MP29-12: Impact Of A Men's Health Clinic On Erectile Function Following Radical Prostatectomy

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INTRODUCTION

- A post-prostatectomy men's health clinic (MHC) was started in 2010 at our institution to improve quality of life (QOL).
- We evaluated the impact of a MHC on the treatment choices for erectile dysfunction (ED) and the effect on QOL.
- We hypothesized that men attending the MHC would have better access to comprehensive care and thus earlier return of sexual function.

METHODS

- A retrospective cohort study of a prospectively collected QOL database was conducted.
- Patients underwent radical prostatectomy between April 2010 and Oct 2014.
- Men who did not fill out the sexual domain of the EPIC questionnaire were excluded.
- The primary quality outcomes of interest were ability to function sexually and quality of erections.
- Descriptive statistics were performed with Fisher's exact test and Student's t-test. A Kaplan Meier plot and logrank test were used to evaluate time to erectile function.

The views expressed in this article reflect the results of research conducted by the author and do not necessarily reflect the official policy or position of the Department of the Navy, Department of Defense, nor the United States Government.
The study protocol was approved by the EVMS Institutional Review Board in compliance with all applicable federal regulations governing the protection of human subjects.

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RESULTS

- **418 men were included in the study** with mean (SD) age 60.3 (6.8) years and mean (SD) BMI of 28.3 (3.8) *Table 1.*
- **Median (IQR) follow-up was 60 (31.5-78.5) months.**
- 362 (87.4%) underwent unilateral or bilateral nerve sparing surgery.
- **159 (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 daily tadalafil, VED, and ICI within 6 months ($p<0.05$)** *Figure 1*.
- 174 (41.6%) patients achieved erections adequate for masturbation or intercourse at median (IQR) time from prostatectomy of 12 (6-24) months.
- A Kaplan Meier demonstrates comparison of time to adequate erections between patients who attended MHC and not (logrank $p=0.003$) *Figure 2*.

Variable	MHC N=159 (%)	No MHC N=259 (%)	p-value
Age, mean (SD)	60.2 (7.2)	60.4 (6.6)	0.742
BMI, mean (SD)	28.4 (4.0)	28.2 (3.7)	0.564
Nerve-sparing prostatectomy	143 (89.9%)	223 (86.1%)	0.158
Radiation	21 (13.2%)	40 (15.4%)	0.316
Number of erectile aids offered, mean (SD)	2.8 (1.1)	2.2 (1.4)	<0.001
Use of erectile aid within 6 months:			
Daily tadalafil	147 (92.5%)	154 (59.5%)	<0.001
On demand PDE5 inhibitor	80 (50.3%)	113 (43.6%)	0.190
VED	92 (57.9%)	123 (47.7%)	0.044
ICI	38 (23.9%)	30 (11.6)	0.002
IPP placed	6 (3.8%)	8 (3.1%)	0.782
Adequate erections obtained during study period	83 (52.2%)	91 (35.1%)	0.001
Months to adequate erections, median (IQR)	27 (10-64)	35 (12-69)	0.348

Table 1: Demographic information of included patients and descriptive statistics.

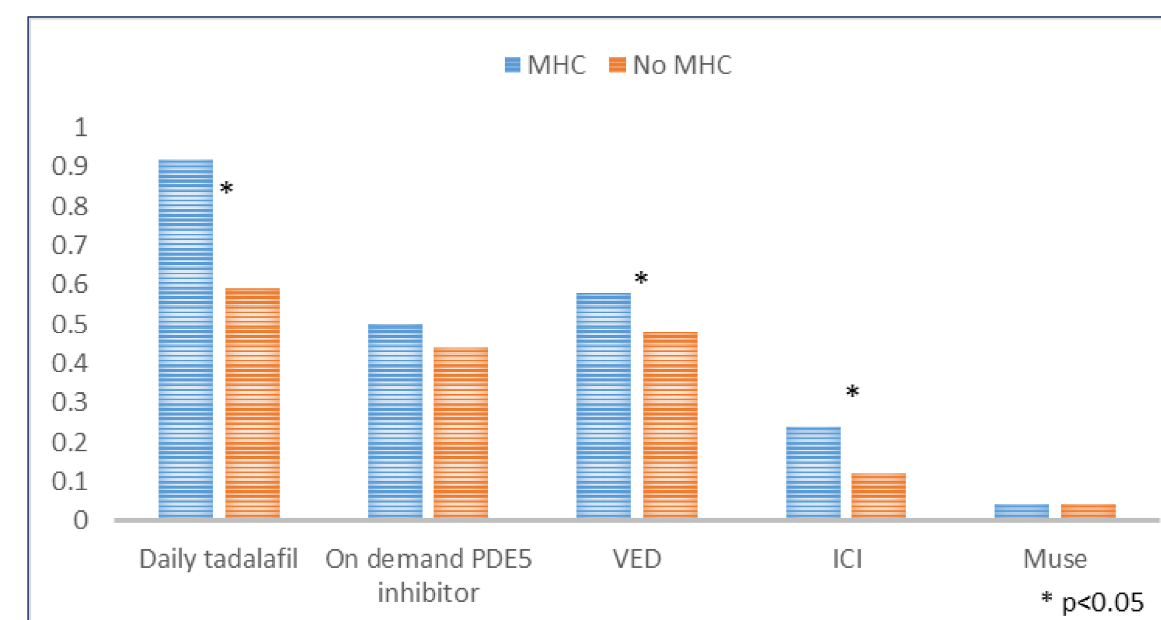

Figure 1: Use of erectile aids (% of patients) at 6 months following Prostatectomy based on attendance at MHC.

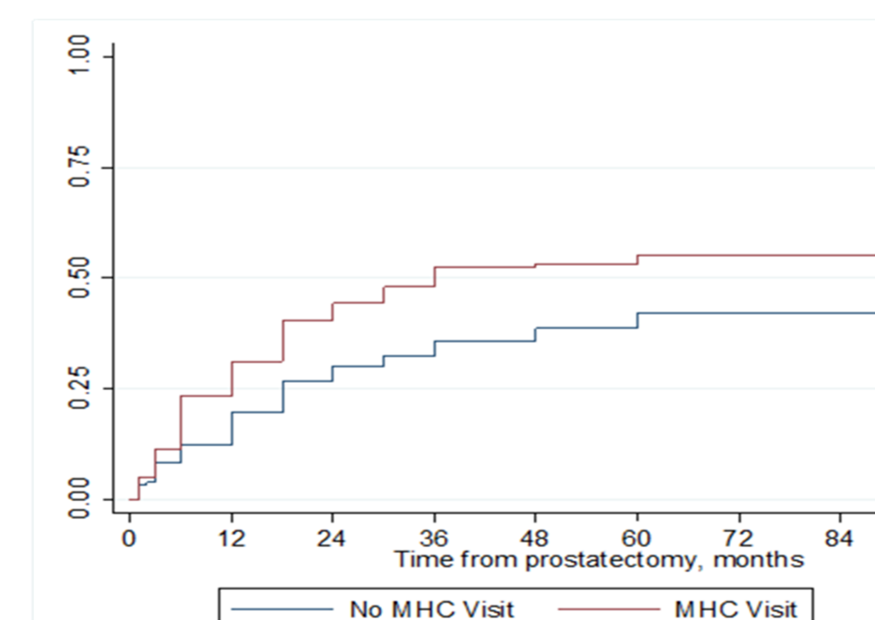

Figure 2: Kaplan Meier comparing time to adequate erections based on MHC attendance.

DISCUSSION

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

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