Thames Valley Priorities Committee Commissioning Policy Statement

Policy No. 233b (TVPC40) Penile Rehabilitation following prostate surgery

Recommendation made by the Priorities Committee: March 2016

Date agreed by OCCG: 5th May 2016
Date of issue: 10th 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 report and two systematic reviews 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
• Oxfordshire CCG clinical polices can be viewed at http://www.oxfordshireccg.nhs.uk/professional-resources/priority-setting/lavender-statements