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Male Erectile Dysfunction (Impotence)

This is a common problem, and probably more common than doctors in the hospital environment suspect, because many men may not seek treatment because of embarrassment. In addition a number of men assume that their declining sexual function is age-related and that "nothing can be done". In fact many men may continue to enjoy normal sexual function well into their eighties.

If your erections are poorer than usual your doctor may refer you to one of the local Urology specialists. Here you will be asked questions about the length of time the problem has been there and whether the lack of erections is total or partial.

Some men develop their difficulty during times of mental, financial, or work-related stress. If this is the case then **counselling sessions**, which your doctor will be able to arrange, may help the problem. For the remainder of men there may be a physical cause for the difficulty.

The specialist may send a blood sample to assess the level of male hormones in the blood although this is usually only required if there is a noticeable decline in your libido ("sex-drive").

Until recently there have been two main options for treatment - Intracavernosal injections of alprostadil (injections into the penile tissue), and the Vacuum device. This situation has recently changed with the launch of an intraurethral preparation of alprostadil (MUSE - Medicated Urethral System for Erection) and the tablets Sildenafil (Viagra), apomorphine (Uprima), and tadalafil (Cialis).

For most men the first-line treatments will be either counselling, where appropriate, or sildenafil/uprima/Cialis.

Sildenafil (Viagra)

Sildenafil has been the subject of a lot of press coverage recently and is expected to prove a very popular choice in patients with erectile difficulty. Sildenafil is available as a tablet taken orally and is usually effective in less than an hour. In some studies the effects of sildenafil last for two hours or more, although the effect gradually weakens.

Sildenafil works by preventing the breakdown of a naturally occurring chemical produced by the penis following sexual stimulation. It is therefore important to realise that Viagra (sildenafil) will only work in the presence of sexual stimulation. Men with a wide variety of conditions causing impotence appear to respond to sildenafil. However there are certain men in whom sildenafil should not be prescribed. ·

- Men taking medications called nitrates, for heart conditions, must NOT be given sildenafil as there is good evidence that a serious fall in blood pressure can occur.
- Sildenafil should also be used with some caution in men with a history of moderate or severe heart problems. ·
- Men with certain penile conditions (such as Peyronie's disease) or who are prone to a condition known as Priapism should not be given sildenafil. · Sildenafil should NOT be used in combination with other treatments for impotence, because the effects of such combinations have not been studied. ·
- Sildenafil should not be given to men with known predisposition to bleeding conditions, or who have active peptic ulcer disease. · There is also a very rare eye condition called retinitis pigmentosa - sildenafil should be avoided in men with this condition.

Sildenafil is known to cause a number of side effects. Among these are; Headache (16%), Flushing (10%), Heartburn-like symptoms (7%), Nasal congestion (4%), Urinary Tract infection (3%), and a blue-tinge to the vision (3%). Diarrhoea, dizziness and skin rashes occur in 2-3% of men. Remember also that sildenafil is a drug in its infancy, and the full range of side effects may not be known for some time.

For most patients the dosage is 50milligrams taken about 30mins to 1 hour before planned sexual activity. The dose may be reduced to 25mg in some men, or increase up to 100mg in others. The maximum recommended use of the tablet is once per day. Sildenafil should not be taken with food as this will slow down absorption. In addition, for the drug to be effective the man should be in a sexually stimulating environment.

Viagra is available on the NHS but is provided free of charge to patients in the following groups only:

- Patients who have had radical pelvic surgery
- Men who have had their prostate removed and / or been treated for prostate cancer (surgery and other treatment)
- Treatment for renal failure (transplants or dialysis)
- Spinal cord injury
- Severe pelvic injury
- Diabetes Mellitus
- Multiple Sclerosis
- Single Gene Neurological disease
- Poliomyelitis
- Spina Bifida
- Parkinson's disease

A General Practitioner can also prescribe Viagra to men NOT in the above categories, if those men were receiving treatment for impotence on 14 September 1998

Men who fall into none of the above categories can also be prescribed Viagra by their General Practitioner using a private prescription

These categories also affect men who would like treatment with Caverject, Erecnos, MUSE, Viridal, Apomorphine (Uprima) or Tadalafil (Cialis)

Apomorphine (Uprima)

Apomorphine is taken sublingually - the tablet is placed under the tongue where it dissolves - It produces an erection within about 20 minutes. Apomorphine works in a different manner to sildenafil - therefore either may be used where the other has not been successful so long as there are not contraindications to usage. These include:

- Severe unstable angina
- recent myocardial infarction (heart attack)
- severe heart failure or hypotension

Precautions should be taken where there is evidence of:

- severe kidney or liver impairment
- penile deformity (e.g Peyronie's disease)
- uncontrolled high blood pressure
- postural hypotension
- use in the elderly

The dosage used is 2mg sublingually 20 minutes before sexual activity is anticipated. There should be a gap of at least 8 hours before further tablets are taken. The dose may be increased to 3mg if necessary.

Side effects may include the following;

- Nausea
- headache
- dizziness
- yawning
- runny nose (rhinitis)
- sore throat
- tiredness
- flushing, sweating
- taste disorder

Tadalafil (Cialis)

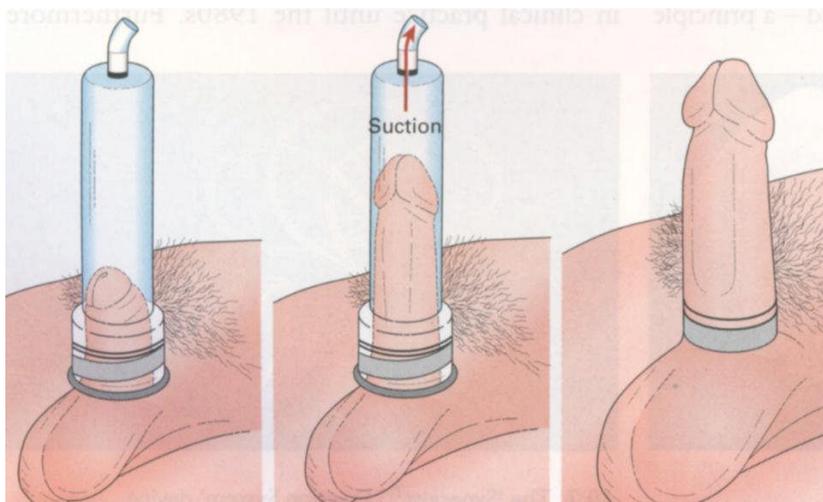
This preparation was launched in February 2003. Taken as a tablet it can in some cases give the patient the potential for erections over a 24 hour period. This means the tablet could (be instance) be taken any time in the 24 hours before intercourse might occur. Cialis has the same contraindications as Viagra.

Should these methods not resolve the problem then second-line methods will be required.

These include

- Vacuum Device
- Caverject injections
- MUSE

The Vacuum device consists of a plastic tube placed over the flaccid penis. The device has either a manual or electric mechanism for removing the air from the tube creating a vacuum inside it. This draws blood into the penis and the erection that develops is maintained by slipping a rubber band over the base of the penis. Success rates of up to 92% have been claimed in some studies. The device may cause some bruising but otherwise is free of major side effects. The device may be lent to you for a trial period by the specialist but will then need to be purchased.



Also very successful is the treatment called **intracavernosal pharmacotherapy**. The specialist will demonstrate this to you the first time to see whether the injection therapy works for you. The chemical (known as Alprostadil) is injected into the shaft of the penis towards the base and causes an erection by dilating the blood vessels and increasing the blood flow to the penis.



In order to continue with this treatment you will have to undergo a short period of assessment so that the Specialist can ensure that it is safe for you to inject yourself at home. There are some recognised side effects with this form of treatment. Bleeding and bruising may occur at the site of injection and with prolonged usage fibrous tissue may develop. If this happens please contact your Specialist.

The dosage is normally calculated to give you a good erection lasting about an hour. It is important that if the erection does not settle within four hours of the ejection, whether you gave yourself the injection or the Specialist injected you, that you seek urgent medical advice. This can be either from your General Practitioner, the Urology specialist or one of his on-duty team, or from the local Accident and Emergency department. Erections which last longer than this are called "priapism" and are quite rare with Alprostadil (0.4%). However, early treatment is very important to prevent any long-term damage to the penis and treatment is more successful if started early.

MUSE - Medicated Urethral System for Erection: is a new treatment which involves introducing a small pellet of the active ingredient (alprostadil) into the urethra (water-pipe). The pellet dissolves and the chemical is absorbed into the tissues.



Erections begin within about 5-10 minutes and last for about 30-60 minutes. The majority of men do not find the procedure uncomfortable. Side effects, although rare, include dizziness and a lowering of the blood pressure or a raising of the pulse rate.

The partners of patients using this preparation sometimes complain of vaginal burning or itching.

It has been recommended that MUSE is not used in men whose partners are pregnant unless a condom form of barrier contraception is used.

For further information please ask your consultant Urologist, or talk to your GP.

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