

SURGERY

Quality of Life, Psychological Functioning, and Treatment Satisfaction of Men Who Have Undergone Penile Prosthesis Surgery Following Robot-Assisted Radical Prostatectomy



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ABSTRACT

Background: Penile prosthesis surgery is last-line treatment to regaining erectile function after radical prostatectomy (RP) for localized prostate cancer.

Aims: To assess quality of life, psychological functioning, and treatment satisfaction of men who underwent penile implantation after RP; the psychosocial correlates of treatment satisfaction and sexual function after surgery; and the relation between patients' and partners' ratings of treatment satisfaction.

Methods: 98 consecutive patients who underwent penile implantation after RP from 2010 and 2015 and their partners were invited to complete a series of measures at a single time point. Of these, 71 patients and 43 partners completed measures assessing sexual function, psychological functioning, and treatment satisfaction. Proportions of patients who demonstrated good sexual function and satisfaction with treatment and clinical levels of anxiety and depression were calculated. Hierarchical regression analyses were conducted to determine psychosocial factors associated with patient treatment satisfaction and sexual function and patient-partner differences in treatment satisfaction.

Outcomes: Patients completed the Expanded Prostate Cancer Index Composite Short Form (EPIC-26), Erectile Dysfunction Inventory of Treatment Satisfaction (EDITS), Prostate Cancer-Related Quality of Life Scale, Self-Esteem and Relationship Questionnaire (SEAR), Generalized Anxiety Disorder-7 (GAD-7), and Patient Health Questionnaire-9 (PHQ-9). Partners completed the GAD-7, PHQ-9, EDITS (partner version), and SEAR.

Results: 94% of men reported satisfaction with treatment (EDITS score > 50). 77% of men reported good sexual function (EPIC-26 score > 60). Lower depression scores were associated with higher sexual confidence and sexual intimacy, and these were correlated with better treatment satisfaction and sexual function. Patients experienced higher sexual relationship satisfaction (median score = 90.6) than their partners (median score = 81.2), but there was no difference in treatment satisfaction between groups. Higher patient treatment satisfaction was more likely to be reported for couples whose depression scores were more similar.

Clinical Implications: It is important to provide preoperative penile implant counseling and encourage patients to seek postoperative counseling if needed.

Strengths and Limitations: This is one of the first Australian-based studies comprehensively assessing treatment satisfaction and psychosocial health of men after penile prosthesis surgery after RP. This was a retrospective cross-sectional study, so there is a possibility of recall bias, and causal associations could not be determined.

Conclusion: Men in this Australian series who underwent penile prosthesis surgery after RP generally reported good sexual function and treatment satisfaction. Nevertheless, patient and partner mental health influenced their reported experience of the treatment. **Pillay B, Moon D, Love C, et al. Quality of Life, Psychological Functioning, and Treatment Satisfaction of Men Who Have Undergone Penile Prosthesis Surgery Following Robot-Assisted Radical Prostatectomy. J Sex Med 2017;14:1612–1620.**

Received July 3, 2017. Accepted October 2, 2017.

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<https://doi.org/10.1016/j.jsxm.2017.10.001>

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Key Words: Penile Prosthesis Surgery; Robot-Assisted Radical Prostatectomy; Sexual Function; Quality of Life; Psychological Functioning; Treatment Satisfaction

INTRODUCTION

Prostate cancer (CaP) is one of the most commonly diagnosed cancers in men worldwide, with Australia among the countries with the highest incidence.¹ 5-year survival rates are high owing to advances in treatment and early diagnosis.² Unfortunately, treatment options result in significant decrements in quality of life (QoL) in domains such as erectile dysfunction (ED), urinary incontinence, and bowel urgency.³ These residual symptoms can have a significant impact on patient QoL and mental health.^{4,5}

One of the most common treatment modalities for localized CaP is radical prostatectomy (RP). Victoria registry data indicate that 46.1% of men diagnosed with clinically localized disease were treated with RP from 2008 to 2011.⁶ Sexual side effects of RP often include ED, loss of penile length, and changes in sexual sensation and orgasm.⁷ Unfortunately dissatisfaction with sexual functioning after CaP treatment is common and many men report high levels of need in managing sexual difficulties,^{4,8–12} negatively affecting their QoL.¹³ Commonly used strategies to treat ED include single agents or a combination of phosphodiesterase type 5 inhibitors, intracavernosal injection therapy, vacuum device, or penile prosthesis implantation.^{14,15}

Penile prosthesis implantation is an invasive surgical approach, deemed to be a 3rd-line treatment to regaining erectile functioning after RP. Data from a large US database (Surveillance, Epidemiology, and End Results [SEER]) indicate that approximately 2.3% of men after RP undergo penile implantation.¹⁶ Although penile implants have been associated with technical feasibility, safety, and good treatment satisfaction compared with other approaches,¹⁵ Australian data on patients' experiences have not been published.

In general, high satisfaction rates have been reported for men undergoing insertion of a penile prosthesis. Megas et al¹⁷ compared sexual functioning and overall satisfaction of 29 patients on tadalafil with 25 patients who underwent penile prosthesis implantation. They reported that for erection frequency, firmness, penetration ability, maintenance, and erection confidence, the penile prosthesis was superior to phosphodiesterase type 5 inhibitor outcomes. Similar results were reported by Rajpurkar and Dhabuwala¹⁸ who found significantly higher treatment satisfaction and erectile function scores for men who underwent penile implantation (for ED with a range of etiologies) compared with those receiving treatment with sildenafil citrate or intracavernosal injection therapy.

In other studies, the broader impact of having a penile prosthesis on patient QoL and psychological well-being has been evaluated. Tefilli et al¹⁹ undertook a longitudinal study

examining the psychosexual outcomes of American men after penile prosthesis implantation in the context of general ED. Psychological and QoL data were collected from 35 men before surgery and at 3, 6, and 12 months after surgery. Patients reported perceived improvement in their erectile ability and libido after penile implant surgery. In addition, concern about obtaining and maintaining an erection during intercourse was significantly alleviated. A decrease in feelings of depression, anxiety, and frustration also was noted.¹⁹ Unfortunately, this study did not use validated questionnaires to assess outcomes.

A comprehensive assessment of sexual, psychological, relationship, and satisfaction outcomes of Australian men who undergo penile prosthesis implantation after RP using validated measures has not been conducted to date. In particular, there is no published research assessing the psychosocial factors associated with patient satisfaction with penile implant surgery after RP. There also is a dearth of research assessing the experiences of patients' partners. Therefore, the primary objective of this study was to assess patient treatment satisfaction and QoL, including the psychosocial factors associated with these patient outcomes. A secondary aim was to assess how partners' satisfaction with outcomes of penile prosthesis surgery related to patient satisfaction.

METHODS

Participants

98 consecutive patients who underwent penile prosthesis implantation from May 2010 to May 2015 after RP to treat CaP were invited to participate in this study, together with their partners. Patients were recruited from 2 private urology practices. 71 men and 43 partners consented to the study (response rate for patients = 72.4%). All participants could read and understand English sufficiently to complete the questionnaires. Participants were excluded if they had a major cognitive or psychiatric condition that could affect their responses.

Procedure

This was a cross-sectional retrospective study of patient and partner outcomes and satisfaction after penile implant surgery. Approval from the institution's human research ethics committee was obtained before the conduct of this study. Patients who met the eligibility criteria were sent a letter of invitation to the study, a Participation Information and Consent Form, and a questionnaire pack. An invitation letter, Participation Information and Consent Form, and questionnaire pack for partners also were sent to the patient. Patients were asked to consent to their partners being invited to the study. Reply-paid envelopes were provided for return of questionnaires.

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