SEXUAL FUNCTION FOLLOWING MALE RADICAL CYSTECTOMY IN A SEXUALLY ACTIVE POPULATION
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This study evaluated sexually active males following radical cystectomy (RC) and established whether sildenafil citrate can improve erectile dysfunction (ED). Forty-nine sexually active patients (mean age 58) underwent RC. Sixteen of the 49 (33%) underwent a nerve sparing RC. Thirty-eight of the 49 (78%) had a Studer diversion, 8/49 (16%) had an ileal conduit diversion, and 3/49 (6%) had a cutaneous continent (Indiana) diversion. Data was evaluated using the Sexual Health Inventory for Men (SHIM). With a follow-up of 47 months, the SHIM score decreased from 22.3 ± 3 to 4.3 ± 5.7 after RC. Forty-two of the 49 (86%) patients did not have erections. Of these 42, 22 (52%) tried sildenafil citrate. Of the 22 patients who tried sildenafil citrate, only two (9%) achieved vaginal penetration. The SHIM score following orthotopic substitution (5.2 ± 6.2) was different from ileal conduit (1.13 ± 0.33), and cutaneous diversions (1.3 ± 0.58) however, not significant. Six of the seven (89%) potent patients underwent bilateral nerve-sparing RC. The indications for nerve-sparing RC need to be re-assessed.