OBJECTIVES: To assess the impact of RP on patients' sexual desire and orgasm.

MATERIAL AND METHODS: Prospective, cross-sectional survey using a 16-item self-administered questionnaire. We assessed relevant domains of male sexual function (erectile function, sexual desire, and orgasm), psychological impact and treatment of ED.

RESULTS: A total of 63 consecutive patients after RP were included (mean age: 63.9). Median time between questionnaire and RP was 26.8 months (range 6-67). After RP, 74.6 % of patients used ED treatments. Lower sexual desire and intercourse frequency were reported in respectively 52.4 and 79.4 %. Orgasm was modified in most patients: 39.7 % described loss of orgasm and 38.1 % reported decreased intensity. Involuntary loss of urine at orgasm (climacturia) was reported in 25.4 %. Negative psychological impact was reported in 68.3 % (loss of self-esteem, loss of masculinity, anxiety).

CONCLUSIONS: RP adversely affected erectile and orgasmic functions but also sexual desire, self-esteem and masculinity despite treatments. Candidates for RP should be aware of ED but also of other postoperative sexual dysfunctions.

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