HVM BIOFLUX
Human & Veterinary Medicine
International Journal of the Bioflux Society

Prostate cancer multimodal therapy involvement in couple life: Open, Robotic and HIFU approach

[1]Elisabeta Ioana Hirişcău, [1]Doina Cosman, and [2]Ioan Coman

[1]Medical Psychology and Mental Health, Third Psychiatric Clinic Cluj-Napoca; [2]Municipal Clinical Hospital Cluj-Napoca, "Iuliu Haţieganu" University of Medicine and Pharmacy, Cluj-Napoca. Corresponding author: E. I. Hirişcău, ioanahiriscau@gmail.com

Abstract. The diagnosis and treatment of prostate cancer often results in significant physical side-effects and associated psycho-social stressors that can interfere with the experience of sexual intimacy for couples. Our study aims to evaluate couple's sexual life and to determine any potential sexual dynamic dysfunctions which could occur before and after performing classic, robotic and HIFU radical prostatectomy as a radical therapy in prostate cancer. The present article aims at the synoptic presentation of results of a statistic research done by the author regarding the factors that influence couple's sex life, and also at the identification of potential dynamic disorder that could come up before a radical prostatectomy (disorders that influence the sexual prognostic following the intervention). Material and method: the research involved 28 couples (56 individuals) and was conducted in The Municipal Clinic and in The Endoplus Clinic in Cluj-Napoca. The initial evaluation aimed to identify sexual dynamic dysfunctions before the intervention. The couples filled in an interview sheet before the intervention and were informed about the immediate and long term effects of the intervention and of existing therapeutic solutions. The confidentiality of interview answers has been insured and the interviews have been collected and sealed the day of the intervention. The structure of the interview is based on the BASIC ID grid proposed by Lazarus in 1973 which aims to establish a therapeutic action profile which would allow a multimodal intervention. All patients underwent the prostate cancer intervention as follows: 10 patients underwent open surgery, 9 patients robotic surgery and 9 patients HIFU therapy. Results: Each partner of the couple was reevaluated two months after the radical therapy. The main goal of evaluating the sexual behavior was to obtain valid information in order to make the optimal therapeutic decision. The partner's answer frequency for both pre and postoperator of each item of the questionnaire was calculated. The frequencies were then comparatively analyzed according to our study's goals. Our research team's contribution is the individualization of the grid on the respective pathology. Conclusions: The preservation of sexual intimacy is an important issue to consider, as the majority of older adults continue to value, engage in, and enjoy sexual activity throughout their lives. Bringing into being an organized and individualized questionnaire is an important informative and predictive tool for outlining the profile of the sexual life of a couple and also for making the proper post-therapeutic decision.
Key words: radical prostatectomy, couple profile, sexuality, qualitative research.

Rezumat. Evoluţiile ştiinţifice, exponenţial crescătoare din ultima perioadă, au condus la o reconsiderare şi o amplificare a interesului medicinii pentru consecinţele post-operatorii ale intervenţiei în cancerul de prostată: implicaţiile în tehnica chirurgicală (de la chirurgia deschisă până la intervenţia robotizată, în condiţiile unei ample senzorizări destinate observării stării) în consecinţele pe plan psihic şi social, ambele în contextul unor mutaţii de amploare în calitatea vieţii cotidiene a oamenilor. Toate acestea au deschis necesitatea unei reconsiderări, instituţional organizate, privitor la noi tratamente având la bază munca în echipă, echipă constituită din chirurgi urologi, psihologi, sociologi, informaticieni. În lucrarea de faţă se redau, sinoptic, rezultatele unei cercetări statistice efectuate de autor privitoare la factorii de influenţă asupra vieţii sexuale în cuplu în scopul identificării potenţialelor tulburări de dinamică înaintea efectuării prostatectomiei radicale (tulburări care condiţionează prognosticul sexual după intervenţie). Obiectiv: Scopul cercetării a fost constituirea unor criterii de evaluare a relaţiei de cuplu (constituirea unui profil de cuplu), relevarea unor linii strategice esenţiale precum şi acela al unei consultanţe psihologice în tratamentul post-operator, în vederea ameliorării calităţii vieţii pacientului şi a partenerei acestuia. Material şi metodă: Cercetarea s-a efectuat în Spitalul Clinic Municipal şi Clinica Endoplus Cluj-Napoca asupra unui număr de 28 de cupluri (56 de subiecţi). Evaluarea iniţială a vizat identificarea disfuncţiilor sexuale înaintea intervenţiei. Cuplurile au completat interviul preoperator şi au fost informaţi asupra efectelor imediate şi pe termen lung ale intervenţiei, precum şi asupra soluţiilor terapeutice existente. Structura interviului are la bază grila BASIC ID propusă de Lazarus în 1973, grilă care are un caracter de valabilitate generală, contribuţia autorului constând tocmai în particularizarea termenilor acesteia la specificul restrâns al urologiei prostatice. Această grilă vizează elaborarea unui profil de acţiune terapeutică care să permită o intervenţie multimodală. 10 pacienţi au fost operaţi prin chirurgie clasică/deschisă, 9 au beneficiat de terapie focală, iar 9 au fost operaţi prin chirurgie laparoscopică

asistată robotic. Rezultate: cuplurile au fost reevaluate la trei luni după terapia radicală. Principalul scop al evaluării comportamentului sexual a fost acela de a obţine informaţii valide în vederea luării unei decizii terapeutice optime pentru fiecare caz în parte. Frecvenţele înregistrate pe fiecare item din interviu, pre- si post-operator au fost supuse unei analize comparative, în urma căreia au fost posibile interpretări conform scopurilor cercetării. Concluzii: Interviul structurat de evaluare a sexualităţii în cuplu, pre- şi post-operator, se impune ca un instrument necesar având o valoare informativă şi predictivă ridicată în constituirea unui profil al cuplului, dar îi în luarea deciziei terapeutice după intervenţie.
Cuvinte de cheie: prostatectomie radicală, profil de cuplu, sexualitate, cercetare calitativă.

Introduction. While not so long ago, the problematic of prostate cancer was restricted only to the surgical act itself, it has recently been revealed that this issue needs to be further extended, namely, over the resulting psychological consequences following the intervention and the impact they have on the living standard of the couple. The bibliography on the existing studies and research in this field is relatively limited, insufficiently systematized and generalized, therefore it cannot be considered a basis when it comes to applying appropriate treatment methods. In order to accomplish a research that aims at the above mentioned aspects, the essential preoccupation was to establish some criteria to evaluate couple life, taking into consideration the main influences, the ones that, once associated with the surgical act, will be able to define the discussed quality of the relationship.

Material and Methods. The starting point of the work was the establishment of a questionnaire in the form of an interview, structured especially for urologic casuistry, focusing on sexual behavior. This questionnaire contains highly influential factors selected by the author as a result of eight years of experience in urology clinics (The Municipal Clinic and The Endoplus Clinic in Cluj-Napoca, respectively CHU Rangueil Toulouse in france). It is constituted on the basis of the BASIC ID Grid proposed by Lazarus in 1973 (Lazarus 1973), to which Jean Cottraux (Cottraux 1990) attached other two cognitive dimensions, resulting a grid that has a general validity character. So, the author's contribution consists precisely in the particularization of its terms, reducing them to the basic terminology of prostatic urology.

The BASIC ID grid comprises two fields of evaluation:

B: BEHAVIOUR: the aimed behavior

A: AFFECT: the emotions that accompany this behavior

S: SENSATION: the sensations that accompany the behavior in question

I: IMAGERY: the mental representation in relationship with behavior

C: COGNITION: ideas and beliefs in comparison with behavior

I: INTERPERSONAL: interpersonal relationships

D: DRUGS: consumption of medicine

E: EXPECTATION: the subject's expectations

A: ATTITUDE: attitudes in comparison with the aimed behavior

Having these data as a starting point, the author accomplished two structured interviews to evaluate a couple's sexual life, both preoperatively and postoperatively, aiming at important aspects of sexual life particularized according to the above mentioned nine fields. The logistics of data collection was done not only with the help of the operated patients, but also with their partners, through discussions during which they have often had to overcome their restraints regarding their intimacy. The main obstacle in such a procedure is the difficulty in getting the most important pieces of information taking into consideration the interlocutors' level of intellect and affiliation determined by their

background and instruction. This obstacle needs to be prepared in advance, through a minimal subject-related instruction and assurance regarding data discretion and confidentiality, and also by convincing those involved of the fact that the aim of real data collection is nothing but the improvement of their health. In this respect, taking into consideration the above mentioned difficulties, the author opted for a written interview, preceded by a discussion with each couple, a discussion during which the participants were offered both general medical information regarding radical prostatectomy and specific information aiming at postoperative sexual problematic. Each session lasted 30 minutes. The results of these discussions were recorded in the form of reports and then used for statistic data processing. Consequently, a huge amount of information has been gathered, which, from the point of view of ensuring the possibility of distinguishing some treatment indicators, made the selection of relevant pieces of information rather difficult.

Sex and age have been used as label variables, while religion (not as an option for a certain kind of worship) as a measure of relying on the religious doctrine the individual belongs to.

Each of the structured interviews contains 16 items. Men and their partners were addressed the same questions, before and after the surgical intervention, in order to evaluate the evolution of the couple's affective-sexual life in time.

Two interviews had to be elaborated for those investigated: one for the patient and one for his partner. At times, extra questions were necessary to ensure the unified character of result interpretation.

An important aspect of this research was the one associated with the patient's consent to willingly participate in the interview, furthermore assuring the right not to respect the schedule determined by the psychologist during the proposed treatment. This consent also presupposes a management of a certain kind of discipline in the development of the programme determined in total accordance, a programme approved by the ethics committees functioning within both the SCM Cluj-Napoca and the Endoplus Clinic. These committees have totally approved of the patient-psychologist collaboration model, the aim and the method of the research, the voluntary nature of the patent's participation, his right to withdraw, this way ending the participation, respectively the measures taken to protect confidentiality and anonymity. While trying to obtain the participants' consent to the research, they were informed about and asked for acceptance of every detail of the procedure, checking their convictions regarding the commitment they made.

The Data Analysis Method. In this exploratory method the author decided to use the structured, written interview. The recorded frequencies were submitted to a comparative analysis, then they were interpreted and attributed significance corresponding to the proposed objectives.

When analyzing the items, the following aspect was taken into consideration: the answer choices marked with 5 and 4 (e.g. Very often/Often) were considered as corresponding to the state of satisfaction (for the following items: 1, 2, 7, 8, 9, 10, 11, 12, 14, 15), those marked with 2 and 1 (e.g. Rarely/Never) were considered as corresponding to the state of dissatisfaction, whereas the choice marked with 3 (e.g. Sometimes) was regarded unconvincing. The frequencies observed in this area do not generate any kind of significance that could lead to a conclusion. For items 3, 4, 5, 6, 13 the marking was done in a reversed order, 1 and 2 referring to the state of satisfaction, whereas 4 and 5 to dissatisfaction.

During data interpretation, the minimal recorded frequencies (4%) did not provide sufficient information necessary for a conclusion, therefore were not taken into consideration.

Each of the two preoperative/postoperative interviews contains 16 items, having multiple choice answers, choices that have been assigned numerical values only to be able to compare the corresponding states.

Also, the patient's personal characteristics have been recorded (age, level of instruction, marital status, religion etc), as well as other medical aspects regarding

heredocolateral antecedents in accordance with a guide proposed by the author in order to investigate preoperative dynamic sexual behavior and the states related to it.

Table 1

The structure of the interviews

Domain	***Operational analysis***
Behaviour	the frequency of sexual intercourse the frequency of kisses and caresses (sexual) the frequency of erectile turbulence (troubles) the frequency of masturbation
Emotions	concerns about sexual achievement the fear of being rejected by the partner (because of erection problems)
Sensations	the quality of sexual pleasure during the intercourses the frequency of sexual desire
Representation	self-image as a sexual partner
Knowledge	an auto-evaluation of sexual knowledge
Interpersonal relationships	sexual communication within the couple mutual support in sexual life
Medicine consumption (drugs)	medicines aiming at the improvement of sexual performance
Expectancies	reflecting on potential sexual difficulties
Attitude	to be ashamed of having sexual difficulties

Participants and Procedure. 28 Couples (a number limited by the multitude of cases at a given time and by the time allotted to the analysis of each) were investigated in the Romanian centers already mentioned before, using a structured, written interview. For Romania the author took into consideration 3 groups of patients (operated through classical surgery, HIFU and the laparoscopic, robot- assisted method).

The recorded data for each group allowed a specific analysis of each treatment procedure, and comparisons among the method of interventions as well. Given the fact that the long term benefits of HIFU and PR robot-assisted type of interventions in the case of prostate cancer are not yet sufficiently known, the experience of the author allows personal conclusions as well regarding the stated psychological consequences.

The interview model, devised only for the prostate cancer casuistic, is not entitled to be used for other surgeries. The model does not refer to the implications of the partner's similar sufferings.

Results and Discussion. When hospitalized, the patients, together with their partners, completed a questionnaire, and at discharge from hospital they took part in the second interview (the one required 3 months after the intervention as a part of the postoperative assistance). 116 questionnaires have been completed this way. Descriptive statistics has revealed the fact that the minimum age of the participants in this study was 35, whereas the maximum age was 74, (M=59.78) with an average standard deviation of 5.12. In the case of the youngest investigated couple, the man was 47 and the woman was 35 years old. As far as the oldest couple is concerned, he was 74 and she was 72.

When it comes to religious beliefs, 57.14% of the participants declared that they considered themselves religious practitioners, 17.8% were frequent practitioners, and 16.07 declared that they were little interested in religion. The remaining 9% represents the number of those irreligious.

Regarding the frequency of sexual intercourse preceding the intervention, 47% of the patients referred to it as active, 21% as occasional, and 25% labeled it as rare, what is more, as absent. 36% of the partners considered it satisfactory, while 50% as reduced or totally absent. Three months after the intervention 89% of the patients did not manage to have sexual intercourse and only 11% declared that they managed, but they had difficulty with it. Their partners answered in an almost similar way (there is, though,

a difference in the perception of the 'rarely/never' type of intercourse as compared to the perception of the patients). 39% of the partners declared that they were incapable of having sexual intercourse, while for 54% of them was rather difficult.

As far as the sexual prelude (kisses/caresses/sexual touching) is concerned, 51% of men considered it natural, 38% occasional, with a difference until 100% being unconvincing. 46% of the partners marked the prelude as satisfactory, 11% had an opposing opinion, and around 43% marked it as rare or occasional. After the intervention, 32% of the men and 21% of their partners saw the prelude as a palliative solution as a result of their incapacity to achieve the desired relationship, while 28% marked it as rare or absent. 7% of the patients could not estimate the frequency of it, which made the differences up to 100% uninterpretable.

Regarding the frequency of preoperative erectile dysfunctions, 14% declared that they did not have any, 15% that they suffered from it frequently, and 57% that they occurred rarely. 54% of the partners marked erectile dysfunctions as rare, 8% as occurring quite frequently, while 18% as non-existent. After the intervention, the data have revealed the presence of erectile dysfunction in the case of 82% of the patients. The partners proved to have more shaded opinions in this respect, declaring that the dysfunctions were predominantly present in 52% of the cases, 39% declared that they were present at a low frequency, while 11% were not able to quantify them.

With reference to masturbation, 29% of the patients denied practicing it, 54% admitted doing it, but rarely. 36% of the partners gave a negative answer, and as a rule, 22% agreed to it. Following the intervention, 32% denied practicing it, while 54% appealed to it as to a substitute for the sexual act itself. 46% of the partners rejected the idea of it in couple life, and 22% marked it as positive.

Preoperatively, 36% of the patients proved to be slightly worried when it came to sexual performance, 38% did not see this aspect as a problem, and 25% stated an increased frequency in worries. 93% of the partners did not show any concerns regarding this problem. After the intervention, 32% of the patients did not think about it, 36%, rarely, but did think about it, the difference up to 100% being unconvincing. 46% of the partners had never been worried before, 18% remembered something like that and only 4% declared being really worried.

Before the intervention, the fear of being rejected by the partner because of erection problems (a state apparent in the case of the partner as well for the same reasons), 46% of them declared that they had not thought about that possibility, 8% that they had quite frequently, whereas 32% declared that they had thought about that, but rarely. 57% of the partners did not show any kind of worries, 21% were not preoccupied with it, while 22% were rarely preoccupied in this respect. Postoperatively, the situation seems more dispersed, 21% of the patients being more preoccupied with this fear, 11% having to deal with fearful states. However, 46% had rarely had that feeling. 29% of the partners declared the presence of intense, huge fears, 53% were not worried, while 18% did not problematize it.

The evaluated sensations referred to the conservation of the libido and the quality of sexual pleasure. As far as this quality is concerned, 82% of the patients considered it satisfactory before the intervention, and 14% labeled it as dissatisfactory. After the surgery, only 18% evaluated it as positive, and 50% as negative. Among the partners, the quality of sexual pleasure was appreciated differently: 50% evaluated it as satisfactory, 11% as rare and unpleasant. After the intervention, 50% of the partners declared that they rarely felt pleasure during the intercourses, while 14% felt only moderate pleasure.

As far as preoperative sexual desire is concerned, 64% of the patients felt it, and only 15% showed disinterest. 29% of the partners experienced the desire for sexual activity, 25% experienced it less, the difference up to 100% being unconvincing. After the intervention, the frequency of the desire was stronger in the case of 48% of the patients, it was reduced in the case of 36%, and it could not be evaluated in the case of 4% of the patients. In addition, 65% of the partners evaluated sexual desire as decreased, 21% were not able to estimate the intensity of the desire and only 7% considered it increased.

When it came to autoevaluating themselves as sexual partners, 42% of the patients considered it positive, 21% saw it less positive, and 14% could not estimate it. 40% of the partners evaluated themselves positively in this respect, and 22% saw themselves as less appropriate partners. Following the intervention the rates changed, in the sense that only 4% of the men declared themselves good partners, while 54% had a totally opposing opinion. Regarding the partners, 21% saw themselves as good partners, and 32% were dissatisfied with their self-image as partners.

When it came to how informed they were from a sexual point of view, before the surgical information, 32% of the patients considered themselves well-informed, 21% less informed, and 39% were not able to evaluate themselves from this point of view. Regarding the partners, 29% declared themselves to be well-informed, 36% very little or not at all, and 29% could not qualify themselves. Postoperatively, 40% of the patients affirmed that during the period following the intervention their level of knowledge increased due to the challenge brought about by the intervention itself; even so, 32% considered themselves still less informed. In the case of the partners , 28% considered themselves well-informed, and 39% were not able to estimate their progress in as far as their level of knowledge was concerned, the difference up to 100% being unqualifiable.

In order to be able to evaluate the quality of relationships the author suggests two directions for investigation: one referring to inter-partner communication, and another one regarding the partners' level of interest. In this respect, preoperatively, 50% of the patients considered communication to be truly satisfactory, 18% saw it as dissatisfactory, and 32% were incapable of evaluating it. Regarding the partners, 54% of them evaluated communication as good, 11% as dissatisfactory, while 36% were incapable of any kind of evaluation. After the intervention, only 25% of the patients considered cooperation to be truly satisfactory, 21% saw it as mediocre or dissatisfactory. As far as the partners are concerned, we can talk about 43%, respectively 25%, the difference up to 100% being again unqualifiable.

Regarding the encouragement of the partner, 57% of the patients evaluates this attitude as positive, while the others see it as insignificant. 54% of the partners have had a positive outlook on this aspect. After the intervention only 29% of the patients considered that the partner's interest is strong, 18% saw it as weak or absent, and 53% felt that they were not able to express their opinion. In this respect, 25% of the partners estimated that the partner's interest is strong, 54% had an opposing opinion, while 32% were unable to estimate it.

Regarding the consumption of medicine aimed at the improvement of performances, before the intervention, 86% of the patients and 96% of their partners declared that they had not used them. Following the surgery, 93% of the patients and 96% of their partners have declared that they do not use them.

Postoperatively, regarding the couple's expectations, 25% of the patients reflected on and problematized their sexual interest, their sexual difficulties through diseases and/or ageing, but 50% of them worried rarely or did not worry at all. In addition, 60% of the partners were rarely worried. After the intervention however, this problem overwhelmed mostly the patients (71%), their partners in 36% of the cases, and in 39% of the cases it did not overwhelm them at all.

As far as the attitudes are concerned, 57% of the patients considered, before the intervention, that having sexual difficulties is not something to be embarrassed about, 7% saw it as real, while 11% were not able to evaluate it. For the partners this means 75%, respectively 14% for those who were not able to estimate it. After the intervention, 54% of the patients did not consider impotence to be embarrassing, while 68% of the partners maintained their opinion by saying that the above mentioned difficulty is not something embarrassing.

When it comes to sexual interest, before and after the surgical intervention, it has been found that, preoperatively, 63% of the participants have evaluated their desire for sexual life as a strong one, but postoperatively, only 37% of them maintained their declaration. 42% proved to be disinterested after he surgery, and this percentage reached 58% after the intervention.

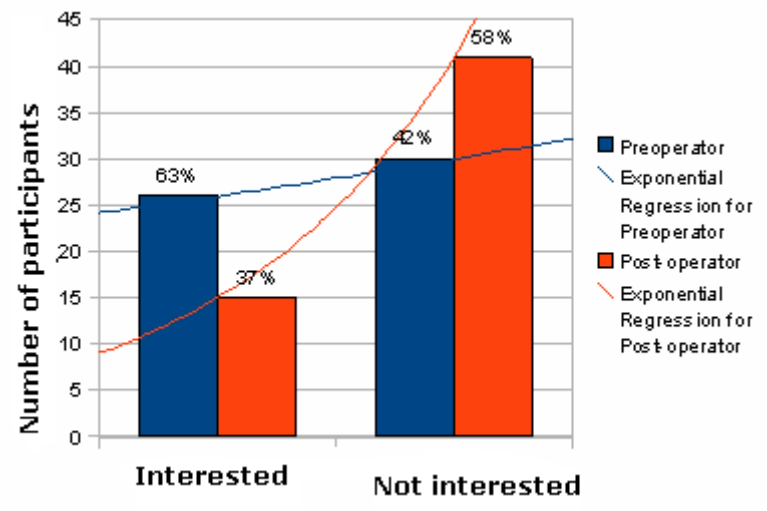

Figure 1. presents the evolution of the participants' sexual interest graphically before and after the surgery

The distribution from the point of view of the instruction, related to the level of education of those investigated, goes as follows: one person with middle school studies, eight persons with studies until middle-school, two with studies between middle school and high school, twenty-one with high school studies, five with post-secondary school studies and nineteen with superior studies. In order to interpret the data, depending on the level of education, the participants were grouped in two categories with polar character: 32 participants on secondary school level (with all the subcategories) and 24 with superior studies (post-secondary school, college, master studies).

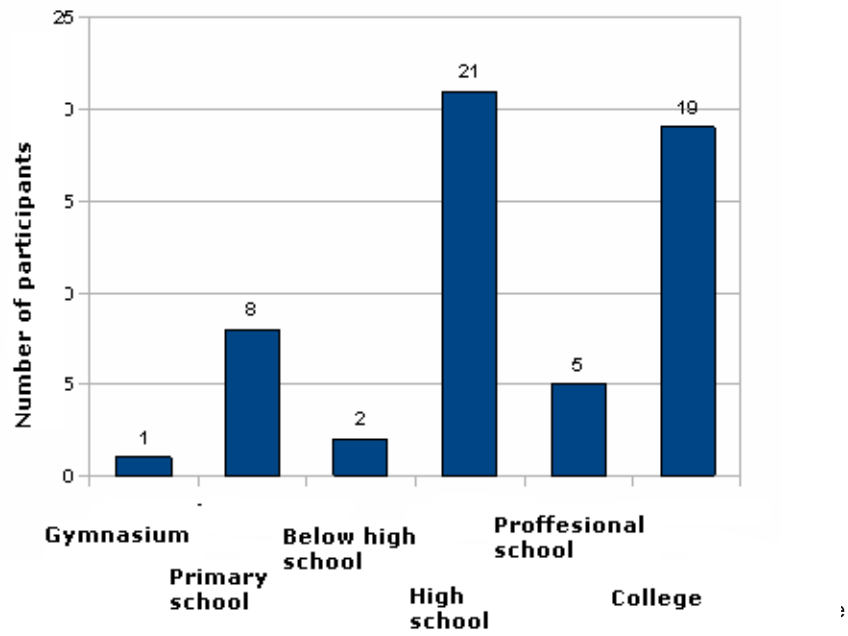

Figure 2. Distribution of patients graphically according to the level of education

Conclusions. As a result of data analysis, some general treatment directions have been established, aiming especially at the sexual difficulties following the intervention. At present, the most renowned therapy is the one with 5PDE inhibitors (Sildenafil, Tadalafil, Vardenafil), this being considered the primary therapy in the postoperative treatment of erectile dysfunction (Lue 2000; Briganti et al 2007). Regarding the operated patients,

this therapy was recommended only in the cases in which the preservation of vasculo-nervous bundles was possible either bilaterally or unilaterally (Wagner 2009).

If preoperatively, the doctor-to-patient communication was focused on the subject of sexuality, after the surgery the patients considered urinary incontinence more discomforting than erectile dysfunction. The appearance of IU is a result of both anatomical changes due to the elimination of the prostate, and the functional consequences induced by the surgical act on the level of the pelvic floor muscles and the urinary sphincter.

The preservation of BVN can be considered as an advantage in the recuperation of postoperative continence. Perineal re-education is a non-invading intervention. It was recommended to all the patients in this state. At present, more techniques are known, respectively the Kegel technique, the biofeedback or endorectal electrostimulation. The Kegel exercises consist in the voluntary contraction of the perineum and of the anus lifting muscles being highly efficient in the recuperation of continence. The advantage of perineal reeducation is that it can be done postoperatively as well, when the sphincter is not traumatized, and it is necessary for the patient to be fully aware of the role of the sphincter in urinary continence.

Besides these therapies, the couples, especially the patients, benefited from psychological counseling on behalf of the author during the entire recuperation period.

On the basis of the information received from the partners and the data obtained through evaluation questionnaire completion, pre- and postoperatively, respectively on the basis of their corroboration with objective, intervention-specific elements (the BVN preservation), a couple profile was realized, taking into consideration the main factors influencing the relationship (according to the nine domains of the evaluation grid proposed by the author) (Long et al 2006).

The partners' complaints regarding the hierachization of problems were taken into consideration during the counseling sessions. The patients who underwent classical surgery or robot-assisted laparoscopy favored dealing with the problematic of postoperative urinary incontinence rather than with the one of erectile dysfunction, and almost not at all with the partner's adaptation to the new state. Those treated through HIFU have understood that the most important thing in the management of this disease, is the total eradication of the prostate tumor, given the distinctiveness of the intervention (the destruction of the prostate tissue through hyperthermia), respectively worries concerning a possible recurrence. This sexual problematic has been treated as important, especially by younger, sexually active (before the surgery) patients. This method presents the advantage of the BVN preservation, which can be done within a realistic time frame, this way the process being able to be monitored on the screen of the work equipment.

Similar to the patients who underwent either a classical or a robotic intervention, as well as in the case of the patients treated by focal therapy, the adaptation of the partner to the new state was not problematic. Regarding the investigated emotional states, the research has revealed incapacity of the autoevaluation of feelings, specific of the analyzed cases, regarding both the patients and their partners.

This can be considered a result of the fact that the investigated states (worries regarding sexual performances and the fear of being rejected by the male/female partner because of erection difficulties) are not seen by the patients/partners as negative emotion generators or concerns in this respect.

Out of, possibly, socio-cultural reasons, or some others associated with a certain level of instruction, individuals can evaluate their own sexual performance, often through an incorrect comparison with the performances described by others and not through their own performance during the different stages of life.

In the case of the partners, the evaluation of the performance was not problematized. Due to the socio-cultural and parental models existent during the the investigated couple's foundation period, the performance in question is not an attribute of a woman's sexuality, therefore she is not able to define her own sexuality unless she refers to her partner's performance.

Regarding the subject of being rejected by the male/female partner because of erection difficulties, this topic is directly related to the way they appreciated their performance (e.g. when evaluating your performance in relation to your partner during different stages of life, the less successful moments have an impact on the man's mental condition, arousing worries connected to a possible abandonment on behalf of the partner, an abandonment also possible when the woman is appreciated for other qualities than the erotic ones).

If a woman discovers that the frequency of the intercourses with her partner decreases, she might think that she is being rejected because her partner is having some kind of erection problem or another person has appeared in their relationship.

The conservation of the libido represents a favorable condition in the recuperation of the postoperative erection. Approximately 50% percent of men submitted to a prostate cancer intervention declared a strong sexual desire or one similar to the one existing before the surgery.

On the contrary, the partners are situated on the opposing pole, presenting, postoperatively, a decrease in sexual desire. In the case of the patients, it is recommended to use the erection re-education therapy together with injectable prostaglandin (a treatment also appropriate in the cases in which the BVN could not been preserved) or 5PDE tablets in minimal dosage.

A complimentary psychological treatment is also imposed, accompanied by medicine therapy, which especially aims at helping the patients become aware of the possible results of the therapy, the implication of the partner in the recuperation programme, and what is more, making the patient aware of the erotic needs of his partner after the intervention.

Self-image, as a sexual partner, is connected to the confidence the individual has in his own sexual performance.

After the intervention, generally, the majority of men discover that their performance as sexual partners is not suitable. This evaluation has negative consequences in the relationship with the partner: postoperatively, sexual communication gets affected, mostly by the lack of initializing the act itself (because of the fear of becoming ridiculous) or by the patient's inexplicit lack of courage regarding what he would like to try.

Strongly related to this aspect, the support of the male/female partner is treated with distrust, mostly because it cannot be treated as such, a thing that can be associated with a certain level of ambiguity of the problem, but also with some kind of difficulty in the subjects' problematization.

As far as medical consumption is concerned in order to improve preoperative performances, this, meaning the consumption, does not represent an equal interest for all the questioned patients, while postoperatively, this was almost totally absent.

Regarding expectancies and the possible ridiculous character of the successful outcome of the relationships, the author discovered that the partners, especially the patient, were dominated by this problem.

The attitudes, determined by the level of consciousness regarding the possibility of ridiculosity, have been observed as a result of a different perception of the couple, with men being primarily affected and marked by the inclination towards the interiorization of the experience, which 'a priori' implies a distancing from the partner and the medical staff engaged in his treatment.

The aspects revealed so far referring to the consequences of the postoperative act undoubtedly lead to an alteration of self-confidence, of self-image, and implicitly, to an amplification of the depressive state.

According to the author, from a psychological point of view, the course of the treatment has to take into consideration the importance of making the patient philosophically aware of the condition implied by ageing and the diseases related to it.

It only this way, that is, understands this natural evolution of human existence, that we can achieve improvement in the patient's level of disbelief in his recovery perspectives. Unless there is an instruction of the kind, giving his self-confidence back to him might be an inefficient attempt.

In contrast with animals that are unconscious of the existential limits of health and ageing, the dramatical psychological aspects in the case of humans are exclusively the result of self-conscience and the objective knowledge of their biological destiny.

Consequently, the psychologist has to work with the data of this conscience, being left with the reserves associated with the possibilities of late effects, possibilities which are, as a matter of fact, evident. When they become aware of their state, depending on their level of instruction, patients may react differently, intellectuals being more doubtful about their chances of recovery, and this is a well-known fact.

So, from this point of view, the psychological treatment has to be differentiated. The psychologist's chances to make the patients have total confidence in their recovery are higher in the case of less learned patients.

Unlike an intellectual who comes to terms with the chances of his recovery, the less learned patient can be entirely given back his confidence in the possibility of recovery. These aspects require a special preparation on behalf of the psychologist, who has to be able to apply the type of counseling depending on the reasons mentioned before.

This means that he/she has to have to undergo a multidisciplinary preparation (philosophy, medicine, general literacy etc).

As far as intellectuals are concerned, the nearly-efficient solution might be to make some recommendations that could lead to the diversion of the time previously used for health-related worries towards lucrative activities, even if they become aware of the fact that this way they are created nothing but the illusion that the problem does not exist. Finding the type of activities that could prove successful in trying to achieve the proposed goal, is also dependent on the mastery and skills of the psychologist to be able to recommend the most adequate activity.

References

Briganti A., Salonia A., Gallina A., Chun F. K., Karakiewitcz P. I., Graefen M., et al, 2007 Management of erectile dysfunction after radical prostatectomy in 2007. World J Urol **25**:143-148.

Cottraux J., 1990 Les Therapies comportementales et cognitives. Paris, Masson.

Lazarus A. A., 1973 Multimodal behaviour therapy: treating the „basic id". Journal of Nervous and Mental Disease **156**:404-411.

Lue T. F., 2000 Erectile Dysfunction. New England Journal of Medicine **342**(24):1802-1813.

Wagner L., Faix A., Cuzin B., Droupy S., 2009 Dysfonctions sexuelles apres prostatectomie totale. Prog Urol **19**(Suppl.4):168-172.

Long J. A., Lebret T., Saporta F., Herve J. M., Lugagne P. M., Poulain J. E., et al, 2006 Evaluation de la sexualite et de la fonction erectile des patients candidats a une prostatectomie radicale. Prog Urol **16**:450-456.

Received: 26 November 2010. Accepted: 15 December 2010. Published online: 15 December 2010.

Authors:
Elisabeta Ioana Hirişcău, "Iuliu Haţieganu" University of Medicine and Pharmacy Cluj-Napoca, Medical Psychology and Mental Health, Third Psychiatric Clinic, Cluj-Napoca, 43rd Victor Babeş Street, 400012, Romania, EU, email: ioanahiriscau@gmail.com.
Doina Cosman, "Iuliu Haţieganu" University of Medicine and Pharmacy Cluj-Napoca, Medical psychology and Mental Health, Third Psychiatric Clinic, Cluj-Napoca, 43rd Victor Babeş Street, 400012, Romania, EU, doina_octaviancosman@yahoo.com.
Ioan Coman, Municipal Clinic Hospital, „Iuliu Haţieganu" University of Medicine and Pharmacy, Tăbăcarilor Street, no 11, 400139, Cluj-Napoca, Cluj, Romania, EU, icoman@yahoo.com.

How to cite this article:
Hirişcău E. I., Cosman D., Coman I., 2010 Prostate cancer multimodal therapy involvement in couple life: Open, Robotic and HIFU approach. HVM Bioflux **2**(2):82-91.