

After Treatment for Prostate Cancer: Managing Side Effects

Some men who receive [treatment for prostate cancer](#) [1] experience one or more side effects depending on the type of treatment they receive, including incontinence (the inability to control urination), bowel problems, impotence (the inability to get an erection), infertility (the inability to father a child), hormonal changes, and chemotherapy-related side effects. However, some men have few side effects or none at all. The specific side effects you may experience depend on a variety of factors, including the cancer's location, your individual treatment plan, and your overall health.

Talk with your doctor to learn more about your risk of side effects before starting treatment, and let your doctor know which side effects you experience once treatment begins. Although you may feel embarrassed talking about some of these topics, the information you provide will allow the doctor to help relieve any side effects you may be experiencing. This is called symptom management, palliative care, or supportive care—an important part of cancer care.

Incontinence

[Incontinence](#) [2] is a common side effect of surgery to remove the prostate and radiation therapy. This side effect may be short term (temporary) or long term (permanent).

There are four types of incontinence:

Stress incontinence. Men with this type leak urine when they cough, laugh, sneeze, or exercise. This is the most common type of incontinence after prostate surgery.

Overflow incontinence. Men with this type take a long time to urinate and have a dribbling stream of urine.

Urge incontinence. Men with this type have a sudden need to urinate.

Continuous incontinence. Men with this rare type lose all ability to control their urine.

If you have incontinence, the following tips may help you manage it:

- Limit the amount of coffee and alcohol you drink.
- Urinate before bedtime and before strenuous activity.
- Practice Kegel exercises, which tone the muscles that hold urine. To perform these exercises, contract (tighten or clench) the muscles in your pelvis like you do when you try to stop the flow of urine or avoid passing gas. During the contraction, keep the muscles in your abdomen, buttocks, and thighs relaxed. If you are having trouble, tell your doctor, and ask whether biofeedback (the use of sensors to measure muscle movement) or electrical stimulation may help strengthen those muscles.
- Talk with your doctor about medications such as oxybutynin (Ditropan) and tolterodine (Detrol) that may help with stress incontinence or urge incontinence.
- Talk with your doctor or urologist (doctor specializing in the urinary tract) about potential procedures that can be performed to help improve urinary incontinence.
- Wear an absorbent pad inside your underwear to control leakage. These pads are available at your local grocery store or drugstore.

If you have permanent incontinence, other treatment options include surgery to implant an artificial urinary sphincter (a valve that controls the flow of urine from the bladder) or having a series of collagen injections (shots) to help narrow the bladder neck and reduce leakage.

Talk with your doctor if your incontinence does not improve.

Learn more about side effects of [surgery](#) [3] and [radiation therapy](#) [4].

Bowel problems

Some men with prostate cancer who receive radiation treatment may have bowel problems during and after treatment. These problems are more commonly caused by external beam radiation (radiation given from a machine outside the body) than by internal radiation therapy (radiation given by implanting tiny "seeds" directly into the prostate gland), also known as brachytherapy.

Possible bowel problems include:

- Diarrhea (frequent and watery bowel movements)

- Gas
- Loss of control of bowel movements
- Bleeding (visible or invisible) with bowel movements

Many men are able to manage bowel problems by taking over-the-counter medications. Most of these problems go away over time. However, in some cases, normal bowel function does not return after treatment ends. Talk with your doctor about any bowel problems you experience.

Impotence

Short-term or permanent impotence, also called erectile dysfunction (ED), may occur in men who have surgery, radiation therapy, or hormone therapy.

If you have had surgery to remove your prostate, it is more likely that your impotence will be permanent. If you have impotence caused by hormone therapy, your ability to have an erection may improve after your treatment ends. If you have been treated with radiation therapy, you may not have any signs of impotence until months after your treatment ends.

You and your doctor may consider the following options to help you manage impotence and achieve erections:

- Medications, such as sildenafil (Viagra), vardenafil (Levitra), or tadalafil (Cialis)
- A medication called alprostadil (Caverject, Edex, Muse) that you inject in the skin at the base of the penis before sex or insert into the penis through the urethra (the tube-like channel that carries urine and semen) in the form of a pellet
- A tube called a vacuum constriction device (VCD) that you place over the penis to create suction
- A prosthesis (artificial implant) that is surgically placed into the penis

Talk with your doctor about these options and ask about available support services, such as [counseling](#) [5]. In addition, talk with your spouse or partner. Couples counseling may help you have productive conversations about how to cope with impotence and support each other. Learn more about [sexual problems](#) [6], [how to talk with your spouse or partner about cancer](#) [7], and [where to find sources of support](#) [8].

Infertility

Surgery, radiation therapy, and chemotherapy may cause temporary or permanent infertility in men treated for prostate cancer. Before treatment begins, talk with your doctor about the possible fertility-related side effects of your treatment and the options for preserving fertility, such as sperm cryopreservation (sperm banking), which involves freezing and storing sperm for future use. Men who did not take steps to preserve fertility before starting treatment still may have options to address infertility. For example, testicular sperm extraction is a procedure in which sperm cells found in tissue removed from a man's testicles are used in a fertility procedure or frozen for later use. Learn more about [fertility and cancer treatment](#) [9] and [ASCO's guideline on fertility preservation](#) [10].

Hormonal changes

Hormone therapy lowers levels of testosterone and other male sex hormones (androgens). As a result, many men treated with hormone therapy experience side effects like impotence and a decreased desire to have sex. Many men treated with hormones also have side effects similar to those that women experience during menopause, including:

- Hot flashes with severe sweating
- Growth of breast tissue
- Depression
- Weight gain
- Loss of muscle mass
- Osteopenia or osteoporosis (bone thinning), which can cause broken bones
- Anemia (an abnormally low level of red blood cells), which can make you feel tired

The risk of high blood pressure, diabetes, and heart attacks is also higher in men treated with hormone therapy.

Your doctor can help prevent or treat many of these side effects using the following approaches:

- Antidepressants, a drug called gabapentin (Neurontin), and progesterone such as megestrol acetate (Megace, Ovaban, Pallace) may treat hot flashes.
- A small amount of radiation therapy to the breasts may prevent them from growing, although this is not usually done with standard hormone therapy.
- Medications called bisphosphonates, such as alendronate (Fosamax) and zoledronic acid (Zometa), as well as another type of treatment called denosumab (Prolia) may treat osteoporosis.
- Antidepressants and counseling may treat depression.
- Exercise may stop weight gain, prevent bone and muscle mass loss, and reduce fatigue.

Find out more about [hormone deprivation symptoms](#) [11] and how to manage them.

Chemotherapy side effects

Chemotherapy uses drugs to kill cancer cells, usually by stopping the cancer cells' ability to grow and divide. It is sometimes used to treat prostate cancer if the cancer has spread outside of the prostate gland or hormone therapy is not working.

Side effects of chemotherapy depend on the type of chemotherapy you receive, the dose, the length of treatment, and your overall health. Common side effects of chemotherapy include fatigue, sores in the mouth and throat, diarrhea, nausea and vomiting, constipation, blood disorders, nervous system effects, changes in thinking and memory, sexual and reproductive issues, appetite loss, pain, and hair loss. Many side effects of chemotherapy disappear at the end of treatment. However, some side effects may persist, recur, or develop later. Ask your doctor which side effects you may experience, based on your treatment plan. Your health care team will work with you to ease or prevent many of these side effects. Learn more about [side effects of chemotherapy](#) [12].

More Information

[13]

[Guide to Prostate Cancer](#) [14]

[Managing Side Effects](#) [15]

Additional Resources

[16]

[Prostate Cancer Foundation: Side Effects](#) [16]

Links:

- [1] <http://www.cancer.net/node/19569>
- [2] <http://www.cancer.net/node/29316>
- [3] <http://www.cancer.net/node/24675>
- [4] <http://www.cancer.net/node/24677>
- [5] <http://www.cancer.net/node/24699>
- [6] <http://www.cancer.net/node/25054>
- [7] <http://www.cancer.net/node/25312>
- [8] <http://www.cancer.net/node/25269>
- [9] <http://www.cancer.net/node/25268>
- [10] <http://www.cancer.net/node/25658>
- [11] <http://www.cancer.net/node/25254>
- [12] <http://www.cancer.net/node/24676>
- [13] <http://www.cancer.net/patient/Cancer+Types/Prostate+Cancer>
- [14] <http://www.cancer.net/node/19562>
- [15] <http://www.cancer.net/node/25238>
- [16] http://www.pcf.org/site/c.leJRIRORepH/b.5822789/k.9652/Side_Effects.htm