Prostate cancer is one of the most prevalent malignancies diagnosed in North American men; it is the second-most common type of cancer in men in the United States and the most common type of cancer among men in Canada, with an estimated 186,320 (American Cancer Society, 2008) and 24,700 (Canadian Cancer Society, 2008) new cases being diagnosed in 2007, respectively. Typically, men diagnosed with localized prostate cancer have two options for potentially curative treatment: radiation therapy or radical prostatectomy (RP). Many men choose RP to remove the cancer; however, surgical intervention has two dreaded possible side effects: erectile dysfunction (ED) and urinary incontinence (UI) (Burt, Caelli, Moore, & Anderson, 2005). Although UI can be a problem in patients who have undergone radiation therapy, the focus of this article is on UI in relation to RP, defined by the International Continence Society as the “complaint of involuntary leakage of urine” (Abrams et al., 2002, p. 168). UI affects at least 50% of patients after RP immediately following catheter removal (Rondorf-Klym & Colling, 2003; Smith & Guralnick, Davis, & Sec, 2007; Talcott et al., 1997). The occurrence of UI after RP has been reported to decrease over time. In a study conducted by Smith et al., more than 91% of the 203 subjects who received nerve sparing RP were classified as having no or minimal UI by the 54th week after surgery. Conversely, in a survey of 1,288 men, Penson et al. (2005) found that 35% of the subjects reported total urinary control and another 49% reported occasional urinary leakage by one year after RP. Despite the apparent decrease in incidence of UI over time, the occurrence of UI has a negative impact on quality of life (Moore & Gray, 2004; Moore & Jensen, 2000).