ERECTILE FUNCTION FOLLOWING MALE RADICAL CYSTECTOMY IN A SEXUALLY ACTIVE POPULATION

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To evaluate sexual dysfunction in sexually active males following radical cystectomy (RC) and to establish whether sildenafil citrate can advance erectile dysfunction (ED) following surgery. Baseline and follow-up data from 49 sexually active male patients (mean age 57.8 ± 9.1) undergoing RC (1995-2002) were acquired. Sixteen of the 49 (33%) underwent a nerve sparing RC. Thirty-eight of the 49 (78%) had an orthotopic (Studer) diversion, 8/49 (16%) had an ileal conduit diversion, and 3/49 (6%) had a cutaneous continent (Indiana) diversion. Data were evaluated using the abridged 5-item International Index of Erectile Function (IIEF-5) questionnaire, referred to as SHIM (Sexual Health Inventory for Men). With a mean follow-up of 47.6 ± 22.7 months, the total mean SHIM (IIEF-5) score decreased from 22.08 ± 3.96 to 4.33 ± 5.72 after RC ($p < 0.05$). Forty-two of the 49 (86%) patients did not have erections adequate for vaginal penetration. Of these 42, 22 (52%) tried sildenafil citrate. In these 22 patients, only 2 (9%) achieve vaginal penetration with a total mean SHIM score of 23.50 ± 2.12. While the mean SHIM score following orthotopic substitution (5.24 ± 6.21) was statistically different from ileal conduit (1.13 ± 0.33) and cutaneous continent diversions (1.33 ± 0.58), this was not clinically significant. Male erectile dysfunction after RC is a widespread problem. In our series, only 7/49 (14%) sexually active males were potent following surgery. Six of these 7 (89%) potent patients underwent bilateral nerve-sparing radical cystectomy. This study suggests the indications for nerve-sparing cystectomy need to be re-assessed.