

**EFFICACY OF SILDENAFIL FOR ERECTILE DYSFUNCTION AFTER
RADICAL PROSTATECTOMY (RP): LONG TERM FOLLOW-UP**

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Introduction & METHODS: We identified 68 patients with erectile dysfunction (ED) who were initial sildenafil responders following RP and had a minimum follow-up of 5 years. Using a self-administered questionnaire [abridged version of International Index of erectile Function (SHIM)], we surveyed these 68 patients at 1 and 5 years to determine patient response/efficacy, compliance and side effects. **Results:** At 5 years, 31/68 (45.6%) still responding to sildenafil, while 37/68 (54.4%) were not responding. In the 37 unsatisfied patients, 14/37 (37.8%) found sildenafil nonresponsive, with 8 patients discontinuing the drug and 6 switching to other forms of treatment (3 vacuum compression device (VCD), 3 intracavernosal injections (IC). Twelve of 37 patients (32.4%) developed a suboptimal response and used combination therapy (VCD, IC injection, and MUSE). Eleven of the 37 (29.7%) discontinued the treatment due to side effects (2), change in the personal circumstances (4), and cardiovascular co-morbidities (5). The most common side effects at 5 years were headache (4/25, 16%), flushing (2, 8%), and blurred vision (2,8%). **Conclusion:** At 5 years, 50% of initial sildenafil responders still continue to respond, but 50% of the patients become dissatisfied with the response and switched or added other erectaids, or discontinued therapy (side effects, personal circumstances, co-morbidities).