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PELVIC DYSFUNCTION IN MEN

Diagnosis and Treatment of Male Incontinence and Erectile Dysfunction

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Pelvic Dysfunction in Men

Diagnosis and Treatment of Male Incontinence and Erectile Dysfunction

A textbook for physiotherapists, nurses and doctors

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Pelvic Dysfunction in Men

Dedication

To my friend and physiotherapy colleague Claire Oldroyd, who referred my first male urology patient to me in 1996.

To Dr John Oldroyd, my first male urology patient, a delightful man who inspired me to research the subject in greater depth.

Preface

This textbook follows my first textbook published in 2001 entitled *Conservative Treatment of Male Urinary Incontinence and Erectile Dysfunction.* It contains seven new chapters and existing chapters have been extensively updated. It is written primarily for those specialist continence physiotherapists who are unsure of the treatment for male patients with lower urinary tract symptoms. It will be a useful reference tool for urology nurses, continence specialist nurses and continence advisors; and those medical students, student nurses and physiotherapy students suddenly finding themselves on a urology placement. It will provide a greater knowledge of conservative treatment in this speciality for urologists and GPs. Where possible, the information is based on the current literature, even though this remains sparse in some areas. The avid reader and the questioning research student may find the references provide further, fascinating and more in-depth reading.

There is a new chapter concerning the history of the male pelvic floor. Our understanding of the male pelvic floor has evolved over more than two thousand years. Gradually medical science has sought to dispel ancient myths and untruths.

Background details concerning the prevalence of male lower urinary tract symptoms, the anatomy and physiology of the pelvic floor and the physiology of the continence mechanism are provided in order to understand the dysfunction that can occur. A new chapter entitled 'Nervous control of lower urinary tract function' provides current thinking and new diagrams concerning bladder and sphincter reflexes.

The different prostatic conditions are covered in detail, plus the range of standardised medical and surgical investigations and treatments. The classification of male urinary incontinence has been restructured in line with the International Continence Society standardisation of terminology. The subjective and objective physiotherapy assessment is covered chronologically, to enable the clinician to conduct a meaningful investigation and arrive at a logical diagnosis.

Recommended therapeutic options are provided for each type of incontinence, with a range of patient advice added for completeness. Treatment outcomes, which may vary considerably, are discussed. Following the treatment chapter, there are case studies, which provide question and answer sessions for the student to check their knowledge base.

There are two new chapters covering the conservative treatment of men who have experienced prostate surgery. The first of these chapters reviews

the evidence from randomised controlled trials for post-prostatectomy patients. The second chapter provides details of treatment regimes for these men.

There is a novel chapter detailing treatment regimes for men with faecal incontinence.

There are two new chapters covering the conservative treatment for men with sexual dysfunction. The first of these chapters explains the range of sexual dysfunction in men. The second chapter provides details of treatment regimes for these men based on current evidence from literature reviews.

The Appendix includes an updated male continence assessment form.

In the Glossary at the end of the book, definitions have been added to explain the medical jargon, as some readers may not have a medical background, while others may lack knowledge of some of the obscure urology terminology.

I hope you will find this book interesting, informative and a useful reference source. Enjoy your studies.

Indeed, it is the book that I would have welcomed before embarking on my MSc. It contains information which I have gathered, analysed and compiled over the last nine years.

Acknowledgements

I would like to acknowledge the help of some very special people. I am indebted to Debbie Rigby, Stephanie Knight, Professor Michael Craggs, Mr Raj Persad, Jane Dixon, Tracy James and Jeannie Smith for their contribution, wisdom and guidance. Importantly, I would like to thank my son, Martin, and daughter, Claire, for the support and encouragement they have given me in my chosen field and my daughter, Claire, for her accurate anatomical illustrations.

Grace Dorey

Illustrator

Claire Dorey, BA

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