

Erectile Dysfunction after Radical Prostatectomy

UROLOGY
SAN ANTONIO

The prostate gland has nerves around it that play a role in a man's ability to have an erection. When a Radical Prostatectomy (removal of the prostate gland) is performed these nerves can get damaged or required to be removed which can result in Erectile Dysfunction (ED).

ED after Radical Prostatectomy is very common. If the nerves are spared erections can recover slowly post-operatively over the next 24 months, if they were unable to be spared (non-nerve sparing) post-operative ED is unavoidable.

- Around 70% of men will have a decrease in penile length (the average loss is 1cm but can range from 0-5cm).
- Other factors that lead to ED include Age (>60), weight (overweight/obesity), smoking status and conditions like diabetes, hypertension, cardiovascular disease. These underlying medical conditions can also contribute to ED.
- All patients post radical prostatectomy should consider penile rehabilitation, especially if other risks factors for ED are present.

Penile Rehabilitation Post Prostatectomy

Penile Rehabilitation post radical prostatectomy is like a form of physical therapy. It can help increase blood flow, prevent scar tissue from forming, and help promote nerve function.

Programs vary from clinic to clinic and can be patient specific. Some of the more common strategies involve oral medications, injections, suppositories or vacuum devices. Some examples are listed below:

- Oral Medications: Phosphodiesterase type 5 (PDE5) inhibitors, such as Levitra®, Viagra®, Cialis®, Stendra® improve blood flow to the penis and help keep erectile tissue healthy.
- Penile Injections: You (the patient) are trained to inject medication into the penis to prompt an erection.
- Suppositories (MUSE): Pellets of medicine are inserted directly into the urethra (the tube that you urinate from).
- Vacuum erection devices (VEDs): a clear plastic cylinder is placed over the penis. You (the patient) use a pump to draw out the air, creating a vacuum which leads to an erection. The VEDs do not help with spontaneous erections post-surgery but may prevent penile shortening.
- Your provider may institute penile rehabilitation three times per week or even nightly.
- Rehabilitation should start soon after surgery to help prevent scar tissue from forming and minimize potential psychological effects. It can take time, sometimes even years to reach your full potential post-surgery.