

Urology Department Erectile Dysfunction Rehabilitation -Prostatectomy



Western Health

What is Erectile Dysfunction?

Erectile Dysfunction (ED) is the inability to obtain an erection, or have an erection hard enough for penetration. A common complication for men following treatment for prostate cancer in particularly surgical removal of the prostate is ED. Even with nerve sparing radical prostatectomy men can experience problems achieving or maintaining an erection.

The nerves responsible for erections are located close to the prostate gland and can be affected by the surgery, recovery of erectile function (EF) can take as long as 18 months to 2 years following surgery. Other factors that affect erectile dysfunction include pre surgery erectile function, age, and nerve sparing nature of surgery (non-nerve sparing vs nerve sparing).

Recent published suggests penile rehabilitation after radical prostatectomy improves the restoration of natural spontaneous erectile function. Penile tissue needs regular oxygenated rich blood flow to prevent scarring, penile atrophy and fibrosis; early post-operative intervention may assist in the return of erectile function and prevent scar tissue from forming in the penis.

PDE-5 Inhibitors (Viagra, Cialis, Levitra)

Oral medications for the use in erectile dysfunction are called Phosphodiesterase (PDE-5 Inhibitors).



These medications work by relaxing the blood vessels in your penis when you are sexually excited, allowing blood flow to your penis to obtain a natural erection. You also require the presence of functioning nerves for these medications to work along with sexual stimulation.

Common side effects of these drugs are facial flushing, stuffy nose (relieved with nasal decongestant), heartburn, headache (relieved with Panadol). Side effects reduce with continued use of these medications.

Penile Rehabilitation program

At your 8 week post prostatectomy review you will have a discussion with the Prostate Cancer Specialist Nurse (PCSN) in regards to your sexual function following your surgery. If you decide to commence the penile rehabilitation program please follow the below instructions as instructed by the PCSN.

Viagra (Sildenafil) - 1st line therapy

You will be given a prescription for 100mg Viagra; you will need to purchase a pill cutter from the chemist to make it easier to cut the tablet into quarters.

The use of Viagra (Sildenafil) is to encourage blood flow back to the penile tissue, stretching the tissue to mimic your night time erections.

Viagra should be taken on an empty stomach; it takes 30-50 minutes for Viagra to work and may continue to work for up to 12 hours.

You are to take ¼ tablets (25mg) for 6 nights to improve blood flow back to penile tissue, on the 7th night take 100mg with the goal to get an erection (this continues for 8 weeks then you will be reviewed by prostate cancer nurse for response in clinic).

If you are able to achieve an erection on this regime continue with this program. If not responding discuss with your Prostate Cancer Nurse.

Cialis 5mg (Tadalafil)

You will be given a prescription for 5mg (low dose).

Take 5mg once daily at the same time every day for 8 weeks while on the rehabilitation program. You will be reviewed by prostate cancer nurse in clinic for your response to treatment.

Cialis works within 2 hours and may continue to work up to 24 hours, Cialis stays in the system longer therefore can be taken at any time.

You will continue this regime for 8 weeks if you don't experience any troublesome side effects.

If you are able to achieve an erection on this regime continue with this program. If not responding discuss with your PCSN it may be recommended to increase dose to 10mg or 20mcg, commence Vacuum erectile device (VED) or Intracavernosal injections (ICI).

Along with the use of PDE-5 Inhibitors research has also shown that behavioural changes i.e. exercise, diet, stress management can also assist in the return of erectile function.

Exclusions for the use of PDE-5 Inhibitors include men taking nitrate medications to treat Angina (chest pain) or other heart conditions as PDE-5 Inhibitors can drop your Blood pressure suddenly if taken at the same time. PCSN will consult with the Urology team before commencing PDE-5 Inhibitors.

Vacuum Erection Devices (VED)

VED are highly recommended in the use of penile rehabilitation and can be used along with either PDE-5 Inhibitors.

A vacuum erection device (VED) is an external cylinder pump that men can utilize to get and maintain an erection. The pump is placed over the base of the penis, creating a vacuum within the cylinder which helps draw blood into the penis by gently pushing on the button on the pump. The use of water based lubricant is required to prevent blistering/damage to the penile tissue and create a good seal to your skin for successful use.

For penile rehabilitation no constriction band is required on removal of the pump your penis will instantly become flaccid (soft). The aim is to preserve the length of the penis after radical prostatectomy.

Pump should be used for 10-15mins twice a day for penile rehabilitation purposes.

For sexual activity you need to slowly pump the device to draw blood into the penis. If you have achieved an erection adequate for penetration you will need to apply a constriction band to maintain the erection. The band must be removed after 30mins as the band reduces the amount of oxygenated rich blood flow to the penis which is required for penile rehabilitation.

Your PCSN will discuss the use of the VED and show you a sample of the pump

Passionfruit the Sensuality Shop
404 Bridge Road, Richmond
9421 3391
www.passionfruitshop.com.au

Post Prostatectomy Cancer Treatment Rehab Kit \$100 - \$120



Intracavernosal Injections (ICI)-2nd Line therapy

Intracavernosal Injections or ICI are an effective form of therapy for erectile dysfunction either as 1st line with non- nerve sparing surgery or for patients who can't use PDE-5 Inhibitors (Viagra, Cialis) or are non -responders to PDE-5 Inhibitors.

The use of either Caverject Impulse or Trimix doesn't require intact nerve function or sexual stimulation as the medication is injected directly into the penis causing a chemical response.

The injection works by relaxing smooth muscle, dilating arteries allowing oxygen rich blood flow into the penis. Hence trapping blood within the corpus cavernosa (erection chambers) resulting in an erection.

ICI can be used three times a week, with no more than 1 dose in 24 hours to be administered. Your erection should last 30 – 45 min up to 1 hour. Within 2 hours from injection your penis should be soft.

You will be assessed by the PCSN in consult with the Urology team for commencement of ICI.

You will be given in depth education on how to give your injections and your individualized dose to obtain an erection for sexual activity.

Caverject Impulse and Trimix are available on prescription you will need to bring your injection with you to your 1st education session for use.

You are not permitted to increase your dosage without consulting the prostate cancer nurse first. If you do you will be instantly discharged from the clinic. You may however decrease your dose on your own.

Possible complications from ICI are priapism (painful long – lasting erection more than 2 hours without sexual stimulation) or development of scar tissue with prolonged use of ICI your PCSN will educate you on management of this if required.

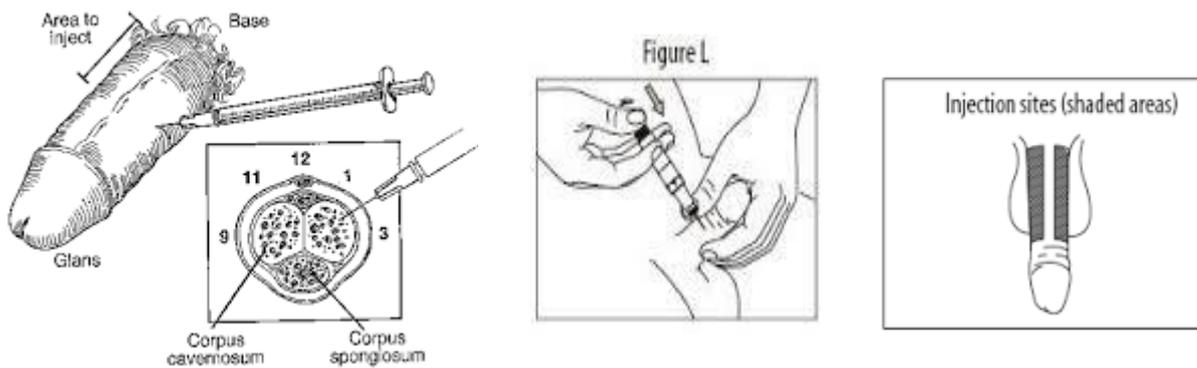
Caverject Impulse dispensed in packet of 2

Trimix, Trimix extra or promix is dispensed from Slade Pharmacy in Richmond.

There is a postage fee allocated of \$9.00

Urology kits for injections

If you are needle phobic you can purchase inject ease \$44.50 includes postage.



You will also need to purchase a sharps container and Sudafed HCL 60mg (not long acting) on this program if you are using Caverject.

Priapism

Is an erection that is maintained after ejaculation and lasts several hours without stimulation. If this occurs damage can occur to the penis due to the trapping of blood in the corpus cavernosa (erection chambers).

Priapism can be managed firstly by:

- Try and ejaculate again.
- STOP sex or penile stimulation.
- Have a warm bath or shower to promote vasodilatation.
- Walk up and down stairs (to divert blood to the legs).
- Take 2 Sudafed HCL 60mg (cold and flu) no more than 4 tablets in 24 hours.

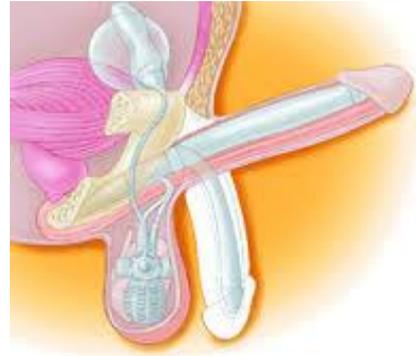
If erection is maintained for longer than 3 hours you must present to emergency for treatment of priapism this is a medical emergency.

Penile Prosthesis/Implants- 3rd line therapy

The surgical implantation of a penile prosthesis may be considered for men who have not responded to first and second line therapy after 12-18 months.

Penile prosthesis provide a natural looking erection with a 3 piece device.

The inflatable cylinder are placed within the natural cavities of the penis, which are in turn controlled by a pump and valve placed within the scrotum.



Normal sexual activity can resume after 4 weeks from implant surgery.

Penile prosthesis are costly some private health insurance companies offer rebates.

Your PCSN will discuss this option with you and refer you to the Urology team for further discussions.

Resources/Contact

Andrology Australia – www.andrologyaustralia.org phone 1300 303 878
Beyond Blue for men – www.beyondblue-men.org.au phone 1300 244 636
Cancer Council Victoria – www.cancervic.org.au phone (03) 9514 6100
Impotence Australia – www.impotenceaustralia.com.au phone 1800 800 614
Prostate Cancer Foundation of Australia- www.pcfa.org.au phone 1800 22 00 99
Relationship Australia – www.relationships.com.au or
www.relationshipshelponline.com.au Phone 1300 364 277

Contact
Prostate Cancer Specialist Nurse
0411 853 290
8345 7368

The Australian Charter of Healthcare Rights describes the rights of all people who use the Australian healthcare system. Copies of the charter in community languages are available near the main entrance of all Western Health hospitals, or ask a staff member or volunteer.

For more information, visit www.safetyandquality.gov.au/australian-charter-healthcare-rights



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