Research recommends graduated return to work after prostatectomy

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New UBC research cautions men recovering from a radical prostatectomy to take it easy when returning to work.

School of Nursing Professors Joan Bottorff and John Oliffe are scientists with UBC's Men's Health Research program. They, along with study lead Wellam Yu Ko, recently published research exploring the journey back into the workforce following surgery to remove prostate cancer. Their research concluded a graduated or 'reduced workload' program is the best option following a radical prostatectomy.

"Most men are told by their physicians that it will take about four weeks after prostatectomy before they are back at work and at 100 per cent," says Bottorff. "But that's not the truth for most men. They do not fully anticipate the difficulties of returning to work and can't quite cope with the workload. In fact, men are often surprised at how long their full recovery can take."

The Canadian Cancer Society reports that 21,300 Canadian men were diagnosed with prostate cancer in 2017. With more than 40 per cent of all prostate cancer diagnoses happening between the ages of 60 and 69 years, a substantial proportion of new cases occur in working men under the age of 59.

A radical prostatectomy results in a long period of recovery. It is often accompanied by urinary side effects, abdominal pain and reduced mobility. As a result, men's ability to work is reduced, disrupting their sense of purpose and ability to provide for their family.

The study showed that men didn't want to appear sick or weak, but felt pressured to return to work as quickly as possible.

"It's clear they are not pitching in the same level as they did previously and they worry their workmates are going to think less of them," says Bottorff, director of the Institute for Healthy Living and Chronic Disease Prevention. "This is more the case in men who do not have a lot of control of their work schedules, or have a physically demanding job."

Yu Ko cites the experience of a self-employed businessman who returned to work full-time shortly after prostatectomy due to financial reasons. However, he was physically unable to exert himself and struggled to meet work demands. As a result, he thought of leaving his job but eventually opted to work part-time to support his family.

Other study participants noted a lack of concentration, not able to lift heavy items, and they found a full workday mentally and physically challenging. Many also reported the most common side effects of fatigue and urinary incontinence were unexpected and severely affected their return to work.

"When patients don't feel like they are performing at 100 per cent, all day long, they think about bowing out and taking retirement," Oliffe explains. "But, ending a career because of prostate cancer or after a prostatectomy isn't seen as going out on a high point and the prospect of early retirement can be quite upsetting."

The researchers say those considering a prostatectomy need to have a conversation with their employer before surgery about coming back on a graduated schedule, reducing physical labour and being prepared for a two-to six-month recovery. The study also suggests healthcare providers lobby in favour of return to work conditions that will not jeopardize a man's ongoing recovery after surgery.

"We find if they do come back to work after that conversation and they are good to go, it's still better to under promise than under deliver," says Oliffe. "Going back to work isn't always a choice and we
highly recommend patients have a plan for a graduated return."

The study, published recently in Qualitative Health Research, was led by doctoral student Wellam Yu Ko with partial support by a Canadian Institutes of Health Research grant.


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