

REHABILITATION OF SEXUAL FUNCTION AFTER RADICAL PROSTATECTOMY

Return of sexual function depends on several factors:

- Patient age
- Medical illnesses
- Medications
- Sexual function prior to surgery

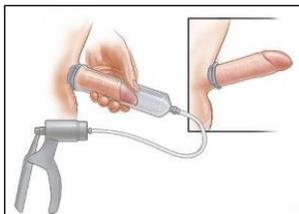
During the postop period it is important to use devices, pills or injections to cause the penis to become erect to prevent shortening of the penis.

You should refrain from sexual activity for the first 6 weeks postop. Two weeks after surgery when you return to have your catheter removed you will have a discussion with Dr. Fulgham regarding options for sexual rehabilitation. When possible Dr. Fulgham will attempt to spare the penile nerves at the time of surgery (called nerve-sparing). Even if one or both nerves are spared it may take a year to 18 months for erectile function to return. The reason for this is that the nerves, even if preserved, may be traumatized, and nerves heal very slowly.

The successful return of sexual function depends on several factors such as patient age, other medical illnesses and medications they may be taking, and whether or not they had good sexual function prior to surgery. Sexual function naturally declines with age in most patients and many patients who have not had a prostatectomy require devices or drugs to help with erectile function.

During the time while you wait for the nerves to heal it is important to use devices, pills or injections to cause the penis to become erect, even if you aren't able to successfully carry out intercourse. It is important to stretch the penis through an erection to prevent shortening that may occur from a lack of use. The penis may become shorter and never return to its previous length if no attempt is made to increase blood flow during the rehabilitation period.

VACUUM ERECTION DEVICE (VED):



A plastic cylinder is placed over the penis. Using a small hand pump, air is pumped out of the cylinder causing a partial vacuum which draws blood into the penis and creates the erection. Once the erection is obtained, a tension ring is applied to the base of the penis. This acts like a tourniquet to keep the blood in the penis and to maintain the erection. After sex, the ring is removed and the blood flows out. Even though the penis is filled with blood it will feel cool to the touch. Some patients have difficulty operating the VED. There are educational materials that can be very helpful in learning how to use the device.

ORAL MEDICATIONS:

Warning: The use of PDE5 drugs can be dangerous if taken with nitrates (nitroglycerin) or alpha blockers (i.e. Flomax).

Phosphodiesterase inhibitors (PDE5) are oral medications that cause blood to flow into the spongy tissue of the penis upon sexual stimulation. These medications include sildenafil (Viagra), tadalafil (Cialis), and vardenafil (Levitra). Patients that take nitrates (e.g. nitroglycerin) or alpha blockers (e.g. Flomax) may not be able to take these drugs. None of these drugs work automatically – they all require sexual stimulation. Each of them works a little differently, have side effects, and need to be used according to instructions in order to work properly. A daily low dose of Cialis may be prescribed. However, Cialis is expensive and insurance may not cover it. If, so then sildenafil (Viagra) 100 mg taken twice a week for the 3 months following surgery, then on-demand is a less expensive option. **Side effects:** All of the drugs may cause headaches, muscle aches, nasal stuffiness and/or a blue tinted vision.

Alert: Some studies have reported that PDE5 drugs may be associated with increased risk of developing melanoma. However, these are only observational studies. As a precaution be sure to have an annual check-up with your dermatologist and alert your dermatologist or primary care doctor of any suspicious skin lesions.