

Code 7: An Automatic Pathway for Patients with Erectile Dysfunction After Prostate Surgery

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Based on the results above it was felt that any pathway needed to be a standardized pathway of care for ED and also addressing side effects of therapy whilst managing patient expectations both pre and post operatively (Table 52.1).

- ‘*Proper aftercare needs to be in place.*’—ID2
- ‘*If we are given a choice between cancer and erections, we choose clearance of cancer, but ED does need to be addressed.*’ —ID3.

This also extended to counselling. What is becoming quite apparent, is the requirement for psychosexual pathway as a recurrent theme. Whilst cancer control is acknowledged as initially important as part of survival, so too is ED.

Table 52.1 Code 7: Automatic pathway for ED

	Patient quotes using Patient Identification Numbers
Requirement for standardised pathway	‘ <i>The intervention needs to be automatic and standard care.</i> ’—ID3
Pre-operative counselling	‘ <i>At the same time there is a requirement for counselling and meetings to prepare patients.</i> ’—ID4
Requirement for pathway Timing of pathway	‘ <i>An immediate standardized pathway after incontinence has been treated needs to be in place.</i> ’—ID5