

Dr. Sherita King: Hi, like she said, I'm Dr. King. and I just want to say thank you for including this session in this talk about prostate cancer, because we're not only trying to get the patients through the prostate cancer, but the aftereffects that can come from the treatments from this. And when we're talking about sexual health, the typical thing that we see is that you're going to have erectile dysfunction.

So for me, I think it's very important for patients to understand what's going on with their body. So what is erectile dysfunction is when you're inconsistently able to sustain an erection sufficient enough for intercourse. So that can be the total inability to achieve an erection. It can be the inconsistent ability to achieve an erection rigid enough for penetration, or it can be the tendency to not be able to sustain the erection through the entirety of sexual intercourse.

So in my practice I see many causes for erectile dysfunction. But in this discussion we're talking about surgery, pelvic radiation, and androgen deprivation therapy. All of these things can cause problems with erections. And then when you add on top other diseases that you can have, like diabetes, hypertension, heart disease, sometimes trauma, or even some habits that people have, such as smoking, drugs, and alcohol use, and other medications that they're using for other diseases.

All of these things together can cause problems with their erections. So I think it's important to understand why you can have these effects with prostate treatments. This is just a simple schematic. And what is showing is you have the prostate gland here. And these are the nerves that will help control your erections and even your continence after surgery.

So when we remove the prostate, you see, some of these nerves can be kind of damaged, a little bit with the removal. And even if we do a nerve-sparing, where we try to push those nerves aside and leave them, they can still get stunned because they're going to be stretched as we're trying to get that prostate out.

Another thing to remember is even with radiation therapy, you can have this issue. So if you look here, you see the prostate is in the circle. However, if we're radiating this prostate, your penis is going to be an innocent bystander in this situation because your penis comes internally and it comes pretty close to where the prostate is. So there will be some scatter.

So these are the reasons as to why you're having these problems with your erections after some treatment for prostate cancer. So now if you break down the two traditional

treatments for prostate cancer and what to expect afterwards. So if we're talking about erectile dysfunction with the prostatectomy it usually happens immediately.

So after you have your prostate removed, you'll notice that you're not sustaining or getting erections after the surgery. It may take a year or longer for you to regain some of this function. However, when you're looking at radiation, these symptoms usually come on more slowly and you'll notice you'll have a decline over time. So as...you get further out from your radiation therapy, those tissues continue to die off from the radiation. And you start to notice these problems further down the line.

The thing to remember that I find important for our patients, is that rehab can keep these tissues as healthy as possible during your healing. So for patients that, Dr. Klaassen and I share, we do practice together, We try to get our patients on rehab prior to having these surgeries.

And then just having—the important the other thing...is that the ability to recover after prostate cancer treatment is not always there, but we do have treatment options available to help you get through if you want to become sexually active again. So, when we're looking at patients in our clinic that have erectile dysfunction, this is my diagnosis and treatment pathway.

So I typically start with pills on patients. So that would be your Viagra, your Cialis, Levitra. If pills aren't working, then we move to get an ultrasound. This ultrasound tells me what the function of your penis is. So it allows me to be able to figure out what option would be the next best for you. It's also a good gateway into the penile injections because you'll get an injection during that ultrasound. So that way we can see what your function is.

And if the injections aren't enough, then there is still something on the horizon. We have the penile implants, and that's a surgery that we can do to restore erections.

Thank you.