

## REVIEW

### Erectile Dysfunction after Radical Prostatectomy

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#### Abstract

*Management of recurrent UTI is a very topical subject due to the high prevalence of the disease, its influence on the quality of life and the resulting social burden, as well as the increasing ecological adverse effects of the prolonged and repetitive antimicrobial therapy prescribed over the time. Sustained efforts should be made for a better understanding of the risk factors and the pathophysiology of the UTI recurrence, a precise diagnosis and a circumspect attitude regarding the antibiotic prescription. All the alternative therapies must be considered and the best treatment option should be chosen, providing maximum efficiency and minimal risks for the individual and also for the community.*

**Key words:** urinary tract infections, management, antimicrobial therapy.

#### Introduction

Prostate cancer (PCa) is one of the most frequent cancer that appears in men all around the world and especially in Western European Countries, becoming in the last decades more commonly diagnosed in younger men [1]. In present, the therapeutic approach correlated with bigger patient survival rate has been demonstrated to be radical prostatectomy (RP) [2]. Although in the last years a lot of advances have been made in the development of minimally invasive surgical techniques and new information of the surgical anatomy of the prostate, erectile dysfunction (ED) after RP is still a frequent complication, ranging widely between 6% and 68%, that concerns both physician and the patient [3]. Anyway,

the early time of diagnosis, evolution of new surgical approach and the use of robotic systems, the evolution of less invasive treatments such as brachytherapy, has increased patients expectancies about the survival rate and the life quality level after prostate cancer so postoperative ED should be right managed, giving importance to all factors that could influence the preservation of erectile function after surgery. In our opinion the important factors are preoperative evaluation of patient, operative techniques, implementing a ample plan for postoperative erectile dysfunction management.