Mastery of Postprostatectomy Incontinence and Impotence: His Work, Her Work, Our Work

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Purpose/Objectives: To describe couples' experiences of postprostatectomy incontinence and impotence.

Design: Descriptive, qualitative.

Setting: Northeastern U.S. metropolitan area.

Sample: Subsample of 20 (10 control and 10 intervention) couples from a large quantitative clinical trial of a Standardized Nursing Intervention Protocol (SNIP) postprostatectomy.

Methods: Interviews were conducted using a semi-structured guide. Data were analyzed using grounded theory techniques.

Main Research Variable: Couples' experiences of coping with postprostatectomy incontinence and impotence.

Findings: Managing postprostatectomy incontinence and impotence required work. Men's work focused on regaining mastery and encompassed understanding incontinence as healing, mastering incontinence, networking, confronting impotence and putting it into perspective, and prioritizing. Wives were supportive by managing anxiety, encouraging mastery, putting impotence into perspective, and reassuring their spouses. Established routines brought couples through the experience together while strengthening intimacy. SNIP couples found the nurses to be sources of information, support, and affirmation.

Conclusions: Couples worked to deal with postprostatectomy incontinence and impotence within the context of surviving cancer and maintaining a loving relationship. This gave unique meaning to their symptoms and led the couples to value the fact that the men were alive and work toward regaining mastery. Mastery emerged as a key concept from the findings.

Implications for Nursing Practice: Nurses can gain from an enhanced understanding of postprostatectomy incontinence and impotence as meaningful within the greater context of patients having had cancer. Nurses can hasten couples' abilities to regain a sense of mastery by providing information, supporting couples' work, providing positive affirmation, and being available.

Key Points . . .

- Prostate cancer affects not only the man diagnosed with the disease but also his wife, who is a key factor in dealing with postprostatectomy incontinence and impotence.
- The postoperative sequelae of incontinence and impotence take on meaning within the context of having had cancer and having had it removed.
- Quality of life seems to be maintained through the work of couples as they regain mastery.
- The inclusion of the wives in nursing research of and interventions for prostate cancer is important.

Prostate cancer is the most frequently diagnosed cancer in American men (American Cancer Society [ACS], 2001). In 2001, 198,100 new cases are estimated to present, with 79% diagnosed in the localized stage (ACS). Typically, men with localized prostate cancer have a choice of potentially curative treatment: radiation therapy or radical prostatectomy. These treatments have different short- and long-term side effects. Incontinence and impotence have been identified as major sequelae following radical prostatectomy. In a study of 94 men who had radical prostatectomy, Talcott et al. (1997) found that at three months postprostatectomy, 50% of the men who had received a non-nerve-sparing procedure and 65% who had received a nerve-sparing procedure reported using incontinence pads. At 12 months, 14% of the non-nerve-sparing group and 50% of the nerve-sparing group used pads. In the same study, 82%–97% experienced complete impotence or erections inadequate for intercourse at 12 months after surgery. In reviewing literature from 1993–1996, Herr (1997) found rates of 18%–50% for incontinence and 73%–91% for impotence at least one year postprostatectomy. Thus, management

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