

Treatment of Men with Sexual Dysfunction and Prostate or Bladder Cancer



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CA Prostate Treatment Options



- Active Monitoring
- Radical Surgery
- Radiotherapy
- Brachytherapy
- LHRH agonist therapy
- Adjuvant Hormonal therapy
- Combination therapy
- High Intensity Focused Ultrasound (HIFU)
- Cryotherapy
- Salvage therapy

Nice Guidelines for Prostate Cancer 2008

CA Bladder Treatments



- Transurethral Resection of the bladder Tumour
- Bladder Instillations
- Radiotherapy
- Radical Surgery (+/- reconstruction)

**The Treatments Cause
the Problems not the
disease itself !!**

Radical Prostatectomy

- Retropubic, perineal, laparoscopic, robotic techniques
- Demonstrated in randomised trials to be superior to watchful waiting for the treatment of localised prostate cancer
 - ✦ Bill-Axelsson et al, NEJM, 2005
- 91% 15 year cancer specific survival at 15 years
 - ✦ Walsh et al, JAMA, 1999
- Downside
 - Incontinence
 - Sexual dysfunction

Sexual Dysfunction following Radical Prostatectomy / Cystectomy

- Erectile dysfunction
- Loss of ejaculation
- Orgasmic changes

Sexual Activity post-Radical Prostatectomy



- Most patients wait until 6 weeks post-surgery to resume sexual activity
- Some patients resume sexual activity earlier if continent
- Early resumption of sexual activity is associated with pain especially during orgasm

Pathophysiology of ED following Prostatectomy or Cystectomy

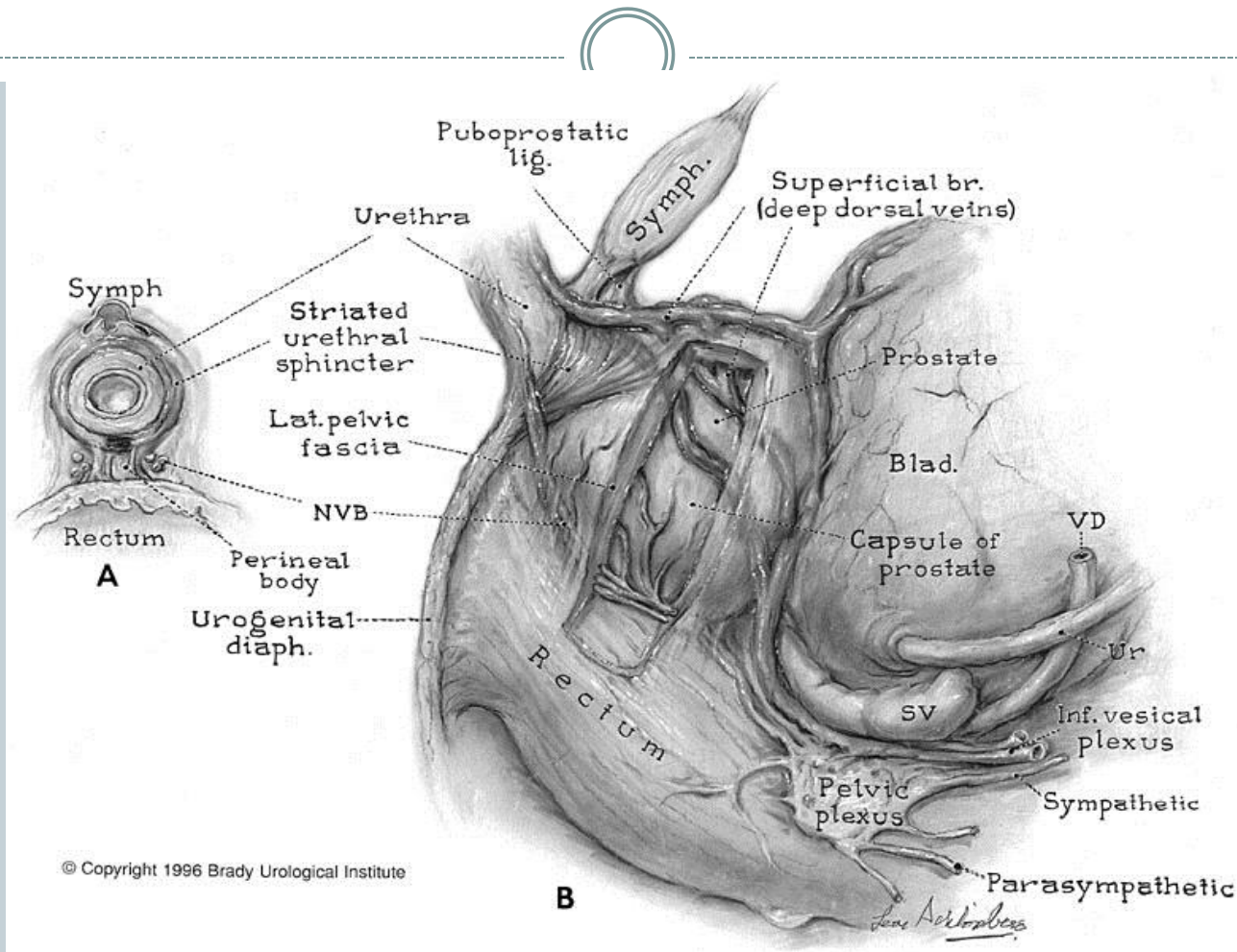
- Preservation of the cavernous nerves
- Pre-existing erectile dysfunction
- Vascular damage
- Psychological consequences of diagnosis and surgery

Predictors of ED Following Radical Prostatectomy

- Important predictors of outcome
 - Age
 - Nerve sparing
 - Preoperative potency status

This also applies to men who have undergone a cystectomy

The Cavernous Nerves



Bilateral nerve sparing:	31-86% potent
Unilateral nerve sparing:	13-56% potent
Non-nerve sparing:	0-17% potent

ED after Radiotherapy/Brachytherapy



- According to most recent literature relating to ED post external beam radiation therapy, the incidence ranges between 38-62%
- Period of follow up was less than 3 years
- Questionnaires or telephone interviews used post treatment for analysis ? Reliability
- Evidence shows that dose (how much) and field (how wide) of radiotherapy has effect on erectile function
- Unknown as to incidence of men with ED after Brachytherapy
- E Rivin del Campo et al Int J Impot Res. 2013;25(5):161-165.
- W.M. Mendenhall, et al American Journal of Clinical Oncology: 2009; 32(4):443-447

Requirements for Sexual Function



- **Inclination**
- Good quality endothelial function
 - Good Nerve supply
 - Testosterone

When Treating the Prostate/ Bladder CA patient



- Be honest and realistic
- Explain that PDE5 inhibitors will not give him an erection for the 1st year (probably)
- Explain the anatomy in simple terms so as he understands why things aren't working
- Encourage him to use the vacuum device as a penile exerciser he'll reap the benefits later

Vacuum Device for Prevention of ED Following RRP



- What is the rationale for Vacuum Devices?
- There is improved oxygenation
 - Arterial O₂ saturation = 94.5%
 - Venous O₂ saturation = 54.7%
 - Oxygen saturation after VED = 79.2%
- There is better treatment compliance than Injection Therapy
 - Compliance with Vacuum at 4, 8, 12mm was 73%, 67%, 47%
 - Compliance with Injections at 4, 8, 12mm was 52%, 26%, 35%

When to start the discussion



- When discussing treatment options for their cancer
- Start on pde5 inhibitors prior to treatment to maximise benefits post treatment
- Use Vacuum device daily 4-6 weeks post surgery as penile exerciser
- Everything else can wait until he is ready

“You’re kidding aren’t you?”



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Why do treatments fail



- Poor information regarding how to use a particular therapy
- No support
- Inappropriate Treatment
- Unrealistic Expectations
- Low Testosterone
- Not really interested

Issues that may arise



- Help him / them establish realistic expectations re: Timescale & quality of erections
- Obtaining the Vacuum Device
- Practice, practice, practice!!!!
- Instruction on how to use the prescribed treatment
- **PAIN**
 1. Using treatment
 2. Orgasmic pain

Success!





Thank you!