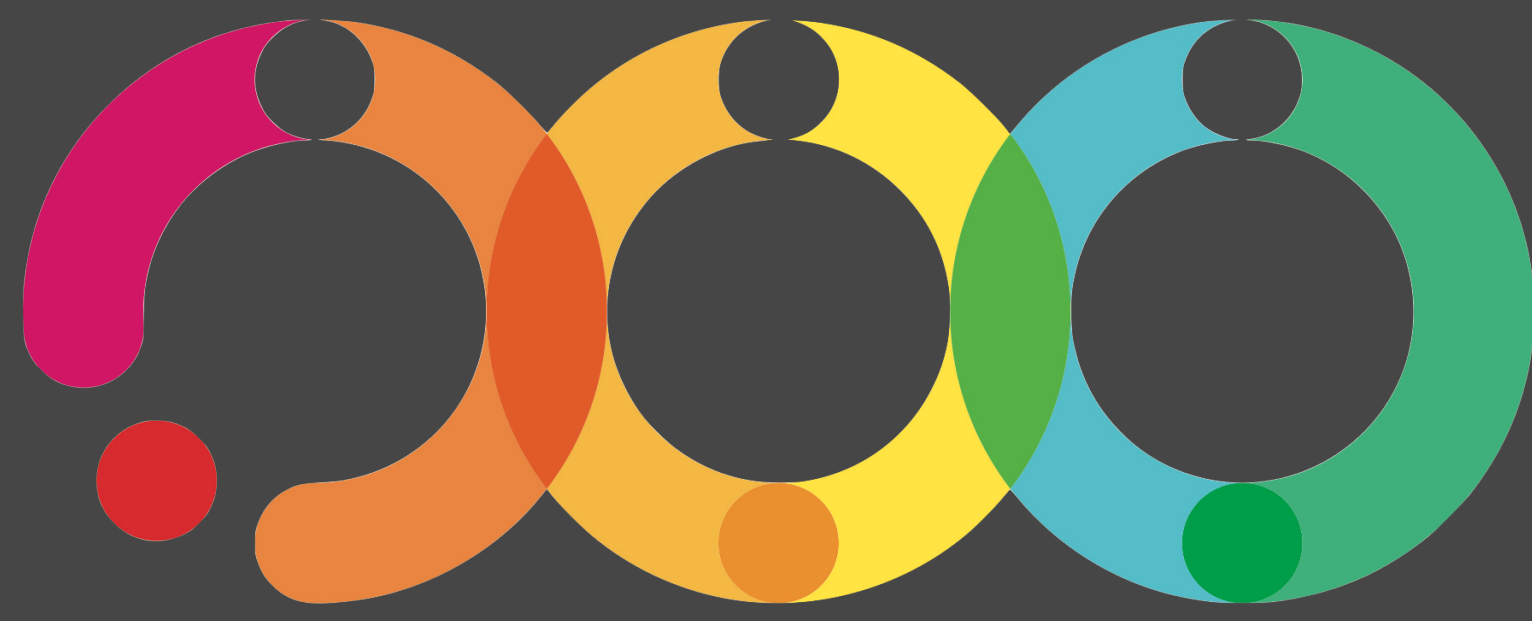
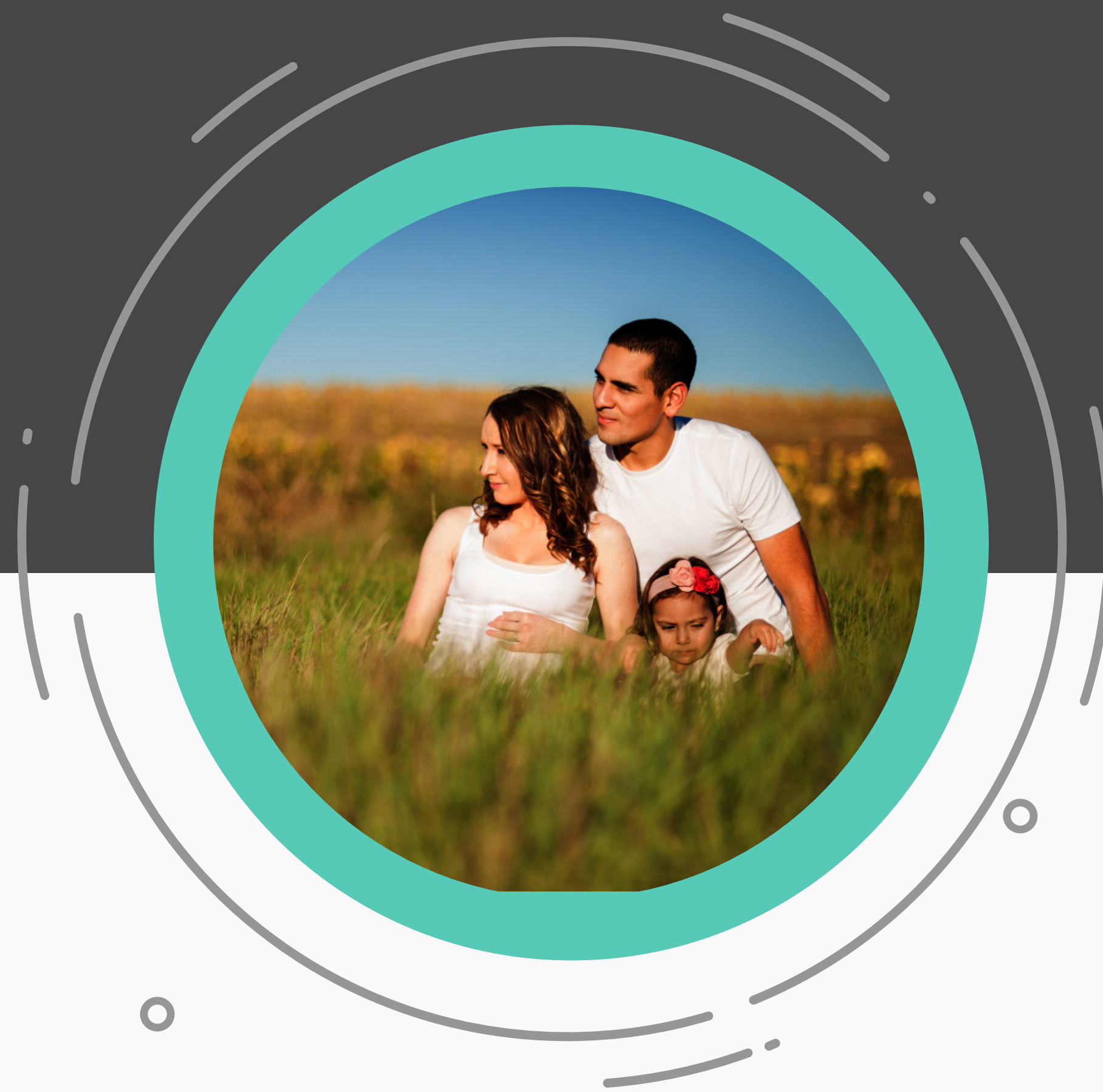




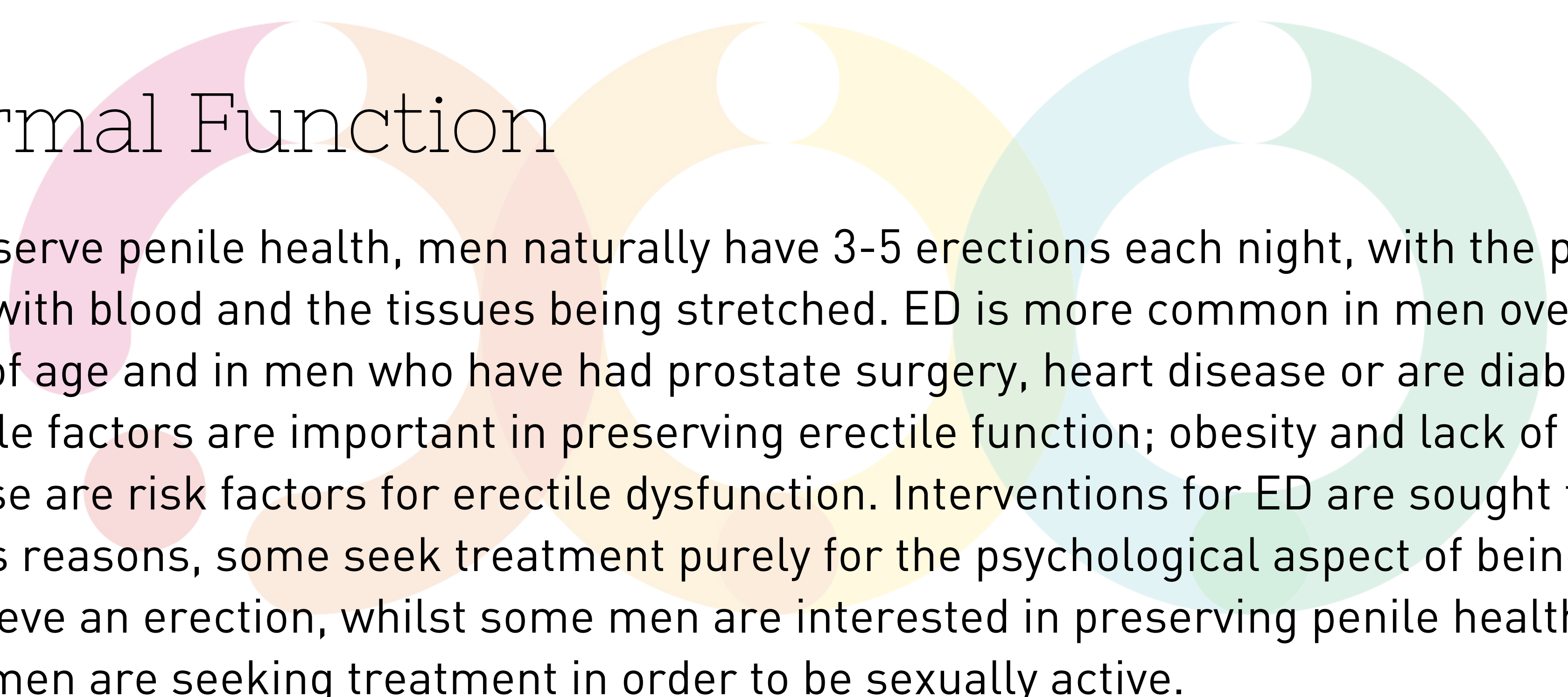
The Prostate Clinic

Post Radical Prostatectomy Sexual Function

How we can help after your
upcoming procedure



Dr Tom Shannon



Normal Function

To preserve penile health, men naturally have 3-5 erections each night, with the penis filling with blood and the tissues being stretched. ED is more common in men over 40 years of age and in men who have had prostate surgery, heart disease or are diabetic. Lifestyle factors are important in preserving erectile function; obesity and lack of exercise are risk factors for erectile dysfunction. Interventions for ED are sought for various reasons, some seek treatment purely for the psychological aspect of being able to achieve an erection, whilst some men are interested in preserving penile health and some men are seeking treatment in order to be sexually active.

Erectile dysfunction after surgery

Erectile dysfunction (ED) is a common problem for men after radical prostatectomy, as the erection nerves are closely related to the prostate gland. Sexual function after surgery is determined by three things. The first is pre operative function, the second is the degree of nerve sparing done and the third is the rehabilitation. Nerve sparing is not always possible, especially if the cancer is invading the nerves. Those most at risk of losing erections have impaired function pre op, or have more advanced disease. Your individual situation should be clearly discussed pre op.

Treatment options

Medications: Phosphodiesterase type 5 inhibitors (PDE5i), medications such as Viagra and Cialis are useful in many men. PDE5's improve blood flow and increase erections. They are generally not helpful if there is no erection, but can be used after surgery even when erections are yet to start to keep penile tissue healthy. Some men, including those on certain heart medications may be unsuitable for PDE5's. 'On demand' medication involves taking a full dose of a PDE5i, such as Viagra, to achieve or boost an erection. Desire and sexual stimulation are necessary for the medication to work.

Vacuum Devices: Vacuum devices are cylindrical tubes placed over the penis, air is pumped out of the cylinder and as the pressure builds up blood is drawn into the penis. To aid in preserving penile tissue health in men who can't get erections, vacuum devices can be used regularly. Vacuum devices can be used on demand with a constriction ring placed to keep the erection long enough for sexual intercourse. The constriction band must only be on for 30 minutes at a time. These devices can be purchased from medical suppliers and most sex shops. Some health funds will reimburse you for the purchase of the device. You will need instructions from your nurse, urologist or the provider on how to use these devices.

Injection therapy: Intracavernosal injections (ICI) offer an alternative for men who are unsuitable for PDE5i or who do not respond to them. ICI's do not require the nerves to be functioning, so they have a low failure rate. The injections relax smooth muscle, increasing blood flow to the penis. Interested men will be helped to overcome the apprehension of self-injecting, and be taught how to inject into the penis. Your specialist nurse will teach you how to draw up and administer the medication, how to titrate the dose and provide ongoing support for you.

Treatment options continued.

Penile Prosthesis: Men who are unsuitable for, or fail the above mentioned treatments may wish to discuss the option of a permanent penile prosthesis. A prosthesis is a mechanical device implanted into the penis, which is activated via an implanted activation button in the scrotum. It involves a surgical procedure, but once implanted, can offer a long term solution for erectile dysfunction. Your urology nurse or urologist can discuss the prosthesis and procedure in detail with you.

Injection therapy: What is it?

Intracavernosal injections (ICI) are a great treatment option for men post prostatectomy who are waiting for return of erections. ICI is also a good option for men who have had non-nerve sparing surgery or who have been unresponsive to tablet medication.

How will I learn how to do this?

You will have one initial education session with our nurse to learn how safely perform a ICI. This appointment will include the following:

- Normal mechanism of erections
- Erectile dysfunction
- Sexual re-navigation
- Education about the medication, side effects and contraindications
- Practice drawing up, preparing a model penis and injecting a model penis
- Drawing up and titrating the dose of medication
- Preparing the site for injection on yourself
- Injecting yourself
- Education on troubleshooting injection management and priapism.

How do I know how much to use?

It is crucial that you follow direct instructions from your nurse, you should never inject more medication than you have been told to, or give yourself a 'top up dose' should the initial dose not work. You will be in close contact with your nurse to titrate the dose to a level which is appropriate for you. It can be a time consuming and somewhat frustrating process titrating the dose until you find the dose that is right for you but it is crucial that we work up the dose slowly to avoid complications. You must not inject more than once in a 24 hour period and you should not inject more than 3 times a week. You should feel some effect of your injection within 5 – 15 minutes and the erection may last for anywhere up to an hour. Within 2 hours you should have no erection.

Is there discomfort with the injections?

Some people experience pain from ICI, if this is the case we will work with you and our compound pharmacy to change the medication. You may experience bruising from the injection, we teach you where to inject and how to apply pressure to the injection site to minimise this. Some people experience headaches and dizziness from the ICI, you can take Panadol and lay down if this happens.

What are the potential side effects?

Some people get scar tissue from the injections, it is important to follow instructions from your nurse with regard to injection technique. You must rotate the site of the injection and monitor your penis for lumps and bumps or curvature, which can indicate scarring. If you are using injections for a prolonged period of time, you need to have regular check ups with your urology nurse to check for scar tissue.

What is Priapasm and how do I treat it?

There is risk, especially if you do not follow instructions with regard to dosing, of having a priapism, an erection which lasts too long. If your erection lasts for more than 4 hours, this is a medical emergency and you need to present to ED.

What to do in the event of a priapism (A prolonged erection):

- 1.If you still have an erection after 2 hours: Stop all stimulation / sexual activity. Physical exercise has been shown to reverse the erection as has applying an ice pack.
- 2.Take a warm / cold shower, walk up and down stairs rocking your pelvis.
- 3.You can take up to two 60mg immediate release Pseudoephedrine (Sudafed) tablets. You must purchase these when you fill your script for your ICI.
- 4.If the erection has not subsided within 3- 4 hours you need to contact the prescriber or present to an emergency department. This is a medical emergency.

Erection scale

0	1	2	3	4	5	6	7	8	9	10
No erection										100% erection

Trial dose given:

Next dose to try:

Maximum dose to try:

About Us

The Prostate Clinic is Perth's first multidisciplinary centre dedicated to the prevention and management of prostate disease and men's health based at Hollywood Private Hospital, Nedlands. Prostate disease is a common condition, affecting 1 in 2 men in their lifetimes, making it a problem that we all need to think about. Prostate cancer affects 1 in 5 men during their lifetime and is the second most common cause of cancer death in Australian men. However, prostate cancer is highly curable if found early and at The Prostate Clinic we are devoted to reducing the impact of this disease through awareness, early detection and expert care. With over 15 years' experience and thousands of prostate cancer patients treated, The Prostate Clinic brings together a team of doctors, nurses, physiotherapists, dieticians, exercise physiologists and psychologists to deliver optimal patient care.

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