FIVE-YEAR EFFICACY OF SILDENAFIL CITRATE AFTER RADICAL PROSTATECTOMY

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Introduction and Objective: Five-year efficacy and compliance of sildenafil citrate after radical prostatectomy (RP) has not been reported in the literature. In this study, we evaluated the 5-year efficacy and side effects of sildenafil after RP. Methods: In this database, we identified 68 patients with erectile dysfunction (ED) who were initial sildenafil responders following RP and had a minimum followup of 5 years. Using a self-administered questionnaire, we surveyed these 68 patients at both one and five years to determine patient response/efficacy, compliance and side effects. Sildenafil citrate was prescribed at a dose of 50 mg and increased to 100 mg if needed. Data were collected from a self-administered questionnaire using the 5 question Sexual Health Inventory of Men (SHIM). Results: At 5 years, 31/68 (45.6%) were still responding to sildenafil, but 37/68 (54.4%) were not responding satisfactory and either discontinued the drug, switched to another therapy or used sildenafil in combination therapy. Specifically, 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, ICI, MUSE ). Eleven of the 37 (29.7%) discontinued the treatment due to side effects (2), change in the personal circumstances (4), and cardiovascular comorbidities (5). The most common side effects at 5 years were headache (4/25, 16%), flushing (2, 8%), and blurred vision (2, 8%). The vast majority of patients (88.8%) still responding to sildenafil at 5 years had nerve-sparing procedures, 22/25. Conclusions: At 5 years, 50% of initial sildenafil responders continue to do well but required bilateral nerve-sparing procedures. Conversely, 50% of the patients become dissatisfied with the response and switched or added other erectaids, or discontinued therapy due to comorbidities, loss of partner, or side effects.

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