

DOES THE ERECTILE FUNCTION CHANGE AFTER TRANSURETHRAL PROSTATIC SURGERY?

Aims of Study

Knowledge about the effects of transurethral surgery on the erectile function are scarce and publications about it contradictory. We evaluated erectile function pre and postoperatively in a prospective study in 69 patients who underwent elective transurethral prostatic surgery, transurethral resection (TUR-P) or a transurethral incision of the prostate gland (TUIP).

Methods

All patients were regarded as low risk patients and none had an indwelling catheter or ongoing infection. Age was between 52 and 79 years. Diagnosis of infravesical obstruction was established by urodynamic investigation. Prior to the operation patients were asked to answer a standardised questionnaire about erectile function (1). Nine to twelve months postoperatively patients were asked to answer the same questionnaire as well as a questions about their marital status, sexual activity before and after the operation, smoking habits, health condition and medication. Information obtained was compared with hospital records.

Results

Response rate for the pre and post operative questions was 65% and 86% respectively. 61% answered both. 67% of the patients regarded their erectile function unchanged after the operation (2 patients reported improvement) while 33% declared a change to the worse. Three factors were associated with deterioration in erectile function following the operation. These were; increasing age, smoking and coexisting diseases mainly diabetes and cardiovascular diseases. 46% of patients who reported decreased erectile function were smokers compared with 21% of those who reported unchanged erectile function.

Conclusions

These results do not indicate, that transurethral surgery of the prostate gland has effect on erectile function. Other factors such as age, smoking habits and concomitant diseases seem to have a stronger effect.

References:

1. R. Rosen et al. The International Index of Erectile Function (IIEF): A Multi-dimensional Scale for assessment of Erectile Dysfunction. Urology 49: 822-830, 1997.