INTRODUCTION

- Improving sexual function after prostatectomy has been shown to have a significant impact on patient reported quality of life (QOL). 1
- The rate of erectile dysfunction (ED) after prostatectomy is 60-90%. 2,3
- Men with ED experience depression and anxiety, avoid sexual relationships, and are reluctant to report symptoms or seek additional treatment. 4,5,6
- A men’s health clinic (MHC) can offer in
- Descriptive statistics were performed with Fisher’s exact test and Student’s t

RESULTS

- One hundred and fifty nine (38.0%) men attended a MHC.
- The average (SD) number of erectile aids offered to patients attending a MHC was 2.8 (1.1) compared with 2.2 (1.4) for patients who did not attend (p=0.001).
- Patients attending the MHC were more likely to be offered on demand PDE5 inhibitors, VED, and ICI within the first six months (p<0.001). Figure 1.
- One hundred seventy four (41.6%) patients achieved erections adequate for masturbation or intercourse at unilateral or bilateral nerve sparing surgery.
- A Kaplan Meier plot and log rank test were used to evaluate time to erectile function.

• Four hundred and eighteen men were identified for inclusion in the study with median (SD) age 60.3 (6.8) years and median (SD) BMI of 28.3 (3.8). Table 2.
• Median (IQR) follow-up was 60 (31.5-78.5) months.
• Fifty two (12.6%) men underwent a non-nerve sparing radical prostatectomy while 362 (87.4%) underwent unilateral or bilateral nerve sparing surgery.
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DISCUSSION

- Post-prostatectomy specific MHC offers more options for managing ED and patients who attend have increased and more rapid return of erectile function.
- A MHC can offer in-depth counselling on ED and QOL related concerns as well as the ability to facilitate progress through these treatments with multidisciplinary support.
- While research on penile rehabilitation (PR) is ongoing, some analyses suggest potential benefit of PDE5, VED and ICI programs in increasing the number of patients with ED improvement during therapy. Patients should be informed of the potential QOL benefit of PR during the year following prostatectomy. 7,8
- Adherence to PR therapy has been noted to decline over time. 9 Men receiving better support services are more adherent and report better sexual QOL. 10
- Efforts to improve sexual function after treatment for prostate cancer have been shown to have the greatest impact on symptom-specific QOL. 11
- Limitations include the retrospective nature of study. A larger population of included patients could increase the power of the analysis. The study relied on subjective patient report in surveys. Objective testing of erectile function would provide quantitative data on degree of effect.
- This analysis reveals a preliminary benefit of a MHC, future study would be worthwhile.

CONCLUSION

- Men attending a post-prostatectomy MHC are offered more options for management of ED and have improved outcomes. Attendance in a MHC should be advocated for men wishing to pursue erectile function following radical prostatectomy.

REFERENCES