

# Penile Length Shortening Following Robot-Assisted Radical Prostatectomy: Impacts on Erections, Orgasms and Quality of Life (#156)

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# Disclosures

I have no conflict of interests to disclose.

# Background

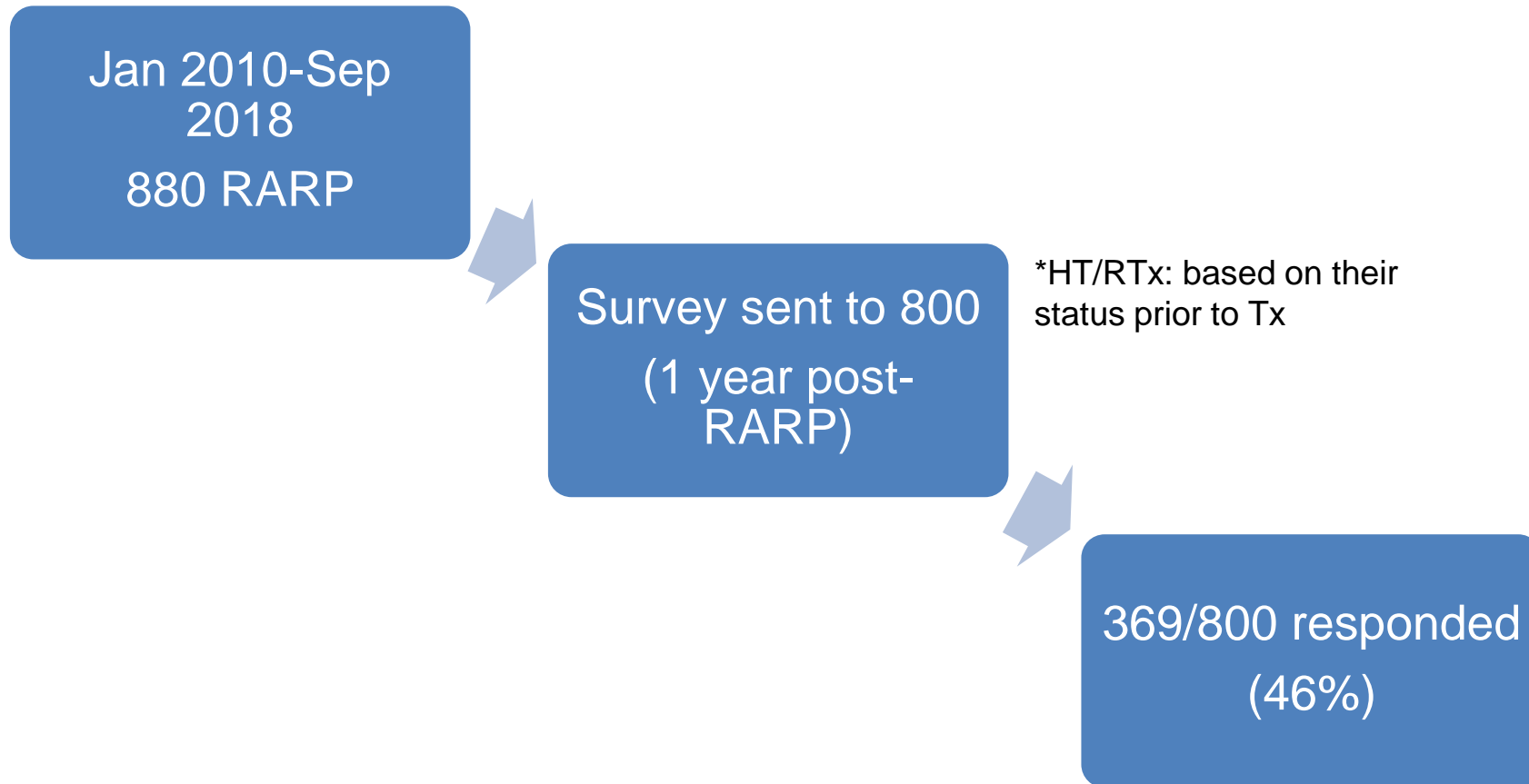
- Penile length shortening (PLS) is an underreported phenomenon following radical prostatectomy (RP).
- In a recent survey via the Endourologic Society:
  - 66% of prostatectomists believe that PLS is under-addressed
  - 46% of prostatectomists believe that PLS can be a problem

# Aims of the study

- The present study seeks to determine:
  - ❖ The risk factors of post-RP PLS
  - ❖ The effects of PLS on erectile function and sexual bother

# Methods

Figure 1: Patient Population



# Methods

- Penile length shortening was assessed as following:
  - *Do you feel that you have a shorter penis after radical prostatectomy?*
  - *If you were to spend the rest of your life with orgasms the way they are now, how would you feel? (0: delighted to 6: terrible – similar to AUA bother score)*
- Answers were treated as a dichotomous variable and correlated with patient demographics using Student T-tests and the Fisher exact test.



# Results

Table 1: Clinical and oncological demographics, stratified by patient report of PLS

	No PLS 153 (41%)		Yes PLS 216 (59%)		
	Mean	SD	Mean	SD	p-value
→ Age (years)	62.2	7.7	62.5	7	0.730
Preoperative PSA	7.9	8.3	7.9	6.9	0.998
Preoperative AUA	8.7	6.9	8.3	7.2	0.644
Bother	1.6	1.3	1.6	1.4	0.810
Preoperative IIEF-5	20.3	6.1	19.4	6.7	0.185
→ Body Mass Index	26.2	3.1	27.6	3.8	<b>&lt;0.001</b>
→ Prostate weight (g)	50.9	16.7	56.2	24.6	<b>0.017</b>
Preop Total Testosterone	379.5	171.4	367.2	186.2	0.540
Preop SHBG	47	21	45.1	21	0.435
Preop Free Testosterone	6.3	3.6	6.3	4.4	0.955
	N	%	N	%	p-value
→ Nerve-sparing	136	89.5%	18	8.3%	0.136
Gleason Grade Group					0.120
GGG1	35	23.0%	37	17.1%	
GGG2	53	34.9%	69	31.9%	
GGG3	37	24.3%	52	24.1%	
GGG4	11	7.2%	11	5.1%	
GGG5	6	3.9%	23	10.6%	
→ Pathologic Stage					<b>0.003</b>
pT2	111	73.0%	123	56.9%	
pT3/pT4	32	21.1%	73	33.8%	

Table 2: Multivariable analysis of factors contributing to penile shortening

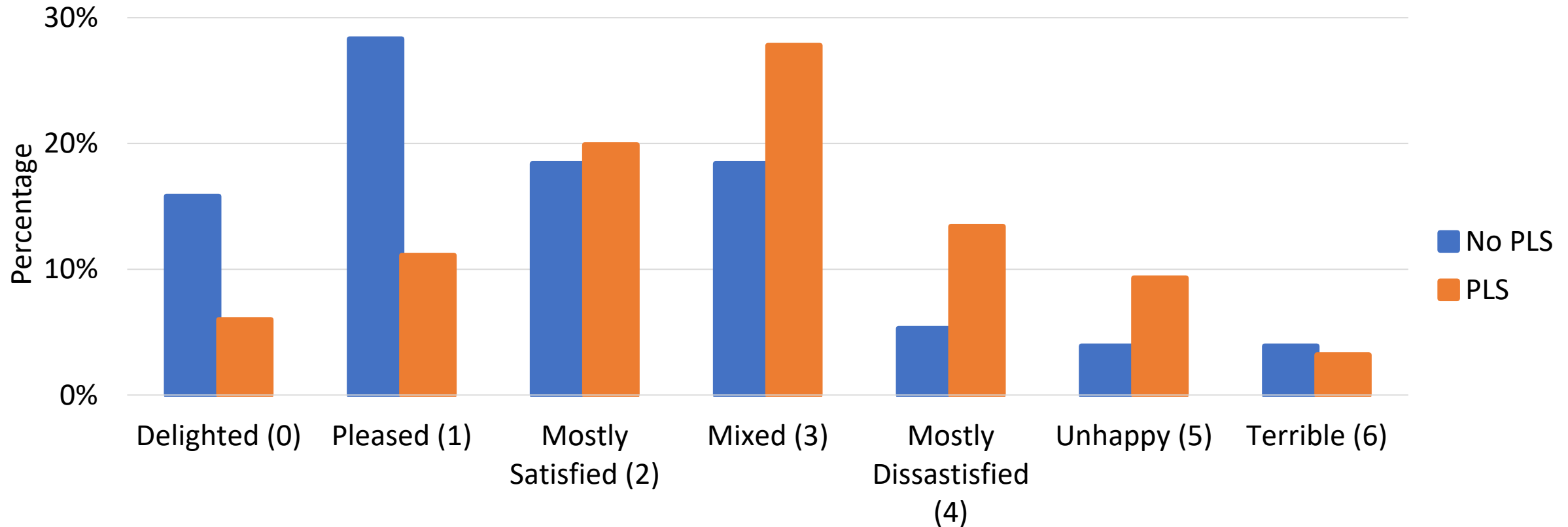
	B	S.E.	Wald	Sig.	OR	95% CI	
						Lower	Upper
Age, cont.	-0.016	0.017	0.851	0.356	0.984	0.952	1.018
Body mass index, cont.	0.1	0.035	8.179	<b>0.004</b>	1.105	1.032	1.184
Prostate weight, cont.	0.015	0.006	5.769	<b>0.016</b>	1.015	1.003	1.028
P-stage (pT2 [ref] v. pT3/T4)	0.818	0.284	8.283	<b>0.004</b>	2.265	1.298	3.953
Nerve-sparing (None [ref] v. any)	-0.137	0.509	0.073	0.787	0.872	0.321	2.363
Constant	-2.322	1.562	2.21	0.137	0.098		

❖ PLS is predicated by:

- Higher BMI
- Higher prostate weight
- pT3/T4 disease



Figure 2: Quality of life with orgasm stratified by PLS



- Men with PLS are significantly more likely to report dissatisfaction in quality of orgasm (bother>3, 25.9% vs. 13.2%, **p<0.001**).
- This is also observed among their partners (bother>3, 24.1% vs 13.8%, **p=0.001**).

# Conclusions

- **The majority of patients experience PLS following RARP (59%)** – a phenomenon which significantly correlates with orgasm, and quality of life for both the patient and his partner.
- Further efforts to identify risk factors of PLS are encouraged.