

Patient information leaflet

Erectile dysfunction

The GP or other health care member has arranged for you to be seen by the hospital for expert advice and treatment about your erectile dysfunction.

You are very welcome to bring someone with you to the appointment if you would like to.

How does an erection normally occur?

When you are sexually aroused, messages from your brain travel down nerves to your penis. Chemicals called neurotransmitters are then released from the ends of the nerves in the penis. Stimulation of the penis can also cause local nerve endings to release neurotransmitter chemicals.

The neurotransmitters which are released in the penis cause another chemical to be made, called cyclic guanosine monophosphate (cGMP). This chemical causes the arteries in the penis to widen (dilate) and allows extra blood to flood into the penis. The rapid inflow of blood causes the penis to swell into an erection. The swollen inner part of the penis also presses on the veins nearer to the skin surface of the penis. These veins normally drain the penis of blood. So, the flow of blood out of the penis is also restricted, which enhances the erection.

What is erectile dysfunction?

Erectile dysfunction (ED) is the inability to attain and maintain an erection sufficient for satisfactory sexual performance.

In some cases the penis becomes partly erect but not hard enough to have sex properly. In some cases, there is no swelling or fullness of the penis at all. Other men complain that the erection goes down too quickly.

ED is sometimes called impotence. It can have significant impact on the quality of life of sufferers, partners and families.

It is **NOT** premature ejaculation or delayed ejaculation.

Why does it happen?

Most men have occasional times when they cannot get an erection. For example, you may not get an erection so easily if you are tired, stressed, distracted, or have drunk too much alcohol.

However, some men have persistent, or recurring, ED. It can occur at any age, but becomes more common with increasing age. Approximately half of men between the ages of 40 and 70 have ED. About 7 in 10 men aged 70 and above have ED.

Many cases are due to **narrowing of the arteries** that take blood to the penis. This is due to a build-up of fatty deposits (atheroma) in these arteries in the same way that heart arteries are affected in people with heart disease.

ED can be also caused by many other reasons such as Parkinson's disease, multiple sclerosis, stroke, diabetes, alcoholism, pelvic surgery, depression and thyroid disease.

Cycling. ED after long-distance cycling is thought to be common. It is probably due to pressure on the nerves going to the penis, from sitting on the saddle for long periods. This may affect the function of the nerve after the ride.

Excessive outflow of blood from the penis through the veins (venous leak). This is rare but can be caused by various conditions of the penis.

Many drugs can cause ED:

- Blood pressure reducing medication
- Antidepressants
- Anticonvulsants
- Antihistamines
- Recreational drugs

Check the leaflet that comes with any medication that you take to see if ED is a possible side-effect. Do not stop any prescribed medication, but see a doctor if you suspect this as the cause. A switch to a different medicine may be possible, depending on what the medicine is for.

In some cases, men with lack of erections can have **psychological problems** such as stress, performance anxiety and general disorders of sexual intimacy.

Men with **psychiatric illness** such as general anxiety states, depression and psychosis can also develop ED. This can occur more suddenly than when it is caused purely by a physical problem.

Am I fit enough to have sex?

Basically if a man is fit enough to walk one mile in 20 minutes on the level, do wallpapering or digging the garden with no physical distress then, unless there are other factors which contravene treatment, you can resume / continue with sexual activity.

After a heart attack

After a man has suffered a heart attack he has more than a 40 percent risk of experiencing ED and this may cause distress. If there were no complications following the heart attack, sexual activity can be resumed when the man and his partner are ready. The clinician can determine whether you are fit enough for sexual activity.

What happens at the clinic?

On your first visit to the clinic, the clinician will ask you about your symptoms and about any other medical problems you may have along with details about your regular medications.

You will usually also be examined, and this may include a rectal examination to feel the prostate.

Because ED is linked to cardiac disease and diabetes, blood tests may be arranged for you together with a hormone profile blood test if appropriate.

Management

There are several important aspects of self help to be aware of:

Smoking. Smoking is one of the biggest risk factors for developing an atheroma-related condition. Smoking roughly doubles your chance of developing ED. Young smokers may not be aware that they have a much greater risk of developing ED by middle age compared with non-smokers. If you smoke, make every effort to stop.

High blood pressure. Make sure your blood pressure is checked at least once a year. If it is high, it can be treated.

If you are overweight, losing some weight is advised.

A high cholesterol. This can be treated if it is high.

Inactivity. We should all aim to do some moderate physical activity on most days of the week for at least 30 minutes. For example, brisk walking, swimming, cycling, dancing, gardening, etc.

Diet. Aim to eat a healthy diet.

Alcohol excess. The NHS recommends that men should not regularly drink more than 3 to 4 units of alcohol a day. 'Regularly' means drinking these amounts every day or most days of the week.

Diabetes. If you have diabetes, good control of the blood sugar level and blood pressure can help to minimise the impact of diabetes on the blood vessels.

The main aim of management is to diagnose and treat the cause of ED when possible. Treatment choice is based on the degree of symptoms and of bother to the patient and partner, and following discussion of benefits and risks of treatment.

There are different types of treatment available for ED

Counselling (psychosexual therapy)

Medication therapy

- **First line**

Oral therapy (Viagra, Levitra and Cialis)

There are several tablet treatments available which are suitable for most men. The tablets are taken before sexual activity and allow a man to have an erection in response to sexual stimulation. However for men who are taking tablets or treatments for angina, tablet treatments are not usually suitable.

- **Second line**

Self injection into penis

You or your partner may be taught to inject a drug directly into the shaft of the penis. Erection usually follows in 10 to 15 minutes.

Medicated system given urethrally (via waterpipe)

Using a disposable applicator, a small pellet of a drug is introduced into the urethra (water pipe). The drug is then absorbed through the urethra into the erectile tissue, giving an erection in 5 to 15 minutes.

Vacuum therapy device

The device consists of a plastic cylinder and tension rings. The penis is inserted into the device and a vacuum is created by a pumping action. Once the penis is erect, the tension band is slipped onto the base of the penis. The vacuum within the cylinder is released and the cylinder removed from the penis.

The tension ring then remains on the penis for the duration of sexual activity.

Note: The tension ring(s) must be removed after 30 minutes.

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- **Third line**

Penile prosthesis rigid, malleable or inflatable devices are surgically inserted to produce an erect state. Most patients prefer the three-piece inflatable penile prosthesis which includes a separate reservoir placed in the abdominal cavity. Prostheses should be considered in patients whose impotence has an organic cause and who are unwilling to consider, fail to respond to, or are unable to continue with medical treatment or external devices.

Testosterone replacement if indicated.

Not all of these treatment options are suitable for all men.

The different treatment options have varying success rates and this will be discussed with you at your clinic appointment.

Accessing treatment

Some men are eligible to have treatment prescribed on the National Health Service (NHS). These include people who suffer from one of the following conditions: diabetes, spinal cord injury, poliomyelitis, severe injury to the pelvis, major surgery to the pelvis, renal failure treated by dialysis or transplant, prostate cancer, multiple sclerosis, Parkinson's disease and spina bifida.

Other men will usually have to pay the cost of the treatment. The nurse / doctor will be able to discuss this with you.

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