

Management of ED (Erectile Dysfunction) after RRP (Radical Retropubic Prostatectomy)

Expectations:

It will NEVER be better than it was before surgery. The BEST that can be hoped for is that it will be almost as good as it was before surgery. It normally takes at least one year for erectile function to return. The goal in the first few months is to prevent damage from lack of use, not to recover complete erections.

Prior to surgery:

- Begin daily PDE5I (PDE-5 Inhibitor, ie. Viagra or Cialis). Side effects include headache, runny nose, color changes. If chest pain occurs, then seek prompt medical attention. This medication does not cause priapism (a painful erection that will not go down), but if that condition occurs then seek emergency medical care.
- Obtain VED (vacuum erection device) and learn how to use it.
- Stop PDE5I the day before surgery.
- Find a source of L-arginine and Pycnogenol. These are not prescription medications. They are essentially supplements. Side effects should be minimal but could be variable depending upon the source.

10-14 days after surgery: remove catheter if no issue.

- Restart PDE5I
- Obtain instruction in use of VED, if needed.
- Daily use of VED. Create 1-5 erections within 10 minutes that each last at least 1 minute. Do not use constrictor ring.
- Begin taking L-arginine and Pycnogenol.
- Erection health is often related to overall health. Make good lifestyle choices with a healthy diet, no smoking, less alcohol, and more exercise.

3 months after surgery

- Attempt intercourse at least weekly, but don't be frustrated if not successful.
- If possible, will switch PDE5I dosing to include high doses 2-3 times per week.
- Continue to use VED.

6 months after surgery

- Review success and discuss further options.

A website, designed for men with prostate cancer, that may have helpful information:

<http://www.prostate.com/patient/>

Reference for this information:

"A Model for Managing Erectile Dysfunction Following Prostate Cancer Treatment"

Park DL, Aron M, et al

Curr Opin Urol 2013, 23:129-134

Formulary requirements available through DoD PEC (pharmacoeconomics) website.