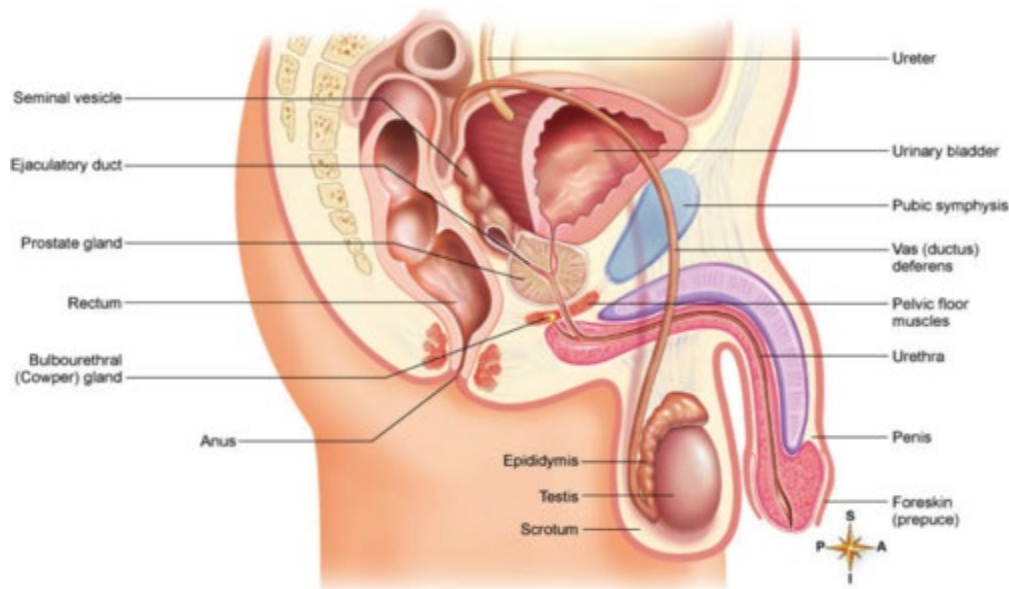




Kegel Exercises



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“Kegel” exercises, or pelvic floor muscle exercises, are commonly recommended for men and women who leak urine because they assist in controlling urine flow.

It has been shown through research that exercising the pelvic floor *before* a prostatectomy is can help speed up the recovery and reduce urinary leakage after surgery. **We recommend that you visit with a pelvic floor therapist before your surgery to help**

- Determine if you are using the muscles **correctly** (it’s common that men will do these exercises incorrectly without proper training)
- Design a pelvic floor exercise program **specific to you** that addresses coordination, control, timing and strength
- Assist you in getting back to your pre surgery activities

On the next page, there is a “Basic Kegel Exercise Program” that can help you get started.

***If you need help with purchasing/paying for incontinence underwear or pads you may qualify for financial assistance. Please contact Claudia Campos Galvan at 202-994-2039 or claudiac1@gwu.edu**

Basic Kegel Exercise Program

Getting started:

- You can be in sitting, lying down or standing for these exercises, some find it easiest to begin lying down
- Breathe normally when doing the exercises
- **Imaging you are shortening the penis, like retracting a turtle head back into its shell**
- You can also imagine stopping the flow of urine quickly

If you are doing the exercise correctly, your penis will pull up and in a little. You may find it helpful to stand in front of a mirror. Once you feel confident you have activated the correct muscles, you can follow this general program. **A visit with a rehab specialist will ensure that you are doing the exercises correctly and will tailor the program below to fit your needs.**

Aim to do the exercises 2 times/day, once in sitting or lying down, and once in standing.

Week 1. Focus on precision

Breathe normally and try to relax the abdomen.

1. Gradually and slowly contract the muscles (shorten the penis) on a count of 4-5, then release the muscles on a count of 4-5. Relax 3-4 seconds between the contractions. Do 10 – 15 repetitions
2. Do 10 quick contractions and quick relaxations

Week 2. Focus on control and endurance

1. Gradually and slowly contract the muscles (shorten the penis) on a count of 4-5, hold 3 to 5 seconds, then release the muscles on a count of 4-5. Relax 3-4 seconds between the contractions. Do 10 – 15 repetitions
2. Do a quick contraction and hold 2-3 seconds, then a quick relaxation. Do 10 repetitions.
3. Start to practice a quick contraction and hold before and during you cough and when you go from sitting to standing.

Week 3 & 4. Focus on increased endurance and strength

1. Continue with a quick contraction and hold before coughing, sneezing, lifting, sit to stand and getting in/out of bed
2. Gradually contract your muscles maximally and hold 5-8 seconds before releasing. Relax 3-4 seconds between the contractions. Do 10 repetitions.
3. Continue with the quick contractions as in week 2.

Erection Recovery Program: “Penile Rehabilitation”

- Sexual Function Recovery is an important aspect of healing from prostate cancer surgery
- Not only do we focus on curing the cancer, but we also want to preserve erectile function if possible
- There are some instances where we are limited by the location/extent of the cancer, but we aim to spare the neurovascular bundle (“nerves”) on each side of the prostate as long as it is safe
- Recovery takes time, sometimes up to 12-24mos, and this depends on your age, preoperative erection strength, and ability to spare the nerves surgically
- The reason for the temporary erectile dysfunction is from disruption of the “nerve signals” that travel from the spinal cord to the penis. Although we aim to spare these nerves, the manipulation of them to move them out of the way disrupts these nerve signals temporarily
- Libido and ability to orgasm are not affected in the longterm, but after surgery there will be a “dry ejaculation” without any fluid produced.
- **If you would like to setup a consultation with a dedicated physician sexual health specialist prior to your surgery to discuss postoperative function or the rehab program, please contact the office of Dr. Robert Dean: 202-677-6961**
- Our **“Penile Rehabilitation” Program** consists of several components:
 1. Medications
 - You will be given a prescription for Tadalafil (generic Cialis) or Sildenafil (generic Viagra) once daily to begin right after surgery. This prescription will be given to you either in the hospital or at your first post-operative visit
 - These medications are usually very well tolerated, especially since it is a low dose. Side effects can be headache, facial flushing, heart burn, or muscle aches.
 - *If you have chest pain or difficulty breathing with these medications, or a painful or prolonged erection, you should contact your doctor*
 - At 4-6 weeks after surgery, you may start to do a “Max Dose Challenge,” which means taking an additional medication (i.e. higher dose Tadalafil or Sildenafil) three times per week or 1hr prior to sexual activity, in addition to the daily low dose. It helps to avoid alcohol and large meals when taking the pills like this.
 - Some supplements have been investigated but their effectiveness is not as well-proven. These may be purchased at a Health Store (i.e. GNC)
 - L-citrulline 800mg per day along with transresveratrol 300mg per day (per Shirai et al., Sexual Medicine, 2018).
 2. Vacuum Erection Device (VED)
 - At about 4-6 weeks post-op, you will be encouraged to use a Vacuum Erection Device as part of the “Rehab” program
 - This device uses negative pressure to fill the penis with blood and oxygen. It stretches the penis lengthwise and circumferentially to prevent scar tissue from

forming that can result in penile shortening or worsen erectile function recovery later

- This is a plastic cylinder that uses negative pressure to draw blood into the penis. There is an elastic constriction band that you then place at the base of the penis to “Trap” the blood (***please note: you must never fall asleep with the band on!***)
- The constriction band should be left in place for about 20 minutes and then released. This process may be repeated 3-4 times per week.
- For more information please visit:
 - <https://www.urologyhealthstore.com/>
 - <https://www.vitalitymedical.com/encore.html>
 - *The above are a few suggestions, but you may use any product that you find to be reliable*

3. Penile Injection Therapy

- At about 4-6 weeks post-op, you have the option of learning to perform self-injections into the penis using a tiny insulin-type needle
- Although this may sound extreme, it can be learned and our office staff will spend considerable time to make sure you are educated and comfortable administering the medications
- The injections may also be used as part of the “Rehab” program even if you are not engaging in sexual activity with your partner, i.e. to promote blood/oxygen flow to the penis and reduce scar tissue formation/penile shortening
- Although invasive, this approach is the most potent and direct method to restore sexual function until the nerve signals regenerate
- Typically, penile injection therapy will be overseen by our sexual health specialist, Dr. Robert Dean, whose office may be reached at 202-677-6961
- Consultation with Dr. Dean may be a question/answer session, rather than committing to the therapy. So, if you are at all interested in learning more about this, you may reach out to his office to schedule an appointment either before or after your surgery