

Erectile Dysfunction



SECONDARY
TREATMENT
OPTIONS

This brochure, the third in a three-part series, focuses on erectile dysfunction, or ED. You may still hear it called “impotence,” but today doctors usually will refer to it as ED, a more precise term because it refers to only erection problems. In this brochure, you will learn about secondary treatments for the condition.

There are several different sexual problems a man may face:

- low libido, having little or no sex drive or interest in sex;
- ejaculatory difficulties, which can include premature ejaculation (reaching orgasm too soon) or delayed ejaculation (taking an extremely long time to reach an orgasm); and
- erectile dysfunction (ED), the persistent inability to get or maintain an erection firm enough for satisfactory sexual intercourse.

These conditions can overlap—one man may have more than one condition at the same time. The good news is that solutions are available for all of these problems to help a man and his partner enjoy a satisfying sexual relationship throughout life.

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Until relatively recently, a man who had trouble getting or keeping an erection was likely to suffer in silence. He may have thought of the problem as a personal failure or an unavoidable part of the aging process. He may have been too embarrassed to bring up the subject with his doctor, or just have assumed that there was no good solution, so the condition went untreated.

Several developments have changed that situation. Today we have not only a greater understanding of male sexual health, but also a broader array of treatment options to help a man achieve and maintain satisfying erections. And media attention on some of the treatment options has made it easier for a man to take the first step in resolving ED: discussing it with his partner and doctor.

WHAT IS ED?

Men who have ED have a problem getting or keeping an erection that's firm enough for sexual intercourse. All men have difficulties with erections from time to time. In some men it is infrequent or mild. In others it is a consistent, more severe problem. It can cause low self-esteem, performance anxiety, depression, stress and may affect the quality of a marriage or intimate relationship.

If you know or suspect you have ED, you are not alone. Studies show that about one half of American men over age 50 (or 30 million men in that age group) have some degree of ED. In seeking help for ED, it is also important to remember that an erection problem affects both partners in a relationship.

BEYOND THE PILLS: OTHER ED TREATMENTS

Although the oral PDE-5 inhibitors are the best known therapy for ED, other safe and effective treatment options are available. These alternatives, which include vacuum erection devices (Figure A), self-injection therapy (Figure B), transurethral therapy (Figure C) and injection penile implants (Figure D), are especially useful for men who either cannot take a PDE-5 inhibitor or who do not have a satisfactory response to the medication.

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VACUUM ERECTION DEVICES

Vacuum erection devices (VEDs), also called vacuum constriction devices (VCDs), can be used by virtually any man with ED, regardless of his age or the underlying problem. VEDs come in a variety of models, but the basic unit is a clear plastic cylinder that fits over the penis. A pump is connected to the cylinder that draws out air, creating a partial vacuum around the penis. This negative pressure draws blood into the penis, causing an erection to form. Once an erection is achieved, an elastic ring is slipped around the base of the penis. The ring helps hold the blood in the penis and can be left in place safely for up to 30 minutes. Wearing the ring for longer than 30 minutes could result in tissue damage. Similarly, only use a tested, medically approved vacuum pressure device to achieve an erection.

Although the vacuum devices are generally effective, some men find them cumbersome to use and dislike the fact that they get in the way of spontaneity.



FIGURE A:
VACUUM ERECTION DEVICE

SELF-INJECTION THERAPY

This treatment involves injecting a small amount of medication, most commonly alprostadil (or prostaglandin), into the base of the penis before sexual activity (Figure B). The medication goes directly into the corpus cavernosum, where it relaxes smooth muscle and produces an erection. Although the thought of injecting the penis with a needle may sound scary and unpleasant, for most men the sensation is no worse than a pinch. What's more, the technique is relatively easy to learn. This therapy is effective for many men. Most men who do not respond to PDE-5 inhibitor treatment will respond to injection therapy.

PRACTICAL TIPS

Self-injection therapy should be done for the first time in the doctor's office, under close supervision. Generally, men are advised to use the injections no more than two to three times per week.

FIGURE B:
SELF-INJECTION THERAPY



FIGURE C:
TRANSURETHRAL THERAPY

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SIDE EFFECTS

The most common side effect is penile pain. Bruising at the injection site and scarring may also occur. The most serious but rare side effect is an erection that lasts too long, a condition that is known as priapism. A man who experiences this side effect for longer than four hours should get medical attention immediately. Priapism can permanently damage the penis if not treated promptly.

TRANSURETHRAL THERAPY

This treatment is a variation on self-injection therapy. Instead of injecting the penis, a man inserts a tiny medicated pellet of alprostadil into his urethra (Figure C). Although generally safe, this method is less effective than self-injection therapy.

PRACTICAL TIPS

It's essential to learn how to use transurethral therapy in your doctor's office. Your doctor will also determine the correct dose.

SIDE EFFECTS

Possible side effects include penile or groin pain, prolonged erection and low blood pressure. Alprostadil may irritate the vagina of a female partner, causing mild burning or itching. This therapy should not be used if a man's partner is pregnant or planning to become pregnant.

SURGICAL TREATMENTS

Surgery to correct problems with blood vessels to the penis may be recommended in rare cases, particularly for young men who have had injuries to the pelvis or penis. It also may be recommended for men born with certain types of blood vessel abnormalities.

PENILE IMPLANTS

A penile implant (Figure D) is an invasive (requiring surgery) procedure, best suited for carefully selected men. Occasionally, some patients find an implant to be the most attractive initial treatment option.

Two basic types of implants are available. Malleable, or bendable, implants are two rods inserted into the corpora cavernosa. To achieve an erection, a man bends his penis upward into an erect position. For some, a more natural option is an inflatable implant in which a pair of inflatable cylinders is attached to a fluid reservoir and a pump hidden inside the body. To get an erection,



FIGURE D:
PENILE IMPLANT

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a man presses on the pump, which transfers fluid from the reservoir into the cylinders, making the penis rigid.

Modern penile implants are easy to use, work well and patients report being satisfied with them.

Rarely, serious problems are associated with penile implants, including infection (increased in men with diabetes mellitus) and mechanical breakdown.

COMPLEMENTARY AND ALTERNATIVE MEDICINES

So-called natural medications and dietary supplements, such as herbs, vitamins, minerals and other compounds have become increasingly popular as ways to improve health and treat illness. The popularity of these “alternative” medicines is based in part on the idea that “natural” products are safer than standard manufactured medications—an assumption that is not necessarily true.

Some such products, including L-arginine, yohimbine, Panax ginseng, maca root and Ginkgo biloba are marketed as promoting sexual health, including improving erectile function. In well-designed scientific studies, there is very little evidence that these products are any more effective than a placebo for treating ED.

Men who use alternative medicines or dietary supplements for ED or for other health reasons should know that natural does not always mean safe. Remember that some natural ingredients can be dangerous, even deadly. Also, alternative medications and dietary supplements are not monitored or regulated by government agencies. There is no guarantee that the ingredients listed on the label match what is inside the package, that the strength of the medication is consistent from batch to batch, or that safe and sanitary procedures are followed in making and packaging the product. In short, you don't know what you're getting.

In some cases, natural may not even mean natural: some preparations sold on line, such as "herbal Viagra," have been discovered to contain PDE-5 inhibitors, the active ingredient in popular ED drugs. This means that someone who should not be taking these prescription drugs may unknowingly be taking it as part of an herbal product.

In addition, natural agents can interact with prescription medications or distort the results of laboratory tests. Men should always check with their doctor or pharmacist before using any dietary supplements. Also, if a doctor asks what medications you take it is important to list all of them, standard and nonstandard, including herbal preparations and over-the-counter vitamins.

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RECLAIMING YOUR SEXUALITY

The good news for many men and their partners is that ED can usually be treated safely and effectively. But that may not be enough. For many couples restoring a good sexual relationship takes more than simply regaining the ability to have an erection. The key to regaining long-term sexual function is trust and open communication. Couples may need to start slowly and talk over their expectations and wishes as they reform a sexual partnership. This teamwork is an ongoing process.

IMPORTANT INFORMATION FOR PARTNERS

When a man has ED, his partner is almost always affected, too. Experts agree that ED is a couple's problem—one that can best be solved by both partners working together. If your partner has ED, here are some ways you can help:

TALK IT OVER. Good communication is the foundation for an enduring relationship. Reassure your partner that he is not alone. Remind him that ED is a common medical disorder that is very treatable today.

LEARN AS MUCH AS YOU CAN about the condition and the treatment options. The best treatment for ED is one that you both agree will fit comfortably and naturally into your life.

OFFER TO GO WITH HIM to his doctor's appointment.

WORK TOGETHER. Generally, couples who work together have the best chance of successful treatment.

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ON THE HORIZON

The art and science of medicine is constantly evolving. Additional treatment options for ED are being studied. Even if you're having success with your ED therapy, ask your doctor to keep you up to date when new options become available.

An understanding doctor is part of this team, too. If you have ED, it's important to see your doctor periodically. During these follow-up visits, you and your doctor can discuss your progress and evaluate whether a change in your treatment is needed.

You may be sent to see a **urologist** if you don't respond to drug therapy, if your ED is complicated or if your primary care doctor decides you need a second opinion. Urologists, in addition to performing specialized evaluations, prescribe medications and perform surgery to correct erection problems.

The really good news? The future has never been brighter for the millions of men and their partners who are seeking help for ED.

GLOSSARY

corpora cavernosa: two cylinder-shaped bodies that lie side by side in the penis and that, when filled with blood, enlarge to cause the penis to swell and become erect.

diabetes mellitus: a condition characterized by high blood sugar resulting from the body's inability to use sugar (glucose) as it should.

erectile dysfunction (ED): the inability to get or maintain an erection for satisfactory sexual intercourse.

ejaculation: release of semen from the penis during sexual climax.

erection: enlargement and hardening of the penis caused by increased blood flow into the penis and decreased blood flow out of it as a result of sexual excitement.

impotence: the precise term erectile dysfunction (ED) has largely replaced the word "impotence" because it refers only to erection problems.

libido: sexual desire.

infection: a condition resulting from the presence of bacteria or other microorganisms.

malleable: able to be shaped or bent.

orgasm: the climax of sexual excitement, consisting of intense muscle tightening around the genital area experienced as a pleasurable wave of tingling sensations through parts of the body.

PDE-5 inhibitors: oral medications that are the first line of therapy for uncomplicated ED.

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pelvic floor exercises: tightening and relaxing the muscles that support the bladder.

penile implants: malleable or inflatable devices that are implanted into penises to alleviate impotence.

penis: the male organ used for urination and sex.

placebo: drug with no active ingredients.

premature ejaculation: the inability to maintain an erection long enough for mutual satisfaction.

priapism: a persistent erection of the penis, accompanied by pain and tenderness; resulting from a pathologic condition rather than sexual desire.

self-injection therapy: treatment for ED that utilizes a combination of drugs that are injected into the side of the penis; the drugs relax the muscles and increase blood flow to create an erection.

transurethral therapy: treatment for ED in which a man inserts a tiny medicated pellet of alprostadil into his urethra.

urethra: in males, this narrow tube carries urine from the bladder to the outside of the body and also serves as the channel through which semen is ejaculated; extends from the bladder to the tip of the penis.

urologist: a doctor who specializes in diseases of the male and female urinary systems and the male reproductive system.

vacuum erection devices (VED): devices used for treatment of ED that features a pump that draws air from a plastic cylinder placed over the penis and creates a vacuum that allows increased blood flow to the penis which causes an erection.

The American Urological Association Foundation, Inc. (formerly the American Foundation for Urologic Disease, Inc.) is a charitable organization established to raise funds for research, lay education and patient advocacy for the prevention, detection, management and cure of urologic diseases.

The American Urological Association Foundation provides this information based on current medical and scientific knowledge. This information is not a tool for self-diagnosis or a substitute for professional medical advice. It is not to be used or relied on for that purpose. Please see your urologist or other health care provider regarding any health concerns and always consult a health care professional before you start or stop any treatments, including medications.

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Single copies of these booklets are available free of charge by calling or writing:

**American Urological Association
Foundation, Inc.**

**1000 Corporate Blvd., Suite 410
Linthicum, MD 21090**

Toll-free number: 1-800-828-7866

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