

Step 2: Perform

This handout goes through Step 2 of the UroPlan Active Restoration Roadmap and explains the options that men have to regain their quality of life while still recovering from pelvic surgery. Things are organized in a question/answer format and have been broken into two sections much like the information in Step 1. Please remember that these therapies are optional and are in addition to the preservation exercises detailed in the first handout. **This is the step men should focus on when trying to increase performance immediately after surgery.**

Please visit www.UroPlanIndy.com to watch our UroPlan videos and for electronic versions of each of these handouts. If you ever have any questions or concerns, please feel free to call the Men's Health Center at (317) 564-5104.

Section 1: Erectile Performance

What options do I have if I want to perform sexually while my nerves are still recovering?

As we mentioned in the Step 1 handout, even if men undergo a nerve-sparing procedure, it can still be several weeks or months until these nerves 'wake up' and men are able to perform sexually. While the exercises and therapies listed in Step 1 are designed to help preserve the erectile tissue while the nerves recover, the interventions listed in this handout are for men who also want to achieve functional erections for sexual intimacy during this time period.

Generally speaking, there are three options that men have when trying to achieve erections as their pelvic nerves recover: 1) as-needed oral sildenafil (also known as Viagra) 2) intracavernosal injections and 3) use of the vacuum erection device with a constriction band.

What is the medication sildenafil (also known as Viagra)?

Much like the daily dose of tadalafil that was recommended in Step 1, sildenafil is a medication known as a 'phosphodiesterase inhibitor'. It can be taken in addition to the daily dose of tadalafil that men take to increase their baseline blood flow to the erectile tissue. When combined with sexual stimulation, this 'booster' dose of sildenafil can sometimes be enough for some men to achieve erections even before their nerves have completely recovered (although it does require some level of nerve function). It is the easiest of the 3 options mentioned above, and as such will often be prescribed at your 'pre-surgery' appointment.



What dose should I take?

Typically, our office prefers to prescribe the larger 100 mg dose. This is generally more cost effective and can be broken down into smaller doses if needed. We typically recommend starting with a half tablet, 50 mg, take approximately 1 hour prior to desired sexual activity on an empty stomach. If this isn't effective, you can increase the dose to 100 mg the following night.

Much like the tadalafil mentioned in Step 1, your pharmacy may state that a 'prior authorization' is required prior to filling your prescription. **Our office does NOT submit prior authorizations for this medication.** If your pharmacy tells you this, please download the smartphone app 'GoodRx' (www.goodrx.com) and use the provided coupon for an affordable cash price. Your pharmacy can help you with this process. You may need to ask your pharmacy to send the script to a different pharmacy to get the best price (Kroger is typically the cheapest).

Does sildenafil have any side effects?

Like daily tadalafil, as-needed sildenafil is incredibly safe but it should NOT be taken by men who are also taking 'nitrate' containing medications. Some examples of these include nitroglycerine tablets, isosorbide mononitrate, and nitroglycerine patches. If you're unsure if you're taking one of these medications, please call our office at (317) 564-5104 to review your medication list before you start taking this medication.

Sildenafil can also cause headaches in certain men at higher doses and can even cause a blue 'shimmer' to appear around certain lights. These side effects, if present, will go away with time. If they are too bothersome, we recommend backing down to a lower dose.

What are intracavernosal injections?

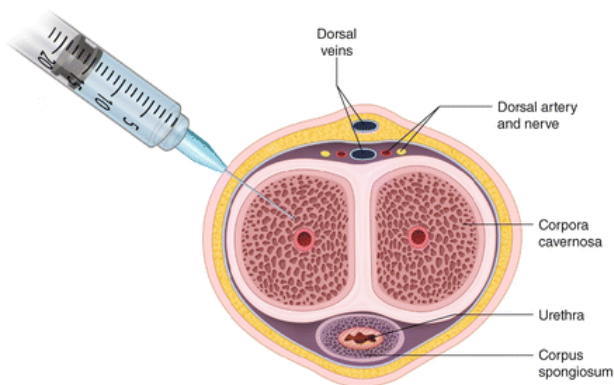
Intracavernosal injections are a way for men to achieve an erection suitable for sex if as-needed sildenafil isn't effective. If as-needed sildenafil isn't working for you and you're interested in trying injection therapy, please call our office at (317) 564-5104.

How do intracavernosal injections work?

Intracavernosal injections contain medications that are similar to oral tadalafil and sildenafil in function, but at much more potent doses. Unlike as-needed sildenafil, they don't require any sort of pelvic nerve function in order to work. This means that they can be an effective tool for men who desire to be sexually intimate as they are still recovering from prostate removal.

There are many different formulations of intracavernosal injections, each with different names. Some common names include Bimix, Trimix, and Quadmix. Although they are usually not covered by insurance, they are usually quite affordable from compounding pharmacies.

It's important to note that just because a man may require intracavernosal injections immediately after prostate removal, using them will not make him 'dependent' or mean that he will always require them. Many men will have their natural erections return with time, but injections may allow them to resume sexual activity sooner than they would have been able to otherwise if oral sildenafil is insufficient. But remember, injections are not considered to be a replacement for regular VED use along with daily tadalafil and L-citrulline supplementation which are still critical parts of penile rehabilitation.



What are the side effects of intracavernosal injections?

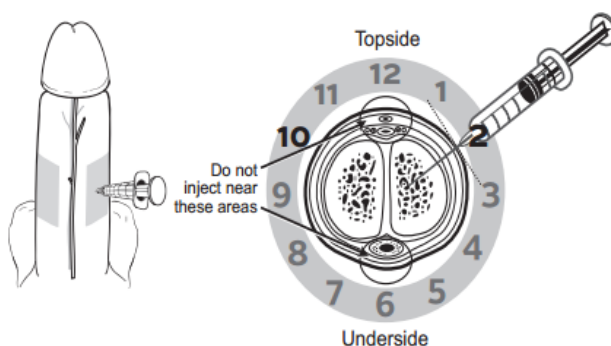
Although intracavernosal injections are generally considered to be safe, it is important to be aware of potential side effects. Some men may notice a slight burning with their injection. This may depend on the type of medication being used and can occasionally persist for several minutes. Men should also be careful to only inject along the side of the penile shaft, as the urine tube (the urethra) runs at the 6 o'clock position and the nerves that supply the head of the penis run at the 12 o'clock position. Detailed instructions on injection technique are provided below.

Occasionally, the injections may work too well and cause a prolonged erection that can be painful known as a priapism. Although uncommon, this is defined as an erection lasting longer than 4 hours and is considered to be a medical emergency.

Generally, we recommend that patients seek care well before the 4-hour mark. Men experiencing a prolonged erection lasting 1 full hour should take 120 mg of over-the-counter pseudoephedrine (Sudafed). Men starting injection therapy should keep a supply of this medication on-hand just in case. If the erection has not resolved in 30 minutes (1.5 hours since it first started), we recommend that men seek assistance urgently. If during business hours, we recommend that men come to our Men's Health Center to seek care. If outside of business hours or if isn't possible to reach the Men's Health Center, we recommend going to the closest emergency room.

How should I perform the injections?

- 1) The injection should be given directly into penile shaft at the 2 o'clock or 10 o'clock position. You do not want to give injection directly on top (12 o'clock) or bottom (6 o'clock). Please give the injection mid-shaft and avoid the head of your penis (see figure below).



- 2) Prepare the medication as directed. Some pharmacies will require mixing sterile water with the medication powder while others will pre-mix the medication.
- 3) Using the provided needle and syringe, draw up your prescribed dose of medication and replace the needle cap.
- 4) Grasp the head of your penis, not the skin. If you are not circumcised, pull your foreskin back before grasping the head of your penis. Pull your penis straight out.
- 5) Locate the area to be injected (see above). Wipe it with an alcohol swab.
- 6) Remove the cap covering the needle. Double check the syringe to make sure the dose is correct and you haven't pushed any medication out by accident. Hold the syringe like a pen or a dart. Do not place your index finger or thumb on the plunger until the needle is all the way in the skin.
- 7) Once again, grasp the head of your penis with your thumb at the 12 o'clock position and pull it straight out. You must keep tension on your penis; do not twist it since this could lead to injecting the wrong area.
- 8) Touch the needle to the skin and gently slide it into the shaft of your penis. Make sure to avoid any veins.
- 9) Make sure to insert the needle at a slight angle and push it all the way in (See figure above).
- 10) Push down on the plunger to inject the medication into the shaft of your penis. Be careful not to pull the syringe out as you are injecting the medication.
- 11) Remove the needle after you have injected all the medication. Pull it straight out. Do not use a twisting or jerking motion because this may cause bruising. Apply pressure, if bleeding, for 1 to 2 minutes with your thumb on the injection site and your index finger on the opposite side of your penis. If you are taking a blood thinner or aspirin, you may need to hold longer.
- 12) Place the syringe into a sharps container. If you do not have a sharps container, you may use an empty plastic laundry detergent container. These can be disposed of safely at most major pharmacies.
- 13) Alternate sides with each injection.

What if my dose isn't effective?

If you have been given Bimix, Trimix or Quadmix, you may increase your dosing by 0.1 cc or 10 units (depending on syringe given by the pharmacy) as needed in order to achieve the desired effect (an erection lasting no longer than one hour). You should never perform more than one injection every 48 hours and you should never use a dose higher than one

full syringe (100 units or 1.0 cc). Increasing your dose by too much or performing more than 1 injection every 48 hours significantly increases your chance of developing a priapism (prolonged, painful erection).

Can you give me some final pointers on intracavernosal injection therapy?

- Do not perform more than one injection at a time. You should wait at least 48 hours between injections.
- Please purchase a supply of over-the-counter pseudoephedrine (aka Sudafed) prior to starting your injection therapy.
- If you have a firm erection lasting longer than one hour, please take 120 mg of oral pseudoephedrine. If your erection has not resolved in 30 minutes (1.5 hours after starting) please call our Men's Health Center and plan to see us in clinic. If it is after hours, please report to the emergency room.
- Keep your medication in the refrigerator and pay attention to the expiration date.
- Any further questions, please call our office at the (317) 564-5104.

What about using the Vacuum Erection Device, or VED?

Although primarily used for daily penile exercise, the VED can also be used for sexual activity when combined with a constriction band. This band, typically included with the device when purchased, traps the blood pulled into the penis when applied to the base of the shaft. The instructions for band use vary based on the VED being used. However, men should keep in mind that the constriction band cuts off all blood flow and as such can only be used for 30 minutes at a time.

Section 2: Bladder and Urine Control Performance

What can I do to help control my bladder beyond Kegels alone?

As mentioned in Part 1, Kegels are an excellent way to strengthen the pelvic muscles and promote early urine control. However, for motivated men that are still experiencing leakage at the time of their first follow-up, we will often suggest pelvic floor physical therapy. Pelvic floor physical therapy offers men the chance to practice advanced pelvic exercises that go beyond Kegels and offer men the chance to achieve even more control over their urine stream.

Conclusion

That's everything for Step 2 (Perform) portion of the UroPlan Active Restoration Roadmap! **This step is for men looking to maximize performance as they continue to progress through the recovery process immediately after surgery.** To learn more about Step 1 (Preserve) and Step 3 (Prevail) of the UroPlan Active Restoration Roadmap, please refer to those individual handouts or visit our website using the information below. If you ever have any questions or concerns about anything discussed above, please don't hesitate to call us at (317) 564-5104.



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