program at Urology Austin, focusing on how pelvic surgery and/or radiation therapy can affect erections and bladder control. It's organized in a question-and-answer format, divided into two sections: the first addressing erectile preservation and the second, bladder and urine control. Your understanding of Step 1 is crucial to the success of the Thrive Beyond program. Men should focus on it before treatment and throughout their recovery. Remember, it's ideal to begin the exercises and therapies discussed here before treatment and continue them during the months following.

Erectile Preservation

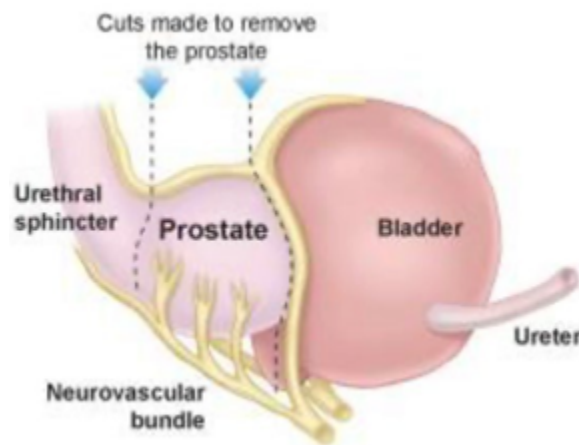
How do erections work?

In terms of sexual function, an erection occurs because of two inflatable tubes that run from the pelvis down the length of the penis. These tubes are called the corpora cavernosa. When a man is aroused, an electrical signal travels from the brain, through the pelvic nerves, to the arteries supplying these tubes. The arteries expand, allowing blood to rush in and create an erection.



How does pelvic surgery and/or radiation therapy affect erections?

The nerves responsible for erections are closely connected to the prostate. Removing the prostate disrupts the signals from the brain, which can prevent erections. Many men undergo "nerve-sparing" procedures, if their anatomy allows, where these nerves are carefully separated from the prostate to improve the chances of recovering sexual function. However, even with this approach, men may experience temporary nerve "paralysis" for several months after surgery. While sensation isn't affected, erections are difficult to achieve immediately after surgery.



This presents a challenge because the tissue within the erection tubes needs consistent blood flow to stay healthy. Typically, this blood flow comes from the erections men have during sleep or upon waking. After pelvic surgery, these erections cease, and even if the nerves are spared, the lack of blood flow can cause scarring within the erectile tubes. This can lead to a loss of penile length and girth, and ultimately, poorer erectile function, even if the pelvic nerves eventually recover.

Radiation therapy to the prostate commonly leads to erectile dysfunction, but the onset and progression differ from other treatments like surgery. Radiation-induced erectile dysfunction typically develops gradually over months to years after treatment, with about 50% of patients experiencing ED within 3 to 5 years post-radiation. The effect of radiation on nerves and the blood vessels of the penis takes time but ultimately can cause a decline in erectile function. In men who have radiation, over time the x-rays can weaken the healthy, spongy erectile tissue (known as penile bulb) and cause erectile dysfunction. Rectal spacing may help reduce penile bulb. This contrasts with surgery, where ED often occurs immediately but may improve over time.

The penile rehabilitation component of the Thrive Beyond program aims to exercise and preserve the erectile tissue, maintaining its health as the pelvic nerves recover post-surgically and to optimize and focus on preservation of function with radiation therapy. This approach gives men the best chance to preserve their natural sexual function.

Does prostate removal affect ejaculation?

During climax, several processes occur simultaneously. Orgasm is the pleasurable sensation, while ejaculation is the pelvic contractions and expulsion of semen. Removing the prostate means orgasm is still pleasurable, and men will still experience pelvic contractions with climax however no fluid (*or much less fluid of a different consistency or small amount of urine*) will come out of the tip of the penis.

Sexual Activity During Radiation Therapy

You can be as sexually active as you like during radiation therapy. You will not spread cancer or spread radiation.

For men on Androgen Deprivation Therapy (ADT) who have zero sex drive, it's okay not to be interested in sex like you were in the past. We are helping you get ready for when your testosterone returns.

What is a Vacuum Erection Device (VED)?

A VED is an external pump used to help men achieve an erection and is important for penile rehabilitation after prostate removal.

How does it work?

The VED creates a seal and evacuates air from a cylinder, drawing blood into the penis' erectile tissues, which can induce an erection. Regular use of a VED after surgery helps maintain healthy erectile tissues while the nerves recover. It can also help reduce the loss of penile length and girth and minimize scarring within the erectile bodies.



What are the side effects of a VED?

VEDs are generally safe, but some men may experience bruising, which is usually mild. However, men on blood-thinning medication should use caution due to a higher risk of bruising. Some men may find the VED uncomfortable initially.

Which VED should I use?

There are various types and brands of VEDs, available as either manual or battery-powered pumps. While no specific type or brand is proven superior for penile rehabilitation, battery-powered devices are often preferred for their speed and ease of use.

At Urology Austin, we generally recommend the Obson Erecaid VED. It is an FDA approved device that has helped many men achieve good results. This can be purchased at www.erecaidpumps.com. Unfortunately, we cannot offer troubleshooting for every available device.

The Soma Therapy OTC Manual System by Augusta Medical Systems is a cost-effective, manually operated and battery powered option that can provide similar results if used consistently. For more information, visit www.augustams.com.

VEDs are typically not covered by insurance, but they can often be purchased with funds from a Health Savings Account (HSA). We can provide a prescription and letter of necessity. If this is needed, please contact Urology Austin at 512-788-9688 and ask our scheduling team to send route to your doctor's triage box with a request for a prescription and letter of necessity for a Vacuum Erection Device (VED).

What exercise schedule should I follow with my VED?

- Each device should come with its own user manual with detailed instructions. The Obson Erecaid VED device manual can be found on the Obson Erecaid VED webpage at www.erecaidpumps.com.

Frequency: Aim for this 10 to 15 minute exercise at least once daily for optimal results, or every other day if daily use isn't possible.

What if I can't use a VED?

For men who cannot use a VED, we recommend a penile traction device, which gently stretches the penis. These devices rarely cause bruising. We typically recommend the PeniMaster Pro with the rod extender system or the RestoreX traction device. The

PeniMaster Pro is available at www.penimaster.com, and the RestoreX device is available at www.restorex.com.

The PeniMaster Pro is often more cost-effective. Use the device for at least 30 minutes daily, following the detailed instructions provided with it.

When should I start my exercises?

We generally advise patients to purchase their VED or traction device and begin practicing exercises about 2 weeks before surgery to become comfortable with the device. After surgery, start exercises once your catheter is removed, unless you're experiencing significant urinary leakage. In that case, try to empty your bladder completely before starting and perform your first sessions lying down with your head and shoulders supported.

It's okay to delay exercises until the leakage improves, but we strongly recommend starting no later than 1 month after surgery or radiation. If you're still leaking slightly, you can use absorbent material at the end of the cylinder to absorb any urine (toilet paper, facial tissue, or cotton balls work well). This prevents urine from being drawn into the pump mechanism, which could damage it.

What is tadalafil (Cialis)?

Tadalafil (generic for Cialis) is a phosphodiesterase inhibitor, a medication that can help men with mild erectile dysfunction by increasing blood flow to the penis. In penile rehabilitation, the daily dose of tadalafil helps promote blood flow to the erectile tissues, reducing scarring and shrinkage as the pelvic nerves recover. Take it every day, before and after surgery/radiation, regardless of planned sexual activity.

Tadalafil is generally safe but should *not* be taken by men using nitrate medications, as this can cause a dangerous drop in blood pressure. Examples of nitrates include nitroglycerine tablets, isosorbide mononitrate, and nitroglycerine patches. If you're unsure, please call our office at 512-788-9688 and ask to speak with your doctor's triage team so you can review your medications before starting tadalafil.

Your pharmacy may require a "prior authorization" before filling your prescription. Our office does not submit these authorizations. If required, we recommend you use the "GoodRx" smartphone app (www.goodrx.com) for a coupon to obtain an affordable cash price. Your pharmacy can assist you with this.

Like the VED, it's recommended to start taking daily tadalafil about 2 weeks before surgery or radiation.

What about L-citrulline?

L-citrulline is an over-the-counter dietary supplement that, similar to tadalafil, can increase pro-erectile signals in the penis through a different mechanism.

We recommend 1500 mg twice daily, starting about 2 weeks before surgery or radiation. While we don't recommend a specific brand, L-citrulline is widely available in health food stores and online (e.g., Amazon).

As with tadalafil, men taking nitrate medications should not take L-citrulline, as it may cause a dangerous decrease in blood pressure.

Section 2: Bladder and Urine Control Preservation

How does bladder control work, and how does prostate surgery/radiation affect it?

Bladder control (continence) is the ability to hold urine without leaking, primarily controlled by the urinary sphincter, a muscle that wraps around the urethra and squeezes it shut. The sphincter is close to the prostate and can be stressed during prostate removal.

Additionally, the prostate itself aids in urine control. Therefore, most men experience some degree of leakage after prostate removal as the sphincter recovers and adapts to controlling urine flow without the prostate. After radiation therapy, the sphincter complex is rarely affected in the short term; however, after several years, radiation may cause weakening or thickening of the sphincter muscles such that they no longer work effectively, and this may also lead to leakage.

How can we promote early recovery of bladder and urine control?

The sphincter is a muscle that strengthens with regular exercise. Kegel exercises are ideal for improving urine control. Here's a step-by-step guide:

1. **Locate your pelvic muscles:** Imagine you're trying to avoid passing gas or stop your urine stream mid-flow. You should feel the contraction in the back of your pelvic area.
2. **Choose your position:** Start by lying on your back until you get the hang of the contraction, then practice sitting and standing.
3. Work on contracting while relaxing your other muscles. Contract your pelvic floor muscles for 3-5 seconds. Relax for 3-5 seconds. Repeat the contract/relax cycle 10 times. Don't contract your abdominal, leg, or buttock muscles, or lift your pelvis. Place a hand gently on your belly to detect unwanted abdominal action.

4. Extend the time. Gradually increase the length of contractions and relaxations. Work your way up to 10-second contractions and relaxations.
5. Aim high. Try to do at least 30 to 40 Kegel exercises every day. Spreading them throughout the day is better than doing them all at once. Since these are stealth exercises that nobody notices except you, try to sneak in a few when waiting at a stoplight, riding an elevator, or standing in a grocery line.
6. Diversify. Practice short, 2 to 3 second contractions and releases (sometimes called “quick flicks”) as well as longer ones.
7. Kegel exercises in an emergency. After surgery, if you leak urine when you cough, sneeze, laugh, bend over or lift something heavy (known as stress incontinence), doing one or more Kegels before a ‘trigger’ may be enough to prevent any leakage. If you have the urge to urinate and doubt you are going to make it to the toilet, doing Kegels may get you safely to a restroom.

As with the daily tadalafil, we recommend that men start practicing their Kegel exercises as soon as 2 weeks prior to surgery and resume them once more after their catheter has been removed.

Program Step 2: Reconnect: With Confidence

This handout covers **Step 2** of the Thrive Beyond - Urologic Wellness program at Urology Austin, explaining options for men to regain their quality of life while still recovering from pelvic surgery or radiation therapy. Information is presented in a question-and-answer format and divided into two sections, similar to Step 1. These therapies are optional and supplement the preservation exercises in the first handout. This step focuses on enhancing performance immediately after treatment.

Erectile Performance

What options do I have if I want to perform sexually while my nerves are still recovering?

As mentioned in the Step 1 handout, even with nerve-sparing procedures, it may take weeks or months for nerves to “wake up” and allow sexual function. While Step 1's exercises and therapies preserve erectile tissue during nerve recovery, this handout provides options for men seeking functional erections for sexual intimacy during this

period. Options for achieving erections during pelvic nerve recovery include: 1) as-needed oral sildenafil (Viagra), 2) intracavernosal injections, and 3) vacuum erection device with a constriction band.

What is the medication sildenafil (also known as Viagra)?

Similar to the daily tadalafil in Step 1, sildenafil is a phosphodiesterase inhibitor. It can be taken with daily tadalafil to increase blood flow to erectile tissue. Combined with sexual stimulation, this "booster" dose of sildenafil may help some men achieve erections before their nerves fully recover (though some nerve function is necessary). It's the easiest of the three options and is often prescribed pre-treatment.



What dose should I take?

Our office typically prescribes the 100 mg dose, which is cost-effective and can be divided. We recommend starting with half a tablet (50 mg) about 1 hour before sexual activity on an empty stomach. If ineffective, the dose can be increased to 100 mg the following night.

Like tadalafil, a "prior authorization" may be required by the pharmacy. Our office does not submit prior authorizations. In this case, we recommend using the GoodRx app (www.goodrx.com) to research the potential of an affordable cash price.

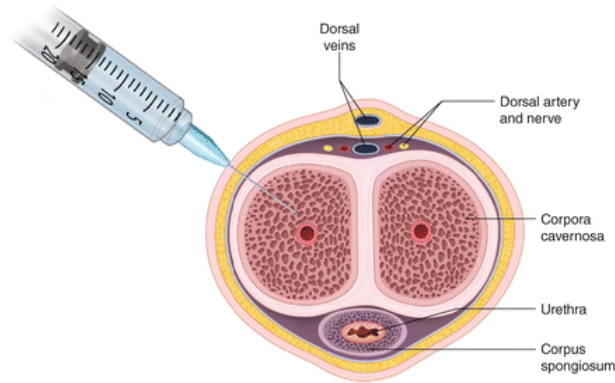
Sildenafil 50mg or 100mg may be taken on the same day that you are taking your daily 5mg dose of tadalafil (Cialis). Consider the sildenafil as your on-demand, "extra blood flow" rescue drug and the tadalafil as your daily vitamin for your penis.

Does sildenafil have any side effects?

Like daily tadalafil, as-needed sildenafil is very safe but should not be taken with nitrate-containing medications (e.g., nitroglycerin tablets, isosorbide mononitrate, nitroglycerin patches). If unsure about medications, please call our office at 512-788-9688 and ask to speak with your doctor's triage team to review your medications before starting sildenafil. Sildenafil may cause headaches at higher doses and a blue "shimmer" around lights. These side effects are temporary and lessen with time. If bothersome, a lower dose is recommended.

What are intracavernosal injections?

Intracavernosal injections help men achieve erections suitable for sex if as-needed sildenafil is ineffective. If you would like to make an appointment to learn more, please contact Urology Austin at 512-788-9688.



How do intracavernosal injections work?

These injections contain medications similar to oral tadalafil and sildenafil but at much higher potency. Unlike as-needed sildenafil, they don't require pelvic nerve function to work. Thus, they can be effective for men desiring sexual intimacy while recovering from prostate removal or radiation therapy. Intracavernosal injections have various formulations with names like Bimix, Trimix, and Quadmix. Though usually not covered by insurance, they are typically affordable from compounding pharmacies. While intracavernosal injections may be needed immediately after prostate removal, they won't cause dependence, and natural erections often return over time. Injections can enable earlier resumption of sexual activity if oral sildenafil is insufficient. However, injections do not replace regular VED use, daily tadalafil, and L-citrulline supplementation, which remain crucial for penile rehabilitation. Injections should not be performed on the same day you have taken an on-demand sildenafil 50mg or 100mg dose but may be used on the same day as your daily tadalafil 5mg dose.

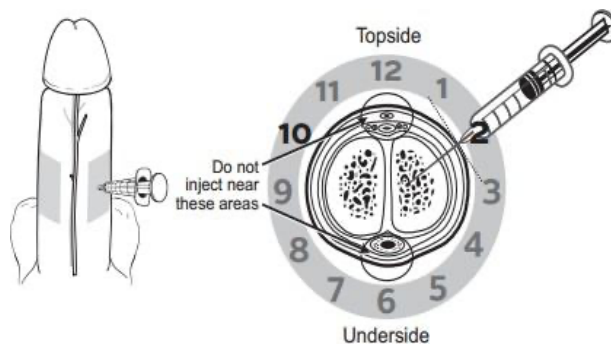
What are the side effects of intracavernosal injections?

Intracavernosal injections are generally safe, but potential side effects should be understood. Some men experience slight burning during injection, which varies with the medication and may last several minutes. Injections should be given along the side of the penile shaft, avoiding the 6 o'clock position (urethra) and 12 o'clock position (nerves to the head of the penis). Detailed injection instructions are provided below. Occasionally, injections can cause a prolonged, painful erection (priapism). Though uncommon, this is

defined as an erection lasting over 4 hours and requires emergency medical attention. We advise seeking care well before the 4-hour mark.

For an erection lasting 1 hour, 120 mg of over-the-counter pseudoephedrine (Sudafed) should be taken. Men starting injection therapy should have this medication on hand. If the erection doesn't resolve within 30 minutes (1.5 hours), urgent medical assistance is recommended. During business hours, men should call Urology Austin at 512-788-9688 and request to speak with your doctor's triage team about this specific medical concern. If this concern arises after hours, go to the nearest emergency room.

How should I perform the injections?



1. The injection should be given into the penile shaft at the 2 o'clock or 10 o'clock position, avoiding the top (12 o'clock) or bottom (6 o'clock). Inject in the mid-shaft, away from the head of the penis.
2. Prepare the medication as directed (some pharmacies require mixing sterile water with medication powder, while others pre-mix it).
3. Use the provided needle and syringe to draw up the prescribed dose and replace the needle cap.
4. Grasp the head of the penis, not the skin. If uncircumcised, pull back the foreskin before grasping the head.
5. Locate the injection area and wipe it with an alcohol swab.
6. Remove the needle cap and double-check the syringe to ensure the correct dose and that no medication has been accidentally pushed out. Hold the syringe like a pen or dart. Do not place your finger or thumb on the plunger until the needle is fully inserted.
7. Grasp the head of your penis again with your thumb at the 12 o'clock position and pull it straight out. Keep tension on your penis and avoid twisting it.

8. Touch the needle to the skin and gently slide it into the shaft of your penis, avoiding any veins.
9. Insert the needle at a slight angle and push it all the way in.
10. Push down on the plunger to inject the medication into the shaft of your penis. Be careful not to pull the syringe out while injecting.
11. Remove the needle after injecting all the medication. Pull it straight out without twisting or jerking to minimize bruising. Apply pressure to the injection site for 1 to 2 minutes with your thumb and index finger. If you take blood thinners or aspirin, you may need to hold longer.
12. Place the syringe in a sharps container or a plastic laundry detergent container for safe disposal at most major pharmacies.
13. Alternate injection sides with each injection.
14. If there are any concerns regarding the above steps, some men prefer in office teaching for their first injection. Please reach out to your physician's team who is helping you navigate the post-prostate cancer recovery period to schedule a teaching session.

What if my dose isn't effective?

For Bimix, Trimix, or Quadmix, the dose may be increased by 0.1 cc or 10 units (depending on the syringe) to achieve the desired effect (an erection lasting no longer than one hour). Do not perform more than one injection every 48 hours, and never use more than one full syringe (100 units or 1.0 cc). Exceeding these limits significantly increases the risk of priapism (prolonged, painful erection). Never use injection therapy with sildenafil.

Can you give me some final pointers on intracavernosal injection therapy?

- Do not perform more than one injection at a time, waiting at least 48 hours between injections.
- Purchase over-the-counter pseudoephedrine (Sudafed) before starting injection therapy.
- For an erection lasting longer than one hour, take 120 mg of oral pseudoephedrine. If the erection persists for 30 minutes (1.5 hours), urgent medical assistance is recommended. During business hours, men should call Urology Austin at 512-788-9688 and request to speak with your doctor's triage team about this specific

medical concern. If this concern arises after hours, go to the nearest emergency room.

- Keep medication refrigerated and note the expiration date.

What about using the Vacuum Erection Device, or VED?

While primarily for daily penile exercise, the VED can be used for sexual activity with a constriction band. This band, typically included with the device, traps blood in the penis when applied to the base of the shaft. Band usage instructions vary by VED, but the constriction band should only be used for a maximum of 30 minutes at a time due to restricted blood flow. Do not combine the use of injection therapy as described above with a VED. You may combine the use of a VED with on-demand sildenafil.

Bladder and Urine Control Performance

What can I do to help control my bladder beyond Kegels alone?

As mentioned in Part 1, Kegel exercises effectively strengthen pelvic muscles and improve early urine control. For motivated men still experiencing leakage at their first follow-up, we often suggest pelvic floor physical therapy, which offers advanced pelvic exercises for even greater urine stream control. A referral to our pelvic floor program has likely already been made before your surgery / radiation, however if still struggling with leakage, post-treatment pelvic floor physical therapy is HIGHLY recommended.

Conclusion

This concludes Step 2 ("Reconnect: With Confidence") of the Thrive Beyond - Urologic Wellness program! This step supports men seeking to maximize performance during the immediate post-surgery recovery process. For more information on Step 1 (Protect: Your Foundation) and Step 3 (Thrive: In Your Future) of the Thrive Beyond program, please refer to those handouts or visit our website. If you would like to make an appointment, please contact Urology Austin at 512-788-9688.

Program Step 3: Thrive: In Your Future

This handout covers the final step of the Thrive Beyond - Urologic Wellness program, discussing solutions to restore quality of life after the recovery period following pelvic surgery or radiation. While many men regain complete sexual and urinary function with the exercises and therapies in Steps 1 and 2, some may need extra help, and that's okay. This step helps men learn about these solutions as they continue their recovery. Our goal is for every man in the Thrive Beyond program to achieve the quality of life they deserve.

Section 1: Erectile Restoration

How do I know when my recovery period is complete?

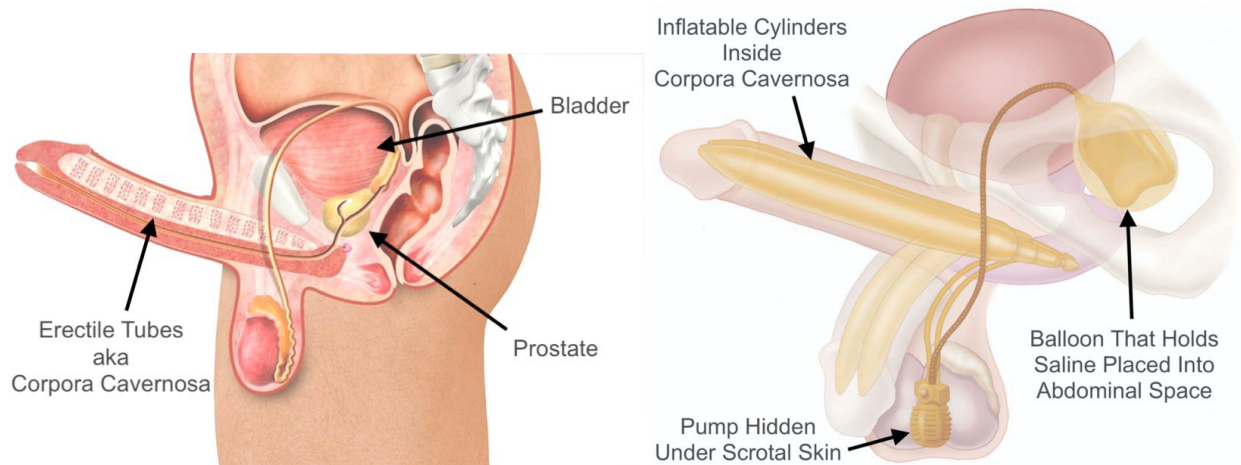
This is an important question. The length of recovery after pelvic surgery or radiation is unique to each man and depends on several factors, including sexual and urinary/bladder function. For sexual function, recovery depends on pre-operative erectile function, other conditions like diabetes and hypertension, and the man's anatomy at the time of surgery. Deciding when recovery is "complete" and to pursue long-term improvements is a personal decision made in discussion with each man and his healthcare provider. Penile duplex ultrasound testing can be beneficial. Men with good blood flow into the penis shortly after surgery may benefit from more recovery time, while those with too much blood flow out (venous leak) typically benefit from earlier intervention. During our post-prostate cancer treatment recovery pathway, we track each man's progress starting three months after treatment and develop a custom plan based on their function, recovery rate, and goals.

What options are available to restore my erectile function?

Fortunately, many options from Steps 1 and 2 of the Thrive Beyond program can also be used to achieve erections after recovery is complete. Men with some nerve function may use as-needed sildenafil with daily tadalafil, while others can use injection therapy or a vacuum erection device with a constriction band. However, these options can have drawbacks, such as irritation from injection therapy and a lack of spontaneity with injections and VEDs. For men seeking a definitive solution for erectile dysfunction, we offer the penile implant.

What is the penile implant?

The penile implant is a safe, discreet, and reliable treatment for erectile dysfunction, placed through a minimally invasive outpatient procedure. To understand it, it's helpful to



know how erections work. As mentioned in Step 1, an erection results from two inflatable tubes (corpora cavernosa) in the penis filling with blood. The implant reinforces these tubes by placing new inflatable tubes inside them. A small pump hidden in the scrotum fills these cylinders with saline, creating a firm, rigid, and reliable erection whenever desired, lasting as long as wanted. A button press returns the penis to its resting state. The device is placed through a small incision (1.25 inches) above the penis, and men typically go home the same day and can resume sexual activity in about 4-6 weeks.

Does the penile implant affect sensation or orgasm?

No. Men often think of erections, sensation, orgasm (pleasurable feeling at climax), and ejaculation (fluid release) as the same, but they are separate parts of the sexual experience. Think of them as "different lanes on the same highway." While ejaculation is affected by prostate removal, sensation and orgasm remain. The penile implant restores erections without negatively affecting sensation or orgasm. Many men report better orgasm control with the confidence of a reliable erection that can last as long as they want.

Am I a candidate for the penile implant? Is it covered by insurance?

Any man whose erectile function is not satisfactory and who can tolerate brief outpatient anesthesia is a candidate. The implant can treat erectile dysfunction, including in men with nerve damage from surgery or venous leak. It's considered a functional surgery to restore natural capability, like a knee replacement, not a cosmetic procedure. Therefore, Medicare and many commercial insurance companies cover it. Our office verifies insurance coverage before proceeding, and we offer cash options if insurance doesn't cover it. While our goal is for men to regain erectile function with Steps 1 and 2, the penile implant provides security and hope for those undergoing or recovering from pelvic surgery. Even if

natural erectile function doesn't fully return, a lasting and reliable solution is available with minimal downtime.

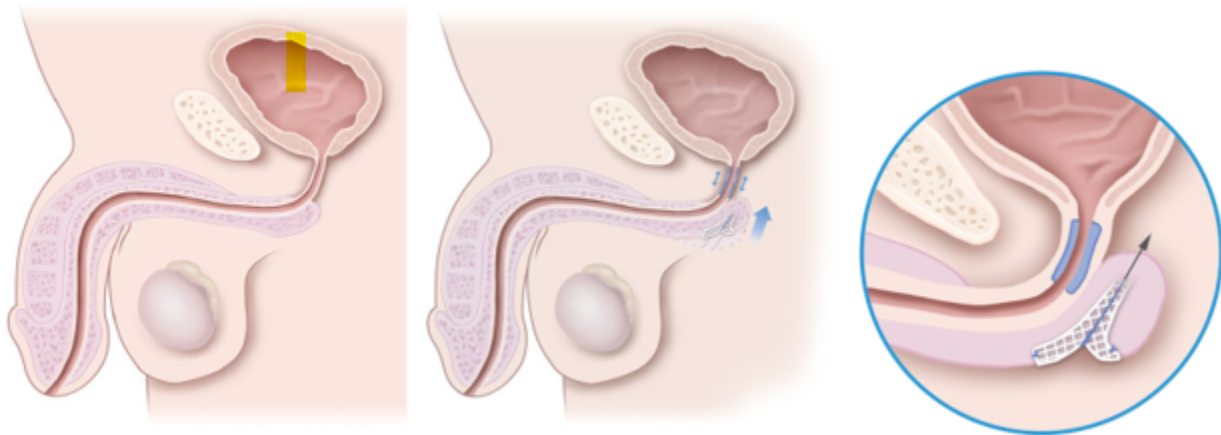
Section 2: Urinary/Bladder Control Restoration

What options are available to restore my urinary and bladder control?

Most men regain urine control over time with pelvic exercises, but any persistent leakage can be bothersome. Coping mechanisms like adult diapers or pads should not be considered long-term solutions. Fortunately, men have two effective and long-lasting options: the male sling and the artificial urinary sphincter (AUS).

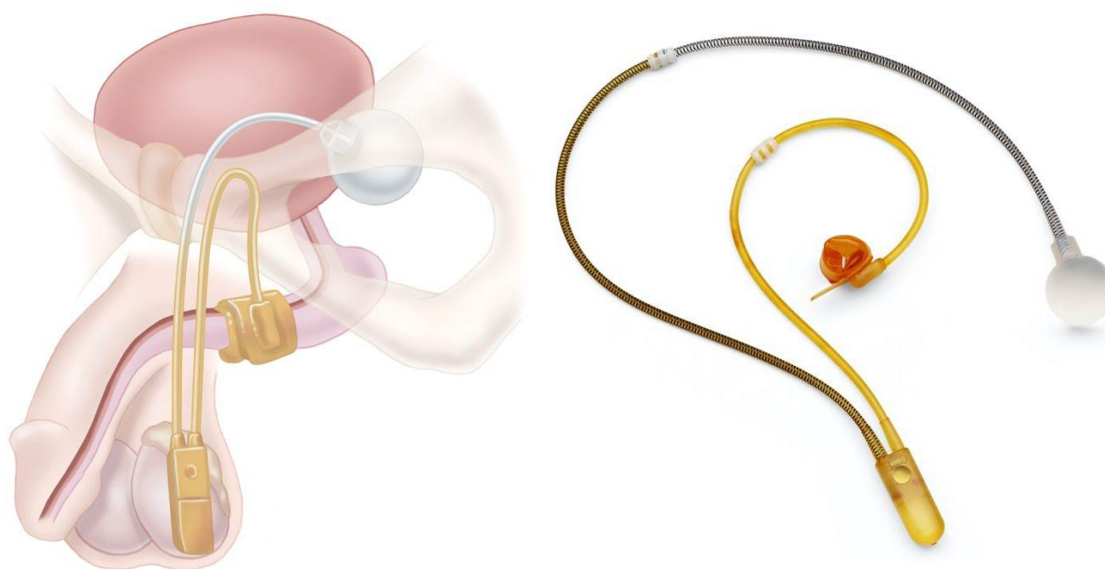
What is a male sling?

The male sling is a thin mesh that elevates and compresses the urethra (the tube urine passes through). This provides extra support to the natural sphincter, improving urine control even if the sphincter muscle is weakened. It's placed through a small incision behind the scrotum in a minimally invasive, same-day procedure. The male sling is best suited for men with mild to moderate urinary leakage who can still start and stop their urine stream. It's also a good option for men experiencing climacturia (urine leakage with orgasm) after prostate removal.



What is an artificial urinary sphincter (AUS)?

The artificial urinary sphincter (AUS) is an implanted device that mimics the function of a natural sphincter muscle. A small balloon wraps around the urethra, gently squeezing it shut to prevent leakage. When the bladder is full, the man activates a small button under the scrotal skin, which relaxes the sphincter and allows normal urination. Like the male sling, the AUS is placed in a minimally invasive, same-day outpatient procedure.



If I need extra help controlling my bladder and urine stream, should I choose a male sling or an artificial urinary sphincter?

Both the male sling and the AUS are excellent options, and the choice depends on the type and severity of urinary leakage. The male sling is typically best for men with mild to moderate leakage who can start and stop their stream, don't leak at night, and haven't had radiation. The AUS is generally better for men with more severe leakage, leakage at night, and those who have received radiation. Neither option is "better" or "best"; they are designed for different patient needs.

Conclusion

This concludes Step 3 (Thrive: In Your Future) of the Thrive Beyond - Urologic Wellness program. Our goal with Step 3 is to offer men hope for a satisfying quality of life! While our primary aim is for men to regain natural erectile and urinary/bladder control through the exercises and therapies in Steps 1 and 2, we want them to know that we can still help them achieve their goals even if they don't fully recover on their own.

For electronic versions of these handouts, please visit
<https://urologyaustin.com/male-urology/prostate-cancer/>

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512-788-9688.