# Complications of disease

- Offer people experiencing troublesome urinary symptoms before treatment a urological assessment.
- Ensure people with troublesome urinary symptoms after treatment have access to specialist continence services.
- Refer people with intractable stress incontinence to a specialist surgeon for consideration of an artificial urinary sphincter.
- Do not offer injection of bulking agents into the distal urinary sphincter to treat stress incontinence.

# Complications of disease

- Ensure people with signs and symptoms of radiation induced enteropathy (RIE) are offered care from a team of professionals with expertise in RIE.
- Tell people there is a small increase in the risk of colorectal cancer after radical external beam radiotherapy for prostate cancer.
- Carry out full investigations, including flexible sigmoidoscopy, in people who have symptoms of RIE to exclude inflammatory bowel disease, for malignancy of the large bowel, and to ascertain the nature of the radiation injury.

# Complications of disease

- Ensure people have early and ongoing access to specialist erectile dysfunction services.
- Offer phosphodiesterase type 5 (PDES) inhibitors to people who experience loss of erectile function.
- If PDES inhibitors fail to restore erectile function or are contraindicated, offer a choice of intraurethral inserts, penile injections, penile prosthesis, vacuum devices.

#### Hot flushes

- Offer medroxyprogesterone (20 mg a day), initially for 10 weeks. Evaluate the effect at the end of treatment.
- Consider cyproterone acetate or megestrol acetate (20 mg twice a day for 4 weeks) if medroxyprogesterone is not effective or not tolerated.
- Tell people there is no good quality evidence for the use of complementary therapies.

### Complications of disease

#### Gynaecomastia

- Offer people starting long term bicalutamide monotherapy (>6 months) prophylactic radiotherapy to both breast buds within the first month of treatment. Choose a single fraction of 8 Gy using orthovoltage or electron beam radiotherapy.
- Consider tamoxifen if radiotherapy is unsuccessful in preventing gynaecomastia.

#### **Fatigue**

- Tell people who are starting androgen deprivation therapy that fatigue is a recognised side-effect of this treatment.
- Offer people who are having androgen deprivation therapy supervised resistance and aerobic exercise at least twice a week for 12 weeks to reduce fatigue.

### Complications of disease

#### Preventing osteoporosis

For people having androgen deprivation therapy:

- Consider assessing fracture risk in line with Osteoporosis Fragility Fracture Risk (NICE CG146).
- Do not routinely offer bisphosphonates to prevent osteoporosis.

#### Managing osteoporosis

For people having androgen deprivation therapy:

- Offer bisphosphonates.
- Consider denosumab if bisphosphonates are contraindicated or not tolerated.

