

Rehabilitation before, after prostate cancer surgery improves erectile function

RSS icon HOUSTON -- (May 1, 2009) -- Rehabilitation and treatment before and after surgery for prostate cancer can give men a better chance of maintaining erectile function, said Baylor College of Medicine researchers this week at the American Urological Association Annual Meeting in Chicago.

"If you are a healthy 55 year-old man diagnosed with prostate cancer, removing the cancer will be a top priority but most men are also largely concerned with their erectile function," said the study's lead author Dr. Mohit Khera, director of the Laboratory for Sexual Medicine and an assistant professor in the Scott Department of Urology at BCM. "We have shown that treating these men, along with their female partners, before and after surgery significantly improves erectile function."

Preservation program

Khera and colleagues studied 98 patients and their female partners enrolled in the BCM erectile preservation program to evaluate the efficacy of early rehabilitation in patients who have undergone a radical prostatectomy.

A radical prostatectomy requires removing the entire prostate gland as a treatment for prostate cancer. The prostate gland is located at the base of the bladder, surrounding the first part of the urethra where urine flows from the bladder to the penis.

Two weeks before surgery, patients in Khera's study took Viagra daily. They also received a treatment called medicated urethral system for erection (MUSE) three times a week. In this treatment, a small pellet containing alprostadil, a drug that increases blood flow, is placed into the tip of the penis. When it dissolves and is absorbed by the surrounding tissue, it can cause an erection. Patients continued both treatments after surgery.

"Studies have shown patients using Viagra have improved on erectile function much faster than those who received no treatment following surgery," said Khera. "MUSE therapy has also been shown to increase erectile function recovery."

Patients with low testosterone levels received the hormone because "we believe low testosterone has impact on overall erectile function after surgery," Khera said.

Female partner included

The program takes a unique approach in treating the female partner to improve her libido.

"Not many programs take the female partner into consideration," said Khera. "We have shown that patients who have female partners that are more engaged in sexual activity have a faster recovery."

Patients on the combined therapy program were 4.9 times more likely to achieve an erection after three months, than patients on Viagra alone. After nine months, 66 percent of patients on testosterone replacement therapy were able to achieve an erection versus 12 percent in the group not using testosterone.

"Approximately 250,000 men a year will be diagnosed with prostate cancer and most will elect to have a radical prostatectomy with three concerns, 1) removing the prostate cancer, 2) maintaining their continence, and 3) maintaining their erectile function," said Khera. "Before this study, the erectile function component had not been addressed. "

Co-authors on the presentation include Dr. Larry Lipshultz, professor and chief of male reproductive medicine and surgery, Osama Mohamed, postdoctoral associate and John Colen, medical resident, all of BCM.

For more information on urology services at BCM, please visit Baylor Clinic.

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