THE FACTS ABOUT MEN’S SEXUAL HEALTH

Effective Solutions for Erectile Dysfunction

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What is Erectile Dysfunction?

Erectile Dysfunction (ED), also known as impotence, is a common condition. All men occasionally have difficulty achieving or maintaining an erection. However, ED is a persistent inability to maintain an erection that is firm enough or lasts long enough to complete sexual intercourse and have a satisfying sexual experience. It can often be a sign of an underlying health issue that needs treatment, such as prostate cancer, diabetes, low testosterone, cardiovascular disease, or another contributing factor that your doctor can identify.
Restoring the Quality of Your Sexual Function

Intimacy is a natural part of life. ED can affect your self-esteem and impact the vitality of your sexual relationship. But the good news is that thanks to medical advances, nearly every case is treatable today…it’s no longer an inevitable part of aging, and you don’t have to resign yourself to live with it.

At Chesapeake Urology Associates, we understand the emotional and physical aspects of ED, and offer a personal, confidential approach to your sexual well-being. Our goal is to take the very best care of you and to provide you with solutions that will return you to your normal sexual self. Usually, men have more than one treatment option from which to choose, and we will discuss them thoroughly with you and answer all your questions. Your partner is welcome to participate in your medical consult.

The first step is to seek help from our specialists who are familiar with the latest forms of treatment. We will help you determine which treatment is right and most comfortable for you.

More than 50 percent of men ages 40 to 70 and nearly 70 percent of men over age 70 experience ED

At Chesapeake Urology Associates, we have highly-trained, experienced urologists who specialize in diagnosing and treating ED. We’ve helped thousands of men re-establish their ability to have sexual intercourse. Our expert physicians and staff truly care about restoring this important part of a man’s life. By turning to Chesapeake Urology for help with your ED, you are putting yourself in the care of the best experts. We will do our utmost to make you comfortable as we guide you through diagnosis and treatment. Our physicians are accustomed to treating ED, and there is nothing to be embarrassed about. You can speak freely and openly with our staff. Our mission is to provide you with a superior patient experience and compassionate care.

Misinformation about erectile dysfunction includes the notion that ED, also called impotence, is an unavoidable consequence of aging. ED is not considered normal at any age, nor is it normal for a man to lose erectile function completely as a result of being older.
How an Erection Occurs

Before exploring your options, it is important to understand the anatomy of the penis and its natural function. Erections are connected to the blood flow. Here are the five stages involved in the erection process:

**STAGE 1: Initial Filling** – As a result of psychological or sexual stimulation, neurotransmitters cause smooth muscles of the penile arteries to relax, increasing blood flow to the corporal bodies.

**STAGE 2: Partial Erections (Tumescence)** – Penile arteries expand to accommodate the increased blood flow needed to elongate and expand the penis.

**STAGE 3: Full Erection** – The increased volume of blood within the penis is prevented from draining by increased pressure, which compresses the penile veins, thus expanding the penis to full erection.

**STAGE 4: Rigid Erection** – Maximum rigidity is attained. The glans and spongiosum (body and tip of the penis) enlarge until penile veins are fully compressed. This increases engorgement and maintains maximum penile rigidity. Orgasm and ejaculation then occur.

**STAGE 5: Return to Flaccidity (Detumescence)** – After orgasm and ejaculation, muscle contractions result in increased blood outflow from the penis, thus decreasing its length and girth until flaccid.

Common Causes of ED

The majority of ED cases are caused by these medical issues. It is important to have your ED thoroughly diagnosed and to treat underlying conditions, in addition to addressing your ED. Our physicians care about your good health in general:

- **Diabetes** can cause damage to the nerves or blood vessels that control the flow of blood to the penis.

- **Cardiovascular diseases** such as atherosclerosis (hardening of the arteries), hypertension and high cholesterol can decrease blood flow to the penis through blocked arteries or leaking veins, resulting in erectile dysfunction.

- **Trauma or surgery** in the prostate, bladder, colon or rectal area can damage nerves and cause ED.

- **Neurological diseases** such as stroke, multiple sclerosis (MS) and Parkinson’s disease as well as spinal cord injuries can stop nerve impulses from reaching the penis.

- **Medications**, including some for high blood pressure, can interfere with blood flow to the penis.

- **Low testosterone** and hormonal imbalances can also be a factor in the development of ED.

- **Obstructive sleep apnea**, a condition in which breathing stops several times per night, may make erectile dysfunction more likely.
Treatment Options

Fortunately, there are a variety of treatment alternatives, ranging from medications to surgery. Your Chesapeake Urology specialist will thoroughly discuss the options that may be appropriate for you and answer any questions you may have. Here is a general summary of options and their pros and cons.

**Oral Medications** – A number of prescription medications are available that may improve blood flow to the penis. Combined with sexual stimulation, this can produce an erection.

**Advantages:**
- Easy to use
- Feels natural
- No surgery or injections involved

**Disadvantages:**
- Can take more than one hour to work, and may not work at all in some cases
- Produces an erection only after physical and psychological stimulation
- Costly and insurance does not typically cover
- Cannot be used more than once a day
- May not be advised by your physician if you’ve had a heart attack, stroke or life-threatening heart rhythm

**Side Effects:**
While side effects are uncommon, they can include:
- Headache
- Upset stomach
- Feeling flushed
- Nasal congestion
- Back pain
- Vision disturbances
- Prolonged erections

When taking oral medications for ED, use only as directed by your physician. Not all men should use oral medications to treat ED, especially men who already take nitrate drugs, blood thinning medications, have heart disease, high blood pressure, uncontrolled diabetes, or who have had a stroke.
**Vacuum Erection Devices** – A plastic cylinder is placed over the penis, and a pump (either manual or battery operated) creates vacuum suction within the cylinder, drawing blood into the penis to create an erection. A stretchable tension band placed at the base of the penis can help maintain the erection.

**Advantages:**
- Economical
- Can be used anytime
- Takes only five to ten minutes to apply
- No side effects
- No surgery or injections involved

**Disadvantages and Side Effects:**
- May interfere with foreplay and inhibit sensuality
- Body shape may make it difficult to use device
- Penis may be floppy during erection
- May inhibit the normal flow of ejaculation

**Injection Therapy** – Injection therapy requires the man to use a small needle to inject medication directly into the penis. The medicine relaxes the blood vessels and allows for increased blood flow into the penis, creating an erection. Injections are effective, fast-acting treatments because the medicine is delivered directly into the penis. The needle used is very fine, so pain from the injection site is usually minimal.

**Advantages:**
- Erection occurs in five to 20 minutes following injection and lasts up to one hour
- Can be used anytime
- Erection feels natural
- No surgery necessary

**Disadvantages and Side Effects:**
- Can be costly and not covered by insurance
- May cause bleeding and scarring at the injection site
- Can cause painful erections that lasts longer than two hours
- May require surgery if erection is prolonged
- 75 percent of men stop using injections after one year
Intraurethral Suppositories – The intraurethral suppository contains a medication that works like the injection. A small pellet (suppository) is inserted into the urinary tube using an applicator, delivering the medication directly into the blood stream. The medication in the suppository relaxes the blood vessels in the penis, allowing blood to flow into the penis, creating an erection.

Advantages:
• Can be used anytime
• Produces an erection within 10 minutes, which can last 30 minutes
• No surgery or injections involved
• Uses a disposable applicator

Disadvantages and Side Effects:
• Can be costly and not always covered by insurance
• Can be less effective than injection or vacuum therapy
• May cause side effects that include burning, aching or warm sensation; redness and minor bleeding or spotting

Penile Prostheses – In use for more than 30 years, penile prostheses may provide an effective surgical option for men who are not satisfied with the results they have gotten from other treatment options. There are many benefits and few downsides to this option.

Learning More About Penile Prosthesis Surgery
A penile prosthesis is a medical device that is implanted into a man’s body, usually as an outpatient surgical procedure. Finding a satisfying solution to erectile dysfunction can be a life-changing event for many men and their partners. Research shows that penile prostheses are more satisfying than other common treatment options.
Two-and Three-piece Inflatable Prostheses (Implants)

The two- and three-piece inflatable prosthetic devices consist of a fluid-filled pair of cylinders implanted in the penis and a small pump implanted in the scrotum. Both are simple to use, completely concealed inside the body and produce an erection that looks and feels natural. With the two-piece implant, you simply squeeze and release the pump several times. When the fluid is pumped into the cylinders, it creates an erection that provides rigidity.

The three-piece inflatable device has an additional part—a reservoir that is implanted into the lower abdomen. When you are ready to have sex, you pump the fluid from the reservoir into the cylinders to create a rigid erection. After intercourse, you release the valve inside of the scrotum to drain the fluid back into the reservoir to return to flaccidity. The three-piece inflatable penile prosthesis creates a firmer erection than the two-piece device.

Advantages:
• Completely concealed inside the body
• Simple to use
• Devices are inflated to provide rigidity and deflated for concealment
• Like a natural erection
• When deflated, the cylinders are soft and flaccid (three-piece implant)
• Completely discreet—no one will know you have it unless you tell them

Disadvantages and Side Effects:
• Requires some manual dexterity
• Cylinders remain partially filled with fluid when deflated (two-piece device)
• Infection may require removal
• Mechanical failure

Some 50 percent of men with diabetes have ED, often within 10 years of diagnosis. And, men who smoke more than one pack of cigarettes a day have a 50 percent higher chance of having ED than nonsmokers of similar age.
Penile Prosthesis is Highly Recommended

92% of patients would recommend to others

90% of partners would recommend to others

Overall Patient Satisfaction with ED Treatments

Penile Prosthesis: 93%
Oral Medication: 51%
Penile Injection: 40%

In a U.S. survey, it was found that 71 percent of participants never raised the issue of ED with their doctors because they thought the doctors would dismiss sexual concerns. 68 percent feared the doctor would be embarrassed and 76 percent thought there would be no medical treatment available.
Low Testosterone and Erectile Dysfunction

Hormonal imbalances, specifically low testosterone, can have an adverse affect on a man’s erectile function. Testosterone is the hormone responsible for a man’s sex drive. When a testosterone deficiency is present, a man may experience low libido, lack of energy, chronic fatigue and erectile dysfunction. Low testosterone, however, is not usually the sole cause of ED.

Studies have shown that low testosterone does have a connection with other underlying medical conditions that do cause erectile dysfunction, specifically, atherosclerosis, or hardening of the arteries, as well as diabetes, high blood pressure, high cholesterol – all medical conditions that restrict blood flow to the penis, causing ED.

Simply treating low testosterone alone is not a cure for ED. But treatment for this hormone deficiency, particularly with testosterone replacement therapy, in combination with other treatments for underlying health conditions, can help you get stronger erections. In addition, treating low testosterone has also been demonstrated to improve a patient’s response to oral medications used as therapy for erectile dysfunction.

Treatment Options for Low Testosterone:
Testosterone replacement therapy is an FDA-approved treatment available through several different options, including:

- Testosterone injections given every two to three weeks
- A testosterone patch worn on the body or the scrotum
- Topical testosterone gel or liquid applied to specific areas of skin
- Testosterone gum and cheek putty which is applied above the teeth twice a day
- Testosterone pellets inserted subcutaneously

While each treatment option offers sufficient levels of hormone replacement, they also have different advantages and disadvantages, as well as side effects. Discuss these options with your doctor to see which therapy is right for you.
Frequently Asked Questions

Q: Will I just have to accept erectile dysfunction as a normal part of aging?

A: Erectile dysfunction is not a normal part of the aging process. While some men may experience erectile problems from time to time as they get older, ongoing and frequent erectile dysfunction may be a symptom of an underlying medical condition such as cardiovascular disease, low testosterone or diabetes.

Q: Do I have options when it comes to treating ED?

A: Yes, there are a number of treatment options available for treating erectile dysfunction. Oral medications such as Viagra, Levitra, Staxyn and Cialis are usually the first line of treatment for ED, but may not be right for all men because of side effects or medical conditions that may make oral ED medications unsuitable. Other options include the erectile vacuum, penile injections, intraurethral suppositories and penile implants. Your Chesapeake Urology physician will work with you to develop a treatment plan that is personalized to your needs and overall health.

Q: Is my ED treatment covered by my primary health insurance?

A: Many major medical insurance carriers cover diagnosis and treatment for erectile dysfunction. If treatment is only partially covered, or not covered at all by your insurance, Chesapeake Urology will work with you to develop a payment plan that will make treatment easier to pay for over a period of time. You may be eligible for financing through CareCredit, our partner in financing medical procedures. Our financing specialists will help you understand how this option works, help you apply, and let you know whether you qualify. Our goal is to keep ED treatment in reach of all our patients.

Q: Will sex be satisfying for me as well as my partner with a penile prosthetic device?

A: Yes, penile prostheses boast high satisfaction rates among men and their sexual partners. In fact, 90 percent of partners would recommend the two-piece inflatable penile prosthetic device to other couples and the three-piece inflatable device has a 96 percent satisfaction rate among sexual partners.

Q: Will I still be able to have an orgasm with an implant in place?

A: Yes. A penile prosthesis does not interfere with your ability to reach orgasm or ejaculate, nor does it affect skin sensation.

Q: What steps can I take to prevent ED?

A: You can help prevent erectile dysfunction by making healthy lifestyle choices such as quitting smoking, exercising regularly, eating a healthy diet and maintaining a healthy weight, avoiding excessive use of alcohol and avoiding illegal drugs. It is also important to manage chronic health conditions such as diabetes and vascular disease with your doctor’s supervision, reduce stress and seek help for anxiety or depression.
**Sexual Health Inventory for Men (SHIM)**

This questionnaire is designed to help you and your doctor identify if you may be experiencing ED.

Each question has several possible responses. Circle the number of the response that best describes your own situation. Please be sure that you select one and only one response for each question.

**Over the Past 6 Months:**

1. **How do you rate your confidence that you could get and keep an erection?**
   - Very Low .......... 1
   - Low .............. 2
   - Moderate ........ 3
   - High .............. 4

2. **When you had erections with sexual stimulation, how often were your erections hard enough for penetration (entering your partner)?**
   - No sexual activity .......... 0
   - Almost never or never ...... 1
   - A few times (much less than half the time) .... 2
   - Sometimes (about half the time) ............... 3
   - Most times (much more than half the time) ........ 4
   - Almost always or always .... 5

3. **During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?**
   - Did not attempt intercourse .................. 0
   - Almost never or never ...... 1
   - A few times (much less than half the time) .... 2
   - Sometimes (about half the time) ............... 3
   - Most times (much more than half the time) ........ 4
   - Almost always or always .... 5

4. **During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?**
   - Did not attempt intercourse .................. 0
   - Almost never or never ...... 1
   - A few times (much less than half the time) .... 2
   - Sometimes (about half the time) ............... 3
   - Most times (much more than half the time) ........ 4
   - Almost always or always .... 5

5. **When you attempted sexual intercourse, how often was it satisfactory for you?**
   - Did not attempt intercourse .................. 0
   - Almost never or never ...... 1
   - A few times (much less than half the time) .... 2
   - Sometimes (about half the time) ............... 3
   - Most times (much more than half the time) ........ 4
   - Almost always or always .... 5

Add the numbers corresponding to questions 1-5:

**Total: ____________

The Sexual Health Inventory for Men further classifies ED severity with the following breakpoints:

- **1 – 7**  Severe ED
- **8 – 11**  Moderate ED
- **12 – 16**  Mild to Moderate ED
- **17 – 21**  Mild ED