

Cancer to Continence

Pelvic Floor Rehab after Prostate Surgery

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Prostate: Walnut sized
structure that contains
most of the male
urethra



Key Facts

- Average age of a man diagnosed with prostate cancer is 66y/o
- The risk of developing prostate cancer is 74% higher in African American men than in non-Hispanic Caucasian men
- Most common cancer in men
 - ◆ *1 in 8 men will be diagnosed with prostate cancer during their lifetime.*
- Survival rates are high with early detection
 - ◆ Nearly 100% 5-year survival when localized; drops significantly when cancer spreads.

Common Surgical Procedures

- **Radical Prostatectomy** (open, laparoscopic, or robotic-assisted)
- **Pelvic Lymph Node Dissection**
- **Radiation Therapy**

Common Complications

- Urinary Incontinence
 - ◆ Stress incontinence due to sphincter damage
 - ◆ Urge incontinence from bladder irritation or detrusor overactivity
- Erectile Dysfunction
 - ◆ Nerve damage (neurovascular bundle disruption)
 - ◆ Muscle tension or atrophy in the pelvic floor
- Pelvic Pain & Myofascial Dysfunction
 - ◆ Postural changes, scar tissue, and protective guarding
 - ◆ Chronic pelvic floor muscle hypertonicity
- Bowel Dysfunction

Role of Pelvic Floor Physical Therapy in Recovery

- **Improving Urinary Continence**
 - ◆ Strengthening pelvic floor muscles (esp. external urethral sphincter)
 - ◆ Coordinating muscle activation and relaxation
 - ◆ Addressing urgency and bladder control techniques
- **Supporting Erectile Function**
 - ◆ Enhancing pelvic floor muscle tone and blood flow
 - ◆ Reducing muscular tension and pelvic congestion
 - ◆ Educating on neuromuscular re-education for arousal pathways

Role of Pelvic Floor Physical Therapy in Recovery

- **Managing Pelvic Pain & Scar Tissue**
 - ◆ Myofascial release and trigger point therapy
 - ◆ Desensitization techniques and manual therapy
 - ◆ Postural correction and mobility exercises
- **Promoting Bowel Health (if affected)**
 - ◆ Biofeedback for coordination
 - ◆ Straining reduction techniques
 - ◆ Pelvic floor relaxation training

Recovery

- **Phase 1: Early Post-Op (0–6 weeks)**
- **Goals:** Reduce inflammation, initiate awareness
- Gentle pelvic floor contractions (no straining)
- Diaphragmatic breathing
- Postural re-education
- Scar mobilization (when appropriate)
- Activity modification guidance
- **Strengthening & Control (6–12 weeks+)**
- **Goals:** Improve continence, restore function
- Isolated pelvic floor muscle strengthening (Kegels)
- Biofeedback or EMG-assisted training
- Bladder retraining strategies
- Coordination with core, glutes, and hip stabilizers
- Education on fluid intake, bladder irritants

Recovery

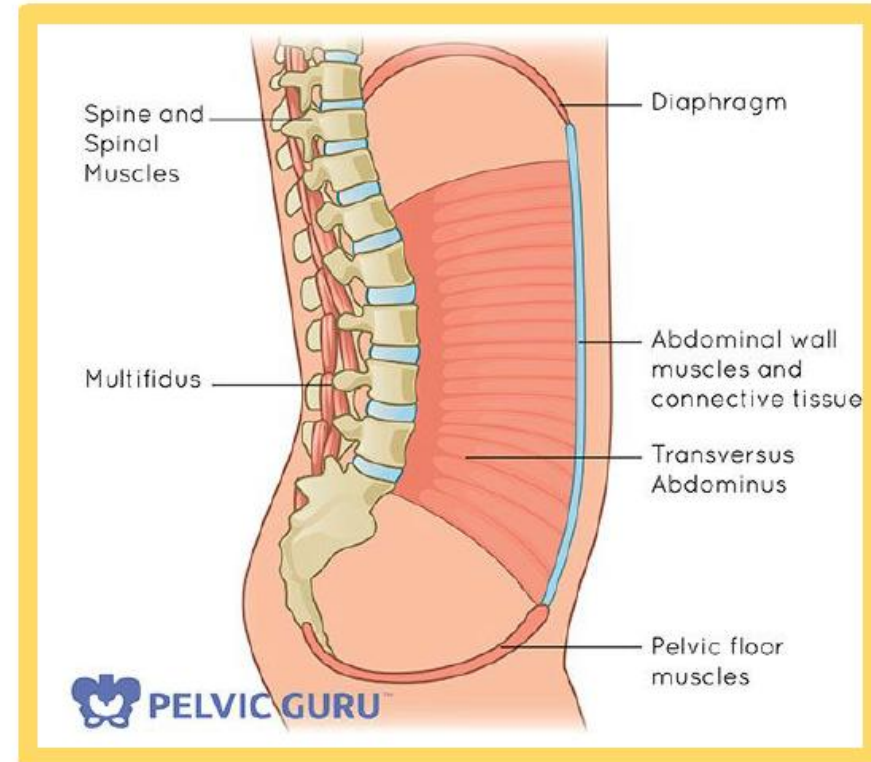
- **Phase 3: Return to Function (3+ months)**
- **Goals:** Full functional recovery
- Functional movement training (lifting, coughing, squatting)
- Aerobic & resistance exercise integration
- Sexual function rehab if indicated
- Lifestyle strategies to prevent recurrence

Pelvic Floor

- The pelvic floor muscles span the entire base of the pelvis from the pubic bone to the coccyx and between both sit bones. They play an important role in bowel, bladder, and sexual function as well as supporting the internal organs. It is important that the pelvic floor be able to contract AND relax for all of these systems to function optimally
- Tightness in the pelvic floor can contribute to pelvic and abdominal pain, sexual dysfunction, bowel dysfunction and urinary dysfunction.

The Core Canister

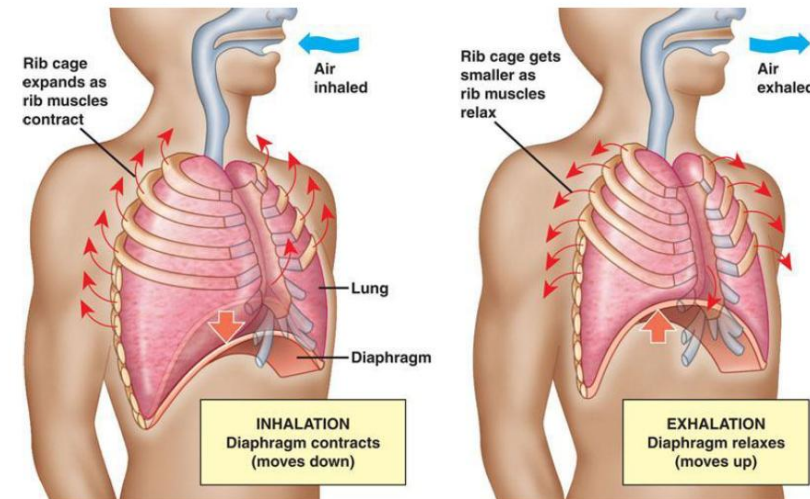
- ❑ **Roof-** Respiratory Diaphragm
- ❑ **Anterior wall-**
 - ❑ Superficial rectus abdominis and oblique muscles
 - ❑ Deep- transverse abdominis ms.
- ❑ **Posterior wall-** Multifidus, QL, Erector Spinae muscles
- ❑ **Floor-** Pelvic floor muscles



Pelvic Floor Exercises for Men Post-Prostatectomy

- **Diaphragmatic Breathing**
Goal: Relax pelvic floor and reduce tension
- Lie on your back or sit upright
- Inhale deeply through your nose, expanding your belly
- Exhale slowly through your mouth
- Repeat for 2–3 minutes, 2–3x/day

Diaphragmatic Breathing



Pelvic Floor Exercises for Men Post-Prostatectomy

Core Interventions

- ❑ Abdominal Drawing in Maneuver
 - ❑ The abdominal drawing-in maneuver was more effective at activating the transversus abdominis than general core stabilization techniques (Chon 2010).
- ❑ Posterior pelvic tilts
 - ❑ Lower rectus abdominis engagement (Gomirato et al, 2023)



Pelvic Floor Exercises for Men Post-Prostatectomy

- **Quick Flicks**

Goal: Build fast-twitch muscle response for leakage control

- Contract and relax pelvic floor rapidly
- 10 reps, rest, then repeat
- Do 2–3 sets/day

- *Integrate pelvic floor with core and glutes*
- Lie on your back with knees bent
- Squeeze pelvic floor, then lift hips
- Hold for 5–10 seconds, lower slowly
- Repeat 10 reps

Summary

- **Early referral** to pelvic floor physical therapy leads to better outcomes
- Encourage **multidisciplinary collaboration** (urology, oncology, PT)
- **Patient education** is critical empower men to speak up about symptoms

Summary

Prostate cancer treatment often leads to **pelvic floor dysfunction** like

- Urinary incontinence
- Erectile dysfunction
- Pelvic pain or muscle tension
- These complications are **common, not permanent** and **highly treatable**.



Thank you

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Resources

- **American Cancer Society.**
Key Statistics for Prostate Cancer.
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- **National Cancer Institute (SEER Program).**
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- Resnick MJ, Koyama T, Fan KH, et al.
Long-term functional outcomes after treatment for localized prostate cancer.
New England Journal of Medicine. 2013;368(5):436–445.
doi:10.1056/NEJMoa1209978
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Q&A
