PENILE REHABILITATION
POST RADICAL PROSTATECTOMY

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MEN
All healthy adult men have 4 – 5 erections every night to preserve penile erectile tissue health.
Most men have minimal spontaneous or stimulated erections following surgery.
Penile Rehabilitation is defined as the use of any drug or device at or after RP to maximize the recovery of erectile function (EF)
“Yes, I remember the last time we had intimate physical contact. We were arm wrestling for the last slice of pizza.”

COUPLE ASSESSMENT
Knowing what to expect re rapid onset impotence
Options available to maintain "manhood"
Co-ordinated approach with urologist, incontinence nurse, physiotherapist and sexual health physician

BENEFITS OF PRE-SURGERY CONSULT
BASELINE ERECTILE FUNCTION
- Vasculogenic (70%)
- Neurogenic
- Hormonal
- Veno-occlusive dysfunction
- Performance anxiety

CAUSES OF PRE-SURGERY ED
RISK FACTORS FOR ED

- Cigarette smoking
- Visceral obesity
- Hypertension
- High cholesterol
- Diabetes/pre-diabetes
- Absence of cardio exercise
NERVE SPARING SURGERY

Figure 5 – Grades of neurovascular bundle preservation.
NERVE REGENERATION

**STEP 1:** Fragmentation of axon and myelin occurs in distal stump.

**STEP 2:** Schwann cells form cord, grow into cut, and unite stumps. Macrophages engulf degenerated axon and myelin.

**STEP 3:** Axon sends bud into network of Schwann cells and then starts growing along cord of Schwann cells.

**STEP 4:** Axon continues to grow into distal stump and is enfolded by Schwann cells.
USE IT OR LOSE IT

"Yes, I see what you mean."
Wide range of rates between 20 – 90%

Impossible to give chance of recovery back to baseline EF

Positive indicators for recovery of ER include baseline erectile function, age (< 60 years do best), degree of NS and general health
1. Reverse or arrest comorbidities such as diabetes, obesity, exercise, stress, smoking and elevated LDL/Triglycerides

2. Maintain healthy physiological environment and minimize oedema and inflammation

GOALS OF PENILE REHABILITATION
3. Preserve penile length
4. Restore the option of sexual intercourse

GOALS OF PENILE REHABILITATION (CONT.)
EARLY INTERVENTION THERAPIES

- Low dose PDE5-I therapy to improve erectile tissue blood flow
- Vacuum Constriction Device (VCD) to preserve penile length/girth and augment return to sexual activity
- On demand PDE5-I therapy
- Intracavernosal injections
- Combination therapy
ROLE OF DAILY LOW DOSE PDE5-I THERAPY

- Flaccid penile PaO2 is 35 – 40mm Hg
- Erect penile PaO2 is 75 – 100mm Hg
- Recent studies have shown that erections achieved with a VCD also improve cavernosal oxygenation
VCD – A HOME GYM FOR THE PENIS
WA Sexual Health Centre protocol is:

- Use of VCD 3 – 5 times per week pumping up for 4 minutes inflation, one minute rest and repeat four times per session (achieves 12 – 20 erections per week)
On Demand Medications:
- Cialis
- Levitra
- Viagra

VCD/Constriction Ring

Intracavernosal Injection

Penile Implant

OPTIONS FOR SEX
INTRACAVERNOSAL INJECTIONS
90% success rate for satisfactory sex

Recent evidence of:

- Improvement of natural response (52% vs. 19%)
- Improvement in Viagra response (64% versus 24%)
PENILE IMPLANT
PENILE IMPLANT
NO... NO...
I SAID I’VE GOT ACUTE ANGINA

SEX AND AGING
SEX AND AGING

WANT SOME HOT, STEAMY ALL-NIGHT SEX FOR YOUR BIRTHDAY? WELL, WHO WOULDN'T?
THANK YOU

QUESTIONS?

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