ABSTRACT
Radical prostatectomy (RP) is a commonly performed procedure for the treatment of localized prostate cancer. However, a large proportion of men still suffer from erectile dysfunction (ED) as a complication of RP, despite the advances in the surgical techniques and technological refinements. Therefore, there is an increasing interest in the treatment of post-RP ED problem, which is also known as "penile rehabilitation". Current treatment regimens rely on phosphodiesterase 5 inhibitors as the first-line therapy, with vacuum erection devices and intracavernosal injections of alprostadil as possible alternative options. These treatments prevent penile fibrosis after RP and increase oxygenation of the penile tissue. Future studies are warranted to elucidate the actual mechanisms which cause post-RP ED, and to establish the optimal penile rehabilitation program.

Key Words: Radical prostatectomy, Prostate cancer, Erectile dysfunction, Penile rehabilitation, Phosphodiesterase 5 inhibitors
In conclusion, recovery of EF after RP is significantly influenced by surgical method, surgeon’s experience, patient age, baseline EF, nerve-sparing extension, techniques, and penile rehabilitation. Future studies are warranted to elucidate the actual mechanisms, which cause post-RP ED, and to establish the optimal penile rehabilitation program.

**TAKE HOME MESSAGE**

Several preclinical and translational studies have shown benefits of therapies including phosphodiesterase 5 inhibitor, intracavernosal injections of alprostadil and vacuum devices for the management of erectile dysfunction after radical prostatectomy. Future studies are warranted to elucidate the actual mechanisms, which cause this complication and to establish the optimal penile rehabilitation program.

**REFERENCES**


