EARLY PENILE REHABILITATION AFTER RADICAL PROSTATECTOMY (RP): ROLE OF NON–ORAL TREATMENTS
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Introduction & Methods: We included 171 patients undergoing NS–RP for localized prostate cancer were enrolled in a) early treatment arm; MUSE (125 µg or 250 µg) [N=56]; VCD (manual or battery operated) [N=74] and IC injections (10 µg PGE1) [N=18] and b) no treatment (control group). All patients advised to use erectaids 2-3 times/ wk. Average time after RP to the initiation of early treatment was 3.9 wks. At mean f/u of 6 mo. return of natural erections sufficient for vaginal intercourse was observed in 15/38 (39.5%) in MUSE group and 10/60 (17%) in VCD group compared to 4/35 (12%) in the control group. Return of natural erection sufficient for vaginal penetration were only significantly higher in early MUSE group vs. control (P< 0.05). At a mean f/u of 6 mo. 32% (18/56) in MUSE group, 25% (14/74) in VCD group discontinued the treatment. After a followup of 12 weeks, injection group using a mean dose of 4 µg and 24% (4/18) has return of spontaneous partial erections. The most common causes of discontinuation in early rehabilitation program were; (MUSE [urethral burning], IC injections [no discontinuation] and VCD [lack of spontaneous and rigid erections].

Conclusion: Early intervention (MUSE, VCD, IC injections) following RP facilitates early sexual intercourse, early patient/spousal sexual satisfaction, and potentially an earlier return of natural erections.