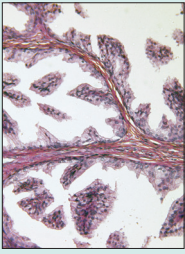


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Nursing Care Program for Erectile Dysfunction After Radical Prostatectomy

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The prevalence of erectile dysfunction (ED) in 114 patients with prostate cancer treated with radical prostatectomy was examined to determine the efficacy of an ED care program in which nurse-provided education plays a fundamental role in the detection and follow-up of ED as well as in treatment compliance. The nursing program consists of four visits during which specific treatment-related information, education and support, active listening, and selection of the treatment best suited to each patient (in consultation with the healthcare team) are provided. One month following bladder catheter removal, 77 of the 114 patients (69%) in the study had ED, with a majority suffering from severe ED. A nursing care program could help minimize ED and enable patients to adapt to their new situation.

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Prostate cancer is the most frequently diagnosed malignant tumor in men, with an estimated 241,740 new cases diagnosed in the United States in 2012, leading to about 28,170 deaths (American Cancer Society, 2012). The factors that determine the risk of developing prostate cancer are not completely known, although a few have been identified such as increasing age, ethnic origin, and heredity. European and American Cancer Society guidelines for the early detection of prostate cancer include annual screening by digital rectal examination (DRE) and serum prostate-specific antigen (PSA) levels for men aged 50 years or older who have a 10-year life expectancy (Smith, Cokkinides, & Eyre, 2006). In localized stages, radiotherapy or radical prostatectomy surgery, either by conventional open approach or laparoscopy, is considered optional. Neither technique is devoid of complications. The most common medium- and long-term complications are erectile dysfunction (ED) and urinary incontinence (Escudero et al., 2006). These complications also are the source of the greatest concern for men with organ-confined prostate cancer faced with the option of a radical surgery or radiation, as the treatment directly and notably impacts their quality of life (QOL).

ED is defined as the inability to attain or maintain an erection that is firm or of sufficient duration as to have satisfactory sex (Brock et al., 2003). The probability of suffering from ED increases following a radical prostatectomy; 29%–75% of men

subjected to this surgical procedure are estimated to develop ED (Stanford et al., 2000). This percentage varies according to the type of treatment (65% radical prostatectomy and 63% radiotherapy) (Alemozaffar et al., 2011).

The importance of appropriate diagnosis and treatment of ED is considered to be one of the most challenging in the authors' urology department. Diagnosis and treatment of ED should be specific in accordance with the patients' individual needs.

Surgical treatment is a commonly performed procedure for the management of prostate cancer. Although documented oncologic outcome for early-stage disease is excellent, functional impairments such as ED are common after the procedure. Monitoring post-treatment ED should be mandatory to better identify and assess patients with this issue (Moskovic, Miles, Lipshultz, & Khera, 2011). After standard surgery, the onset of ED is almost immediate and recovery is slow, possibly requiring as many as two years. The frequency of preservation or recovery of the erectile ability is variable and depends on the approach used (40%–60% when the bundles are spared). However, preservation of the neurovascular bundles is not possible in all patients who have a radical prostatectomy (Montorsi et al., 1997).

Several treatments are in place for managing ED, including oral medications (5-phosphodiesterase inhibitors), prostaglandins, and surgery for placement of a prosthesis. The priorities a man places on sexuality and on having a sexually functioning