USE OF SILDENAFIL CITRATE FOR TREATMENT OF ERECTILE DYSFUNCTION FOLLOWING MALE RADICAL CYSTECTOMY (RC)
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Baseline and follow-up data from 45 sexually active male patients (mean age 66.9 ± 10.5 years) undergoing RC (1999-2002) for TCC of the bladder [33/45 (T1-2); 12/45 (T3-4)] were obtained. 71% (32/45) of patients underwent a non-nerve sparing (NNS) RC, and 28% (13/45) a nerve sparing (NS) RC. 12/45 (27%) had a Studer pouch, and 33 (73%) had ileal conduit urinary diversion. All patients were offered sildenafil citrate >6 months following RC. Data were assessed by the SHIM (IIEF-5) questionnaire. With a mean follow-up of 20.2 months (range 9.5-36.6), the mean baseline IIEF-5 score decreased from 17.67 ± 1.26 to 5.92 ± .43 after RC (P ≤0.05). No patient in either the NS or NNS groups had erections sufficient for vagina penetration. No difference in IIEF-5 domains was seen when stratified by the type of urinary diversion. 33% (15/45) of the patients tried sildenafil citrate. Of these 15, 2 underwent a NNS-RC and had no response, but 9/13 (69%) of the NS group responded positively to sildenafil citrate with a total IIEF-5 score of 19.97 ± 2.21. Male erectile dysfunction after RC is a prevalent problem. In this series, the only potent patients following RC had NS surgery and were sildenafil dependent.