LONG TERM EFFICACY OF SILDENAFIL CITRATE FOLLOWING RADICAL PROSTATECTOMY (RP): 3-YEAR FOLLOW-UP

Rupesh Raina*, David R Nelson, Ashok Agarwal, Milton M Lakin, Eric A Klein, Craig D Zippe, Cleveland, OH

To evaluate long term efficacy and safety of sildenafil for the treatment of erectile dysfunction (ED) after RP. Data from 41 patients who responded to sildenafil therapy at 1 year following RP were stratified according to the type of nerve sparing (NS) procedure: bilateral NS, unilateral NS, and non-NS. A telephone survey was conducted during the first year of sildenafil usage and repeated 3 years later. Sildenafil was prescribed at a dose of 50 mg, and increased to 100, if needed. The responses to the abridged 5-item International Index of Erectile Function (IIEF) questionnaire, the number of patients’ attempts/successful intercourse, partner satisfaction, and side effects were assessed. At 3 years, 71% (29/41) patients were still responding to sildenafil. Thirty-one percent (9/29) of these respondents had augmented their dose from 50 to 100mg. The drop out rate was 29% with 50% (6/12) discontinuing because of the return of natural erection; only 5 patients dropped out because of gradual loss of efficacy. The abridged IIEF item shows no difference in 1 yr and 3 yr scores in either of the nerve-sparing groups. Eighty-five percent of patients were sexually satisfied and 95% were able to achieve and maintain erection in more than 65% of attempts. The most common side effect at 3 years was: headache (12%), flushing (10%), and abnormal color vision (2%). No patient discontinued the drug at 3 years because of side effects. Following radical prostatectomy, patients with erectile dysfunction that respond to sildenafil continue to show excellent long-term efficacy and compliance.

For more information, contact:
American Society of Andrology
2950 Buskirk Avenue, Suite 170
Walnut Creek, CA 94596 USA
Phone: (925) 472-5910 Fax (925) 472-5901
Email: asa@hp-asssoc.com