NOVEMBER 8-9, 2025

VIRTUAL

MEN'S PELVIC HEALTH SUMMIT

CLINICAL SUMMARY

BEYOND SURVIVAL: TACKLING PELVIC HEALTH CONCERNS IN MEN AFTER CANCER

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DAY 1 • SESSION 5

CLINICAL SUMMARY

Overview

Men recovering from cancer often experience pelvic health issues that go unreported and untreated. Symptoms can include bladder, bowel, and sexual dysfunction, pelvic pain, and lymphedema, which may affect the lower abdomen, genitals, and legs. These challenges can arise from surgery, radiation, chemotherapy, or other treatments, and without early screening and intervention, they may persist and significantly impact quality of life.

Key Clinical Themes

Underreporting & Missed Diagnosis: Many men normalize or hide symptoms due to embarrassment or lack of awareness.

Early Screening is Critical: Baseline pelvic health assessment should occur before cancer treatment begins.

Lymphedema Risks: Common after pelvic cancers involving lymph node removal or radiation; swelling can be subtle but progressive.

Radiation Sequelae: Fibrosis, nerve injury, reduced hip mobility, bowel/bladder changes; symptoms may worsen over time.

Sexual Health: Treatment type (e.g., nerve-sparing vs. non-nerve-sparing prostatectomy) influences prognosis; permission-giving conversations are essential.

Procedural Advances: Newer techniques (e.g., TULSA) may improve incontinence recovery but sexual function challenges can persist.

Bladder Cancer Considerations: Treatment may involve chemotherapy instillation, partial/total removal, or neobladder creation each with unique rehab needs.

CLINICAL SUMMARY

Practical In-Clinic Strategies

General Pelvic Health Post-Cancer

· Begin **early pelvic floor rehab** and lifestyle education (hydration, fiber, exercise, sleep hygiene).

· Address **cancer-related fatigue** with gradual, rhythmic movement (walking, cycling, swimming).

· Teach **diaphragmatic breathing** for nervous system regulation and lymphatic stimulation.

Lymphedema

· Start with diaphragmatic breathing, gentle rhythmic exercises, and leg elevation.

· Recommend compression garments covering genitals, upper thighs, and abdomen.
- Brands: *Juzo, JOBST, Thuasne Mobiderm, Marena, Sigvaris*
- Low-cost alternative: snug bike shorts + added padding.

Radiation Effects

· Screen for fibrosis, stenosis, nerve changes, and hip mobility limitations.

· Palpate tissues for rigidity vs. normal sponginess.

· Educate patients that radiation effects can worsen over years and early management is crucial.

Sexual Function

· Discuss openly and normalize post-cancer intimacy concerns.

· Partner with sex therapists and urologists; consider vacuum erection devices (5–10 min/day cycling on/off).

· Use anal or rectal dilators post-healing (6–8 weeks), with oncology clearance.

· Address scar tissue with manual therapy before device use; consider silicone gel for scars.

Bladder Cancer

· Emphasize hydration, avoid bladder irritants, and implement timed voiding/urgency retraining.

· Use gentle trunk mobility (cat-cow, rotations) for bladder spasm relief.

· TENS may be helpful for pain/cystitis. Parameters are individualized; avoid direct application over active cancer unless cleared.

CLINICAL SUMMARY

Final Notes

- Men are often surviving cancer in silence.
- Clinicians must initiate conversations about pelvic health, intimacy, and sexual function.
- Collaborative, interdisciplinary care between oncology, pelvic health, mental health, and sexual medicine providers can significantly improve outcomes.

Resources Shared

Compression Garments:

Thuasne Mobiderm Short

Marena

Sigvaris Compreshorts

Juzo soft compress genital pad

JOBST® JoViPad Genital Pad

Rectal Dilators: Intimate Rose

Sex Therapy Directory: AASECT.org

Lymphedema Therapy Locator: Lymphatic Education & Research Network