

## **Thames Valley Priorities Committee Commissioning Policy Statement**

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

**Recommendation made by  
the Priorities Committee:      March 2016; updated January 2019<sup>1</sup>**

**Date agreed by OCCG      9<sup>th</sup> May 2019**

**Date of issue:      May 2016, June 2019**

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.

### **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, eg, from NICE.
- Thames Valley clinical policies can be viewed at <http://www.fundingrequests.ccsu.nhs.uk/>
- Oxfordshire CCG's clinical policies can be viewed at <http://www.oxfordshireccg.nhs.uk/professional-resources/policies.htm>

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<sup>1</sup> Citations to the scientific literature have been removed; no other changes have been made.