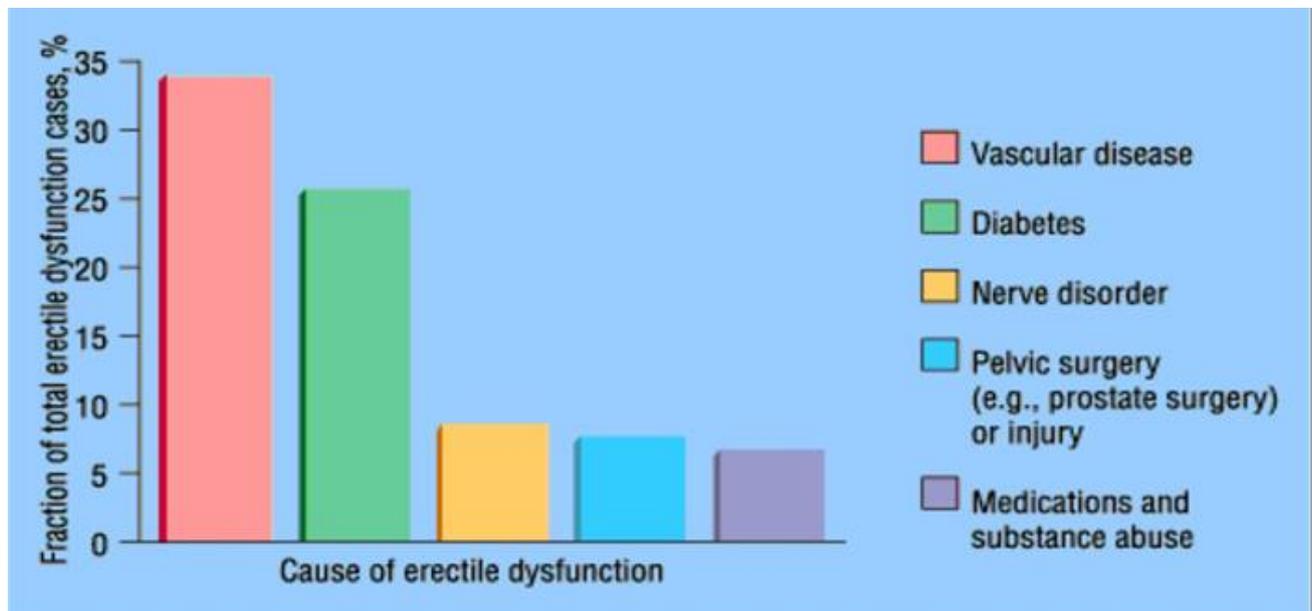


### ERECTILE DYSFUNCTION

#### What is erectile dysfunction?

Erectile dysfunction (impotence) is the inability to get or keep an erection sufficient for sexual intercourse. One in ten men (10%) suffer from impotence and it is seen in almost one third (30%) of diabetic men.

The ability to get an erection is important to most men, old and young. However, many men suffer erectile in silence, without seeking help or advice.



#### How do normal erections occur?

A man needs hormones, an adequate blood flow to the penis, intact nerves and sexual desire if he is to achieve an erection. If there is a problem with one or more of these mechanisms, erection may also fail.

During arousal, nerve impulses travel from the brain to the penis and trigger smooth muscle relaxation in the penis. This encourages blood to flow into the tissues. As the penis fills with blood, it enlarges and becomes erect. During enlargement, the veins in the penis become compressed, blocking the flow of blood out of the penis so that erection occurs. The penis remains erect until ejaculation is completed or sexual arousal ceases.

#### What physical causes are there for erectile dysfunction?

- **Hormone imbalance** – a deficiency of male hormones can reduce desire or interest in sexual function;
- **Nerve damage** - this can result in reduced sensitivity, or reduced signals to release the chemicals within the penis that cause erection;
-



# Department of Urology

## Patient Information

- **Disease of the blood vessels** - blood vessels often become narrowed and hardened with increasing age. This reduces blood supply to the penis. If the blood supply is poor, the penis may not fill with blood, the veins will not be compressed and what blood there is will leak out of the penis. As a result, the erection will not be maintained;
- **Trauma** - such as injury to the spinal cord;
- **Pelvic surgery** - some cancer operations on the prostate, bladder or bowel may result in nerve damage leading to impotence;
- **Drugs** - some drugs (especially those used to treat high blood pressure, depression and anxiety) may cause impotence; and
- **Smoking and alcohol** - those who smoke and drink are more likely to suffer from impotence.

In men with **diabetes**, the commonest causes of erectile dysfunction are disease of the blood vessels and nerve damage (often a combination of the two).

### Can psychological problems cause erectile dysfunction?

Yes. It is very common to see a combination of psychological and physical causes, but pure psychological causes are unusual (less than 1 in 10 of all patients).

Erectile dysfunction can be caused by stress, depression, anxiety, relationship problems, embarrassment, guilt and other psychological problems.

When a man has difficulty getting an erection, whatever the cause, he will often experience pressure to perform. This can lead to a feeling of inadequacy and a sense of loss of manhood (this is called **performance anxiety**). These are all common emotions for a man suffering from erectile dysfunction.

### What can I do about the problem?

Talk about it with your partner, doctor or nurse. Not all men decide to embark on treatment but, in order to be fully investigated, it is likely that you will be referred to the urology department at your local hospital.

You will be seen by either a urologist or a nurse practitioner. You will be asked in detail about your problem and will have a full assessment, including a physical examination. It is likely that you will need some blood tests, if these have not already been done by your GP.

Once this assessment has been completed, treatment options will be discussed.

### What treatments are available?

It is your decision as to what treatment you choose. You will, of course, be given guidance as to what is most appropriate for you. Treatment is available on the Nation Hospital only for patients whose erectile dysfunction is caused by one of the disorders in the **Schedule 11 list** (see below).

### Counseling

Some men need psychosexual counseling and will be referred to a specialist in this area. Counseling can be part, or all, of the treatment required.

### Tablet Treatment

First line treatment for most patients is now tablet treatment. Your GP will prescribe the tablets for you in the first instance.

### Hormone treatment

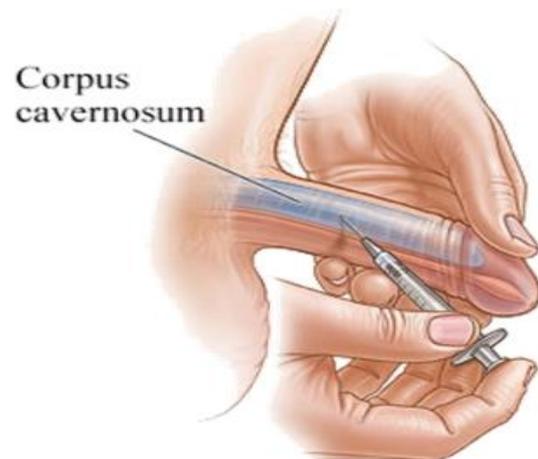
This is offered to those patients who are deficient in male hormones. Medication can restore hormone imbalance and may also improve potency. This treatment will not improve erections in men without hormone deficiency and may actually be harmful in this situation.

### Self-injection Therapy

This treatment involves injecting a drug into the side of the penis each time you want to have an erection (pictured below). The injection causes the muscle in the penis to relax, allowing increased blood flow into the penis.

If you choose this option, you will be trained in the clinic how to inject yourself. Injection therapy is very effective but some men find the idea of self-injection unacceptable.

Injections can be used up to twice a week but never more than once in 24 hours. As with all drugs, there are side effects. Occasionally, the erection does not go down and you may need to come to hospital to have the erection reduced. Fortunately, this is not common.



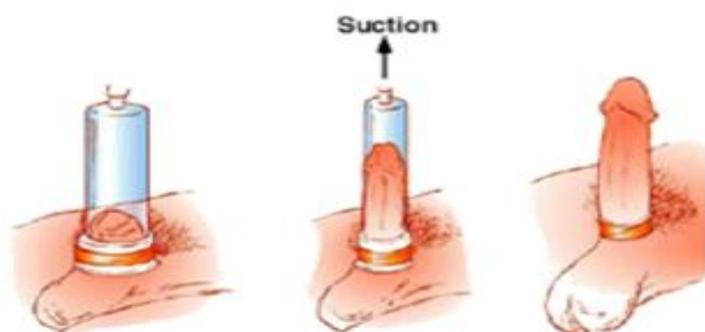
### MUSE (medicated urethral system for erection)

This involves insertion of a pellet of prostaglandin into the urethra (water passage). Erections occur in only 35 - 40% of patients and treatment can be associated with pain or facial flushing. This technique is no longer widely used because of side-effects and low effectiveness.

### Vacuum Devices

These provide a simple means of getting and keeping an erection. The penis is inserted into a cylinder, using a lubricant jelly to ensure a seal at the base of the

### Treatment for Erectile Disorder



penis. A small vacuum pump is attached to the end of the cylinder. The pump

creates a vacuum and causes blood to be drawn into the penis, causing an erection. A constriction ring is then placed around the base of the penis to trap blood in the penis and maintain an erection. The cylinder is then removed. The ring can be left in place for up to 30 minutes.

This is a safe and effective treatment.

Your nurse specialist will demonstrate how to use this device. Patients will have the opportunity to borrow a device on trial for four to six weeks before deciding whether to purchase their own.

### Penile implants

This involves surgical insertion of a rod into each side of the penis. The rods can be semi-rigid or inflatable, and they are permanent.

They probably produce an erection which is as good as a normal one. They are, however, complex mechanisms and are, therefore, prone to infection and/or mechanical failure.

They tend to be used as a last resort when all other measures have failed and are only performed in certain specialist units. This means that you may need to be referred to one of these units for surgery.

Specific information leaflets are available for most of the treatments mentioned above from your Specialist Nurse or Consultant Urologist.



### How to contact us/further information

If you would like to ask for further information about this procedure, or if any problems arise, you may contact us via any of the following details:

#### HARLEY STREET MEDICAL CENTRE

Marina Village, A Villa 21,  
Po Box 41475, Abu Dhabi,  
Phone number 02 613 3999

[www.hsmc.ae](http://www.hsmc.ae)



# Department of Urology

## Patient Information

---

### Document history

Authors	Dr. Francesco Capellano
Department	Department of Urology – HARLEY STREET MEDICAL CENTRE
Contact number	
Publish/Review date	April 2017/ April 2019
File name	
Version number/Ref	V1/PIL no..