

## **CHAPTER THREE MY PROSTATE CANCER**

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I was almost 68 years old. I had been having trouble urinating for some time. I had a very small stream. Even after I had urinated I often felt like I still needed to go. I had to get up frequently at night to urinate.

After I urinated, I could stand there and shake it for five minutes. But the second that I put it back in my pants, it would dribble all over me. It was quite embarrassing.

I also noticed that I was having more trouble having sex. My wife died in 1986 after over 42 years of marriage. I have not re-married, but I love sex, so I had a lady friend.

### **Digital Rectal Exam (DRE) & PSA Test**

I finally went to see my doctor, an HMO internist. He did a digital rectal exam (DRE) and said that my prostate seemed a bit enlarged, but he didn't seem to be too concerned. I had heard about the prostate specific antigen (PSA) test and asked him if I should have one. He said that test was for suspected cases of prostate cancer and didn't seem to think that I needed it.

I insisted on having a PSA test so he referred me to a urologist. The urologist did another DRE on me and said that my prostate was about four times larger than it should be. He seemed to be concerned and sent me to the blood lab for a PSA test.

### **Urine Retention Test**

The urologist also sent me to have a urine retention test. This test checks to see if all of the urine is voided from the bladder each time you go. The prostate has a tough capsule that surrounds it. The prostate may grow so large that it can squeeze and close off the urinary canal that passes through it. One may not be able to completely empty the bladder and urine may be retained in the bladder. Depending on the amount of retention, it can cause kidney problems, bladder infections and other problems.

To check for urine retention, I was given a drink that had a dye in it. The dye can be seen with X-rays. After a period of time, I was asked to void, then an X-ray was taken of my bladder. It proved that I was retaining a large amount of urine. This is known as residual urine.

### **BPH**

The doctor said not to worry, that it may be only benign prostatic hyperplasia (BPH) growth. (It is sometimes called hypertrophy instead of hyperplasia. Hyperplasia is the better term since it means excessive growth

or proliferation of normal tissue cells. Hypertrophy means excessive nourishment.)

It was easy enough for him to say, “Don’t worry”. BPH occurs in most older men. The BPH growth is made up of non-cancerous cells. It is a fairly simple operation to perform a “Roto Rooter” procedure to ream out and open up the urinary duct. The proper term for the procedure is Transurethral Resection of the Prostate or TURP. The device is inserted into the urethra of the penis and some of the obstructing tissue is trimmed away. They can also use laser and other procedures to trim away prostatic tissue and open the urethra. I was hoping very much that my problem was only a BPH growth. (We will discuss BPH in depth in Chapter Five.)

I went back a week later for the PSA results. It was 10.2 ng/ml. The normal figure for my age would be less than 4 ng/ml. I don’t have to tell you that I was a bit worried. My urologist was not very communicative. He set up an appointment for a biopsy. I asked a few questions, but I just couldn’t force myself to say the word “cancer”. So I went home and worried. And worried.

### **Biopsy**

I went back a week later for the biopsy. It is a relatively painless procedure. A device with a spring-loaded needle is inserted into the rectum. The needle pierces the rectal wall and into the prostate gland. The needle picks up a few cells. He took two samples of tissue, one from each rear lobe of the prostate. The samples were sent to a laboratory for analysis by a pathologist.

The needle can miss some cancers, especially a smaller tumor. Some doctors may take six or more samples just to make sure. Some prostate cancers may be made up of as many as six or more small colonies.

My doctor was not up on the latest technologies and procedures in a lot of ways. The large bore spring loaded needle that he used was practically obsolete. Many of the newer systems use a much smaller needle. Most doctors also use Transrectal Ultrasound (TRUS) to view the prostate and to guide the needle. Many small tumors that can’t be felt can be visualized with ultra sound. My prostate cancer lumps could be easily felt so that the doctor hit paydirt on both sticks.

### **Bleeding During Sex**

The doctor told me that after the biopsy I might have blood in my urine for a while so I wasn’t too surprised when I saw the blood. I didn’t see any more blood in my urine after about a week so I persuaded my lady friend to have sex. I was anxious to have as much sex as possible because I was afraid that it might be my last time.

After we had sex, my lady friend went to the bathroom. There was blood all over her. She panicked. I didn’t feel too good about the situation either. But she was

very concerned that the blood might have cancer cells in it, which might somehow infect her. Such a thing is absolutely impossible. She refused to have sex again for some time.

### **The Biopsy Results, Cancer**

It took about two weeks to get the biopsy test results. I worried myself sick while waiting. I finally got a call to come see the doctor. When he came into the room he didn't have to tell me. I could see it in his face.

He said, "I'm sorry, but you have prostate cancer." I had suspected it for some time. The biopsy was positive for cancer with a Gleason Score of 3 + 2, or 5. My doctor didn't bother to tell me what that meant. I found out later that the pathologists examine the cancer cells taken for the biopsy and give them a Gleason sum from 2 to 10, with 10 being very aggressive and dangerous. I was fortunate in that mine was about in the middle. (We will discuss PSA, biopsies, Gleason Grade and Stages in more detail in Chapter 6).

### **Bone Scan**

He set up an appointment for me to have a bone scan. When prostate cancer starts spreading, it often goes into the bones. In a bone scan, the person is injected with radioactive material. The radioactive material will concentrate in a bone that has cancerous areas. If cancer is present in the bones it will show up as a dark "hot spot" on an Xray.

It is a good test but totally unnecessary in about 90% in those cases where the PSA and Gleason Score are fairly low. Of course my bone scan was negative.

### **Prostatectomy And Impotence**

It appeared that my cancer was localized. The doctor suggested that I have the prostate removed immediately. But I had heard about prostate surgery and impotence. I asked him what the chances were and he said about 50% of the men are usually impotent. The newer term is Erectile Dysfunction or ED. More about this in Chapters 18.

Some men are never able to regain the ability to have an erection. This happens because the nerves that control the flow of blood into the penis, to cause an erection, may be severed or damaged. These nerves lie along the sides of the prostate. Until a few years ago, they were automatically removed along with the prostate.

In the early 1980s, physicians discovered that the erectile nerves can be peeled away from the prostate and preserved. The operation is a bit more difficult, and takes some time to learn. But an experienced doctor can remove the prostate and save the nerves and blood vessels, or neurovascular bundles. However, if it appears that the cancer has spread to the nerves the doctor will not try to save them. If only one side has been invaded, the nerve on the opposite side can often be saved so that erectile function can be preserved. (We will have much more to say about nerve sparing in Chapter 9.)

Some people may think that a 68-year-old man should not be too concerned about or interested in sex. I didn't feel like a 68-year-old man. When it came to sex, I felt just about the same as I did when I was 20 years old. It is true that I had slowed down a bit and I felt a few aches and pains now and then. But the pleasures of sex were every bit as good or better than they were 20 years ago. A 50% chance that I would no longer be able to enjoy sex was not the kind of odds that I wanted to chance.

### **Sperm Banking**

When you have a radical prostatectomy, you will still be able to have an orgasm, but you will never again be able to have an ejaculation. The seminal vesicles are removed along with the prostate. Even though your testes may still be producing millions of sperm, there is no way they can find their way out of the testes.

If you are a fairly young man and think that you may want to father a child at some later time, you might consider banking some of your sperm before you have a prostatectomy. Frozen sperm can last for several decades. Sperm from prize bulls has been frozen for over twenty years and is still viable. One bull has sired several thousand calves, even though he has been dead for several years.

Some doctors say that they are sometimes successful in taking sperm cells from the testes and using them to fertilize an ovum in vitro.

### **Alternatives to Prostatectomy**

I asked my doctor about alternatives to surgery. He said it was possible to have radiation. Data shows that radiation is about as effective as surgery. More about surgery and radiation in later chapters.

He did offer one other alternative. I could do nothing. Some prostate cancers are relatively slow growing. I might be able to go for another five or six years before having the cancer treated. But then again some cancers may become very aggressive and begin growing and spreading very quickly. They can metastasize and spread beyond the prostate and throughout the body with little or no warning.

Other alternatives are radioactive seed implants and cryosurgery. In early 1992 these procedures were still new and considered to be experimental. These procedures are now recognized as viable treatments.

### **Prostate Cancer Support Groups**

I made several phone calls and found that there are several Prostate Cancer support groups in the Los Angeles area. At one of the support group meetings, a medical doctor in his early 50's told about his prostate cancer. His prostate cancer had not been detected until it had spread throughout his body. A normal PSA for a man his age should be less than 4 nanograms per milliliter (4ng/ml) of blood. His PSA was 524ng/ml.

You would think that a medical doctor would have known about his cancer before it had progressed so far. But it can be a silent killer that gives no real warning until it is too late. I talked with this doctor and he advised me to go ahead and have the operation before the cancer had a chance to spread. (This doctor underwent an experimental treatment with Suramin. More than nine years later, he is still alive and doing well. Another member of our support group had a PSA of 36. He also underwent the Suramin treatment at the same time and died three years later. The first rule when it comes to cancer is that there are no rules).

After listening to the doctor's story and his advice, I decided to go ahead and have the prostatectomy. In the Bible, Ecclesiastes, 9-4, it says, "Indeed, for any among the living there is hope; a live dog is better than a dead lion". I decided that I would be better off alive, and possibly impotent, than dead.

After being diagnosed in early January 1992, I made arrangements to have the operation done five months later in May of 1992.

### **The Prostate Operation**

On the day before my operation, I was given a couple of enemas and told to use them at night before I went to bed. I was not to have anything to eat after 11 P.M. The next day I checked into the hospital at 10 A.M. I was given several tests and signed several papers. At about 12:30 they gave me some tranquilizers and I drifted off to sleep.

I woke up at about 9 P.M. in the hospital after the operation. There were several cables going to a machine that was monitoring my heart and vital signs. There was an IV in the back of my left hand, an oxygen tube in my nose, a catheter, or Foley, in my penis and a catheter in the jugular vein of my neck. I found out later that I had required six units of blood.

Most doctors can do a prostatectomy with less than one unit of blood. Dr. E. David Crawford, one of the authors of this book, has done over 200 radical prostatectomies without having to give a transfusion.

### **Experienced Doctors**

In the month before my operation, I gave two units of blood for my own use. They call this autologous blood. In these days of AIDS, and other blood borne diseases, it is a good idea. Besides, the best blood for your body is your own.

Ordinarily, two units of blood should have been more than enough for the operation. The six units, or three liters, that I required was about half the blood in my entire body. An experienced doctor can do a prostatectomy in less than two hours. It took about five hours for my operation.

If you decide to have a prostatectomy, the first thing you should ask is how many such operations has the doctor performed. You should also ask about whether he does the nerve sparing operation. If the cancer is well contained, as mine was, most experienced doctors can remove the prostate without damaging the

nerves that control erections. But if one bleeds as much as I did, there may be little chance to see the nerves and be able to preserve or spare them.

A new instrument from Uromed, called CaverMap, can help the surgeon identify the erectile nerves and preserve them. You can find out more about the CaverMap at <http://www.uromed.com> in Chapter Six.

Another new surgical tool that can help prevent blood loss is the LigaSure instrument. This instrument can be used to clamp off blood vessels, then using an electrical current, it divides and seals them. It is much easier, it is faster and seals much better than using a needle and catgut to ligate or tie off blood vessels. More about LigaSure in Chapter Six.

Before choosing a doctor, you should ask to talk with some of the patients that he has operated on. It is your life and your choice should be to get the best surgeon available. Don't worry about hurting the doctor's feelings. There is a tremendous difference in experience and skills among doctors. I didn't ask any of these questions. I am sorry that I didn't know enough then to ask them.

### **The Foley Catheter**

During the operation, the prostate and the portion of the urethra that goes through the prostate are removed. The portion of the urethra below the prostate is pulled up and sewn to the bottom of the bladder neck. Before they do the operation, they insert a catheter, or rubber tube, up through the urethra of the penis into the bladder. The catheter is called a Foley.

The Foley has a small balloon on the bladder end. There is a small tube alongside of the main tube that allows them to inflate the balloon once the catheter is inside the bladder. The inflated balloon makes sure that the catheter cannot come out. The catheter allows the bladder to drain continuously while the cut portions of the urethra heal.

The catheter is attached to a plastic collection bag with a handle. On the third day I was able to get up and walk up and down the halls. Of course, I had to carry the plastic urine bag. The nurses teased me about carrying a purse. The bag does look a bit like a purse. But it is rather drab. I told them that the hospital should contact someone like Gucci and get a better design.

### **At Six Days**

After six days in the hospital, they removed the stitches and I was allowed to return home. I was told to be very careful and not to exert myself in any way. They fitted me with a plastic urine bag that was strapped to my leg. In one respect, it was kind of nice. I never had to worry about getting up in the middle of the night to go potty.

Many patients are now encouraged to leave the hospital in less than two days. One of the largest expenses to an HMO is time spent in a hospital. I think they may have kept me longer because of the blood loss and operation difficulties.

A Reader's Digest had the account of a man who had prostate surgery in the early morning and was allowed to return home by noon. (It didn't say, but this was probably for BPH). Dogs have prostates and have many of the same prostate problems that humans have. This guy took his beagle to the Vet for a prostate operation. The Vet said he would have to keep the dog overnight. The guy said, "That's strange. I went home after just four hours". The Vet said, "Yes, but your dog doesn't have an HMO".

### **At Two Weeks**

Two weeks after the operation I went back to my doctor for the removal of the Foley catheter. He deflated the balloon of the catheter and pulled it out. It wasn't much fun. My penis was very sore. I quickly learned that I had very little control over my bladder. Urine spurted out. The doctor had expected it and held an adult diaper around my penis to absorb the urine. He told me that it would be a while before I regained control of my bladder.

### **Learning To Urinate**

The doctor gave me instructions to do Kegel exercises. Kegel exercises strengthen the pelvic floor muscles. While urinating, I was instructed to stop and start the urine flow. Then try to determine which muscles I was using. I was then to practice contracting and relaxing these muscles several times each day. (We will discuss the Kegel exercise in more detail in Chapter 17 which deals with incontinence).

### **The Reason For Incontinence**

The prostate is intimately connected to the primary bladder valve that we use to control our urine. When they remove the prostate, they often remove part of the primary muscular valve or bladder sphincter. But we have a second muscular sphincter below the prostate that is usually left intact. It takes time, but with Kegel exercises, it can usually be trained to take over the job of controlling the urine.

### **Adult Diapers**

On the way home from the doctor's office I stopped and bought some adult diapers. Many women have incontinence problems, so most drugstores have several shelves stocked with two or more brands of the adult diapers.

The adult diapers are very similar to the leak-proof baby diapers. The diapers have a plastic outer liner and an absorbent material inside an inner liner. The inner material looks a bit like cotton, but when it becomes wet, it turns into a gel. It can hold quite a lot of water without ever leaking.

There are two main companies who manufacture most of the baby and adult diapers. Not long ago the two companies sued each other. Each company claimed that the other company had stolen their secret formula for the leak proof diaper. The judge who heard the case had a great sense of humor. He said, "It appears that both of you have cases that hold water."

The first few days after the Foley was removed, I had very little control over my bladder, so I used a lot of diapers. A package of 36 diapers costs about \$20. I finally got to where I regained a bit of control. I could stay dry for a couple of hours. But the minute I decided that I needed to go to the bathroom, it would start dribbling. Or if I sneezed, or exerted myself such as bending over it would dribble.

Of course I wore the diapers to bed. Usually I had no problems. But one night I felt a bit depressed. I had four or five glasses of wine before I went to bed. In the middle of the night I woke up in a pool of urine. The large amount of liquid was just too much for the diaper to absorb. I like wine very much, but after that I avoided having more than two glasses at night. I didn't have any more accidents, but just in case, I went down to the drugstore and bought some blue plastic liners that can be used on the bed to catch any urine.

I was able to wear the diapers under my street clothes so I could go out shopping, dining or whatever without any problems.

### **At Six Weeks**

At six weeks after the operation the soreness in my penis had pretty much disappeared. I tried several times to achieve an erection with no results. But I was able to achieve a sort of orgasm with vigorous stimulation and fantasy. (I still cannot say that I masturbated, because that is sinful and shameful, and something that nice people don't do). The orgasm, if it can be called that, was not very satisfying. The pleasure and exhilaration of an ejaculation was missing. I was quite discouraged and very depressed.

### **At Nine Weeks**

I had a checkup. My blood test for PSA was 0.2 or essentially non-detectable. It had been 10.2 before the operation. It appears that all of the cancer was removed. I felt very, very fortunate.

### **At Four Months**

The doctor gave me a brief explanation about the drug papaverine. It is a vasodilator that dilates blood vessels that can cause an erection. It is a drug that is injected into the side of the penis. He gave me a prescription for the drug and syringes. The cost for the prescription and 100 needles was \$70.00. I had it filled at a local pharmacy then returned to his office.

The first injection should be done under the supervision of the doctor. An ultra fine 29-gauge needle is used to inject the small amount of drug into the spongy body of the penis on one side. It immediately causes an influx of blood. The resulting erection may last for an hour or more.

Care must be taken that not too much is injected. It can possibly cause priapism, a prolonged erection that might require medical attention. Medicare will pay for several devices such as the vacuum devices and some of the penile implants and other procedures to combat impotence. But they will not pay for the

papaverine drug. There are other drugs that have the same effect as papaverine. In 1995 the FDA approved the drug prostaglandin E1, the principle ingredient in Caverject, from the Upjohn Company for erectile dysfunction. More about this and other drugs in Chapter 18.

My doctor demonstrated how the drug should be administered. Since I am right handed, he had me grasp the head of my penis with my left hand, then had me wipe the right side of my penis with an alcohol-dampened tissue. He then handed me a filled syringe and told me to inject it into the side of my penis.

I don't like needles. I don't mind so much the needles involved in giving blood. I have given several gallons of blood. But I was very reluctant to have to stick a needle in my penis. I very nearly changed my mind. But I had gone without sex for so long that I was willing to try almost anything. I gritted my teeth and plunged the needle into my penis. Surprisingly, there was little or no pain. Within minutes my penis began to become erect. For the first time in many months, I had an erection.

I later learned that the drug is a mixture of papaverine and regitine which has a fairly short shelf life. Papaverine alone has a long shelf life, but when mixed with regitine and or prostaglandin, it should be refrigerated, much like the insulin drugs. The pharmacist should have told me this, but they don't handle this drug very often and just didn't know that much about it. I did not refrigerate it and sometime later I tried the drug and it didn't work. I was quite worried that there was something wrong with me. I found out that it should have been kept in the refrigerator.

It is critical that the drug be injected into a corpus cavernosum body of the penis. There is a corpus cavernosum body on each side of the penis. They are the bodies that are filled with blood to cause an erection. They both share blood vessels so you may inject on either side. If you miss the corpus cavernosum, there may be very little effect. Later I was able to buy an autoinjector. Just load the syringe into the autoinjector and press a button. It makes the injections much easier.

We will have more to say about papaverine, prostaglandin and other drugs and devices for impotence in Chapters 18 on erectile dysfunction and sex.

### **Nine Months Later, Still Impotent**

At nine months I still could not achieve a normal erection. Several women friends have told me that it's not that important, that just being held and loved is enough. That just goes to show the vast difference between some men and women. Just being held and loved is great, but it's not enough for me.

I can still have orgasms even without an erection. Of course there is no ejaculate. There is a build up and a tension release but the orgasms are not quite as good as those I had before my operation. Perhaps I should say not the same, rather than not quite as good. Any time one can have an orgasm it is good. Woody

Allen was quoted as saying, that the worst sex he ever had was terrific. I have to agree.

Since I didn't have to manufacture an ejaculate, I should have been able to have several orgasms in a brief period. But alas, that was not the case.

I keep hoping that I will ultimately regain the ability to have normal erections. Doctors have said that it may take up to two years for the damaged nerves to regenerate and repair themselves.

### **At Ten Months**

It has now been a little more than 10 months. Last night I woke up with a firm nocturnal erection. I was so excited that I could hardly go back to sleep. The next morning I figured that if I could get an erection while asleep, then I should be able to get one while awake. But no matter how hard I tried all I could manage was a semi or just half-hard erection. I am not sure now that I actually had an erection. Maybe I was just dreaming that I had the erection.

I have tried the vacuum erection devices and the injections. Both work, but the vacuum method is a bit uncomfortable. Poking a needle in the penis actually doesn't cause much pain, but still it is difficult to do. Besides, I still ooze urine when I try to have sex. So I use the vacuum device most of the time. It guarantees a good erection by drawing the blood into the penis, and then an elastic band is placed at the base of the penis. This elastic band constricts the venous outflow of blood to maintain the erection. This constriction also prevents the leakage of urine

### **At Eleven Months**

I have awakened several more times with a nocturnal erection. But when I wake my lady friend and try to use it, it disappears almost immediately. I have since read that the physiological mechanism of a nocturnal erection is quite different than a normal erection. I still leak a lot of urine when I try to have sex. So I use the vacuum device with the rubber constriction ring.

I keep hoping that I will eventually regain the ability to have good erections. At a recent support group meeting one man proudly told everyone that he could achieve a normal erection about 70% of the time. I congratulated him and said that I can achieve a 50% erection about 70% of the time.

The literature defines three different stages to erection: flaccid, semi-rigid and rigid. In common terms, flaccid is soft and limp like a wet cooked noodle. Some of the men in our group have talked about trying to have sex with the limp wet noodle. Semi-rigid is half-hard or half-mast. With a lot of cooperation and help from your partner, it is possible to have sex with a semi-rigid penis. Some call this a "stuffer" type erection because it can be stuffed into a willing vagina with a little help.

Rigid is the goal that most of us hope for. But for me, and a lot of others, it may be as difficult to achieve as finding the pot of gold at the end of a rainbow.

My latest PSA was still undetectable.

### **At 13 months**

I still awake sometimes at night with a nocturnal erection, but I have noticed that my penis has a distinct curve when erect. I still cannot have a normal erection. I still use the vacuum device and penile injections. The curve is not very evident when I have an erection by using the vacuum device. But it is quite pronounced when I have an erection due to the injection.

It appears that I might have a slight case of Peyronie's Disease. In this disease, fibrosis sets up in some of the tissue layers, usually on the top or bottom of the penis. The area becomes hard and inelastic so that during an erection, the penis is bent because the side that has the disorder cannot expand. If the disease is on the top of the penis, it will be bent upwards. This may not cause too much of a problem. When it bends downward such as mine does, I was not be able to have sex with the injections. I can still have sex by using the vacuum erection device (VED). But even then, it is a bit painful.

I am quite unhappy and depressed. After the prostate cancer and not being able to have normal erections, I now have this disease. I would cry if I thought it would help. I found out later that many men may have slight curvatures, up down, left or right without having Peyronie's disease. It may not cause much of a problem unless it is severely bent.

### **At 14 Months**

I still wake up at night with firm nocturnal erections. When I feel it, there is the pronounced downward bend in the middle at almost a 45-degree angle. This is due to the onset of Peyronie's disease. When I use the Osbon VED there is still a downward bend. The downward bend is even more pronounced with the injections and makes it impossible to have sex. If it gets much worse I may have to have surgery. In the meantime, my urologist suggested that I take a lot of vitamin E.

Usually I take multivitamins and a 400 unit vitamin E. I began taking 400 units of vitamin E three times a day. I also used my vacuum erection device (VED) to help straighten out the curvature in my penis. I am not sure it would work for everyone, but it definitely helped me. After 6 months of the high dose vitamin E and the VED, I still have a bit of curvature, but it does not cause any problems.

### **At 24 Months**

It has now been over two years since my operation. I still am unable to have a normal erection. I am still using the injections. They work well but I still have urine leakage when I use it.

The urine leakage can be a real problem at times. Quite often when I see a beautiful woman, I start fantasizing. Of course this starts the urine leakage. So there are times when I can't even have a decent fantasy, let alone doing the real thing. But in spite of all these unfortunate things, I am still very fortunate compared to some men.

When I give myself an injection, I am ready almost immediately. I mentioned to my lady friend that perhaps the drug companies should devise a similar drug for women. Just think of all the foreplay time that could be saved. She didn't think it was funny.

I was just kidding of course, but female sexual dysfunction can be a real problem. Several companies are now developing drugs and devices to help them overcome it.

### **At Three Years**

The Peyronie's has almost completely healed. I still have a small amount of curvature, but it does not cause any problem. I have taken a lot of vitamin E over the last two years and used my vacuum device a lot. I don't know for sure, but I think it helped.

I am still impotent. I participated in the study using the prostaglandin E1 for over a year.

My PSA is still less than 0.1 ng/ml. For most standard PSA tests, 0.1 and 0.2 are considered undetectable. I have every expectation that it will remain at this level over the next two years.

### **At Nine Years**

At the present time of this revision, in late 2000, I am still impotent, or rather I have Erectile Dysfunction (ED) the accepted term today. I still use my vacuum device. I have worn out two pumps but they were replaced by Osbon at no charge. They give a lifetime guarantee on the major components. (Call Osbon at 1-800-438-8592 for a copy of an informative booklet and a brochure about their ErecAid. They also have a web site at <http://www.timmmedical.com/> . The web site has photos and a vast amount of information about the VED).

I am also still using the injections. I tried MUSE, which is prostaglandin E1 (PGE1), the same drug that is used in the injections. It is a pellet that is inserted into the urethra. It has to be absorbed through the urethral tissues, and even at 1000 micrograms, it is not as effective as 10 micrograms of PGE1 when injected. The body is very good at preventing any foreign agent from penetrating the skin or even the urethra. The VIVUS Company is re-formulating MUSE and it is expected to be much more effective.

In order for Viagra to be effective, you must have the erectile nerves. Since my nerves were severed, Viagra helps to give me only a partial erection. I take Viagra, then use my vacuum device to create a rigid erection.

I still have a leakage of urine, but it is not quite as bad as in the beginning.

The reason for the urine leakage is quite simple. Before my prostatectomy, I would often wake up in the morning with an erection or pee hard-on. When I tried to urinate, it was very difficult. The reason is that the bladder sphincter, or valve, automatically closes tightly when a man has an erection. This is done so that the semen will be forced out of the penis during ejaculation rather than taking the shorter route to the bladder.

The prostate is an intimate part of the bladder valve. When cutting the prostate away, the primary sphincter or bladder valve, is often damaged. But fortunately, we have a second musculo-membraneous valve below the prostate. By doing Kegel exercises this valve can be trained to take over the function of the original bladder valve.

But all of my life, this secondary valve opened when I had an erection in order to let the semen out. So even when I try to have an erection, it automatically opens. Of course it lets the urine out. Even if I empty my bladder before trying to have sex, there seems to always be a bit of urine there.

In spite of the urine and ED problems, I still feel fortunate in that my PSA is still undetectable. I am much better off than many, many men. My urine problem pales when compared to some men whose secondary valve was also destroyed. These men have no control over their urine at all. The only answer for some of them is to have an artificial urinary sphincter (AUS) installed. More about incontinence in Chapter 17.

When I consider what the men who are on CHT, or worse yet chemotherapy, have to endure, my problems are very minor. I feel very, very fortunate. At least I am still alive and can expect to live for another 15 years or so if I don't get killed on the Los Angeles freeways or in an earthquake.