EARLY MUSE TREATMENT FACILITATES EARLY ERECTIONS AND SEXUAL ACTIVITY FOLLOWING RADICAL PROSTATECTOMY
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To assess whether early utilization of MUSE after radical prostatectomy (RP) can facilitate early erections and facilitate sexual activity. Following nerve sparing RP and catheter removal (avg. 3-10 days), 12 patients with mean age 58.6±5.8 yr. (PSA < 10, GS ≤ 6, stage T1-T2 and baseline total IIEF-5 ≥ 16) undergoing nerve-sparing RP (August 2002 to June 2003) were encouraged to use 125 mcg dose of MUSE 3 times/wk for 6 weeks. Early use of MUSE began at an average of 2.9 wk (2-4 wk) following surgery. The treatment efficiency was analyzed by responses to SHIM (IIEF-5) questionnaire. The minimum follow-up period of all the patients was 3.5 months and mean patient age was 58.7 ± 5.6 years. All of the patients experienced ED after their radical prostatectomy before starting MUSE therapy. On the whole, 9/12 of patients reported enhancement in all 5 domains of IIEF-5 sexual function. The mean pre-surgery SHIM score in these patients was 21.75 ± 5.23, which declined to 6.8 ± 3.62 after surgery and increased to 12 ± 2.33 (P<0.05) after MUSE treatment. Two of 9 patients were able to sustain erections adequate for sexual intercourse. All 12 patients experienced the side effect of mild penile aching (urethral burning) but only 3 patients discontinued treatment. Nine out of 12 patients used 125µg of MUSE, with 3 of them titrating the dose to 250µg to improve their response. MUSE treatment (125µg) after RP is safe and tolerable can be used to promote vascular perfusion of the corpus cavernosum. Whether stimulating partial erections results in higher potency rates (defined as vaginal penetration) remains to be seen.