

LONG TERM TREATMENT OUTCOMES OF INTRACORPOREAL (IC) PENILE INJECTIONS IN PATIENTS WITH ERECTILE DYSFUNCTION FOLLOWING RADICAL PROSTATECTOMY.

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OBJECTIVES: To determine the efficacy, frequency and long term compliance of IC penile injections in patients with erectile dysfunction following radical prostatectomy

METHODS: 65 patients using IC injection therapy for erectile dysfunction were identified. An International Index for Erectile Function (IIEF) questionnaire and a follow up profile sheet were sent to the patients, with 45 patients (69%) returning the questionnaire. Responses to IIEF questions 3 (frequency of penetration), 4 (maintenance of erection) and 7 (sexual satisfaction) were scored from 0-5 (0= no intercourse, 1 = never, 3=sometimes and 5= always). The efficiency score was calculated by totaling the responses

to all three questions (1-4= poor, 5-10= moderate, 11-15= good).

RESULTS: The mean age of the 45 patients was 60.9 years. Prostaglandin E 1 was used as the only injection formula in 62.2% patients. Preoperative, the mean values for Question 3, 4 and 7 were 4.91, 4.96, and 4.91. Following surgery (with a minimum follow up of 12 months), the mean IIEF scores decreased to 1.64, 1.36, and 1.53. After IC injection therapy, the scores increased to 3.61, 3.66, and 3.51, with no difference in the p.erve-sparing (NS) (27) and non-NS group (18). Of the 45 patients, 16 (35.5%) discontinued treatment because of lack of efficacy (43.75%), side effects (18.75%), mental stress (6.25%), lack of partner (6.25%) and multiple causes (25%). Additional 6 patients (13.3%) discontinued due to preference for Viagra. Overall, the efficiency score was good in 68.85%, moderate in 13.35% and poor or none in 17.8% of the patients. In the 51.1 % patients who continued therapy, the frequency of use remained stable at 4.2-4.3 times a month.

CONCLUSIONS: While oral therapy is the first option for erectile dysfunction following NS radical prostatectomy, the long term the efficacy and compliance of IC injections make it an excellent salvage option in patients who i fail Viagra and a first option in patients following non NS surgery. i