EARLY COMBINATION THERAPY FOLLOWING RADICAL PROSTATECTOMY (RP): INTRACORPORAL ALPROSTADIL AND SILDENAFIL PROMOTES EARLY RETURN OF NATURAL ERECTIONS

Introduction & Methods: Eighteen patients who underwent nerve sparing RP were included in the study. Of the 18 patients, 16 started on intracavernosal alprostadil (PGE1) 4 µg/2-3 times/week combined with 50 mg sildenafil daily and 2 started on sildenafil alone. Erectile function was evaluated with abridged of International Index of Erectile Function (SHIM) questionnaire at regular intervals (3,6,9 and 12 months)

Results: In the 16 patients using injections, 6 continued 4 µg PGE1, 4 increased to 8 µg, 4 decreased to 2 µg and 2 further reduced to 1 µg. Fifteen were sexually active, 7 with injection alone (44%) and 8 (56%) with combination of injection and sildenafil. The addition of sildenafil allowed a lower dose of alprostadil to be used eliminating any penile discomfort. The two patients on sildenafil alone were unable to achieve vaginal intercourse. With a mean f/u of 12 weeks, the return of spontaneous partial erections occurred in 4/18 (24.4%) patients.

Conclusion: Early combination therapy following RP promotes sexual activity and an earlier return of natural erections. Combination therapy with sildenafil allows a lower dose of alprostadil injections (1-4 µg) with minimal penile discomfort.