

Between the Sheets...

February 2020

This column provides the platform for experts in the field to help men and women by providing answers to questions about sexual health and intimacy challenges that can result from prostate cancer treatment.

This column was compiled with the help of Dr. Anne Katz, Certified Sexuality Counselor and Clinical Nurse Specialist at CancerCare Manitoba. She has educated thousands of healthcare providers and cancer survivors about cancer, sexuality and survivorship. She is the editor of the Oncology Nursing Forum, an avid blogger for ASCO Connections, and the author of 13 books on the topics of illness, sexuality and cancer survivorship. (www.drannekatz.com)

QUESTION FROM PROSTATE CANCER SURVIVOR:

I'm confused about the role of penile rehabilitation in getting erections back after surgery. I'm 67 years old and having robotic surgery in 3 weeks. I have been reading on the internet about something called penile rehabilitation and I'm not sure what to do about this. My urologist told me not to bother but a couple of my friends who have had the surgery (not by my urologist) said that their urologist told them that they must start this before the surgery. They also said that they were told different ways of doing this – pills, pumps, injections – and I don't know what to do!

RESPONSE FROM DR. ANNE KATZ:

This can be confusing as urologists may have different beliefs about this based on what they have read or seen in their practice. A fairly recent paper in The Journal of Sexual Medicine (Liu 2019) concluded that there was "therapeutic efficacy of penile rehabilitation after RP. However, current evidence does not support that penile rehabilitation can improve spontaneous erectile function." The authors combined the results of 16 studies that looked at the results of using pills, the penile pump and penile injections and reanalyzed the data from these studies, a method that is used to improve the evidence from single studies. Another comprehensive review (Gabrielsen 2018) concluded that penile rehabilitation is beneficial beginning immediately after surgery and continuing for one year and no longer.

In essence, what they found was that penile rehabilitation of any kind does not improve SPONTANEOUS erectile function; this is what a lot of men want – for things to be the way they were before! But from this study it appears that men still need "help" to get erections after surgery, even when they have done some form of penile rehabilitation.

Another issue is that of adherence (continuing to do the penile rehabilitation as instructed). Albaugh and colleagues looked at this issue and found that most men in their study did not follow instructions (penile pump daily and taking pills three times a week). Just 43 of the 77 men remained in the study for the full 12 months and this dropped to 35 of the original 77 at 24 months. Of the men who had good erections before surgery, only 28% reported a return of "similar functioning at 24 months after surgery."

Finally, other authors have concluded that "on demand" use of erectile medication may be as effective as a penile rehabilitation approach (Philippou 2018).

So where does this leave you? I think this is a personal decision based on hope and an effort to do what you can to maintain erectile functioning after treatment. There is no turning back the clock if you don't do something, and regret is difficult to live with! It is also important to talk to your urologist about the reading you have done on the topic. It is important to have the support of your urologist and it is okay to ask him/her if they have read the latest research on the topic. You should also discuss this with your primary care provider because one or the other will be needed to write your prescriptions for medications. It is also important to remember that many men do not follow instructions on how to do this and "drop out" of the program, limiting chances of effectiveness. Cost is one of the factors that leads to difficulties in taking the medications for a long time (one or two years) to have the best chance of effectiveness. And remember that if you are not having good erections before the surgery, your chances of anything working are very low. Surgery is not going to improve poor functioning!

J. Albaugh, N. Kirwen, C. Chang, Adherence and Outcomes with Penile Rehabilitation over a 2 Year Period (2019), The Journal of Sexual Medicine, Vol. 16, Issue 4, S82–S83

Gabrielsen JS., Penile Rehabilitation: The "Up"-date., Curr Sex Health Rep. (2018), 10(4):287–292. doi:10.1007/s11930-018-0174-1

Chunhui Liu, David S. Lopez, Ming Chen, Run Wang, Penile Rehabilitation Therapy Following Radical Prostatectomy: A Meta-Analysis (2019), The Journal of Sexual Medicine, Vol. 14, Issue 12, p1496–1503

Philippou YA, Jung JH, Steggall MJ, et al. Penile rehabilitation for postprostatectomy erectile dysfunction (2018), Cochrane Database Syst Rev.;10(10):CD012414. doi:10.1002/14651858.CD012414.pub2

Watch Dr. Katz' presentation on sexual health and intimacy from the Prostate Cancer Pathways for Patients and Caregivers event recorded at Englewood Health in Englewood, NJ on September 29, 2018. <https://www.youtube.com/watch?v=A2ZdDHW2WGY&t=8542s>.

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