LONG-TERM EFFICACY OF SILDENAFIL CITRATE FOR ERECTILE DYSFUNCTION AFTER RADICAL PROSTATECTOMY: 5 YEAR FOLLOW-UP
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We evaluated the 5-year efficacy and side effects of sildenafil after RP. 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, we surveyed these 68 patients at one and five years to determine patient response/efficacy, compliance and side effects. Data were collected from a self-administered questionnaire using the 5 question Sexual Health Inventory of Men (SHIM). 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, 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 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). 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.