

Stress urinary incontinence (SUI) in men means leaking urine when something puts sudden pressure on the bladder — coughing, standing, lifting, or activity. In men it is almost always due to weakening of the urinary control muscle (sphincter) after **prostate surgery** or radiation. It often improves over the first year, and when it doesn't, very effective treatments are available.

## About This Condition

After the prostate is removed, the main **urinary sphincter** (the valve that holds urine in) does most of the work, and it may be weakened. The result is leaking with effort — from a few drops needing a pad, to heavier leakage. This is different from **urge** leakage (a sudden need to go), which is treated differently; some men have both.

## What Causes It

- **Radical prostatectomy** (prostate removal for cancer) — the most common cause
- Other prostate procedures or **pelvic radiation**
- Less often, nerve or bladder conditions

Leakage is usually **worst early** and improves over weeks to months as healing and pelvic-floor strength return.

## LEARN THE TERMS

### Stress incontinence

Leaking urine with pressure — coughing, standing, lifting.

### Sphincter

The muscle valve that holds urine in until you choose to go.

### Prostatectomy

Surgery to remove the prostate, the usual cause of male SUI.

### Pelvic floor

The muscles you train to help control urine.

### Pad test

Counting pads per day to measure how much you leak.

### Male sling

A support placed under the urethra for mild–moderate leakage.

### ProACT balloons

Two adjustable balloons by the urethra, tuned in the office; a minimally invasive option.

### Artificial urinary sphincter

An implanted device (a cuff you control) for moderate–severe leakage.

**WILL IT GET BETTER ON ITS OWN?** Often, yes — leakage after prostate surgery usually improves over the first 6–12 months, especially with pelvic-floor exercises. If bothersome leakage persists past about a year, that is the point to consider a sling, adjustable balloons, or an artificial sphincter — all of which work very well.

## How It's Diagnosed

- A talk about when and how much you leak (often counted as **pads per day**)
- A **urine test**, and a check of how well you empty
- Before surgery: a look in the urethra (cystoscopy) and sometimes bladder-function testing

## How It's Treated (Step by Step)

- 1 Pelvic-floor exercises** (Kegels), ideally started around the time of surgery, plus managing fluids and weight.
- 2 Watchful improvement** over the first year, with pads/protection as needed.
- 3 Male sling** — for persistent mild-to-moderate leakage (nothing to operate after).
- 4 ProACT adjustable balloons** — another minimally invasive option for mild-to-moderate leakage; two small balloons are tuned in the office over several visits (not used after radiation).
- 5 Artificial urinary sphincter (AUS)** — the gold standard for moderate-to-severe leakage, and the choice after radiation. Each has its own handout.

## Living With Male SUI

- Do pelvic-floor exercises consistently — they are the foundation.
- Use pads or a protective garment for confidence while you recover.
- Limit evening fluids and caffeine if night-time leakage is an issue.

### Call your team if you have:

- Burning, fever, or **blood in the urine** (possible infection)
- You suddenly **cannot urinate**
- Leakage that is worsening rather than improving

### THREE THINGS TO REMEMBER

- 1.** Male SUI is almost always from a weakened sphincter after prostate surgery or radiation — and it usually improves over the first year.
- 2.** Pelvic-floor exercises are the foundation; for lasting leakage, a male sling or artificial urinary sphincter works very well.
- 3.** Give recovery up to a year before deciding on surgery. Call for fever, blood in the urine, or being unable to urinate.