

Prostate cancer is a journey,  
now it's your time to be in the  
driver's seat with your recovery.

# RECOVERING BLADDER CONTROL AND ERECTIONS

**In order to remove the cancer, the mechanisms in your body that help control your urine flow and ability to get an erection may have been damaged. Most men are understandably concerned about their ability to regain bladder control and erections following their prostate surgery.**

You are beating back cancer, so hold your head up with dignity.

While men often experience incontinence (leaking of urine) immediately following surgery, the leakage usually tapers off within several weeks or months.<sup>3</sup> When incontinence persists beyond six to twelve months, you should consult your doctor. The good news is that there are multiple treatment options for incontinence.

The same is true for erectile dysfunction (ED). ED is known to be a potential complication following prostate cancer treatment. With the advent of nerve-sparing procedures, some men may regain their existing erectile function, up to a year or longer. The journey is different for every man, and some may not recover their ability to have a natural erection.

However, it's important to know that there are both short-term and long-term solutions that can be effective in treating ED. We have devoted an entire section to each of these topics, because they are important for most men during their recovery phase.

# 1. REGAINING CONTINENCE

While getting rid of the cancer is most patients' top concern, the fear of becoming incontinent is often on a man's mind.

Prostate cancer surgery may cause weakness in the pelvic floor muscles and the urinary sphincter that normally control urine flow.

Once the catheter is removed after your surgery, you may experience symptoms ranging from light urine leakage (a few drops when you exercise, cough or sneeze) all the way to a complete inability to control your urination.

# THE JOURNEY TO CONTINENCE<sup>4</sup>

Continence tends to improve over time. While every man's situation is different, many find they are continent within six to twelve months after surgery. Recovery can be impacted by factors such as your age, your general physical health, and the degree to which you had full bladder control before the surgery. If after six to twelve months the symptoms persist, consider contacting your doctor.

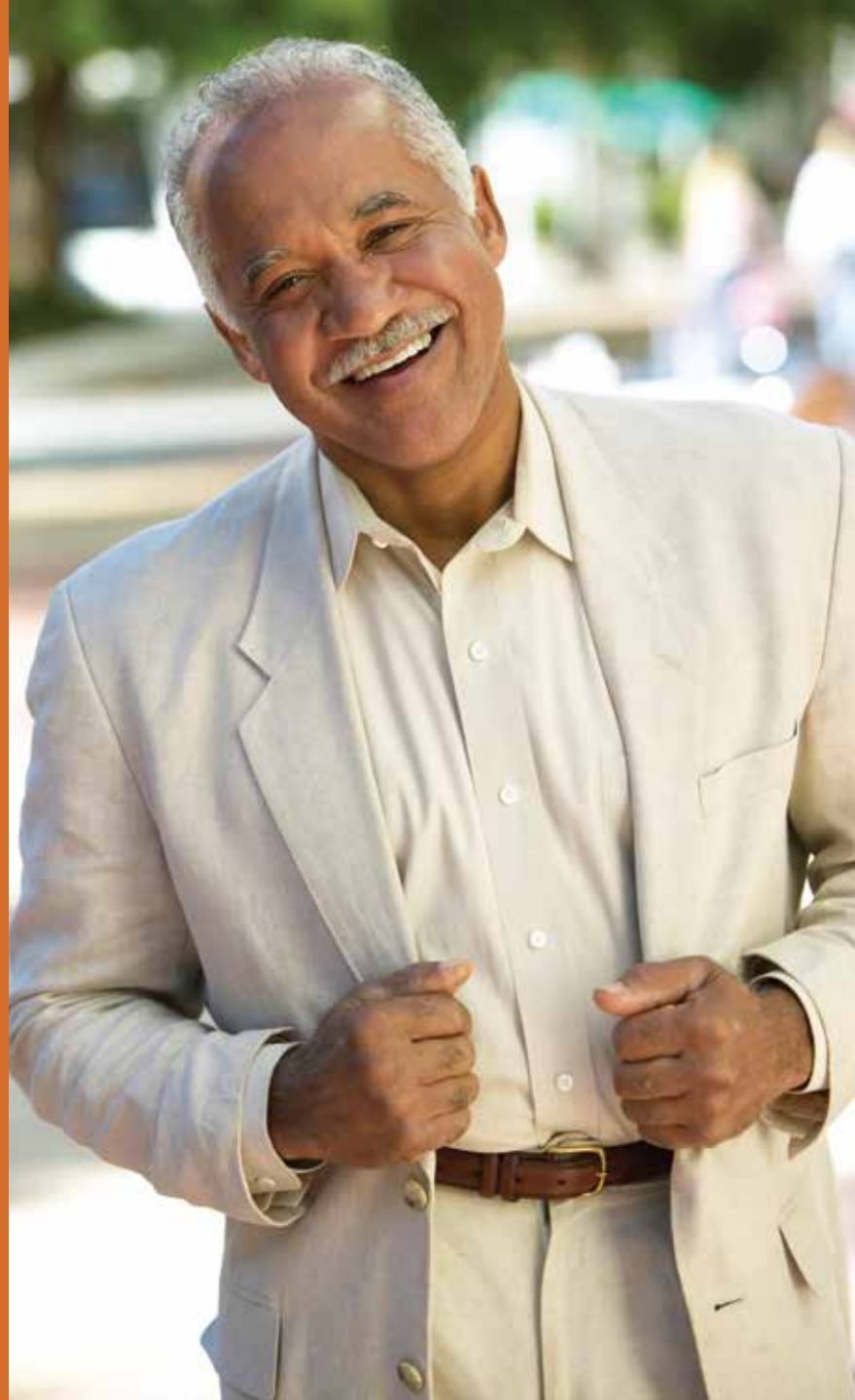
Knowing what incontinence is and why it happens are your first goals. You don't have to live with incontinence. Instead, you can choose to do something about it. You're in charge, not your incontinence.



Until urinary control returns, using absorbent pads or special absorbent underwear can help. Your doctor will also likely encourage you to perform regular pelvic floor/Kegel exercises. These isolate and strengthen the pelvic floor muscles and can help men regain bladder control following prostate surgery.<sup>5</sup>

It is important to do the exercises correctly and regularly. It may help to work with a nurse or physical therapist on the exercises to ensure you are doing them properly and often enough. You may ask your doctor for a physical therapy referral if you feel you need one.

Some men use collection devices such as external or condom catheters or urine collection pouches to avoid accidental leakage. In the weeks and months following your surgery, talk to your doctor about your treatment options and your progress in regaining continence.



## **How common is incontinence following prostate cancer surgery?**

Male patients who undergo a prostatectomy, the surgical removal of the prostate gland, may experience stress urinary incontinence (SUI) after their procedure.

Studies indicate that as many as 50% of men report leakage due to SUI in the first few weeks following prostate surgery after removal of the catheter.<sup>6</sup>

Data suggests a range of 8%–63% of men will report some degree of SUI to be a significant problem one year after their prostatectomy.<sup>7,8</sup>

# Taking Control

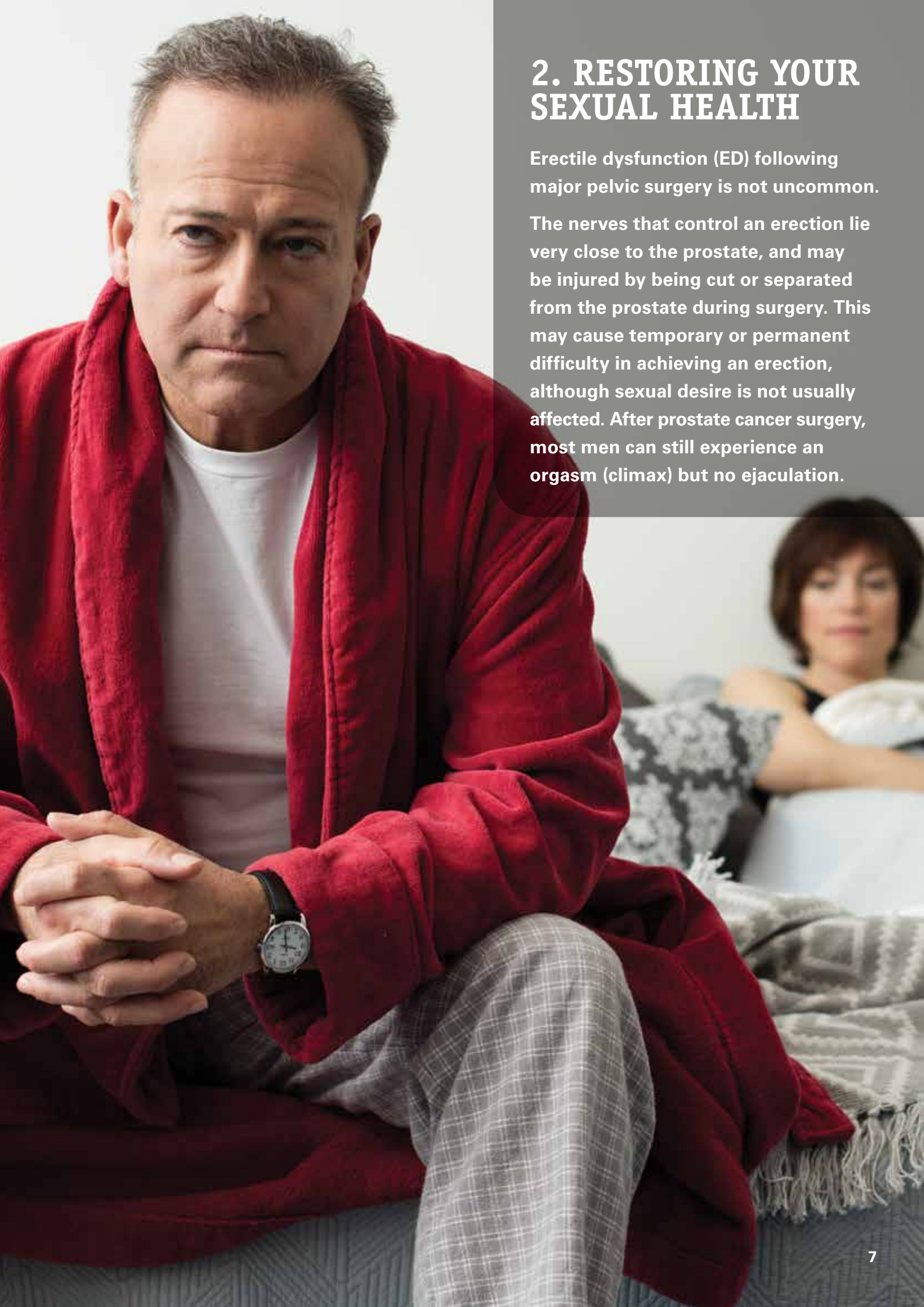
## LONG-TERM SOLUTIONS

**For those men who experience long-term incontinence, it's important to remember that there are effective solutions available that can restore your confidence, control and quality of life.**

**Injections** – Injecting bulk-producing agents, such as collagen into the bladder neck, can help keep the urethra and bladder opening closed and may help prevent small leaks. Even if successful, repeated injections over time may be required to maintain continence.<sup>9</sup>

**Male sling** – An advanced male sling system is positioned in the body with a minimally invasive,<sup>10</sup> surgical procedure for correcting stress urinary incontinence. A small “sling” made of synthetic mesh is placed inside the body through three small incisions. The sling supports the urethra, restoring normal bladder control.<sup>11</sup> Most patients are continent immediately following the procedure.<sup>12</sup>

**Artificial sphincter** – An artificial sphincter is the “Gold Standard Treatment” for incontinence.<sup>13,14</sup> This implantable device mimics the function of a healthy urinary sphincter, closing off the urethra in order to stop the flow of urine.<sup>15</sup> The procedure involves implanting an inflatable cuff around the urethra, which is inflated by a fluid-filled balloon that is placed behind the pelvic bone.<sup>16</sup> A pump inside the scrotum allows the man to deflate the cuff when he needs to urinate. It will automatically re-inflate, firmly closing off the urethra, preventing leakage.<sup>16</sup>



## 2. RESTORING YOUR SEXUAL HEALTH

Erectile dysfunction (ED) following major pelvic surgery is not uncommon.

The nerves that control an erection lie very close to the prostate, and may be injured by being cut or separated from the prostate during surgery. This may cause temporary or permanent difficulty in achieving an erection, although sexual desire is not usually affected. After prostate cancer surgery, most men can still experience an orgasm (climax) but no ejaculation.

# WHAT TO EXPECT

Many men find that it takes months or years to regain their ability to have an erection, and some men find that their ability to have an erection does not return.<sup>17</sup> Talk to your doctor about your expectations before your surgery and your experiences after surgery. Should the ED persist, there are both short-term and long-term solutions that can be considered, and you will want to discuss which solution may be right for you. Sexual performance will be dependent on your abilities prior to the surgery.

## Penile rehabilitation<sup>18</sup>

A penile rehabilitation program refers to a course of action designed to help the nerves responsible for erections recover after surgery, while maintaining the health of the penile tissue.

There are several factors that play a role in erection problems after prostate surgery. First of all, nerve damage can lead to erectile dysfunction. Even though your surgeon may have performed a “nerve sparing” operation, the techniques that are used to protect the erectile nerves may temporarily cause the nerves to be damaged and it may be more than a year before they recover.

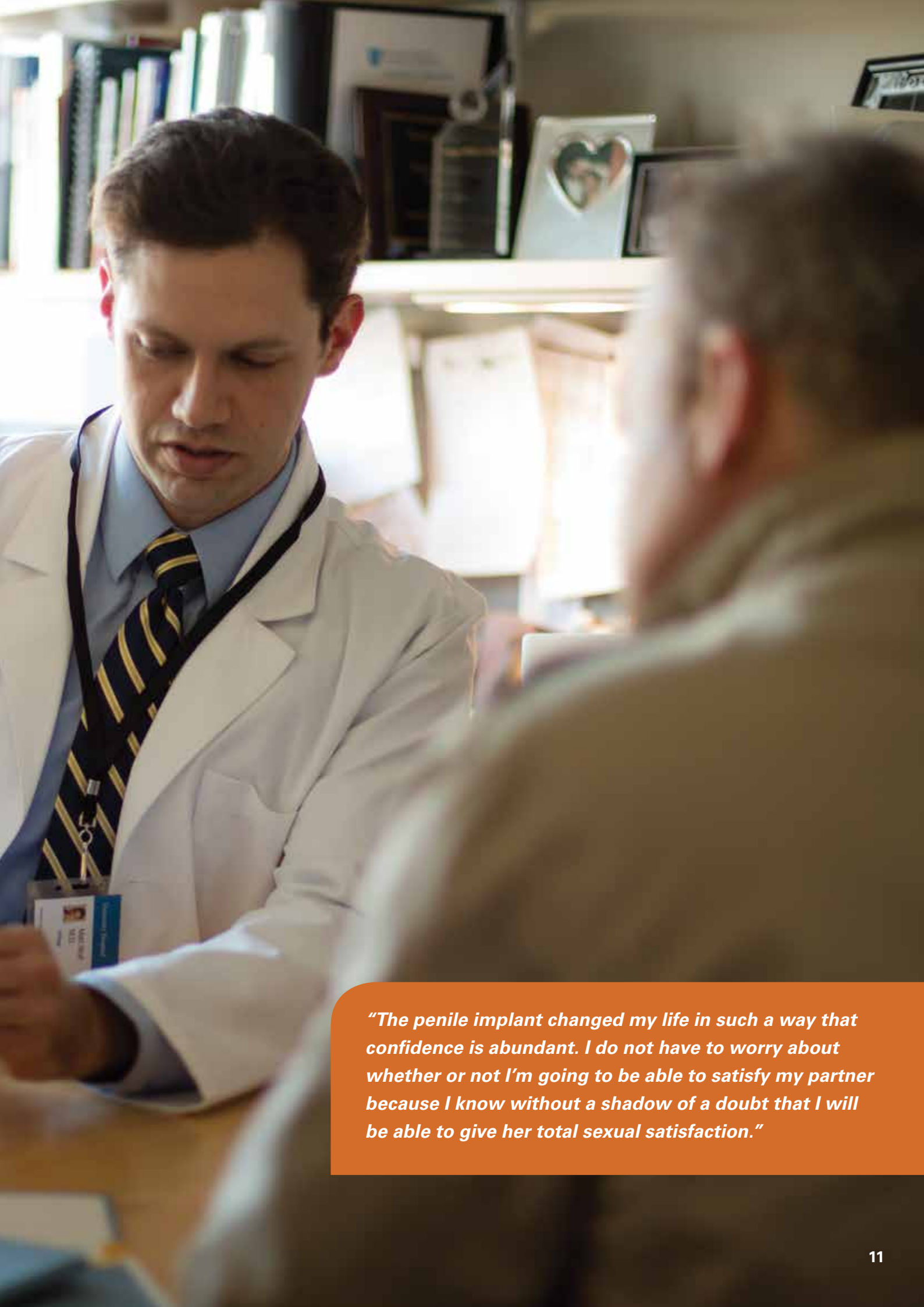
### Rehabilitation works for three reasons:

1. Gets more oxygen to the penis,
2. Keeps blood vessels healthy, and
3. Keeps muscles healthy.

Among 301 doctors from 41 countries, 84% performed some form of penile rehabilitation. 95% give their patients PDE5 inhibitors (for example, Viagra,<sup>TM</sup> Cialis,<sup>TM</sup> Levitra<sup>TM</sup>). 75% give their patients intracavernosal injections (medicine that is injected into the penis). 30% give their patients vacuum erection devices (VEDs) and intraurethral alprostadil suppositories (medicine that is inserted into the tip of the penis). Men can have one or more different kinds of treatments.

Men may have long-term ED after a radical prostatectomy (RP). Studies show that penile rehabilitation may help. Your doctor will discuss the specifics of penile rehabilitation with you.





*"The penile implant changed my life in such a way that confidence is abundant. I do not have to worry about whether or not I'm going to be able to satisfy my partner because I know without a shadow of a doubt that I will be able to give her total sexual satisfaction."*

# Taking Control

## TREATMENT OPTIONS<sup>19</sup>

There are multiple treatment options available for ED. For some men, oral medications don't work,<sup>20-22</sup> so it's important to know all of your options. Find a solution to regain the confidence, control and wholeness you seek with an active, satisfying sex life.

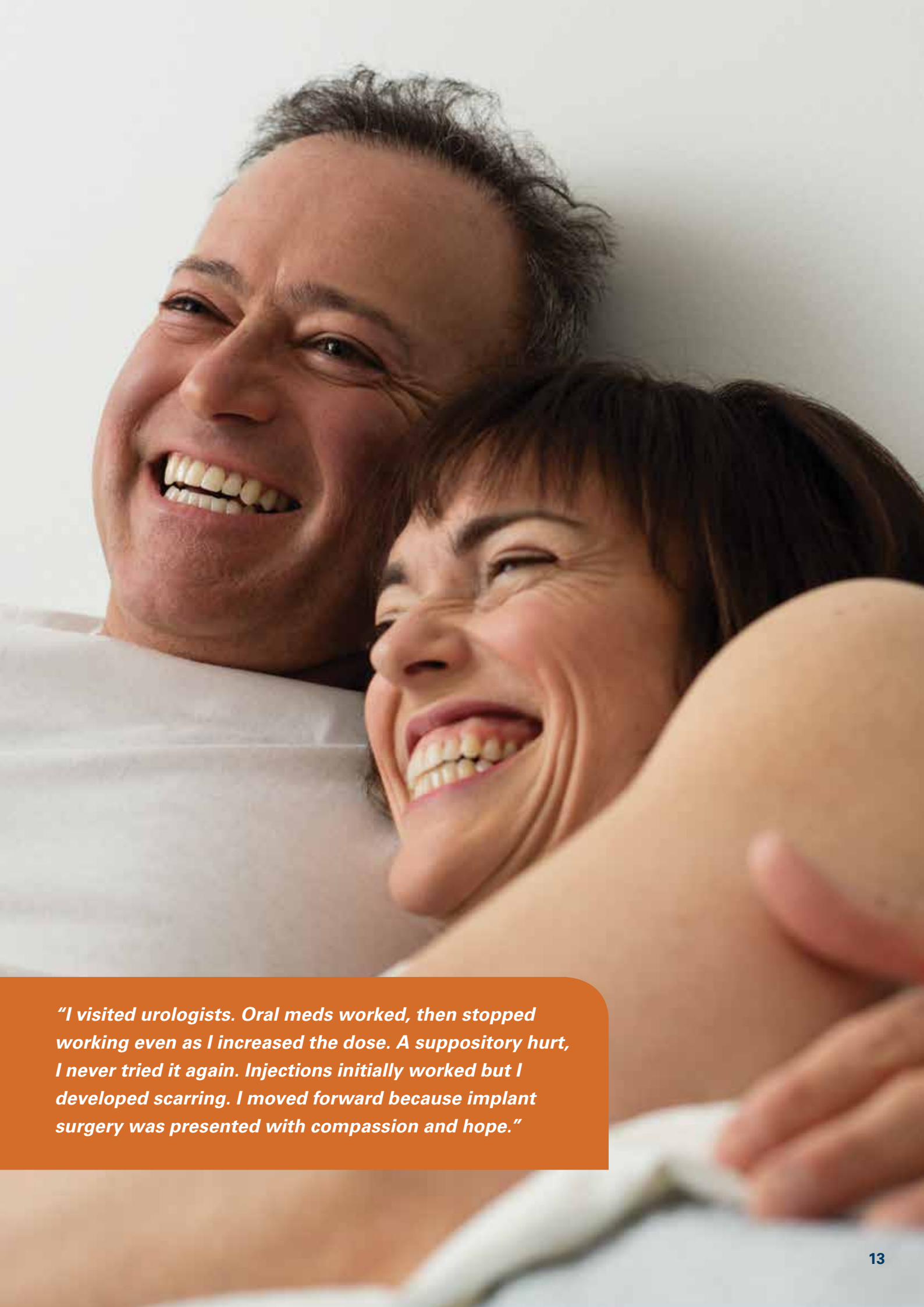
**Oral medications** – There are a number of prescription medications (for example, Viagra,<sup>™</sup> Cialis<sup>™</sup> and Levitra<sup>™</sup>) available that may improve blood flow to the penis. Combined with sexual stimulation, this may produce an erection. Drug therapy is usually a first-line treatment option for most men experiencing ED, and may be used in conjunction with other methods as well.

**Vacuum pumps** – Mechanically enhance the flow of blood into the penis. A plastic cylinder is placed over the penis, and a pump (either manual or battery operated) creates vacuum suction within the cylinder, drawing blood into the penis to create an erection. A stretchable tension band placed at the base of the penis can help maintain the erection.

**Injections and urethral suppositories** – With injection therapy, a small needle is used to inject medication directly into the base of the penis. The medication allows blood to flow into the penis, creating an erection. Many men find this method effective, but the idea of regular injections can be difficult to accept. Another option, MUSE<sup>™</sup> is the same drug available in the form of a small pellet (suppository) that is inserted into the opening of the penis.

**Penile implants** – When drug treatments, injections and other non-surgical therapies are not successful or unsatisfactory in resolving ED, a penile implant may be a long-term, satisfying solution. Today's state-of-the-art inflatable penile prosthesis uses a pump surgically placed in the scrotum to inflate and deflate the penile implant. All components are completely concealed, and the implant allows for the ability to have an erection suitable for intercourse at any time.

An erection achieved with a penile implant can be safely maintained for as long as desired, which many men and their partners find adds to the quality of their sex life.



*"I visited urologists. Oral meds worked, then stopped working even as I increased the dose. A suppository hurt, I never tried it again. Injections initially worked but I developed scarring. I moved forward because implant surgery was presented with compassion and hope."*

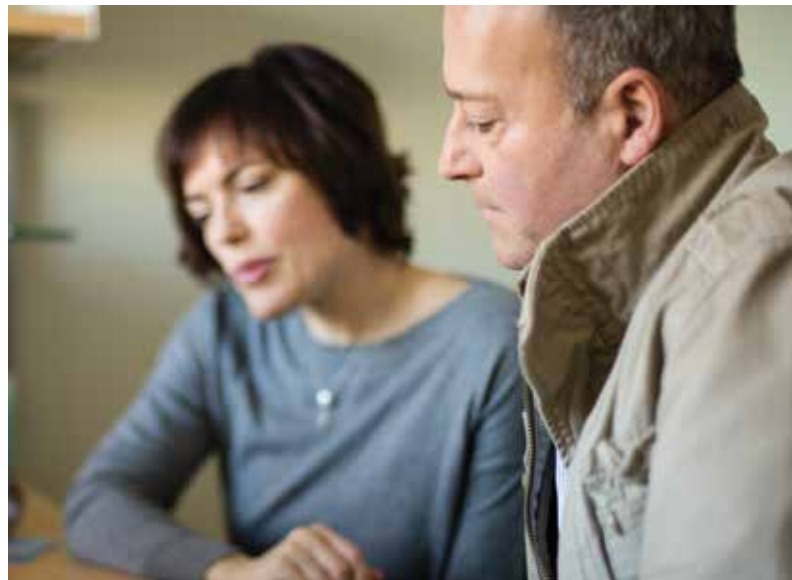
## The journey to restored sexuality

For some men – and their partners – conservative treatments (vacuum pumps, injections, etc.) for ED may not be satisfying, and may affect the quality of their sex life.

However, surgical solutions may provide for more spontaneity. Whatever you are experiencing, it's important to maintain open lines of communication.

Involve your partner in the decision making, talk about what you are feeling, and experiment with new ways of being intimate together.

The journey might be a challenging one, but working through it may actually strengthen your love life in unique ways.



*"It's very spontaneous. It takes a few pumps to pump it up, and I'm ready to go."*





### 3. TRACKING YOUR PROGRESS

*"I visited urologists. Oral meds worked, then stopped working even as I increased the dose. A suppository hurt, I never tried it again. Injections initially worked but I developed scarring. I moved forward because implant surgery was presented with compassion and hope."*

# INCONTINENCE: STRESS URINARY INCONTINENCE (SUI) QUIZ

This standard quiz helps evaluate your level of incontinence and can be a useful tool in discussing your progress with your doctor.

1. Do you ever experience unplanned, sudden urine loss either while sleeping or during the day?  
 yes    no
2. Do you experience leakage while laughing, sneezing, jumping or performing other movements that put pressure on the bladder?  
 yes    no
3. Do you have trouble holding urine as you hurry to the bathroom?  
 yes    no
4. Do you frequently experience a sudden and immediate urge to urinate?  
 yes    no
5. Have you noticed a change in your frequency of urination?  
 yes    no
6. Do you visit the bathroom to urinate more than 8 times per day?  
 yes    no
7. Do you currently wear pads or liners to protect against unplanned leaks?  
 yes    no
8. When planning a trip, outing or event, does the availability or location of the restroom facilities affect your decision?  
 yes    no

If you answered “Yes” to two or more of these questions, you should know that there are solutions available for you. Bring the completed quiz with you when you meet with your urologist to discuss your situation.

Disclaimer: This questionnaire is meant for informational purposes only and may not be used for self-diagnosis. Please consult your doctor or qualified healthcare provider regarding your condition and appropriate medical treatment.

# INCONTINENCE: PAD USAGE – WEEKLY JOURNAL

Use this journal page to keep track of your pad usage. It will help you and your doctor evaluate your return to continence, and help to determine the best solutions for you.

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## **SEXUAL HEALTH: FREQUENCY OF INTIMACY**

Keeping track of your sexual experience post-surgery can be helpful for you and your doctor as you evaluate your erectile function. Use this journal page to make note of erection quality, frequency of intercourse, attempts at sexual activity, masturbation, etc.

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# SEXUAL HEALTH: SEXUAL HEALTH INVENTORY FOR MEN (SHIM)<sup>23</sup>

This questionnaire is designed to help you and your doctor identify if you may be experiencing erectile dysfunction. If you are, you may choose to discuss treatment options with your doctor.

Each question has several possible responses. Circle the number of the response that best describes your own situation. Please be sure that you select one and only one response for each question.

**1.** How do you rate your confidence that you could get and keep an erection?

Very low	1
Low	2
Moderate	3
High	4
Very high	5

**2.** When you had erections with sexual stimulation, how often were your erections hard enough for penetration (entering your partner)?

No sexual activity	0
Almost never or never	1
A few times <i>(much less than half the time)</i>	2
Sometimes <i>(about half the time)</i>	3
Most times <i>(much more than half the time)</i>	4
Almost always or always	5

**3.** During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?

Did not attempt intercourse	0
Almost never or never	1
A few times <i>(much less than half the time)</i>	2
Sometimes <i>(about half the time)</i>	3
Most times <i>(much more than half the time)</i>	4
Almost always or always	5





## **4. FREQUENTLY ASKED QUESTIONS**

# FAQS

## How common is prostate cancer?<sup>1</sup>

Worldwide, more than 1.1 million men are diagnosed with prostate cancer every year, making it the second most common cancer in men. Two thirds of newly diagnosed prostate cancer cases are in the developed regions of the world.

## Are some men more likely to be diagnosed with prostate cancer?

Older men and men with a family history of the disease all have an increased likelihood of being diagnosed with the disease. The common age for all men at prostate cancer diagnosis is 66 years old.<sup>24</sup>

## How much does family history of prostate cancer increase my risk?

Men with a primary relative affected by prostate cancer (a brother or father) are more than two-fold as likely to develop the disease. Men with familial prostate cancer may develop the disease at an earlier age. They should begin testing with both the PSA blood test and the digital rectal examination at age 45 or even younger if they have multiple relatives with the disease.<sup>25</sup>

## How curable is prostate cancer?

In general, the earlier the cancer is caught, the more likely it is for the patient to remain disease-free after treatment. Because approximately 90% of all prostate cancers are detected in the local and regional stages, the survival rate for prostate cancer is very high — nearly 99% after five years.<sup>24,26</sup>

## What are the symptoms of prostate cancer?

If the cancer is caught at its earliest stages, most men will not experience any symptoms. Some men, however, will experience symptoms such as frequent, hesitant or burning urination, difficulty in having an erection, or pain or stiffness in the lower back, hips or upper thighs.<sup>26</sup>

## **What are some of the side effects from removing a prostate?**

The two most feared side effects of radical prostatectomy are loss of erections and urinary incontinence. These side effects can occur but there are successful treatment options available. Also, after total removal of the prostate, there is no ejaculation, although there is the sensation of climax and orgasm.<sup>27</sup>

## **It's been a year since my prostatectomy and I still have no control of my bladder. What can I do?**

Over the course of the first year following surgery, continence returns in the majority of men. However, 8%–63% of men will report some degree of SUI to be a significant problem one year after their prostatectomy.<sup>7,8</sup> After 12 months, if you are still suffering from SUI, you may want to seek out a urologist who specialises in restorative surgeries.

## **Why don't all men recover erectile function after surgery?**

The most obvious determinant of post-operative erectile function is how the man was prior to the operation. Post-operative erectile dysfunction is compounded in some patients by pre-existing risk factors that include: older age, cardiovascular disease, diabetes, cigarette smoking, physical inactivity and certain medications such as anti-hypertensive drugs or psychotropic medications.<sup>17</sup>

## **When can a man resume sexual activity after a prostate cancer surgery?<sup>17</sup>**

Certainly, some of the current treatments for prostate cancer can affect the sex life, but if the cancer is detected early and patients are treated by an experienced surgeon using nerve-sparing techniques, then sex lives can return after surgery – usually beginning within three to six months and then having continued improvement for two to three years. Sexual function can be restored in a lot of different ways now with medication, vacuum erection devices and certain types of injections.

## **Will I still be fertile after a radical prostatectomy?**

Most men will have return of erections but will not be able to have children by natural means. There should be no seminal fluid after the prostatectomy, so you will no longer be fertile.<sup>27</sup>

Penile implants are a safe, surgical treatment option, have a high degree of patient satisfaction and provide a very natural erection. Ask your doctor to provide you with more information about this option.

## **5. AUSTRALIAN RESOURCES**

# **AUSTRALIAN RESOURCES: ONLINE LINKS & SUPPORT GROUPS**

## **Andrology Australia**

The Australian Centre of Excellence for Male Reproductive Health, funded by the Australian Government Department of Health.

[www.andrologyaustralia.org](http://www.andrologyaustralia.org)

## **Beyond Blue**

Australian organisation promotes good mental health, tackles stigma and discrimination, and provides support and information on anxiety, depression and suicide.

[www.beyondblue.org.au](http://www.beyondblue.org.au)

## **Bladder & Bowel**

An Australian Government website providing advice on the prevention and management of bladder control and bowel problems.

[www.bladderbowel.gov.au](http://www.bladderbowel.gov.au)

## **Cancer Council Australia**

Cancer Council provides evidence based cancer information on prevention, research, treatment and support provided by Australia's peak independent cancer authority.

[www.cancer.org.au](http://www.cancer.org.au)

## **Continence Foundation of Australia**

The mission of the Continence Foundation of Australia is to represent the interests of Australians affected by, or at risk of, bladder and bowel control problems and act as an advocate for their interests. The foundation aims to achieve bladder and bowel health in Australia primarily by their work with industry, patients and professionals to facilitate support services and provide evidence.

[www.continence.org.au](http://www.continence.org.au)



## **Diabetes Australia**

National peak body for diabetes providing a collective voice for people living with diabetes, their families and carers as well as providing information and resources.

[www.diabetesaustralia.com.au](http://www.diabetesaustralia.com.au)

## **HARDFacts Australia**

An educational and comprehensive resource for men seeking information regarding ED, that aims to provide helpful information regarding treatment options and self-assessment tools. You'll find plenty of information here to inspire and educate you and your spouse/partner on today's treatment options — including penile implants, as well as learn what to expect and how to get the help you need.

[www.HardFacts.com.au](http://www.HardFacts.com.au)

## **Heart Foundation**

A site for both professionals and community members from this charity whose mission it is to fight the premature death and disability caused by heart problems.

[www.heartfoundation.org.au](http://www.heartfoundation.org.au)

## **Impotence Australia**

Provides information on impotence and other male and female sexual problems, including a nationwide Australian directory of practitioners.

[www.impotenceaustralia.com.au](http://www.impotenceaustralia.com.au)

## **Men'sHealthTreatments Australia**

Prostate and pelvic health conditions can affect men of all ages, it really is never too early or too late to start taking preventive measures and educating yourself on your health. ProstateHelp.com.au can help arm you with everything you need to be able to make an informed decision and take educative steps towards restoring your quality of life.

[www.MensHealthTreatments.com.au](http://www.MensHealthTreatments.com.au)

## **Prostate Cancer Foundation of Australia**

The Prostate Cancer Foundation of Australia (PCFA) is a broad based community organisation and the peak national body for prostate cancer in Australia. They are dedicated to reducing the impact of prostate cancer on Australian men, their partners, families and the wider community.

[www.prostate.org.au](http://www.prostate.org.au)

## **Prostate Cancer Foundation of Australia – Support Groups**

The Prostate Cancer Foundation of Australia (PCFA) is proud to have a national network of affiliated Support Groups in each State and Territory of Australia who assist others who encounter prostate cancer.

[www.prostate.org.au/support/find-a-support-group](http://www.prostate.org.au/support/find-a-support-group)

## **Urological Society of Australia and New Zealand**

USANZ is the peak professional body for urological surgeons in Australia and New Zealand.

[www.usanz.org.au](http://www.usanz.org.au)

# BRIEF SUMMARIES

**Caution:** Federal (U.S.) law restricts this device to sale by or on the order of a physician.

**Caution:** The law restricts these devices to sale by or on the order of a physician.

Your doctor is your best source for information on the risks and benefits of an artificial sphincter, advanced male sling system and penile prosthesis. Talk to your doctor for a complete listing of risks, warnings and important safety information.

The artificial sphincter is intended for use in the treatment of male urinary incontinence following prostate cancer. This device is not for patients who are determined by their doctor to be poor surgical candidates, have permanent blockage of the lower urinary tract or who have uncontrollable contraction of the bladder.

Men with diabetes, spinal cord injuries or skin infections may have an increased risk of infection.

The advanced male sling system is intended for the treatment of male stress urinary incontinence (SUI). These devices are not for patients with urinary tract infections, a tendency to bleed easily; a blood clotting disorder, the inability to fight infection or any other condition that would interfere with healing, decreased kidney function; or relative blockage of the kidneys.

A penile prosthesis is intended for use in the treatment of male erectile dysfunction (impotence). Implanting a penile prosthesis will damage or destroy any remaining ability to have a natural erection, as well as make other treatment options impossible.

Men with diabetes, spinal cord injuries or skin infections may have an increased risk of infection. Implantation may result in penile shortening, curvature or scarring.

# REFERENCES

1. World Cancer Research Fund International. <http://www.wcrf.org/>. Accessed February 4, 2015.
2. Adolfsson J, Steineck G, Whitmore WF Jr. Recent results of management of palpable clinically localized prostate cancer. *Cancer*. 1993 Jul 15;72(2):310-22.
3. American Cancer Society. Surgery for Prostate Cancer. [www.cancer.org/cancer/prostatecancer/detailedguide/prostate-cancer-treating-surgery](http://www.cancer.org/cancer/prostatecancer/detailedguide/prostate-cancer-treating-surgery). Accessed December 17, 2014.
4. Stanford JL, Feng Z, Hamilton AS, et al. Urinary and sexual function after radical prostatectomy for clinically localized prostate cancer: the Prostate Cancer Outcomes Study. *JAMA*. 2000 Jan 19;283(3):354-60.
5. Pedriali FR, Gomes CS, Soares L, et al. Is pilates as effective as conventional pelvic floor muscle exercises in the conservative treatment of post-prostatectomy urinary incontinence? A randomised controlled trial. *Neurourol Urodyn*. 2016 Jun;35(5):615-21.
6. Catalona WJ, Ramos CG, Carvalhal GF. Contemporary results of anatomic radical prostatectomy. *CA Cancer J Clin*. 1999 Sep-Oct;49(5):282-96.
7. Burgio K, Goode P, Urban DA, et al. Preoperative biofeedback-assisted behavioral training to reduce postprostatectomy incontinence: a randomized, controlled trial. *J Urol*. 2006 Jan;175(1):196-201.
8. Post-treatment issues. [http://www.ustoo.org/post\\_treatment\\_issues.asp](http://www.ustoo.org/post_treatment_issues.asp). Us TOO Prostate Cancer Education & Support Network Web site. Accessed June 29, 2011.
9. Smith DN, Appell RA, Rackley RR, et al. Collagen injection therapy for post-prostatectomy incontinence. *J Urol*. 1998 Aug;160(2):364-7.
10. Bauer RM, Mayer ME, May F, et al. Complications of the AdVance Transobturator Male Sling in the treatment of male stress urinary incontinence. *Urology*. 2010 Jun;75(6):1494-8.
11. DeRidder D, Webster G. Clinical overview of the AdVance Male Sling in post-prostatectomy incontinence. *Eur Urol Supplements*. 2011 Jul;10(4):401-6.
12. Welk BK, Herschorn S. The male sling for post-prostatectomy urinary incontinence: a review of contemporary sling designs and outcomes. *BJU Int*. 2012 Feb;109(3):328-44.
13. James MH, McCammon KA. Artificial urinary sphincter for post-prostatectomy incontinence: a review. *Int J Urol*. 2014 Jun;21(6):536-43.
14. Biardeau X, Aharony S; AUS Consensus Group, et al. Artificial Urinary Sphincter: Executive Summary of the 2015 Consensus Conference. *Neurourol Urodyn*. 2016 Apr;35 Suppl 2:S5-7.
15. AMS 800™ Urinary Control System Instructions for Use. American Medical Systems, Inc. 2014.
16. AMS 800™ Urinary Control System Operating Room Manual. American Medical Systems, Inc. 2014.
17. Catalona WJ. Sexual potency after a radical prostatectomy. [http://www.drcatalona.com/qa/faq\\_rp-potency.asp](http://www.drcatalona.com/qa/faq_rp-potency.asp). Urological Research Foundation. Accessed December 22, 2014.
18. Mulhall JP, Bivalacqua TJ, Becher EF. Standard operating procedure for the preservation of erectile function outcomes after radical prostatectomy. *J Sex Med*. 2013 Jan;10(1):195-203.
19. Erectile dysfunction (ED). [www.auanet.org/content/education-and-meetings/med-stu-curriculum/ed.pdf](http://www.auanet.org/content/education-and-meetings/med-stu-curriculum/ed.pdf). American Urological Association. Accessed January 21, 2013.
20. Viagra™ Prescribing Information, Pfizer Inc. Revised January 2010.
21. Cialis™ Prescribing Information, Lilly USA, LLC. Revised October 2011.
22. Levitra™ Prescribing Information, Bayer HealthCare Pharmaceuticals. Revised November 2011.
23. Cappelleri JC, Rosen RC. The Sexual Health Inventory for Men (SHIM): a 5-year review of research and clinical experience. *Int J Impot Res*. 2005 Jul-Aug;17(4):307-19.
24. SEER Stat Fact Sheets: Prostate Cancer. <http://seer.cancer.gov/statfacts/html/prost.html>. National Cancer Institute. Accessed December 17, 2014.
25. Familial prostate cancer: meta-analysis of risk and survey of screening behavior. *CA Cancer J Clin*. 2003;53:261-2.
26. Prostate cancer FAQs. [http://www.pcf.org/site/c.leJRIR0rEpH/b.5800851/k.645A/Prostate\\_Cancer\\_FAQs.htm](http://www.pcf.org/site/c.leJRIR0rEpH/b.5800851/k.645A/Prostate_Cancer_FAQs.htm). Prostate Cancer Foundation. Accessed October 26, 2014.
27. Catalona WJ. Conditions after a radical prostatectomy. [http://www.drcatalona.com/qa/faq\\_rp-conditions.asp](http://www.drcatalona.com/qa/faq_rp-conditions.asp). Accessed November 3, 2014.

Individual symptoms, situations, circumstances and results may vary. This information is not intended to be used for medical diagnosis or treatment or as a substitute for professional medical advice. Please consult your doctor or qualified healthcare provider regarding your condition and appropriate medical treatment.

**For more information visit  
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