

TITLE OF PRESENTATION: (type in ALL CAPITAL LETTERS)

INFLUENCE OF NERVE-SPARING RADICAL PROSTATECTOMY (RP) ON THE EFFICACY OF SILDENAFIL CITRATE (VIAGRA)

AUTHOR(S): (DO NOT type in all capital letters)

Complete name of all authors (first name, initial, last name, degrees)

Anurag W. Kedia, M.D., Ashok Agarwal, Ph.D., David R. Nelson, M.S., Kalish Kedia, M.D., and Craig D. Zippin, M.D.

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We report on our experience using sildenafil citrate (Viagra) in patients with erectile dysfunction following nerve sparing (NS) or non-nerve sparing (non-NS) RP. Baseline and follow-up data from 28 patients was obtained. Patients receiving any neoadjuvant/adjuvant hormones or adjuvant radiation therapy were excluded. Both the patients and their spouses were interviewed using the CCF post-prostatectomy questionnaire. The patients were compared based on the type of surgical procedure (NS vs non-NS). A positive response to sildenafil was defined as an erection sufficient for vaginal penetration. Twelve of the 15 patients (80%) who had bilateral nerve-sparing procedures had a positive response to sildenafil with a mean duration of 6.92 minutes of vaginal intercourse. All 12 patients responded positively within the first 3 doses. The three patients who underwent unilateral NS procedure and all ten of the non-NS patients showed no response to sildenafil. The two most common side effects seen were transient headaches (39.3%) and abnormal color vision (10.7%). No patients discontinued the medication due to the side effects. The efficacy of sildenafil citrate in treating erectile dysfunction in the post prostatectomy patient may depend on the presence of bilateral neurovascular bundles. These findings should encourage urologists to perform more nerve-sparing procedures, especially in patients with low volume cancers. The ability to salvage potency with an oral agent after RP will change our concepts on the morbidity of surgical therapy.