The early use of transurethral alprostadil after radical prostatectomy potentially facilitates an earlier return of erectile function and successful sexual activity.

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Abstract

OBJECTIVE: To assess whether early introduction of the Medicated Urethral System for Erection (MUSE(TM), Vivus Inc., Mountain View, CA, USA) after radical prostatectomy (RP) results in a shorter recovery time for the return to functional erections and successful sexual activity.

PATIENTS AND METHODS: In a prospective study of 91 sexually active men who had a nerve-sparing RP for prostate cancer, 56 were treated with MUSE (125 or 250 microg three times per week for 6 months) while the remaining 35 had no erectogenic aids, except as necessary when attempting sexual activity. Self-administration of MUSE was initiated approximately 3 weeks after RP. Treatment efficacy was analysed by the patient's response to the Sexual Health Inventory for Men (SHIM) questionnaire.

RESULTS: The mean patient age was approximately 59 years and the median follow-up 6 months; the compliance rate was 68%. Patients reported a significant improvement in all domains of the SHIM questionnaire after using MUSE. At the end of 6 months 74% of the patients who remained on MUSE were able to have successful vaginal intercourse. Of patients who completed the 6-month course of MUSE, half were able to have successful vaginal intercourse by the end of treatment. Most of these patients reported the recovery of spontaneous erections and required no additional erectogenic aids for successful intercourse. They had a mean SHIM score of 18.9. All 56 patients who received MUSE reported mild penile aching or urethral burning, and of these, 32% discontinued treatment. In the untreated control group, 37% regained erections sufficient for vaginal intercourse at the 6-month follow-up, with a mean SHIM score of 15.8. Of the control patients who recovered penile function, 71% were dissatisfied with the quality of their erections and sought adjuvant therapy.

CONCLUSIONS: Initiating MUSE shortly after RP is safe and tolerable, and appears to shorten the recovery time to regain erectile function.

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