

Study shows regaining normal sexual functioning is “rare” after prostate operations

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Regaining normal erectile function is rare after the most common prostate operation, radical prostatectomy. This is the main result of a new study which is presented at the European Association of Urology Congress in Madrid.

Radical Prostatectomy is the removal of the prostate gland during a prostate cancer operation. This can often remove the cancer, but there is a major possible side-effect*, erectile dysfunction – the inability to have an erection. This is because the nerves which surround the prostate are often damaged during the operation, and these nerves control the ability to have an erection. In many cases, this improves with time, but now new research indicates that achieving an erection of the same quality as before the operation is rare, and may have been significantly overestimated by doctors.

The standard way of measuring erectile function is via a questionnaire, the International Index of Erectile Function (IIEF), but this is not specifically aimed at prostate cancer patients. Some researchers had felt that the questionnaire did not take account of the special circumstances of a sudden change in erectile function brought on by surgery, or allow comparison with sexual activity prior to the operation (the IIEF questions only deal with sexual activity within the previous four weeks).

A group led by Dr Mikkel Fode, from the Herlev Hospital in Copenhagen, asked 210 patients to complete the IIEF questionnaire, around 23 months after Radical Prostatectomy surgery. However they added an additional question: “*Is your erectile function as good as before the surgery (yes/no)*”. Only 14 patients (6.7% of respondents) reported that their erections were as good as before surgery. This compared with 49 patients (23.3%) who showed no decline in the in the IIEF score.

As Mikkel Fode said:

“The occurrence of sexual dysfunction after prostate cancer surgery is well known but our method of evaluating it is new. What this work shows is that having an erection as good as before surgery is a rare event, with the vast majority of men, more than 93% in our sample, experiencing some sexual problems after prostate cancer surgery. Fundamentally, we may have been asking patients the wrong question, but of course we really need bigger trials to confirm this. We think that this work gives a more realistic, idea of the real problems which most men have after prostate surgery.

This is important to know before deciding on undergoing the treatment as your choice might be affected. For men who have already undergone surgery it is important to know that they are not alone in the situation and that their physician will likely be able to help if they discuss the problem”.

Commenting, Professor Francesco Montorsi, Chair Department of Urology, Vita Salute San Raffaele University, Milan, Italy and Editor Emeritus European Urology said:

“As the average age of patients undergoing radical prostatectomy is decreasing, maintaining the ability to have an erection after an operation is increasingly important to men facing surgery. This is the first study of its kind, so we need to confirm the findings but above all to learn from problems which can face patients after prostate cancer operations. We need to look more closely at nerve sparing techniques, and ensure that good post-operative care is available for each patient”.

**Incontinence is also a possible side-effect, but this is less common.*

ENDS

Notes for editors

PLEASE MENTION THE EUROPEAN ASSOCIATION OF UROLOGY CONGRESS IN ANY STORY RESULTING FROM THIS PRESS RELEASE

The 15th European Association of Urology conference takes place in Madrid from 20-24th March. This is the largest and most important urology congress in Europe, with up to 13,000 expected to attend. Conference website <http://eaumadrid2015.uroweb.org/>

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The IIEF questionnaire can be downloaded at:

<http://www.baus.org.uk/Resources/BAUS/Documents/PDF%20Documents/Patient%20information/iief.pdf>

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Erectile function after radical prostatectomy – do patients return to baseline?

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Introduction & Objectives

Variations in study methodology have resulted in controversy regarding the incidence of erectile dysfunction (ED) after radical prostatectomy (RP). The most commonly utilized questionnaire is the International Index of Erectile Function (IIEF). However, this questionnaire has not been validated specifically for the situation. The purpose of this study was to assess post-RP ED as assessed by the IIEF-5 questionnaire and by subjective patient perception.

Material & Methods This is a sub-analysis from a cross-sectional questionnaire study in patients following RP (Frey et al, J. Sex. Med, 2014). Preoperative erectile function was evaluated using the IIEF-5. Disease characteristics and information regarding the surgeries were retrieved from a prospectively collected database. A questionnaire designed to capture information on demographics, co-morbidity, and sexual function was mailed to the participants. The questionnaire included the IIEF-5 and the question “Is your erectile function as good as before the surgery (yes/no)”. The validity of this

question was confirmed by a test-retest analysis. We included men who had undergone RP at our center between 1 and 3 years before the study and who had been sexually active prior to their surgery. Descriptive statistics were performed and a multiple regression analysis controlling for nervesparing, age, time since surgery, D'Amico classification and co-morbidities was used to identify predictors of a subjective return to baseline erectile function.

Results A total of 210 participants fulfilled the inclusion criteria. The mean age was 65 years and the mean time since surgery was 23 months. Mean preoperative IIEF-5 score was 21.7 [95% CI 20.6– 22.9]. At the time of the study it had dropped to 9.9 [95% CI 8.6 – 11.3]. Of 189 patients who did not use erectile aids preoperatively, 58 patients had started using a PDE5-I, 17 used injection therapy, 5 used MUSE, 1 used a VED and 2 had received a penile implant. Forty-nine patients (23.3%, [95% CI 18.9%– 28.5%]), who did not report use of erectile aids, showed no decline in IIEF-5 score. However, only 14 patients (6.7%, [95% CI 4.4%– 10.1%]) reported that their erections were as good as before the surgery. Bilateral nervesparing ($p= 0.003$) and the absence of cardiovascular disease ($p= 0.04$) were the only significant predictors of a subjective return to baseline erectile function.

Conclusions Return to baseline erectile function following radical prostatectomy is a rare event. The IIEF5 questionnaire may not adequately reflect patients' experience.

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