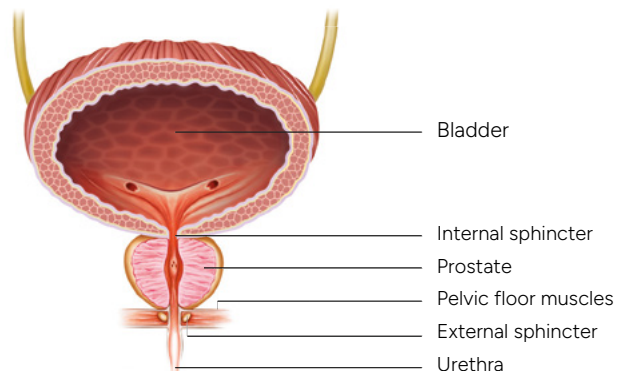


Radical Prostate Surgery

Anatomy and Function of the Bladder

The bladder is a muscular hollow organ. It collects urine, which is continuously produced by the kidneys, much like a rain barrel collects water. An inner and an outer sphincter muscle ensure that no urine leaks out. In addition, the prostate stabilizes the urethra.

The external sphincter can be voluntarily controlled; it can actively hold urine in or relax, once we are using the toilet. Filling of the bladder is perceived as an urge to urinate.



Changes in Anatomy and Function Due to Radical Prostate Surgery

During radical prostate surgery, the prostate is removed together with the internal sphincter muscle. The bladder is sutured to the urethra above the external sphincter. For optimal wound healing, this area is immobilized for some time with a bladder catheter.

Once the catheter has been removed, it becomes apparent how well the external sphincter can control the urine on its own (without the internal sphincter). In the beginning this usually results in urine leakage, especially during movement.

Pelvic Floor Physiotherapy

- Before the operation, patients learn to perceive and train their pelvic floor including the external sphincter. They also practice how to actively engage these muscles during everyday movements and sport activities.
- After the operation and catheter removal, additional therapy sessions take place as needed.
- Muscle strengthening is a process that requires daily practice and can take several months.
- Sexual function is often affected after prostate surgery. Targeted pelvic floor training can help in this area as well.

