## 1099

EARLY USE OF VACUUM CONSTRICTION DEVICE (VCD) FOLLOWING RADICAL PROSTATECTOMY (RP) FACILITATES EARLY SEXUAL ACTIVITY AND POTENTIAL RETURN OF ERECTION Rupesh Raina\*, Heather Klepacz, Ashok Agarwal, Craig D Zippe, Cleveland, OH

INTRODUCTION AND OBJECTIVES: To asssess the efficacy and compliance of early use of VCD following RP to potentially prevent corporeal fibrosis and expedite recovery of erectile function.

METHODS: Following RP and catheter removal, 74 patients were instructed to use VCD daily (without constriction ring) to induce intracavernous pressure and tumescence. The constriction ring was applied if sexual intercourse was attempted. Early use of VCD began an average of 3.9 wks (2-8 wks) after surgery and the mean follow-up was 8 months (6-9 mo). The treatment efficacy was analyzed by responses to abridged 5-item International Index of Erectile Function (IIEF) and stratified by nerve-sparing status. Patient outcome regarding compliance, return of natural erection, and ability for vaginal intercourse was assessed.

RESULTS: Out of 74 patients, 18% (14/74) discontined treatment. Eighty percent (60/74) successfully used VCD with constriction ring for vaginal intercourse with an overall spousal satisfaction rage of 55% (33/60). The abridged IIEF score was significantly increased after VCD use in both nerve-sparing and non-nerve-sparing groups(see table).

CONCLUSIONS: Early use of VCD following RP facilitates early sexual intercourse, early patient/spousal sexual satisfaction, and, potentially, an earlier return of natural erections.

Comparison between patients with nerve-sparing (NS) and non-NS RP in response to early use of VCD

MOC OI VOD			
Variable	Bilateral NS (n = 25)	Unilateral NS (n = 19)	Non-NS (n = 16)
VCD for sexual intercourse	100% (25/25)	100% (19/19)	100% (16/16)
Return of natural erection with VCD			
at 6-9 mo	36% (9/25)	37% (7/19)	19% (3/16)
Natural, erection sufficient, for			
intercourse at 6-9 mo	55% (5/9)	57% (4/7)	33% (1/3)
Spouse satisfaction	52% (13/25)	57% (11/19)	57% (9/16)
IIEF Q3 (penetration frequency) pre-	Accessed Commence		and the Control of
surgery→post-surgery→after VCD			
use	$4.76 \rightarrow .91 \rightarrow 3.61$	$4.33 \rightarrow .86 \rightarrow 3.24$	$4.1 \rightarrow .85 \rightarrow 3.14$
IIEF Q4 (erection, maintenance) pre-			
surgery→post-surgery→after VCD			
use	$4.81 \rightarrow .86 \rightarrow 3.63$	$4.76 \rightarrow .84 \rightarrow 3.54$	4.81→.80→3.06
Total IIEF-5 score	16	15	15

## 1099

EARLY USE OF VACUUM CONSTRICTION DEVICE (VCD) FOLLOWING RADICAL PROSTATECTOMY (RP) FACILITATES EARLY SEXUAL ACTIVITY AND POTENTIAL RETURN OF ERECTION Rupesh Raina\*, Heather Klepacz, Ashok Agarwal, Craig D Zippe, Cleveland, OH

INTRODUCTION AND OBJECTIVES: To asssess the efficacy and compliance of early use of VCD following RP to potentially prevent corporeal fibrosis and expedite recovery of erectile function.

METHODS: Following RP and catheter removal, 74 patients were instructed to use VCD daily (without constriction ring) to induce intracavernous pressure and tumescence. The constriction ring was applied if sexual intercourse was attempted. Early use of VCD began an average of 3.9 wks (2-8 wks) after surgery and the mean follow-up was 8 months (6-9 mo). The treatment efficacy was analyzed by responses to abridged 5-item International Index of Erectile Function (IIEF) and stratified by nerve-sparing status. Patient outcome regarding compliance, return of natural erection, and ability for vaginal intercourse was assessed.

RESULTS: Out of 74 patients, 18% (14/74) discontined treatment. Eighty percent (60/74) successfully used VCD with constriction ring for vaginal intercourse with an overall spousal satisfaction rage of 55% (33/60). The abridged IIEF score was significantly increased after VCD use in both nerve-sparing and non-nerve-sparing groups(see table).

CONCLUSIONS: Early use of VCD following RP facilitates early sexual intercourse, early patient/spousal sexual satisfaction, and, potentially, an earlier return of natural erections.

Comparison between patients with nerve-sparing (NS) and non-NS RP in response to early use of VCD

Variable	Bilateral NS (n = 25)	Unilateral NS (n = 19)	Non-NS (n = 16)
VCD for sexual intercourse	100% (25/25)	100% (19/19)	100% (16/16)
Return of natural erection with VCD			
at 6-9 mo	36% (9/25)	37% (7/19)	19% (3/16)
Natural, erection sufficient, for			
intercourse at 6-9 mo	55% (5/9)	57% (4/7)	33% (1/3)
Spouse satisfaction	52% (13/25)	57% (11/19)	57% (9/16)
IIEF Q3 (penetration frequency) pre-	0.0000.0000.0000.0000.0000.0000.0000.0000	10	
surgery→post-surgery→after VCD			
use	$4.76 \rightarrow .91 \rightarrow 3.61$	$4.33 \rightarrow .86 \rightarrow 3.24$	$4.1 \rightarrow .85 \rightarrow 3.14$
IIEF Q4 (erection, maintenance) pre-			
surgery→post-surgery→after VCD			
use	$4.81 \rightarrow .86 \rightarrow 3.63$	$4.76 \rightarrow .84 \rightarrow 3.54$	$4.81 \rightarrow .80 \rightarrow 3.06$
Total IIEF-5 score	16	15	15