

Post-radical prostatectomy expectations about sexual function unrealistic
Patient education about post-surgical outcomes is necessary

Publish date: Aug 1, 2009

By: Mac Overmyer

Source: Urology Times

Dr. Mulhall

Chicago—A significant number of patients undergoing open or robotic radical prostatectomy have unrealistic expectations regarding postoperative sexual function, according to a study from Weill Cornell Medical College, New York.

The study, presented here at the AUA annual meeting, found that many patients were unaware that the prostatectomy would lead to an inability to ejaculate, and "almost none understood that there are documented orgasm changes or that radical prostatectomy may be associated with Peyronie's disease," the authors wrote.

"I think there are many patients who just have false expectations going into their prostate surgery," senior author John Mulhall, MD, who was an associate professor of urology at Weill Cornell at the time of the study, told Urology Times. "They think they are going to get back to the way they were before the operation. For a significant number of men, that is just not true. They are not going to ejaculate. There are patients who are going to have orgasmic dysfunction. There are penile length loss issues, and many appear to just not know that."

The researchers posed 11 questions to 336 patients, 216 of whom had undergone open radical prostatectomy and 120 who had undergone the robotic procedure. The procedures were performed by nine different referring urologists.

Only 10% of the open procedure patients and 12% of the robot-assisted laparoscopic prostatectomy (RALP) patients said they knew that their orgasms would be different after their respective procedures. While 70% of the open surgery patients and 60% of the RALP patients understood that they would not ejaculate (produce semen) following the operation, only 2% of the RALP patients seemed to know that the procedure carried the risk that pain might accompany orgasm or that orgasm might be accompanied by urine leakage. None of the RALP patients seemed

to be aware of these possible sequelae, and neither group knew that Peyronie's disease was also a potential risk of the procedure.

"What we need to do is develop a structured discussion for patients prior to treatment. We need to document that the discussion has occurred, and the patients need to be given educational material that comprehensively addresses the different and often transient sexual side effects," said Dr. Mulhall, who is currently director of the male sexual and reproductive medicine program at Memorial Sloan-Kettering Cancer Center in New York.

The study also found curious differences in responses between those undergoing the open and robotic procedures. The average open procedure patient anticipated that he would return to full sexual function in 12 months. The average RALP patient thought he would return to full function in 6 months. Half (50%) of the open patients thought they would have full recovery compared to 75% of the RALP patients. Only 20% of the open patients were aware of the potential need for intercavernosal injections to achieve erections, while only 4% of the RALP patients were aware of it.

The study was designed to establish parameters for patients' understanding of prostatectomy outcomes. It was not designed to determine the origins of their knowledge or their ignorance.

Dr. Mulhall said a number of factors might have contributed to the data. The patients may not have been adequately informed. They may have acquired misinformation about treatment outcomes from Internet sites that promote success and downplay potential adverse outcomes. They may have focused their thinking on the cancer and its treatment, and neglected consideration of treatment outcomes.

"The message, however, is clear. Patients end up after surgery not understanding what might happen to them. We should be making a structured and concerted effort to ensure these patients know what to expect," Dr. Mulhall said.

<http://www.modernmedicine.com/modernmedicine/Modern+Medicine+Now/Post-radical-prostatectomy-expectations-about-sexu/ArticleStandard/Article/detail/614300?contextCategoryId=40184>