

# After Prostate Surgery

Your Pelvic Floor Recovery Guide

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## **A note before you start:**

You picked up this guide because something changed. Maybe you're leaking when you stand up. Maybe you're wearing a pad for the first time in your life and it feels humiliating. Maybe your doctor said "it'll get better" but didn't tell you what to actually do.

I want you to know two things. First, what you're going through is common. Not rare. Not unusual. Most men deal with some level of incontinence after prostate surgery. Second, it gets better. For most men, it gets a lot better. But it doesn't get better by waiting. It gets better by doing the work.

This guide gives you the work. Real exercises. Real timelines. Real talk about what's happening in your body and what you can do about it.

**Let's get started.**

# What Happens to Your Pelvic Floor During Prostate Surgery

Your prostate sits right underneath your bladder. It wraps around your urethra like a donut. When a surgeon removes it, they have to cut through muscles, nerves, and connective tissue that were helping you stay dry without even thinking about it.

That's the short version. Here's what it means for you.

## The muscles that kept you dry

You have two sphincters that control urine flow. The internal sphincter sits right where the prostate was. During surgery, it gets damaged or removed entirely. That one's gone. You can't get it back.

The external sphincter is the one you can control. It's part of your pelvic floor. Think of it as a hammock of muscles that runs from your pubic bone to your tailbone. These muscles wrap around your urethra and, when they squeeze, they shut off the flow.

After surgery, this external sphincter is doing a job it used to share with the internal one. It's working alone now. That's why you leak. Not because something is broken forever. Because one muscle is doing the work of two, and it hasn't caught up yet.

## Why you're leaking

Three things are going on at once. The surgery caused swelling around the urethra and pelvic floor. The nerves in that area got stretched or bruised during the procedure. And the muscles are weak because they've been through trauma.

Swelling goes down on its own. Nerves heal, but slowly (think weeks to months, not days). Muscles get stronger with training. That's the part you can control, and it's the biggest piece of the puzzle.

*Most men see significant improvement in continence within 3 to 6 months after surgery. Some recover in weeks. A small percentage take up to 12 months. The timeline depends on your age, fitness level, and whether you do the exercises consistently.*

## What your surgeon didn't tell you

Most surgeons are great at the surgery part. But they're not rehabilitation specialists. You probably got a pamphlet and a handshake. Maybe someone mentioned "kegels" without explaining what they are or how to do them correctly.

Here's what they should have said: your recovery depends more on what you do after surgery than what happened during it. The surgery removed the cancer. Now you rebuild the function. That's what this guide is for.

## **A word about your mental health**

Dealing with incontinence as a man is isolating. You don't talk about it at work. You don't bring it up at dinner. You just quietly figure out where the bathroom is every time you walk into a building.

That's normal. And it's hard. Give yourself permission to be frustrated. But don't let frustration keep you from doing the work. The pad is temporary. The embarrassment fades. The strength comes back.

# The First 4 Weeks After Surgery

## Week 1: The catheter period

You'll go home with a catheter. Most men keep it for 7 to 14 days. It's uncomfortable. It's annoying. It's also doing important work by keeping the surgical site still while the initial healing happens.

During this time, your job is simple. Walk. Rest. Stay hydrated. Don't try to be tough about it.

### What to do with the catheter in:

- Walk for 10 to 15 minutes, 2 to 3 times a day. Slow is fine. This prevents blood clots and keeps your body moving.
- Drink enough water. Your urine should be light yellow. Dark urine means you're not drinking enough.
- Don't lift anything heavier than 10 pounds. No groceries, no kids, no laundry baskets.
- Sleep with pillows that keep you comfortable. On your back with a pillow under your knees works well for most men.
- Keep the catheter bag below your bladder level at all times.

### What NOT to do:

- Don't start kegels yet. Your tissues need to heal first. Wait until the catheter is out and your doctor clears you.
- Don't strain on the toilet. Use a stool softener if you need one.
- Don't sit for long stretches. Get up every 30 to 45 minutes.
- Don't compare your recovery to anyone else's. The guy on the forum who was "dry in 3 days" is either lying or an outlier.

## Week 2: Catheter comes out

This is the moment most men dread. The catheter comes out and suddenly you realize how much you were relying on it. Leaking is almost guaranteed at this point. Some men leak a lot. That's expected.

The first time you stand up without the catheter and feel urine come out on its own, it's jarring. You're a grown man and you just wet yourself. Take a breath. This is the starting line, not the finish.

*Stock up on male incontinence pads before the catheter comes out. Not female pads. Male pads are shaped differently and catch leaks where men actually leak. You'll go through several a day at first. That number drops as you get stronger.*

## **Starting gentle pelvic floor work**

Once the catheter is out and your doctor gives the green light, you can start gentle pelvic floor activation. Not full kegels yet. Just learning to find the muscles.

Lie on your back with your knees bent. Imagine you're trying to stop the flow of urine. You should feel a gentle lift and squeeze deep in your pelvis. Not your abs. Not your glutes. Just a small, internal contraction.

Hold for 2 to 3 seconds. Release. Rest for 10 seconds. Do 5 of these, 3 times a day. That's it for now.

## **Weeks 3 and 4: Building the habit**

By week 3, you should be doing pelvic floor exercises daily. You're still keeping it light. The goal right now is consistency, not intensity. You're teaching your brain to talk to these muscles again.

You'll notice patterns. You leak more when you stand up from sitting. You leak when you cough or sneeze. You might be dry lying down but wet the moment you get vertical. All of this is normal. It tells you that gravity is winning the arm wrestling match with your pelvic floor. That changes as you get stronger.

## **The emotional reality**

Nobody prepares you for how this feels. You beat cancer. You should feel grateful. And you do. But you also feel frustrated, embarrassed, and angry that your body won't cooperate.

Some men get depressed during this period. Some withdraw from their partners. Some stop going out because they're afraid of an accident in public. If that's you, you're not weak. You're dealing with a real loss of function and it takes a toll.

Talk to someone. Your partner, a friend, a therapist, a support group. The men who recover fastest are usually the ones who don't try to do it alone.

# Your Recovery Exercises

**This is the most important chapter in this guide. Everything else is context. This is the work.**

Most men do kegels wrong. They squeeze their abs, clench their glutes, hold their breath, and call it a kegel. That's not a kegel. That's just straining. A real pelvic floor contraction is subtle. It's internal. And learning to isolate it is the first skill you need.

## Finding your pelvic floor

Try these cues and see which one clicks for you:

- **The urine stop cue:** Imagine you're peeing and you need to stop mid-stream. The muscles that would shut off the flow are your pelvic floor. (Don't actually practice this on the toilet. Just use it as a mental cue.)
- **The gas hold cue:** Imagine you're in an elevator and you need to hold back gas. That squeeze around your anus is the back part of your pelvic floor.
- **The lift cue:** Imagine your pelvic floor is an elevator. Gently draw it upward, like the elevator going from the first floor to the second. Not the tenth. Just a gentle lift.

When you get it right, you'll feel a subtle internal squeeze and lift. Your abs should stay relaxed. Your glutes should stay relaxed. You should be breathing normally. If you're turning red or holding your breath, you're trying too hard.

## Phase 1: Foundation (Weeks 2 to 4)

Start these after your catheter is out and your doctor clears you.

### Exercise 1: Gentle Pelvic Floor Activation

*Position: Lying on your back, knees bent, feet flat on the floor.*

- Gently squeeze and lift your pelvic floor.
- Hold for 2 to 3 seconds.
- Release completely. Let everything relax for 10 seconds.
- Repeat 5 times.
- Do this 3 times per day.

## Exercise 2: Quick Flicks

*Position: Same as above.*

- Quickly squeeze and release your pelvic floor. Think of it as a quick pulse.
- Don't hold. Just contract and let go.
- Do 5 quick flicks in a row.
- Rest 15 seconds. Repeat 3 sets.
- Do this 2 times per day.

Quick flicks train the fast-twitch muscle fibers. These are the ones that catch a sneeze or a cough before you leak. They matter just as much as the slow holds.

## Phase 2: Building Strength (Weeks 4 to 8)

Once you can reliably find and isolate your pelvic floor, it's time to make it stronger.

### Exercise 3: Extended Holds

*Position: Start lying down. Progress to sitting once this feels easy.*

- Squeeze and lift your pelvic floor.
- Hold for 5 seconds. Breathe normally while holding.
- Release for 10 seconds.
- Repeat 10 times.
- Do 3 sets per day.

When 5 seconds feels easy, progress to 8, then 10. Don't rush it. A strong 5-second hold beats a shaky 10-second one.

### Exercise 4: Seated Pelvic Floor Activation

*Position: Sitting in a chair with good posture. Feet flat on the floor.*

- Squeeze and lift your pelvic floor.
- Hold for 5 to 8 seconds.
- Release for 10 seconds.
- Repeat 10 times, 3 sets per day.

Sitting is harder than lying down because gravity is working against you. That's the point. You're training the muscle to work in the positions where you actually leak.

### **Exercise 5: The Knack**

This is the most practical exercise in this guide. The Knack is a quick, strong pelvic floor contraction right before you do something that makes you leak.

- About to cough? Squeeze your pelvic floor first, then cough.
- About to stand up from a chair? Squeeze first, then stand.
- About to sneeze? Squeeze first.
- About to pick something up? Squeeze first, then lift.

It's pre-emptive. You're bracing the muscle before the pressure hits. This single technique can cut your leaking episodes in half. Practice it every time you change positions.

## **Phase 3: Functional Training (Weeks 8 to 12)**

Now you're training your pelvic floor to work during real life. Not just lying on the floor in your bedroom.

### **Exercise 6: Standing Pelvic Floor Holds**

*Position: Standing with feet hip-width apart.*

- Squeeze and lift your pelvic floor.
- Hold for 8 to 10 seconds.
- Release for 10 seconds.
- Repeat 10 times, 2 to 3 sets per day.

### **Exercise 7: Walking Activation**

*Position: Walking at a normal pace.*

- Every 10 steps, do a gentle pelvic floor squeeze and hold for 3 to 5 steps.
- Release and walk normally for 10 steps.
- Repeat for 5 minutes during your daily walk.

This teaches your pelvic floor to work while your body is moving. It's a completely different skill than squeezing while lying still.

### **Exercise 8: Bridge with Pelvic Floor**

*Position: Lying on your back, knees bent, feet flat.*

- Squeeze your pelvic floor first.

- Then lift your hips off the floor into a bridge.
- Hold at the top for 5 seconds, keeping the pelvic floor engaged.
- Lower slowly. Release the pelvic floor.
- Repeat 10 times, 2 sets.

*Track your progress. Count how many pads you use each day. When that number goes down, you know the exercises are working. Most men see a noticeable drop in pad usage between weeks 6 and 10.*

## Common mistakes

- **Bearing down instead of lifting up.** If you feel like you're pushing outward, you're doing it backwards. Think lift, not push.
- **Holding your breath.** Breathe the whole time. If you can't hold the contraction and breathe at the same time, the contraction is too strong. Dial it back.
- **Squeezing your abs.** Put your hand on your belly. If it's tensing up during your pelvic floor exercise, you're recruiting the wrong muscles.
- **Doing too many too soon.** More is not better. A fatigued pelvic floor is a weak pelvic floor. Stick to the prescribed sets and reps.
- **Only doing slow holds.** You need both slow holds (endurance) and quick flicks (power). One without the other leaves gaps in your recovery.

# Managing Incontinence Day to Day

The exercises fix the problem long term. But you need to live your life right now. Here's how to manage leaking while your strength comes back.

## Products that work

- **Male guards/shields:** Thin pads that stick inside your underwear. Good for light leaking (a few drips when you stand or cough). Brands like Depend Guards and TENA Men work well.
- **Pull-up underwear:** For heavier leaking, especially in the first few weeks. They look like regular underwear but absorb a lot more. Wear them under your normal clothes.
- **Waterproof mattress protector:** Get one. You'll sleep better knowing the bed is covered.
- **Dark pants:** For the first few weeks, dark jeans or khakis hide any accidents better than light colors. Small thing, big difference in confidence.

## Leaving the house

The first time you go out in public after surgery feels like walking a tightrope. Here's how to make it easier.

- Know where the bathrooms are. Check the layout when you arrive. There's no shame in scouting the bathroom on your way in.
- Bring a spare pad and a plastic bag in your pocket or a small backpack. Change as needed.
- Do a pelvic floor squeeze (The Knack) before standing up from your seat, before walking, before any activity that typically causes leaking.
- Start with short outings. Coffee with a friend. A quick trip to the store. Build your confidence before tackling a full day out.

## Fluid management

Don't stop drinking water. That makes the problem worse. Concentrated urine irritates your bladder and can actually increase urgency. Drink normally. 6 to 8 glasses a day.

What you can adjust: cut back on caffeine and alcohol, especially in the early weeks. Both are bladder irritants. Coffee, tea, beer, wine. All of them can increase urgency and leaking. You don't have to quit forever. Just ease up while your pelvic floor catches up.

## When it gets better

Here's what most men experience. Heavy leaking for the first 2 to 4 weeks. Gradual improvement from weeks 4 to 12. Most men are using 1 to 2 pads a day by 3 months. Many are pad-free by 6 months.

If you're still using more than 3 pads a day at the 3-month mark, that's a signal to see a pelvic floor physical therapist. Not a failure. Just a signal that you need hands-on guidance to make sure you're doing the exercises correctly.

# Returning to Exercise and Activity

You want your life back. Golf, the gym, running, whatever your thing is. Good news: you'll get there. But you need to be smart about the timeline.

## General timeline

- **Weeks 1 to 4:** Walking only. 10 to 20 minutes, gradually increasing. No lifting, no straining, no high-impact activity.
- **Weeks 4 to 6:** Light activity. Longer walks. Gentle stretching. Stationary bike on low resistance. Swimming (once incisions are healed and your doctor clears it).
- **Weeks 6 to 8:** Moderate activity. Light weights (under 20 pounds). Golf putting and chipping. Easy elliptical or bike.
- **Weeks 8 to 12:** Progressive return. Increase weights gradually. Full golf swing. Light jogging. Core work (with pelvic floor engagement).
- **After 12 weeks:** Full activity, assuming continence is improving and you've been cleared by your doctor.

## Golf

The golf swing puts significant rotational force through your core and pelvic floor. Start with putting and chipping around week 6. Half swings at week 8. Full swings at week 10 to 12. Use The Knack (squeeze before you swing) every single time. If you leak during your swing, you came back too soon. Drop back a level and keep building strength.

## Gym and weight training

Lifting weights increases intra-abdominal pressure. That pressure pushes down on your pelvic floor. If your pelvic floor isn't strong enough to handle it, you leak.

- Start with machines, not free weights. Machines control the movement so you can focus on your pelvic floor.
- Exhale on the effort. Don't hold your breath.
- Squeeze your pelvic floor before every rep.
- Avoid heavy squats, deadlifts, and overhead presses until you're consistently dry during lighter exercises.

- If you leak during an exercise, the weight is too heavy or the exercise is too advanced for right now. Lower the weight or choose a different exercise.

## Running and high-impact exercise

Running creates repetitive impact that bounces your pelvic floor with every step. Wait until you can walk briskly for 30 minutes with minimal leaking before you try jogging.

Start with a walk/jog pattern. Walk 5 minutes, jog 1 minute. If you stay dry during the jog interval, increase it gradually over weeks. If you leak, you're not ready. Go back to walking and keep doing your exercises.

*The rule of thumb: if an activity causes leaking, you're not ready for it yet. That doesn't mean you'll never do it. It means your pelvic floor needs more time. Drop back, keep training, and try again in 1 to 2 weeks.*

# Sexual Recovery After Prostate Surgery

Nobody wants to talk about this. Your surgeon probably mentioned it for about 30 seconds and moved on. But sexual function after prostate surgery is a major concern for most men, and you deserve straight answers.

## What's actually going on

During prostate removal, the nerves that control erections run right along the sides of the prostate. Even with a nerve-sparing procedure, those nerves get stretched and bruised. They need time to heal.

Most men experience some degree of erectile dysfunction after surgery. For some, it's temporary. For others, it takes longer to resolve. And for some men, medication or other treatments become part of the picture.

## The timeline

- **Weeks 1 to 6:** Most doctors recommend no sexual activity during initial healing. Follow your surgeon's specific guidance.
- **Months 2 to 6:** Erections may start returning, but they'll likely be weaker than before. This is normal nerve recovery. Some men respond to medication (like Viagra or Cialis) during this phase.
- **Months 6 to 18:** Continued improvement. Nerves regenerate slowly. Many men see meaningful progress during this window.
- **After 18 to 24 months:** This is generally when you know your baseline. Whatever function you have at this point is likely your new normal, though continued pelvic floor work can still help.

## What pelvic floor exercises do for sexual function

Your pelvic floor muscles play a direct role in erections. They help trap blood in the penis to maintain firmness. Stronger pelvic floor muscles improve erectile quality. The exercises in Chapter 3 don't just help with incontinence. They help here too.

## Climacturia

Some men leak urine during orgasm after prostate surgery. It's called climacturia. It's not dangerous. But it's surprising the first time it happens, and it can make you anxious about intimacy.

Tips for managing it: empty your bladder before sexual activity. Use a condom to contain any leaking. Do a pelvic floor contraction before and during orgasm. And talk to your partner about it. Most partners are more understanding than you expect. The secrecy is worse than the conversation.

## **When to get help**

If erections haven't started returning by 6 months, talk to your urologist about options. Medications, vacuum devices, and other treatments can bridge the gap while nerves continue healing. There's no prize for suffering in silence.

A pelvic floor physical therapist can also help with sexual recovery. We can assess muscle function, identify tension patterns that might be interfering, and give you targeted exercises for erectile improvement.

# Your 12-Week Recovery Timeline

**Pin this chapter to your fridge. It's your roadmap.**

Week	What to Expect	What to Do
1	Catheter in. Swelling. Discomfort. Fatigue is real.	Walk 10-15 min, 2-3x/day. Rest. Hydrate. No lifting.
2	Catheter out. Leaking starts. Emotionally rough.	Start gentle PF activation. 5 reps, 3x/day. Stock pads.
3-4	Leaking when standing, coughing, moving. Using 4-8 pads/day.	PF exercises daily. Add quick flicks. Practice The Knack.
5-6	Leaking decreasing slightly. Some dry periods lying down.	Progress to 5-sec holds, 10 reps. Add seated exercises. Light walks.
7-8	Noticeable improvement. Fewer pads. More confidence.	Standing PF holds. Light weights. Golf chipping. Extended walks.
9-10	Using 1-3 pads/day. Dry periods getting longer.	Walking activation exercise. Bridges with PF. Light jogging.
11-12	Many men down to 0-1 pads. Dry during sleep.	Full exercise program. Progressive return to activity.

## Important reminders:

- This is an average timeline. Some men recover faster. Some take longer. Both are normal.
- Improvement isn't always linear. You might have a great week followed by a setback. That doesn't mean the exercises aren't working.
- Stress, poor sleep, and illness can all increase leaking temporarily. Don't panic on bad days.
- If you're not seeing any improvement by week 8, see a pelvic floor PT. You might need hands-on guidance to make sure you're activating the right muscles.

# When to Get Professional Help

This guide will get most men moving in the right direction. But some men need more. Here's how to know if you're one of them.

## See a pelvic floor PT if:

- You're still using 3 or more pads a day after 3 months.
- You can't figure out how to isolate your pelvic floor muscles, even after reading Chapter 3.
- Your leaking is getting worse instead of better.
- You're experiencing pelvic pain, not just leaking.
- Urgency (sudden, strong need to go) is a bigger problem than stress leaking.
- You want to speed up your recovery. Working with a PT from the start produces faster results than doing it alone.

## How to find a male pelvic floor PT

Not every PT treats men. Not every PT treats pelvic floor conditions. You want someone who does both.

- Search the American Physical Therapy Association's directory ([ptlocator.apta.org](http://ptlocator.apta.org)) and filter for pelvic health.
- Ask your urologist for a referral to a pelvic floor PT.
- Look for the credentials OCS, WCS, or PRPC after their name. These indicate advanced training.
- Call ahead and ask: "Do you treat men with post-prostatectomy incontinence?" If they hesitate, keep looking.

## What to expect at your first visit

A pelvic floor PT will assess your muscle function, strength, and coordination. They may use biofeedback (sensors that show your muscle activity on a screen) or internal assessment to evaluate your pelvic floor. It's clinical, professional, and nothing to be embarrassed about.

You'll walk out with a customized exercise program and a clear understanding of where you are and where you're headed. Most men wish they'd gone sooner.

*Where You Are Physical Therapy offers free 15-minute discovery calls and paid 30-minute coaching sessions. Virtual appointments available. Book at [wyatherapy.com](http://wyatherapy.com).*

## Recommended Products

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These are products I recommend to my patients. Nothing fancy. Just stuff that works.

### Incontinence products

**TENA Men Protective Guards (Level 1 for light leaking, Level 3 for heavier days).** Thin enough to wear under normal clothes.

**Depend Real Fit for Men.** Pull-up style underwear for the first few weeks when leaking is heavy.

**Waterproof mattress protector.** Any brand works. Get one that fits snug and doesn't crinkle.

### Pelvic floor training tools

**Perifit for Men.** Biofeedback device that connects to your phone. Shows you whether you're activating your pelvic floor correctly. Turns exercises into a game.

**INNOVO shorts.** FDA-cleared electrical stimulation shorts that contract your pelvic floor for you. Good option if you're having trouble activating the muscles on your own.

### Comfort and daily life

**Donut cushion or pelvic cushion** for sitting after surgery. Takes pressure off the surgical area.

**Stool softener (Colace or MiraLAX).** Prevents straining that puts pressure on your healing pelvic floor.

# Ready for Personalized Help?

This guide gives you the plan. Sometimes you just need someone to watch your form, confirm you're doing it right, and tell you what to adjust.

## Start Here: Free 15-Minute Discovery Call **FREE**

Not sure if pelvic floor PT is right for you? Start with a free call. No commitment. Just a quick conversation to see how I can help.

- Ask questions about your recovery and symptoms
- Get clarity on whether you need PT, coaching, or something else
- Zero pressure, zero cost

**Book at [wyatherapy.janeapp.com](https://wyatherapy.janeapp.com)**

## 30-Minute Recovery Coaching Call **\$99**

A one-on-one virtual session with Dr. Meg Cochran, DPT. We'll review your exercise form, assess your progress, and build a plan tailored to your recovery. Virtual appointments available anywhere.

- Review of your surgery and current symptoms
- Exercise form and technique check
- Personalized plan for where you are in recovery
- Clear next steps

**Book at [wyatherapy.com](https://wyatherapy.com)**

## More from Where You Are Physical Therapy

**The Postpartum Pelvic Floor Recovery Guide.** For women recovering from birth. Exercises, timelines, and real talk about what's happening down there.

**Preparing Your Body for Birth: The Pelvic Floor Guide.** Everything you need to know about your pelvic floor before delivery. Exercises, perineal massage, breathing techniques, and birth positions.

All guides available free at [wyatherapy.com/guides](https://www.wyatherapy.com/guides)

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