Addressing and managing erectile dysfunction after prostatectomy for prostate cancer.

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Abstract
Erectile dysfunction is the most common side effect after prostatectomy. There are currently five categories of available treatment options for erectile dysfunction for men following radical prostatectomy. The first and most common treatment is oral phosphodiesterase type 5 inhibitors (sildenafil, vardenafil, or tadalafil). Despite their popularity, these medications do not always produce an erection sufficient for intercourse after prostatectomy. The second treatment option is the noninvasive option of either a venous constriction band or the vacuum constriction device. Both treatments use a venous occlusive tension band or ring to maintain erection by retaining blood in the penis. The vacuum constriction device also utilizes external suction pressure to create an erection prior to application of the tension ring. The third treatment option is Muses, an intraurethral suppository containing alprostadil that dilates the penile blood vessels. The fourth treatment option involves penile injections. The fifth treatment is the penile prosthesis, in which artificial rods are surgically implanted into the corpora cavernosa to provide penile rigidity. Oral agents, the vacuum device, Muse, and injections have been used for penile rehabilitation to encourage spontaneous return of erectile function in men after radical prostatectomy with varied success. Untreated erectile dysfunction after radical prostatectomy has been associated with penile atrophy and further diminished erectile function. Therefore, it is critically important that clinicians provide comprehensive information about the positive and negative aspects of all treatment options and the penile rehabilitation potential of each. This will enable patients to make informed treatment choices about early intervention for erectile dysfunction.

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