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Erectile dysfunction after radical prostatectomy: Assessment of patient perception versus medical record documentation

Pedro Rizzutti Bellandi, Rafael Bobato Licciardi, Fernando Fieno Riba, Leonardo Seligra Lopes, Sidney Glina
Centro Universitário FMABC, Santo André, Brazil
bellandi.pedro@gmail.com

INTRODUCTION: Erectile dysfunction (ED) is one of the most prevalent complications following radical prostatectomy (RP), with significant impact on quality of life. Previous studies suggest physicians systematically underestimate patient-reported symptoms; however, data on concordance between medical records and standardized patient assessment remain scarce in the Brazilian surgical context. **METHOD**: Cross-sectional study conducted at Hospital Estadual Mário Covas (Santo André, SP), including 234 patients who underwent RP between 2018 and 2024. Of these, 103 were interviewed by telephone and completed the IIEF-5 questionnaire. Medical records were reviewed and documented erectile function was categorized as: no record, potent without medication, potent with PDE5i, potent with intracavernosal injection, or impotent. Concordance between medical records and IIEF-5 was assessed using weighted Kappa (categories: potent, partial ED, impotent). **RESULT**: Mean age was 70.3 ± 6.6 years. Among interviewed patients, 70.9% had moderate-to-severe ED by IIEF-5. In medical records, 75.2% of patients had no documentation of sexual function. Only 24.8% of physicians recorded any sexual activity assessment. Weighted Kappa among the 37 patients with both IIEF-5 data and some medical record entry was κ=0.070, indicating near-zero agreement. Among patients with moderate-to-severe ED, 65.8% had no record in their charts. **DISCUSSION**: Results reveal a critical gap in sexual health documentation following RP. The near-zero concordance (κ=0.070) indicates that even when physicians document something, the classification substantially diverges from the patient's actual experience. Lack of systematic assessment compromises adequate ED management and underscores the need for standardized protocols in postoperative follow-up. **CONCLUSION**: There is near-zero concordance between physician medical records and patient-reported erectile function after RP. Underreporting is widespread and independent of ED severity, reinforcing the need for systematic sexual health assessment in surgical follow-up.

KEYWORDS: Erectile dysfunction; Prostatectomy; Medical records; Postoperative complications.

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