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## Prostate Cancer and Sexual Health

### What is erectile dysfunction?

Erectile dysfunction (ED) is primarily described as the inability to achieve or sustain an erection (rigidity) sufficient for sexual intercourse. For some men these symptoms may be intermittent or less dramatic, but no less frustrating.

### What causes erectile dysfunction?

The erectile tissues of the penis are called the corpora cavernosa. An increase of blood flow to these tissues causes expansion and subsequent rigidity of the penis. The flow of blood to the corpora is regulated by a set of nerves.

Although there can be emotional causes for ED, the majority of cases are due to a physical problem such as diabetes or cardiovascular disease which can damage these delicate nerves and blood vessels. Trauma or prostate surgery may also lead to ED through injury to these same blood vessels and nerves. Other potential causes include side-effects from medications, hormonal problems, smoking or alcoholism.

### Do all men have erectile dysfunction after prostate surgery?

No. Recent advancements in the understanding of the anatomy of erectile function have led to nerve-sparing procedures in select men that can improve the preservation of erectile function. However, studies demonstrate that 30 to 80 percent of men may still have some level of ED even with successful nerve-sparing surgery. In addition, it may take up to two years for erectile function to return.

### Can I do anything to improve my chances of erectile function returning after prostate surgery?

Yes. Aside from maintaining a healthy lifestyle, increasing evidence in the past few years demonstrates that “penile rehabilitation” in the first few months after surgery may improve recovery of erectile function.

### What is penile rehabilitation?

Recent studies suggest that ED leads to a prolonged decrease of blood flow to the erectile tissue. This lack of blood flow and subsequent decreased oxygenation in the flaccid penis can lead to permanent and irreversible damage to the erectile tissue.

Penile rehabilitation attempts to increase blood flow to the erectile tissues during the surgical recovery period to diminish potential long-term damage while the nerves to the erectile tissue heal.

Several modalities can be employed to increase blood flow to the penis including scheduled use of oral medications, a vacuum erection device, or sometimes use of injection therapy.

Prospective research studies demonstrate that patients participating in penile rehabilitation therapy were more likely to have recovery of spontaneous erections than patients who did not receive any therapy.

### What if I have ED after surgery despite penile rehabilitation?

Although patients may not be able to become rigid, they retain the ability to have normal sensation and reach climax. Patients and their partners are still able to have active sexual relationships but may require aid or some form of assistive stimulation to achieve rigidity. Therapies include oral medications (Viagra, Levitra, or Cialis), medicated urethral suppositories, vacuum erection devices, injection therapy and placement of a penile prosthesis.

For more information or to arrange a consultation, please contact Peter Colegrove, M.D., NorthShore Urology, (847) 657-5730.

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