

REHABILITATION OF ERECTILE FUNCTION AFTER NERVE-SPARING RADICAL PROSTATECTOMY: ONE “GOAL” – ONE CONCEPT IN GERMANY?

Hypothesis / aims of study

Despite objective data regarding rehabilitation of erectile function (EF) after nerve-sparing radical prostatectomy (nsRP) the „gold-standard“-treatment is still under debate. The aim of this study was to evaluate the distribution of the different treatment options in Germany.

Study design, materials and methods

Between 10/2010 and 10/2013 we performed a questionnaire sent to all urologist (outpatient/general and university hospitals/rehabilitation hospitals) in Germany. The survey consists of different questions, e.g. if and what kind of therapy the urologist choose to support rehabilitation of EF after nsRP. Further questions dealt with the frequency, duration and “optimal” start of the chosen therapy.

Results

Until today 262 urologists completed and returned the questionnaire. The distribution was: urologists in hospitals n=110, outpatient/ambulatory n=148, with 24% performing surgical treatment, and urologist in rehabilitation hospitals n=4. Overall 50% of the urologists are performing radical prostatectomy on a regular basis. The question about the “rehabilitation concept” showed 39 different treatments within this group. To increase EF after nsRP PDE5-inhibitors were mostly administered (88%): 45% „on demand” vs. 55% on a daily or regular basis ≥ 3 times/week. The use of penile injection therapy, MUSE or VCD was 32%, 6% and 30% respectively. In 56% the treatment started within the first weeks after surgery and was performed until the patient regained potency in 46%. Only 14% of the urologists didn't chose any “active” kind of rehabilitation treatment for EF recovery after nsRP.

Interpretation of results

Lots of different therapeutic concepts are currently performed in Germany to increase EF recovery after nsRP. The use of PDE5-inhibitors is the most chosen treatment option.

Concluding message

Despite the published data regarding effectiveness the optimal treatment for rehabilitation of erectile function after nsRP seems to be still unknown.

Disclosures

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