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 that patients dread: erectile dysfunction and urinary incontinence (UI). At least 50% of men who undergo RP suffer from UI, which can lead to embarrassment, loss of a sense of control, depression, and decreased social interactions. The Human Response to Illness Model provides a framework to gain a comprehensive understanding of the physiologic, pathophysiologic, behavioral, and experiential perspectives as well as personal and environmental factors related to UI following RP. Knowledge gained from these perspectives will help nurses design strategies that facilitate coping and improve outcomes in men with UI following RP.

Although men who are scheduled to undergo RP receive information on treatment options and their side effects, such as ED and UI, the need for information remains high after surgery (Burt et al., 2005; Moore & Estey, 1999). Therefore, nursing interventions should focus on education, support, and advice; encouraging the development of self-care skills; and confirming progress (Maliski, Heilemann, & McCorckle, 2001).

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Digital Object Identifier: 10.1188/08.CJON.647-654