

**FACTORS AFFECTING THE LONG-TERM
INTRACAVERNOUS (IC) THERAPY RESPONDERS
SWITCHING TO ORAL SILDENAFIL CITRATE**

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To assess various parameters to predict which long-term users of IC injections after radical prostatectomy (RP) can successfully switch to oral therapy with sildenafil citrate. 36 patients (mean age 60.9) with erectile dysfunction (ED) following RP were identified as long-term users of IC injection (mean use 2.5 yr.). Prostaglandin (PG) E1 was used in 61% and Trimex solution (PGE1, papavarine, and phentolamine) in the remaining 39%. These 36 patients received open label sildenafil orally (50-100mg) for a minimum of 5 attempts. Treatment responses were assessed by SHIM (IIEF-5) analysis. Of the 36 patients, 41% (15/36) successfully switched to sildenafil and discontinued IC injection with a mean SHIM score of 12.21 ± 3.8 ; 38% (14/36) found sildenafil ineffective and remained on IC injection. Patients that switched to oral therapy had a higher mean SHIM (IIEF-5) score on IC injections than those who did not switch (12.3 ± 7.8 vs. 20.0 ± 4.9 ; $P < 0.001$); 19% (7/36) found sildenafil alone to be suboptimal, but continued using it to enhance the efficacy of IC injections alone.

Variables	Failed Switch to Oral TX (n = 14/36)	Successful Switch to Oral TX (n = 15/36)	Univariate p value
Age (\pm SD)	63.6 ± 5.27	60.0 ± 6.3	0.71
Coronary disease	11%	6%	0.04*
Pre-RP IIEF-5 score	23.3 ± 3.4	19.9 ± 2.6	0.06
IIEF-5 score post-RP	3.8 ± 3.3	4.7 ± 3.7	.10
Time from RP to IC	2.3 ± 1.1	2.6 ± 1.2	.17
IIEF-5 score after IC	12.3 ± 7.8	20.0 ± 4.9	<0.001*
Spousal satisfaction	52%	75%	0.03*
Nerve sparing	55%	63%	.44