LONG-TERM POTENCY FOLLOWING RADICAL PROSTATECTOMY

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The reported potency rates after radical prostatectomy (RP) vary from 11-86% and are often reported 12-24 months after surgery. 5-year potency status after RP has not been reported in the literature. We obtained 1 and 5 year potency data on a prospective RP population of 141 sexually active patients between 1997-1999. Mean age was 65.08 ± 6.68 and mean follow-up; 6.4 ± 1.5 years. The following data was obtained: sexually active or not, natural erections, nerve sparing status (NS), erectaids used, reasons for sexual inactivity (loss of interest, cardiovascular factors, urinary incontinence, loss of spouse, hormonal treatment). At One-Year Analysis: 113/141(80%) patients were sexually active (including drug therapy and erectaids); 28 (20%) were sexually inactive. The reasons for sexual inactivity included incontinence (15/28, 53%); loss of interest in sex (10, 36%); loss of libido (3/28, 11%; hormonal therapy). Of the 113 patients; 4 (3.5%) had natural erections sufficient for intercourse, 55 (48.7%) were using sildenafil, 26 (23%) intracavernosal injections (ICI), 19 (16.8%) vacuum constriction device (VCD), 9 intraurethral alprostadil (MUSE). At Five-Year Analysis: 70/113 (62%) remained sexually active. Of the 70 patients, 16 (22.9%) had natural erections sufficient for intercourse (15/16 NS), 21/70 (30%) were still using sildenafil, 10 (14.3%) IC injections, 5 (7%) VCD, 11 (15.7%) were using combination therapy, sildenafil with VCD, ICI or MUSE. Additional 7 (10%) patients switched to tadalafil alone. At 5 years 38% (43/113) were sexually inactive. The reasons included loss of interest -17 (39.5%), cardiovascular/ neurologic diseases- 18 (42%), hormonal tx-3 (7%), loss of partner -3 (7%) and 2, other surgeries. At 5 years, sexual activity following RP decreases 50%, most of them due to loss of interest and associated medical co-morbidities. The vast majority (77.8%) of RP patients are sildenafil/erectaid dependent, with only 22.2 % having natural erections sufficient for intercourse.