

Men's perceptions of the impact of the physical consequences  
of a radical prostatectomy on their quality of life:  
a qualitative systematic review

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The **objective of this review** was to identify men's perceptions of the impact of the physical consequences of a RP on their quality of life

**19** studies were included following critical appraisal and the participants were both heterosexual and same-sex partnerships

**239 findings were extracted and aggregated to form 20 categories which were** further synthesized in a meta-synthesis which yielded **5** synthesized findings

# **Synthesis 1: Urinary incontinence is a significant problem for which men feel ill prepared**

- Category 5: Urinary incontinence identified as a significant problem – men felt emotionally unprepared
- Category 8: Urinary incontinence had a direct, negative impact on men's feelings, social life and life experience and led to feelings of powerlessness
- Category 11: Determination to accept urinary incontinence, regain control and not let it impact upon life experience

## **From synthesis 1 we recommend that:**

Healthcare professionals should implement support interventions and advise on appropriate continence support devices to minimize the negative impact of UI on men who have undergone an RP. This should include preparing men for the physical and psychosocial impact of being discharged with a urinary catheter and the impact of urinary catheter removal (Grade B)

## **Synthesis 2: The impact of ED on men post RP**

- Category 2: Erectile dysfunction was a major concern causing anxiety and uncertainty but there was also hope and determination that erectile function would return
- Category 10: Negative impact of ED on sexuality and masculinity
- Category 17: Treatment regret

## **From synthesis 2 we recommend that:**

Healthcare professionals strive to develop an understanding of the issues ED causes; both physically and psychologically for the men and ensure men are made aware of the impact ED can have on both sexuality and masculinity (Grade B)

## **Synthesis 3: Acceptance of side effects**

- Category 1: No perceived alteration in masculinity as a result of PLS
- Category 3: Acceptance of an inability to engage in sexual intimacy in the same way as before the surgery
- Category 4: Urinary incontinence and ED were compensated for by the men having rid themselves of cancer
- Category 15: Becoming reconciled to a new life experience
- Category 16: Acceptance that change in sexual function was natural and age dependent

## **From synthesis 3 we recommend that:**

- Healthcare professionals should use the knowledge of how individuals accept and adapt to their new situation to inform and develop advice and support interventions for men who are undergoing an RP (Grade B)



## **Synthesis 4: The impact of ED on relationships**

- Category 7: Erectile Dysfunction and its associated emotions generally had a negative impact on relationships.
- Category 9: Importance of re-establishing an altered sexual relationship that could still be enjoyable despite erectile dysfunction

## **From synthesis 4 we recommend that**

Men and their partners should be made aware of the potential implications of RP on their relationships and supported to develop coping strategies (Grade B)

# **Synthesis 5: Physical and psychosocial support are perceived to be essential for men to deal with the physical impact of RP on their quality of life**

- Category 6: Inadequacy of pre and post-operative information
- Category 12: The need for physical and psychosocial support interventions
- Category 13: Importance of physical and emotional support from partners and/or families
- Category 14: Thoughts about the future were associated with anxiety, worry and a sense of vulnerability
- Category 18: Ambivalence about using pro-erectile aids with their partners
- Category 19: Altered body image and altered self
- Category 20: Peer support

## **From synthesis 5 we recommend that:**

- Healthcare professionals need to ensure adequate pre and post-operative support interventions are in place and that discussions about the physical consequences of an RP are instigated pre-operatively with the men and their partners (Grade B)
- Healthcare professionals should ensure that men know where to turn to for help and should prepare them for both the immediate and long-term physical consequences of RP, thereby maximizing the benefit that support interventions will have for all men post RP (Grade B).