



*Aylesbury Vale Clinical Commissioning Group
Bracknell and Ascot Clinical Commissioning Group
Chiltern Clinical Commissioning Group
Newbury and District Clinical Commissioning Group
North and West Reading Clinical Commissioning Group
Oxfordshire Clinical Commissioning Group
South Reading Clinical Commissioning Group
Slough Clinical Commissioning Group
Windsor, Ascot and Maidenhead Clinical Commissioning Group
Wokingham Clinical Commissioning Group*

Thames Valley Priorities Committee Commissioning Policy Statement

Policy No. TVPC40

Penile Rehabilitation following prostate surgery DRAFT

Recommendation made by
the Priorities Committee:

March 2016

Date of issue:

May 2016

The Thames Valley Priorities Committee has considered the evidence for the interventions for penile rehabilitation following prostate surgery. Due to inadequate evidence of clinical effectiveness and lack of evidence of cost effectiveness NHS funding for the early regular use of phosphodiesterase-5 (PDE5) inhibitors, alprostadil and vacuum erection devices for penile rehabilitation in patients with prostate cancer after radical prostatectomy are considered **interventions not normally funded**.

The goal of penile rehabilitation is to moderate the destructive processes that occur after prostatectomy in order to preserve erectile function, either through spontaneous or assisted means. Interventions including PDE5 inhibitors, alprostadil products and vacuum erection devices are used for penile rehabilitation.

NICE CG175 Prostate cancer: diagnosis and management, does not make recommendations on treatments specific to penile rehabilitation. A recent reportⁱ and two systematic reviews^{ii,iii} have found that studies for penile rehabilitation have produced conflicting results and evidence is lacking both in quality and in quantity.

NOTES:

- Potentially exceptional circumstances may be considered by a patient's CCG where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g., from NICE.
- Thames Valley clinical policies can be viewed at <http://www.fundingrequests.ccsu.nhs.uk/>
- Oxfordshire CCG clinical policies can be viewed at <http://www.oxfordshireccg.nhs.uk/professional-resources/priority-setting/lavender-statements>

Paper APC16-8Cii

ⁱ UK Medicines Information (UKMI), August 2014: What is the rationale and evidence for the use of regular, rather than on-demand dosing of phosphodiesterase-5 inhibitors after radical prostatectomy?

www.medicinesresources.nhs.uk/GetDocument.aspx?pagelid=773373

ⁱⁱ Penile rehabilitation after radical prostatectomy: What the evidence really says

BJU International, November 2013, vol./is. 112/7(998-1008), 1464-4096;1464-410X

<http://onlinelibrary.wiley.com/doi/10.1111/bju.12228/epdf>

ⁱⁱⁱ Should we recommend an erectile rehabilitation after radical prostatectomy? Systematic review of the literature by the Sexual Medicine Committee of the French Urology Association. Progrès en urologie : journal de l'Association française d'urologie et de la Société française d'urologie, Dec 2014, vol. 24, no. 16, p. 1043-1049, 1166-7087