6. Penile Variable Tension Loops

These simple devices can be very effective in reducing or even stopping climacturia. The soft, silicone loop is placed over the penis and when tightened, exerts just enough pressure to stop urinary leakage by gently compressing the urethra. A common model is shown below.

7. Medications

Medications such as Ditropan (Oxybutynin), DDAVP (Desmopressin), alpha blockers and alpha agonist are used to treat various types of incontinence, but are not specific to climacturia. Ask your doctor for more information on the drugs most effective for this condition.

8. Surgery

Surgery is generally reserved for men with daily leakage (not necessarily related to sexual activity). Male slings are synthetic meshes placed under the urethra in a minimally invasive procedure for those men with mild-to-moderate incontinence. Artificial urethral sphincters are reserved for men with severe incontinence.

Remember...

Orgasm associated incontinence occurs frequently after prostate surgery and can impact several aspects of your sexual life. While worse in the first year, it often improves or disappears by the 2nd or 3rd year. Open communication with your partner and sexual health clinician can help you develop strategies that decrease the impact of climacturia on your sexual life and help maintain sexual satisfaction.

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Climacturia

What Is Climacturia?

Climacturia is the involuntary release of urine at the time of orgasm during sexual activity. It is a common condition affecting men after surgical procedures of the prostate or radiation treatment for prostate cancer, especially within the first year. For example, it can occur in 1/4 - 1/3 of men after radical prostatectomy, the majority of whom are otherwise completely continent¹.

There are many different management options that can help with this condition, either used alone or in combination. If you have a partner, plan how to manage the climacturia together. It does not have to interfere with sexual play and enjoyment.

Remember, climacturia is common and manageable. Furthermore, a small amount of infection free urine is not harmful to your partner.

1. Empty Your Bladder

This is a practical approach that limits the amount of urine in your bladder prior to sex. Scheduled voiding also may help to train your bladder. Try to empty 1 hour before sex and repeat 10 minutes before, if possible. Running the faucet or tapping the skin over your bladder may stimulate the flow. Exhaling or bearing down while you void may also help.

2. Pelvic Floor Exercises (Kegel Exercises)

These exercises can be started before your surgery, and continued afterwards. Done daily, it may take several weeks to notice a difference. Properly done Kegels can increase muscle girth, size, control, and endurance of the pelvic floor muscles, while creating an awareness of their functioning². Contacting your pelvic floor physiotherapist is important to learn the proper technique, as improper technique can make things worse.

3. Lifestyle Choices

Many foods and drinks irritate and/or stimulate the bladder. Coffee, alcohol, soda, and tea should be avoided. Artificial sweeteners, spicy foods, and foods high in sugar and acids, such as citrus and tomatoes, can also aggravate your bladder. Eating a diet high in fibre helps reduce pressure on the bladder’s nerves that may result from constipation, so eat that bran!

4. Sexual Positioning

Trying different sexual positions to reduce extra pressure on the abdomen may decrease urinary incontinence. Try standing or having your partner on top, or on hands and knees, to put less pressure on your bladder. Using a towel or absorbent pad can help manage any leakages.

5. Condoms

A condom can capture unwanted urine from leaking out before or during sex, especially if secured by a constrictor band (can only be on for 30 minutes).