Understanding Urinary Incontinence After Radical Prostatectomy: A Nursing Framework

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Prostate cancer is one of the most prevalent malignancies diagnosed in North American men. Typically, men diagnosed with localized prostate cancer have two options for curative treatment: radiation therapy or radical prostatectomy (RP). Many men choose RP to remove the cancer; however, the intervention has two 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.

At a Glance
- The Human Response to Illness Model provides a framework for nurses to gain insight into factors affecting urinary incontinence (UI) following radical prostatectomy (RP).
- Assessment of UI and evaluation of interventions can be achieved by exploring behavioral and experiential perspectives, allowing patients and nurses to monitor and refine interventions throughout the UI trajectory.
- Management of UI after RP is based on the physiologic and pathophysiologic perspectives and should focus on the needs and realistic expectations presented by the patient.

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).