

Supplemental Table S1: Summary of findings (GRADE) for the effectiveness of interventions compared to no treatment control

PFMT alone					
Outcomes	Illustrative comparative risks*		Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE) [#]
	Assumed risk	Corresponding risk			
	Control	PFMT alone			
EF at 12- months	Study population		RR 0.96 (0.85 to 1.07)	734 (2 studies) ^{25, 26}	⊕⊕⊕⊖ Moderate^a
	598 per 1000	574 per 1000 (508 to 640)			
	Moderate				
	603 per 1000	579 per 1000 (513 to 645)			
Climaturia at 12- months	Study population		RR 1.01 (0.96 to 1.07)	542 (2 studies) ^{25, 26}	⊕⊕⊕⊖ Moderate^a
	879 per 1000	887 per 1000 (844 to 940)			
	Moderate				
	881 per 1000	890 per 1000 (846 to 943)			
PFMT plus ES					
Climacturia at 15- months	Control	PFMT plus ES	RR 15.6 (0.95 to 254.91)	31 (1 study) ²⁸	⊕⊕⊖⊖ Low^{b,c,d}
	Study population				
	0 per 1000	0 per 1000 (0 to 0)			
	Moderate				
	0 per 1000	0 per 1000 (0 to 0)			
PFMT plus ES					
EF at 12- 15 months	Control	PFMT plus ES	RR 1.45 (0.87 to 2.41)	98 (2 studies) ^{27, 28}	
	Study population				
	315 per 1000	456 per 1000 (274 to 759)			

	Moderate				⊕⊕⊕⊕
	314 per 1000	455 per 1000 (273 to 757)			Very low ^{d,e,f}
PFMT plus BFB					
EF at 3-months		The mean of 3 months in the intervention groups was 4.44 higher (3.37 lower to 12.25 higher)		112 (2 studies) ^{24, 29}	⊕⊕⊕⊕ Very low ^{d,g,h}
PFMT plus BFB					
EF at 12-months	Control	PFMT plus BFB n,%			
	Study population		RR 3.65 (1.02 to 13.05)	105 (2 studies) ^{29, 30}	⊕⊕⊕⊕ Very low ^{d,i}
	38 per 1000	138 per 1000 (38 to 492)			
	Moderate				
	63 per 1000	230 per 1000 (64 to 822)			

Note: BFB = Biofeedback; ES = Electrical Stimulation; EF = Erectile Function; GRADE = Grading of Recommendations, Assessment, Development, and Evaluation; PFMT = Pelvic Floor Muscle Training; RR = Risk Ratio.

*The basis for the **assumed risk** (e.g. the median control group risk across studies) is provided in footnotes. The **corresponding risk** (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).

#GRADE Working Group grades of evidence

Moderate quality: Further research is likely to have an important impact on our confidence in

the estimate of effect and may change the estimate.

Low quality: Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.

Very low quality: We are very uncertain about the estimate.

^aLack of therapist and assessor blinding in two^{25, 26} studies.

^bTherapist, assessor not blinded and lack of allocation concealment in one study²⁸.

^cInconsistency-Not applicable, single study.

^dVery wide CI.

^eTherapist and assessor not blinded in two studies^{27, 28}; dropout rate >15% in one study²⁷; and lack of allocation concealment in one study.²⁸

^fLikely to be industry sponsored.²⁷

^gTherapist and assessor not blinded in two studies.^{24, 29}

^hEvidence of heterogeneity ($I^2 > 50\%$) across studies.

ⁱLack of allocation concealment and dropout rate >15% in one study³⁰; Therapist and assessor not blinded in two studies.^{29, 30}

Supplementary Appendix 1: Search terms and search strategy

Subject areas	Search terms used
Prostatectomy AND	(prostatectomy) OR (radical prostatectomy) OR (transurethral resection of prostate) OR (prostatic Neoplasms) OR (prostatic hyperplasia) OR (prostate cancer) OR (prostate cancer surgery)
Sexual dysfunction AND	(sexual dysfunction) OR (erectile dysfunction) OR (penile erection) OR (climaturia)
Physiotherapy Interventions AND	(pelvic floor muscle exercise) OR (pelvic floor muscle strengthening) OR (pelvic floor muscle training) OR (electrical stimulation) OR (biofeedback) OR physiotherapy
Randomised Controlled Trial	(RCT) OR (random allocation) OR (randomised controlled tria*) OR (randomised controlled clinical trial)

Supplementary Appendix 2: Excluded studies and reasons for exclusion

1. Speakman M, 2004

Pelvic Floor Exercises for Treating Post-Micturition Dribble in Men With Erectile Dysfunction: A Randomised Controlled Trial.

Reason: Ineligible outcome measures.

2. Laurienzo CE 2018

Reason: Pelvic floor muscle training and electrical stimulation as rehabilitation after radical prostatectomy: a randomised controlled trial.

Reason: Data reported as median and range

3. Dorey G, 2005

Pelvic floor exercises for erectile dysfunction

Reason: Data reported as graphical format.

4. Van Kampen M, 2003

Treatment of erectile dysfunction by perineal exercise, electromyographic biofeedback, and electrical stimulation. Physical therapy. 2003 Jun 1;83(6):536-43.

Reason: Not RCT.

5. Lavoisier P, 2014

Pelvic-floor muscle rehabilitation in erectile dysfunction and premature ejaculation. Physical therapy. 2014 Dec 1;94(12):1731-43.

Reason: Not RCT.

6. Bocker B, 2002

Physikalische therapie der beckenbodeninsuffizienz (Physical therapy for pelvic floor insufficiency -- comparison of methods)

Reason: RCT evaluating Urinary incontinence.

7. Garcia M, 2015

Design and early clinical experience with a tactile feedback driven pelvic floor muscle training smartphone App.

Reason: Not RCT.

8. Reducing adverse effects of treatments for prostate cancer

Reason; Not RCT.

9. Karlsen, Randi V. 2017

Feasibility and acceptability of couple counselling and pelvic floor muscle training after operation for prostate cancer

Reason: Single-arm trial (no control group).

10. Meldrum, David R. 2014

Erectile Hydraulics: Maximizing Inflow While Minimizing Outflow

Reason: Review.

11. Sighinolfi, Maria Chiara, 2009

Potential Effectiveness of Pelvic Floor Rehabilitation Treatment for Postradical Prostatectomy Incontinence, Climacturia, and Erectile Dysfunction: A Case Series

Reason: Not RCT.

12. Geraerts, I. 2016

Pelvic floor muscle training for erectile dysfunction and climacturia 1 year after nerve sparing radical prostatectomy: a randomized controlled trial

Reason: Conference paper.

13. Goonewardene SS, 2018

A systematic review of PFE pre-prostatectomy.

Reason: Review.

14. Tafuri A, 2018

A pilor randomized trial of preoperative pelvic floor muscle exercise vs usual care to improve sexual function and health related qulaity of live after RARP: Preliminary disappointed results.

Reason: Conference paper.