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THE PERCEPTION OF MEN AND WIVES ABOUT ERECTILE DYSFUNCTION POST RADICAL PROSTATECTOMY¹

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ABSTRACT

Objective: analyzing the perception of patients prostatectomizados and her companions about the challenges experienced after the surgery, related to sexuality and to the effects of erectile dysfunction.

Method: descriptive-exploratory study, qualitative approach to collecting data from semi-structured script with nine couples. Data analysis occurred through the withdrawal of senses and empirical categories from the benchmark of Social Cognitive Theory.

Results: the time to perform the prostatectomy varied between one year and eight months to three years and two months. Among men, the average age was 65 years and women 59 years. The process of data analysis allowed the identification of two empirical categories and the results shows that the challenges faced by patients refer to difficulty of dialogue and the distance between the couple and the introspection of the men, the concern with the age factor, fear of abandonment and insecurity of men regarding the use of therapeutic measures for recovery of erectile capacity. However, other couples have experienced positive aspects based on understanding and psychological support, and even changes in the way of thinking and living after surgery.

Conclusion: prostatectomy surgery generates an impact on daily life of patients and their companions, and the perception in relation to the implications of the surgery is the determining factor in the process of recovery and tackling the challenges arising from treatment.

DESCRIPTORS: Prostatic neoplasms. Erectile dysfunction. Spouses. Psychological adaptation. Nursing.

A PERCEPÇÃO DE HOMENS E COMPANHEIRAS ACERCA DA DISFUNÇÃO ERÉTIL PÓS-PROSTATECTOMIA RADICAL

RESUMO

Objetivo: analisar a percepção de pacientes prostatectomizados e de suas companheiras acerca dos desafios vivenciados após a cirurgia, relacionados à sexualidade do casal e aos efeitos da disfunção erétil.

Método: estudo descritivo-exploratório, de abordagem qualitativa com coleta de dados a partir de um roteiro semiestruturado aplicado com nove casais. A análise dos dados ocorreu por meio do levantamento de unidades de sentidos e formação de categorias empíricas a partir do referencial da Teoria Social Cognitiva.

Resultados: o tempo de realização da prostatectomia variou entre um ano e oito meses a três anos e dois meses. Dentre os homens, a média de idade foi de 65 anos e das mulheres 59 anos. O processo de análise dos dados permitiu a identificação de duas categorias empíricas e os resultados apontam que os desafios enfrentados pelos pacientes se referem à dificuldade de diálogo e ao distanciamento entre o casal e a consequente introspecção dos homens, a preocupação com o fator idade, o medo de abandono e a insegurança dos homens quanto ao uso de medidas terapêuticas para recuperação da capacidade de ereção. Entretanto, outros casais vivenciaram aspectos positivos baseados na compreensão e apoio psicológico, e até mesmo em mudanças na forma de pensarem e viverem após a cirurgia.

Conclusão: a cirurgia de prostatectomia gera repercussões no cotidiano dos pacientes e de suas companheiras, sendo que a percepção do casal em relação às implicações da cirurgia é fator determinante no processo de recuperação e enfrentamento dos desafios advindos do tratamento.

DESCRIPTORES: Neoplasias da próstata. Disfunção erétil. Cônjuges. Adaptação psicológica. Enfermagem.

LA PERCEPCIÓN DE HOMBRES Y COMPAÑERAS ACERCA DE LA DISFUNCIÓN ERÉCTIL POST-PROSTATECTOMÍA RADICAL

RESUMEN

Objetivo: analizar la percepción de pacientes después de una prostatectomía y de sus compañeras sobre los desafíos vividos en relación a la sexualidad de la pareja y a los efectos de la disfunción eréctil.

Método: estudio descriptivo exploratorio, de abordaje cualitativo con obtención de datos a partir de una guía semiestructurada con nueve parejas. El análisis de los datos se realizó por medio del análisis de unidades de sentidos y formación de categorías empíricas a partir de la referencia sobre la Teoría Social Cognitiva.

Resultados: el tiempo de realización de la prostatectomía varió de un año y ocho meses a tres años y dos meses. Entre los hombres, el promedio de edad fue de 65 años y de 59 años para las mujeres. El proceso de análisis de los datos permitió la identificación de dos categorías empíricas y los resultados señalan que los desafíos enfrentados por los pacientes se refieren a la dificultad de diálogo, el distanciamiento entre la pareja y la consecuente introspección de los hombres. También, aparece la preocupación con el factor edad, el miedo del abandono y la inseguridad de los hombres sobre el uso de medidas terapéuticas para la recuperación de la capacidad de erección. Por otro lado, otras parejas vivenciaron aspectos positivos basados en la comprensión, el apoyo psicológico y, además, en los cambios en la forma de pensar y vivir después de la cirugía.

Conclusión: la prostatectomía genera repercusiones en el cotidiano de los pacientes y sus compañeras, siendo que la percepción de la pareja en relación a las implicaciones de la cirugía es un factor determinante en el proceso de recuperación y enfrentamiento de los desafíos resultantes del tratamiento.

DESCRIPTORES: Neoplasias de próstata. Disfunción eréctil. Esposos. Adaptación psicológica. Enfermería

INTRODUCTION

With a significant increase in the incidence caused by progress of diagnostic methods, prostate cancer is the most common among men in Brazil and the second most common in the world, excluding skin cancer not melanoma.¹ The advent of determination of prostate specific antigen (PSA) allowed the diagnosis of the disease in early stages, which increases the chances of considerably¹curative treatment leading to increased survival and, consequently, an increased living with the consequences of the treatment.²

The most commonly used treatments for localized prostate cancer control include radical prostatectomy, radiation therapy, hormone therapy, active surveillance and observation. Opting for one of these approaches is based on the opinion of a multidisciplinary team, the technology provided by oncology services and on the patient's choice, considering the advantages, disadvantages and contraindications.³

Radical prostatectomy can be performed by open or laparoscopic approach to robot-assisted (PRRA).³ However, it is important to highlight that the investments for the implementation of the PRRA are significant and involvements robotic system installation costs and the maintenance of equipment,⁴ up, away from the practice of most urologists Brazilians, being open and laparoscopic surgery more used in the country.⁵

In the context of radical prostatectomy, it is possible to realize that there are a great many men

who live with the postoperative complications, including erectile dysfunction, with significant impact on quality of life. Such complication is the persistent inability to achieve and maintain a penile erection that makes a satisfactory sexual performance, being a source of frustration for many men.⁶ This morbidity was observed in average at 58% of men undergoing surgery due to injury or not cavernous nerves preservation.⁷ Although evidence exists that there is an improvement of symptoms, about two years after surgery,⁸ scholars contend that in the long run this pattern can change, occurring a decline in sexual function by advancing age, by factors related to the disease or to the treatment or a combination of these factors.⁹

Despite the advent of PSA dosage have facilitated the early diagnosis of the disease, the average age of diagnosis is still advanced, by the age of 65 years.¹ In this age group, erectile dysfunction can be present for other factors, such as atherosclerotic vascular disease, diabetes *mellitus* and use of common drugs in this age group, such as antihypertensives, antidepressants, tranquilizers and hypnotics.^{6, 8,10} In addition, partner-related factors, such as menopause, can cause sexual problems are experienced by the couple before the cancer diagnosis.¹¹

However, when this complication occurs in younger men with active sex life prior to the treatment, she can impose several challenges, which imply consequences to health, quality of life and communication and satisfaction.^{8,10} The average life expectancy after treatment for prostate cancer is 13.8

years, meaning more than a decade living with the disease and its sequelae.⁹

Partners of men with prostate cancer have key role during treatment of the disease,¹²⁻¹⁴ a time that seek to offer all necessary support to your spouse, without this affecting the perception of your masculinity and keep a balance between the care to companion and their own care needs. In addition to dealing with all the implications that involve the diagnosis and treatment of cancer, the partners also suffer from the aftereffects of treatment, such as erectile dysfunction, and many suppress their sexual desires and submit to an unsatisfactory sex life to support their companions.¹²

All this stress and anxiety related to the confrontation of the disease affecting women have direct effect on emotional health and partner, on the other hand, good communication in relation to intimacy and sexuality is related to quality of life reported by man.¹⁵ In this context, the present study aimed to analyze the perceptions of patients prostatectomizados and her companions about the challenges experienced after the surgery, related to sexuality and to the effects of erectile dysfunction.

METHOD

This is a descriptive-exploratory study, qualitative approach, guided by Social Cognitive theory reference.¹⁶ The option for this type of study is based on the design of the subjections processes should be analyzed from the meaning that subjects assign experienced postoperative experiences of prostatectomy. In this perspective, the production of subjectivities and the effective participation of social actors, from the account of his experiences and ethical involvement of the researcher with the research theme, are components of the research process.

Social Cognitive Theory considers the prospect of the Agency for the development, adaptation and change. Be an agent means influencing the operation itself and the circumstances of life so intentional. In this perspective, people are self-organized, proactive, autoregulates and reflective self, contributing to the circumstances of their lives, and are not considered only products of these conditions.¹⁶

Some important concepts that deserve to be highlighted for better understanding of the theory of self-efficacy-and self-reflection. The self-efficacy is understood as the personal conviction that one can successfully execute an action to produce desirable results in a given situation. This concept is con-

sidered a great mediator of therapeutic changes.¹⁷ Self-reflection is already the human capacity of social cognitive theory, outstanding since from the self-reflection the individual explores their own personal beliefs and cognitions, examines their experiences, auto evaluated and changes your thinking and behavior.¹⁶

The field work was developed into a city in the interior of Minas Gerais, Brazil, in November 2014 period to January 2015. The survey of invited participants emerged from the database from a previously conducted study with patients who underwent radical prostatectomy surgical procedure, the hospitals of the city scenery. The preliminary study is a randomized clinical trial, which had as main objective to evaluate the effectiveness of a program teaching to prepare for discharge of patients undergoing radical prostatectomy, from dimensions: self-efficacy, psychological morbidity (anxiety and depression), satisfaction and knowledge.¹⁸

So, were invited to participate in the study ten couples, however, nine men and their wives have agreed to participate in the research. The man who refused to join justified that wouldn't want to talk about any subject related to the surgery. As criteria for inclusion have been adopted: men undergoing prostatectomy between one to four years; be resident in the municipality scenario; and in stable with his partner since the date of surgery.

Prior to the interview were made phone contacts with spouses to see if they would accept to participate in the study. According to the agreement to participate in the research, was scheduled a home visit. The interviews were carried out by two students graduating in nursing, being a male, which interviewed the men, and a female, who interviewed women. It is worth noting that each participant was interviewed in separate environment, so that there was no sharing of answers. The average duration of the interviews was 30 minutes per respondent. Prior to data collection, residents participated in a training course, conducted by researchers of the proper conduct of research interviews. In this training were carried out guidelines on the use of the instrument of data collection, as are supposed to act in situations of absence of answers or answers that extrapolated the purpose of the research, as well as the ethical aspects that involve research with humanbeings. Highlights that the interviewers were employees in collecting data from the randomized clinical trial conducted in advance and that sparked this investigation.

The first part of the interview included the identification of demographic data (age, employment status, number of children, family monthly income and marital relationship); in the second part was utilized one only semi-structured roadmap targeted to both men as well as her companions, allowing spoke widely about the questions proposed. The instrument contemplated open questions about how was the period of post-operative care, what are the difficulties encountered and strategies used, if there were difficulties concerning erectile dysfunction and what strategies adopted to deal with the situation, as well as the as the surgery influenced the daily life of the couple. The interviews were recorded using digital media and transcribed in full, each participant was interviewed once.

For the interviews was used the criterion of data overflow, at which time no new elements appear in the speeches, which signals the interruption of the interviews. For the identification of the participants used the letters H to indicate men and M to indicate women, numbering, for example, H1 and M1, correspond to a couple and so on.

The interviews were analyzed following the guidelines for treatment of qualitative data.¹⁹ Initially, the transcript in its entirety followed by a first reading of the material and organization of reports with the exception of vices of language. This first step has allowed a broad view of discoveries in the field. Later, with the Organization of data, it was possible to start a process of horizontal exhaustive reading the interviews, at least four times, which allowed to seize the central ideas submitted by participants. This process also made it possible to identify central themes, which when grouped formed empirical categories. The contents of the categories "marital relationship after surgery: adaptations in sexual life, changes and challenges" and "resilience strategies before erectile dysfunction" has undergone a process of in-depth analysis, from coordination with the literature on the topic, and construction of interpretations and inferences on the evidence presented here.

It should be noted that have been complied with all ethical aspects contained in Resolution 466/2012, the National Health Council. Data collection was started after approval by the ethics on Research Committee of proponent institution, under Protocol 748,798/2014, CAAE: 32870714.1.0000.5545, and all participants were included by signing of informed consent (TFCC).

RESULTS

Characterization of the participants of the study

Were interviewed nine men and nine women. The time to perform the Prostatectomy varied between one year and eight months to three years and two months. Among men, the average age was 65 years, being the minimum age and maximum 55 and 76. As for the current employment status of men, two were on active status, eight were retired and a received sickness. As for the wives, the average age was 59 years, being the minimum age and maximum 44 and 72. As regards the employment status, four women were home, four retired and one in Active status. All couples had children and the average wage income of families was of three minimum wages. Still, as the marital relationship, the average was 36 years, with the minimum time of 30 years of stable and most, 53 years.

From the reports obtained in the interviews, emerged the categories related to the perception of patients protatectomizados and her companions about the challenges experienced after the surgery, especially with regard to issues related to sexuality and the effects of erectile dysfunction. These categories are described below.

Marital relationship after surgery: adaptations in sexual life, changes and challenges

The analysis of the data showed that, in relation to the adaptation of the sex life, despite the recognition of the limitations imposed by erectile dysfunction, emphasized many times in the dialogues of men, couples can keep a stable relationship through the understanding and support of the wives. Notice that the security of a mature and friendly relationship can result in better accordance with regard to sexual difficulties after surgery.

And sexual dysfunction to this day, I got erection until today. It's hard [...] for a man is complicated. That there is understanding of the wife [...] This is a business that I thought didn't exist, but there is. Without the ability to erection can you perform sexually (H9).

Ah, but now it's like brothers [...], but haven't changed that much, not changed at this point that you understand me, but we still all right, thank God, very close (M4).

But thanks to God I am happily married and it was easy for me to work around the situation. There were dif-

facilities, but with time we will absorbing this problem. The wedding also, he was normal (H2).

Was also identified another adaptation of sexual life evidenced by the statement of some couples with regard to sexual activity that was happening frequently, either by physiological factors or by the couple's routine and thus the erectile dysfunction caused the surgery bit influenced your matrimonial cohabitation in. Realize that for one of the companion's erectile dysfunction resulting from surgery brought a sense of "relief" due to their decreased libido.

Was, is, as the saying goes, surgery was uneventful. Just like I'm talking about that we are [...] my husband traveled a lot, so he [...] after he retired, he stayed inside the House and such, but so, it seems that we used, be more distant from each other [...] (M5).

Apparently, it was good. Because I'm not looking for more and I'm not even going to look because she doesn't want it, don't like it, I wasn't wanting more even before surgery. She did it because he had pity on me, okay? Was it by accident. So that's good, because the friction even decreased. But I feel so [...] I miss it, but it's not my way, it's not good (H1).

The analysis also allowed to infer that for one of the couple's changes like the abandonment of sex life was already at the time of happening because of the age, so that erectile dysfunction came to be seen as a physiological process in due time. In some reports, the recovery of other feelings that make up the marriage relationship as a friendship.

Why so [...] about stuff like that ... sex and stuff. It's like I told him, so we are at the age to be stopping, so that, so that's going to be? [...] friendship is so good [...] Love is not just sex, it's a love, it's a look, you don't have to be to have love [...] I was passing that tranquility [...] because needs [...] (M5).

For some participants was signaled silence presented by men at the time after surgery. They often presented as creative challenges the side effects of surgery, especially erectile dysfunction. The wives understand the discomfort of his companions and try to respect the moment. It is important to note that only the companions reported these aspects of introspection of man.

Sometimes, he's so thoughtful, he seems to be in the clouds [...] I leave, I'm not asking: ' what do you have? Why are you so sad? Why are thoughtful? '; I let pass [...] when he wants to talk [...] I hear him, I let him say what he has to say [...] when he asks my opinion, I give opinion [...] is this dialogue and understanding (M3).

We're even talking these days, he's talking about ' do you remember? ', it seems that it is very shameful, we've been married for 35 years, but does not yet have that intimacy to talk or ask about [...] I don't know if he's embarrassed to come find ... I'm not looking for, he didn't demand [...] I stay in mine, understand? And we're living life (M5).

For me it's easier, I am more so. For it's harder because it is quieter. He's so... not to be talking about... (M9).

The analysis revealed the uniqueness of a participant to express a challenge related to loss of erectile function that raised concerns by believing that your wife might leave him at any time due to your erectile dysfunction. To this end the age difference is a factor that contributed to this feeling.

The difficulty that I speak to is that sexual, not entirely for me. Because you're a man and understand what it's like, that by the time you have the appetite, as they say in popular language, you don't care. My concern is for my wife, because she's old, but it's not old, you know how [...]. The biggest concern I had and have to this day, was with her. I worry a lot with her, and we have a certain negative reaction, you know? (H7).

Before the feeling of low self-efficacy of man for not believing to be able to satisfy more the wife, the couple experienced the challenge of dealing with erectile dysfunction as a causal factor for the distance between them, compromising a married life.

Because he was... How is this, he was useless as a man, do you understand? So, I guess now he runs away from me, he sees television is on the couch. I'm in bed, he comes to the couch, he was gruffer with me, anything [...] bad answer. I don't know if [...] what that is, do you understand? There are times when I wonder what he is wanting to get away from him, have time I don't know if that shook the emotional, you understand? (M7).

Strategies to overcome before erectile dysfunction

In this category, were presented the associates strategies of the participants prostatectomizados aspects and their wives to overcome erectile dysfunction, both with regard to behavior changes through actions, as well as the experiences that led to changes in thinking through reflections of their own personal beliefs.

One of the therapeutic measures against erectile dysfunction is the use of hormonal therapies, which was cited by two men, one of them reported

satisfaction in adopting such a measure in order to achieve the expected result, the other reports the rejection to such therapy.

I then move it so [...]? It took a long time, more than a year for me to have the courage to take the medicine. The doctor gave me Viagra and I take. He said it was only two a week [...] I told him it might be a month that was good, because I want to do is be good [...] Our relationship is not normal, 100% [...], but is about 70% because of the surgery (H5).

To have a normal erection has to take a pill, you have to take an injection, which I don't do, too, because there's no need, because [...] Are my personal stuff with my wife. But you get the idea? Normal is not normal, but normal artificial natural...(H1).

It was possible to notice also thoughts experienced by participants who served as support for confronting and overcoming erectile dysfunction, what values the self-reflection.

Because life is not just sex. Including the man about it, he is very vulnerable, and, sometimes, he's sorry, but everything depends on the head, of knowledge, of the companion that you have...(H2).

Always had too many, too much friendship, you know, because equal has almost twenty-seven years of marriage [...] we used very [...] everything a thinking, feeling, talk to each other, exposing the feeling and always by relying on each other, never lying on nothing, don't hide anything from each other (M3).

The analysis revealed that the acceptance of erectile dysfunction also was expressed as an opportunity to experience a new way of life and it is realized to the extent that positive changes have taken place in your life, from your self-efficacy belief expressed in the ability to overcome and confrontation, as pointed at stated the following: *the sexual dysfunction I still have to this day. I have to face normal, natural. I prefer face to take another kind of life. I went to enjoy myself more, traveling, leaving me and my wife. Altogether, with full support of it [wife], with the whole family, the children (H4).*

DISCUSSION

Before correlates analyzed in this study, the changes occasioned by Prostatectomy surgery, as well as the adaptations arising from that process, found by different feelings, including since acceptance and adaptation even to introspection and insecurity arising from low self-efficacy caused by loss of erectile function.

Therefore, the age, the time of relationship, the companion and family support, as well as the ability to dialogue and understanding, are factors that can maximize or minimize the impact of erectile dysfunction on self-efficacy and self-reflection of men, that imply consequences for the conviviality and daily routine of the couple and the family. In this way, knowing such aspects becomes essential to provide assistance which takes into account the peculiarities of the prostatectomizados, in order to acknowledge their major difficulties and troubles.

With regard to feelings experienced in adapting to the sex life for men undergoing prostatectomy, in a study whose objective was to analyze the experiences and perceptions of men Turks about the effects of this surgery, was also identified that some participants did not consider erectile dysfunction as a negative effect in relation to marital life, and their wives accepted harmoniously the situation. Soon, although many report the immediate return of sexual function and in spite of sexuality be a power source for the men of the society, for others there are more important aspects in their lives than sex and marital, thereby the relationship with her companions was not affected on impotence.²⁰

Despite the consequences of the changes relating to the amendment of the erectile function related to low self-efficacy which refers to feelings of low self-esteem, inability and frustrations, some men tend to express rationality, understanding and adapting to change for considering changes how age-related physiological and. In this context, it is important to note that health professionals play a key role in the adaptation of the subject to changes, to provide information about the characteristics of loss of erectile function, strengthen the factors related to erectile dysfunction, as the surgical procedure associated with old age.²¹ Still, recognizing that self-efficacy is the personal trust that they can successfully execute the behavior required to produce the desired results related to health.¹⁶ In this context, appropriate for the nurse consider this aspect through health education strategies, particularly in the context of self-care.

Note the lines described the difficulty of men in expressing their own feelings on the experienced after the surgery. In a study conducted in England whose goal was to investigate experiences and sexual difficulties in men after prostate cancer treatment, identified that most had hidden all the emotional difficulties faced after surgery and who

also had resisted the psychological support offered by health professionals. Many also reported that preferred to accept quietly the new condition of that request any kind of support to deal with the emotional difficulties arising from the surgery.²²

It is appropriate to highlight the different visions that men and women have about the very concept of sexuality which, consequently, can influence on self-reflection and in the attitude of men's insight on the issues of erectile dysfunction. One can see that for women, with regard to sexual motivation, the desire for intimacy, the presence of feeling and feel sexually desired lead to sex; to men, the motivation back to the search for a "relief" sexual and Orgasmic sensation, that would be the physical response.²³ Soon, it is believed that this concept male negatively influences in the process of coping with erectile dysfunction, since physical satisfaction is hampered.

It is also saying that while erectile dysfunction has high prevalence among men prostatectomizados, even after several years of resulting surgery, this in most cases is discussed only in the initial periods of treatment. Patients often expect health professionals to initiate the conversation and ask about their problems in relation to sexual activities. However, this approach may not happen and patients suppress their psychosexual problems or often fail to expose by feel "too old" to worry about the loss of erectile function. Thus, it becomes important that sexual function, including erectile dysfunction, be considered a relevant area in the provision of assistance, so that the health professional promotes an interaction and relationship of trust with the patient so that he can express his feelings, which will allow the lifting of potential challenges and strategies for increasing self-efficacy.²²⁻²⁴

As for the pain of the wife of one of the patients before the attitudes of rejection of your husband, it is believed that the experience with his companions the whole route of the disease and your treatment, the companions experience feelings such as anxiety and fear, mainly by fact you get a future threatened due to the possibility of losing his companions. However, the wives try to keep a balance between all the negative feelings such as anxiety, fatigue and fear, and the need to support and encourage his teammates. Still, it's important to say that many wives may suppress their own needs as a result of her husband's needs and, therefore, health care professionals should provide support for these

partners during the course of the disease, encourage them to participate in groups for couples, as well as have an understanding of the situational fatigue for the wives can happen many years after diagnosis of their companions.¹²

In a study whose objective was to describe the effects of radical prostatectomy, according to the perception of patients after one year of the completion of surgery, results similar to this investigation were found, in which some men have cited the time of relationship as something that strengthens the relationship even without the presence of the sexual act. In addition, the physical distance has also been expressed by patients, which were often embarrassed in front of their mates for not having more erection capacity.²¹ Note that the sense of anguish and incapacitates develop on the effects of surgery, although often patients understand that the treatment aims to eradicate the cancer and so ensure your survival.

It is known that erectile dysfunction resulting from prostatectomy is one of the most common adverse effects and that your recovery is slow, it depends on the degree of reversibility of lesions of the nerve bundles, and arterial smooth muscle injuries.²⁵ Currently, there are therapies such as the use of phosphodiesterase inhibitors, intracavernous injections and vacuum erection hardware devices, which can partially recover erectile capacity. However, there are many factors that contribute to the success of this therapy, including his own satisfaction and ease in using such resources as well as the ability to confront the difficulties coming from that treatment.²⁶

Even in this respect, it is important to provide realistic information about the probability of recovering natural erections to patients so that they and their companions could take and adapt better to the inherent difficulties of dysfunction Ed and reduced libido. It is important to note that when possible, one should cherish the couple's treatment, and not only of the patient prostatectomizado, in order to promote trust between partners, as well as the ability to incorporate new sexual practices that are independent of erection. This approach also allows the couple to share various forms of confrontation, as well as offering potential for this stranger was sleek. These factors can circumvent the anxiety or fear of not achieving optimal performance, as well as assist in the positive development regarding the sexual and self-reflection expectation.²⁶

We see, therefore, that although the effects of performing a radical prostatectomy may be similar among some men, for others the impact can be greater, mainly because the meaning each has about what is erectile dysfunction and your self-efficacy.²² So, before all the analyses carried out in this study, it is evident the importance of implementing nursing interventions that address the psychosocial aspects, including not only the patient, but also her companions.

CONCLUSION

By means of this study it was possible to analyse the perception of men and their partners about the challenges experienced after prostatectomy, with regard to sexuality and to the effects of erectile dysfunction. It was possible to identify challenges as the difficulty of dialogue and a consequent insight of men, the gap caused by the couple's own absence of dialogue, the concern with the age factor and the fear of being abandoned, the insecurity of these regarding the use of therapeutic measures to contain or erection ability, as well as the recurring feeling of rejection towards their wives, that generates anxiety to her companions, which try to observe this moment of physical and emotional difficulties.

On the other hand, although there are challenges, also found that some couples have appreciated the importance of a stable marital relationship, which becomes a means of understanding and psychological support.

In referee's self-reflection contributions to the strategies of overcoming erectile dysfunction, there were reports of exploitation of other feelings that make up the marital relationship, which, consequently, brought the couple a positive Outlook causing experience new ways to live. Already in relation to self-efficacy, realize that your maintenance was tied to the use of therapeutic measures of erection capacity support, being addressed as a positive aspect that brought satisfaction to the couple. On the other hand, low self-efficacy of the man before the feeling of inability to satisfy his wife caused the couple's estrangement.

The limitation of this investigation is related to restrictions to generate generalizations, once sought the experience and meaning of a specific and restricted group of participants. Therefore, the development of new studies which make it possible to analyses and evaluate the impact of radical prostatectomy in the

lives of men and their companions it is necessary, in order to contribute to the nursing care in the pre-and postoperative period to these patients.

Finally, it is also saying that these qualitative interviews provided an extensive knowledge in relation to the experience of being a prostatectomizado after a cancer diagnosis. The data presented here are the basis for the reorganization of health services, which require structure to cover the specifics of a prostatectomizado and your family, as are also grounds for new studies and intervention strategies related monitoring of these men with a view to increasing self-efficacy and self-reflection.

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