About 20% of men experience urethral blockage after radical prostatectomy.
We specifically do not recommend pecans or walnuts because they are rich in the same alpha linolenic acid that makes flaxseed oil so questionable.
pH therapy (a.k.a. Cesium Chloride Protocol) has been around for many years and no one has presented any clinical data to suggest it is effective.
DES (diethylstilbestrol) is clearly active against prostate cancer. The major problem is that it can cause serious cardiovascular complications even at low doses.
If you follow the Mediterranean heart healthy diet as I recommend, you should not need a multivitamin unless you have some special medical problem.
While I am not impressed with the data associating B12 intake and prostate cancer, it is also long been true that many patients and physicians over-use this vitamin.

Combined use of daily or thrice weekly PDES inhibitors with early use of the vacuum erection device would seem a reasonable and probably effective approach to preserving sexual function after surgery.
A pattern of progressive erectile dysfunction years after radiation is quite common.
Long before you are sick, you need to make sure you have a social support network for dealing with this disease.
With prostate cancer recurrent after radical prostatectomy, the single most important factor is PSA doubling time.