EARLY MUSE TREATMENT FOLLOWING RADICAL PROSTATECTOMY (RP)
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Early use of MUSE after RP may potentially regain early erections and facilitate earlier sexual activity. Following nerve sparing RP and catheter removal (avg. 3-10 days), 12 patients were instructed 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.). The treatment efficacy was analyzed by responses to SHIM (IIEF-5) questionnaire. All 12 patients experienced the side effect of mild penile aching (urethral burning included) but only 3/12 discontinued the treatment. In the remaining 9 patients, 3 elevated their dose to 250 mcg to improve erectile function. With a mean follow-up of 3.5 months, the 9 patients improved their pretreatment IIEF-5 score from 6.8 ± 3.62 to 12 ± 2.33 (P<0.05). 2/9 patients were able to achieve vaginal penetration. In summary, early MUSE therapy (125 mcg) is safe and tolerable and can produce erections in the early post-operative period. Whether regaining earlier erections results in higher potency rates (defined as vaginal penetration) remains to be seen.