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facts about prostate cancer and pelvic health physiotherapy



Prostate cancer is the most common cancer in Australian men

In 2024 there were an estimated 26,400 diagnoses of prostate cancer in Australia. Prostate cancer:

- is an age-related condition
- has a 96 per cent five-year survival rate
- has an increased risk of diagnosis for those with a primary male relative with the disease.

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Treatment for prostate cancer can cause long-term side effects

Short- and long-term side effects of prostate cancer treatment include:

- urinary incontinence and erectile dysfunction for radical prostatectomy
- bladder, bowel and erectile dysfunction for radiation therapy
- fatigue, sexual dysfunction, weight gain and mood changes for hormonal treatment.



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Pelvic health physiotherapists support people with prostate cancer

Pelvic health physiotherapists can:

- advise patients on bladder retraining, fluid optimisation, bowel support and management of erectile dysfunction and urinary incontinence
- play an important role in active surveillance
- educate men to help them make informed choices about treatment.



PSA testing is not a diagnostic test for prostate cancer

Prostate-specific antigen (PSA) is a protein produced by prostate cells. Changes to PSA levels can be increased:

- in the presence of benign prostatic hyperplasia or prostate/urinary tract infection
- up to 48 hours after ejaculation
- following long periods of pressure to the perineal area (eg, bike riding)
- in the presence of prostate cancer.
 PSA levels are measured in nanograms per millilitre.

Active surveillance is an option for low-grade prostate cancers

Active surveillance of prostate cancer is a recognised treatment option for men with low-grade localised PCa or those wishing to avoid the side effects of PCa treatment. It can involve:

- monitoring change over time via PSA testing, scans and repeat biopsy
- optimising physical activity, reducing weight, ceasing smoking, improving nutrition, eliminating alcohol consumption and improving emotional health.

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