

Post-Robotic Prostatectomy Penile Rehabilitation: Is It Fair?

Jordan Angell and Ronney Abaza*

Department of Urology, Ohio State University, Wexner Medical Center & James Cancer Hospital, USA

A large number of men undergoing robotic nerve sparing radical prostatectomy are placed on penile rehabilitation programs post-operatively to aid in recovery of meaningful erections. While the literature regarding the efficacy of erectile rehabilitation is divided and has led to some degree of controversy, in our experience, men undergoing prostatectomy overwhelmingly wish to be proactive in advancing their return of sexual function.

Additionally, erectile rehabilitation may improve compliance with post prostatectomy surveillance and solidify the surgeon-patient relationship. Since prostate cancer both before and after surgery is asymptomatic, the risk of losing patients to follow up is high if not for collaboration with patients in maximizing urinary and sexual function postoperatively.

In a recent study by Teloken et al. [1] 84% of 301 physicians from 41 countries are currently enrolling post-prostatectomy patients in penile rehabilitation. Mulhall et al. [2] reported the recommendations of a consensus panel of experts addressing the topic of penile rehabilitation; this panel recommended that "rehabilitation be discussed with patients, and that they be informed that significant potential benefits may be associated with rehabilitation." While the committee did not recommend a specific rehabilitation algorithm, it has been shown that delay of rehabilitation is associated with poorer erectile functional outcomes [3].

While functional outcomes and the role of rehabilitation are of utmost importance, surgeons treating patients with cancer and specifically prostate cancer must also be concerned with quality of life issues. Resnick et al. [4] reported that fear of cancer recurrence, incontinence, and erectile dysfunction were all significant factors in patients' quality of life and satisfaction with regards to localized prostate cancer treatment [4]. At our institution, penile rehabilitation is begun immediately post-operatively regardless of the patient's post-operative erectile function status. We recommend daily PDE-5 inhibitor and Vacuum Constriction Device (VCD) use, and depending on patient-specific factors and preferences, the use of intracorporeal injections may also be used.

Despite studies showing efficacy of post-prostatectomy erectile rehabilitation and the significance of penile rehabilitation to patient quality of life, significant challenges in insurance coverage continue to limit patient access to therapy. Various insurance providers may refuse coverage of cover intracorporeal medication, VCDs, and most commonly PDE-5 inhibitors given that the latter is more commonly prescribed for recreational use.

In addition to challenges is obtaining coverage for erectile rehabilitation, most men with favorable preoperative erectile function are achieving meaningful erections within the first year after surgery but may require medications to augment their erections for satisfactory intercourse. Whether coverage of therapy for such "recreational" use may be arguable, it should be remembered that for such patients, medical therapy is meant to restore normal function present before cancer treatment. An analogous situation, it can be argued, that has not been equally challenged by insurance providers, is coverage for women undergoing reconstructive procedures after breast cancer

surgery. Therapy for erectile function after prostatectomy, in addition to impacting patient self-esteem and meaning to restore normalcy, also has bearing on the cancer survivor's partner, potentially preserving such relationships and improving psychiatric well-being of the patient.

Given the changing climate of healthcare and economic pressures on the system of reimbursement, further research is needed to definitively demonstrate the multifaceted benefits of erectile rehabilitation, and more importantly, such findings must be adequately advocated for with public and private payers for the benefit of patients. Continued research and educational efforts by and for patient advocacy groups, specialty societies, and political organizations are needed before the tide of support for erectile rehabilitation will reach adequate levels to allow men to be able to pursue every potential option to regain the sexual function lost in the course of treating their cancer through no fault of their own.

References

1. Teloken P, Mesquita G, Montorsi F, Mulhall J (2009) Post-radical prostatectomy pharmacological penile rehabilitation: practice patterns among the international society for sexual medicine practitioners. *J Sex Med* 6: 2032-2038
2. Mulhall JP, Bella AJ, Briganti A, McCullough A, Brock G (2010) Erectile function rehabilitation in the radical prostatectomy patient. *J Sex Med* 7: 1687-1698
3. Mulhall JP, Parker M, Waters BW, Flanigan R (2010) The timing of penile rehabilitation after bilateral nerve-sparing radical prostatectomy affects the recovery of erectile function. *BJU Int* 105: 37-41.
4. Resnick MJ, Guzzo TJ, Cowan JE, Knight SJ, Carroll PR, et al. (2012) Factors associated with satisfaction with prostate cancer care: results from Cancer of the Prostate Strategic Urologic Research Endeavor (CaPSURE). *BJU Int*.

*Corresponding author: Ronney Abaza, Director of Robotic Urologic Surgery, Co-Director, Ohio State's Center for Advanced Robotic Surgery, Associate Professor, Department of Urology, Robotic Urologic Surgery Fellowship Director, Ohio State University Wexner Medical Center & James Cancer Hospital, Columbus, USA, Tel: (614) 293-0981; Fax: (614) 293-0982; E-mail: Ronney.Abaza@osumc.edu

Received September 03, 2012; Accepted September 05, 2012; Published September 10, 2012

Citation: Angell J, Abaza R (2012) Post-Robotic Prostatectomy Penile Rehabilitation: Is It Fair? *Andrology* 1:e109. doi:10.4172/2167-0250.1000e109

Copyright: © 2012 Angell J, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.