

## *Sexual function expectations after BPH treatment*

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The exact relationship between enlarged prostate (BPH) and sexual dysfunction is not yet fully understood. Studies show significantly higher risk of sexual dysfunction among men with BPH than those without BPH. This circumstance stresses the important necessity to discuss this topic with every patient. An open discussion is the best way to help patients to make a wise and secure treatment decision. BPH treatment may improve sexual function in some patients.

### **Introduction:**

The prostate secretions are essential for male fertility and sperm function. The complex biophysiological interactions engaged in erection and ejaculation are only partly understood. With increasing age and enlargement of the prostate sexual function deteriorates successively. Most men with symptomatic BPH experience some degree of sexual dysfunction. Many times, a lack of sexual confidence will amplify dysfunction initiated by anxiety and stress in connection to too high expectations. The obstructive situation caused by BPH per se seems to aggravate erectile dysfunction and disturb ejaculation force.

### **Sexual dysfunctions:**

- Erectile dysfunction: difficulties to achieve and/or maintain an erection
- Ejaculation dysfunction: reduced volume, absence of ejaculation, or pain and/or discomfort during ejaculation
- Decreased libido: reduced interest in sexual activity
- Reduced overall satisfaction with sexual activity

Most BPH patients are very concerned about how different treatments will affect their sexual function. This anxiousness is most common and a reason to postpone the first visit to see a doctor and reluctance to all kinds of treatments. BPH patients who have normal sexual function are often concerned about how BPH treatment will affect their sexual function. Decision-making is very difficult for the patient without sorrow information from the doctor. For most men, sexual function remains stable following BPH treatment, with smaller numbers reporting either negative or positive changes.

### **Symptomatic medications and sexual function**

Drug therapy is often the first line treatment. All BPH medications carry some risk of negative impact on sexual function.

- Alpha-blockers (Cardura<sup>®</sup>, Flomax<sup>®</sup>, Hytrin<sup>®</sup>; Minipress<sup>®</sup>, and Uroxatral<sup>®</sup>) may be the doctor's choice. These drugs may affect all the above mentioned sexual functions. Alpha-blockers and drugs like Viagra<sup>®</sup> should not be taken at the same time because together they can produce a dangerous drop in blood pressure.

- Alpha-reductase inhibitors (Proscar® and Avodart®) may be recommended for BPH symptoms. They could have a negative impact on all sexual functions. Especially libido reduction is a common complaint.
- Herbal remedies are not scientifically proven and eventual negative effects on sexual function are reported as rumors among patients.

Sexual side effects caused by medications will subside over time when a man stops taking the drug. Some men don't consider the sexual side effects. Some patients find the sexual side effects bothersome enough to stop medication.

## **Minimally invasive treatment for BPH and sexual function**

CoreTherm® thermotherapy is an office-based outpatient therapy for BPH. It is an active curative alternative to surgical treatments with the same efficacy and longterm outcome. CoreTherm® thermotherapy is performed in doctor's office and requires no general or spinal anesthesia. The actual treatment takes about 10 minutes and is performed in local anesthesia.

Heat is used to kill and shrink the compressing tissue surrounding the urethra. The size of the prostate will be reduced by 30% three months after treatment. This non-surgical therapy produce long standing symptom relief. Most non-surgical procedures like CoreTherm® thermotherapy have virtually no impact on libido or erectile function. Some men report scarce or no ejaculation (dry climax). Interestingly, some recent studies suggest sexual function may improve following non-surgical therapy.

## **Sexual function after Surgery for BPH**

Libido is unchanged after surgery.

Surgical procedures carry a high risk of ejaculatory dysfunction with dry climax.

Erectile dysfunction can occur but is quite seldom:

- Open prostatectomy has almost 100% risk for retrograde ejaculation.
- Transurethral resection of the prostate (TURP) patients have almost the same incidence of retrograde ejaculation.
- Transurethral incision of the prostate (TUIP) patients have a lower incidence of ejaculatory dysfunction, but can occur.
- Laser surgery (Greenlight PV®, Holmium Laser Treatment) patients also have a high risk of retrograde ejaculation.

Changes in ejaculatory function can jeopardize sexual satisfaction for some patients. In addition, surgical patients have between a 2%-10% chance (depending upon the procedure) of developing some erectile dysfunction following surgery. Recovery can take one year before sexual function reach a stable function.

## **Sexual Dysfunction Therapies**

There are safe and effective treatments for sexual dysfunction, including:

- PDE5 inhibitors - (Viagra®, Levitra® and Cialis®)
- Testosterone

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- Penile injection therapy
- Urethral application
- Vacuum pump devices
- Penile implants - (passive and active)

## **Ask your Physician**

Sexual dysfunction is a normal part of aging. On the other hand, no man need assume that successful treatment of his BPH always end up in a loss of erection or ejaculatory function.

A urologist needs to help all patients to make the right treatment decision concerning efficacy and sexual adverse events.

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*Dr. Schelin is a clinical urologist, inventor and principle investigator of the CoreTherm<sup>®</sup> procedure. He specializes in prostate disease and has performed more than 1500 office-based non-surgical CoreTherm<sup>®</sup> procedures for the symptomatic BPH. This article is based on Dr. Schelin's clinical experiences and opinions.*

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