



Erectile Dysfunction

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What is ED?

Erectile dysfunction (ED) is a common male sexual disorder. It is the inability to get or keep an erection that allows for satisfying sexual activity. It can happen occasionally or regularly, with or without any clear reason. Some men with ED are not able to get an erection at all.

ED is not a life-threatening disorder, but it can have a negative impact on your quality of life and that of your partner.

How common is ED?

ED is a common condition in men of all ages and ethnicities. The risk of having ED increases with age.

What causes ED?

Risk factors for ED and cardiovascular disease (CVD) are similar. The most cases of ED result from a vascular disturbance of the endothelium. Risk factors are such as:

- Diabetes
- Hypertension
- Smoking
- Obesity
- Dyslipidemia
- Nerve damage to the penis or the pelvic area
- Pelvic surgery
- Radiation therapy to the pelvic area
- Low levels of testosterone
- Neurologic diseases (e.g Parkinson's disease, spinal cord injury)

Cardiovascular disease and ED

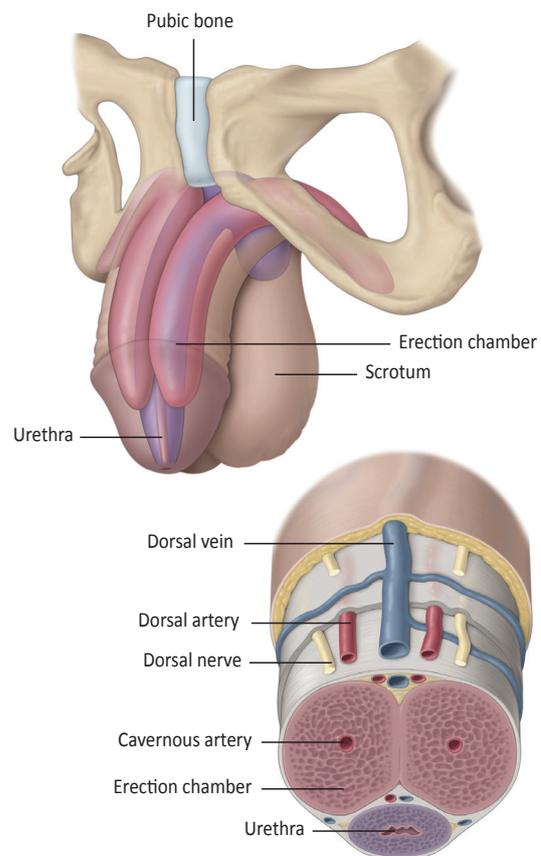
ED and cardiovascular disease share common risk factors, like obesity, smoking, high cholesterol, high blood pressure, and lack of exercise. ED can be an early sign of heart disease because problems with blood flow affect erectile function. This is why men who experience ED should go to the doctor to get checked for heart disease.

Urinary symptoms and ED

ED is often associated with urinary symptoms, such as urinary frequency, nocturia, and urgency. Often these symptoms are related to benign prostatic enlargement (BPE). It is unclear if the urinary symptoms cause ED, but generally ED gets worse when urinary symptoms worsen.

What is an erection?

Getting an erection is a process that includes physical, hormonal, and psychological elements. The penis is made of soft, spongy, elastic tissue that fills with blood to make it grow in size and become rigid. Around the spongy tissue and the prostate, there are nerves that send signals so that the blood vessels supply the blood (**Fig. 1**). These signals are controlled by the male hormone testosterone.



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Fig. 1: Anatomy of the penis.

Psychological risk factors for ED

Several psychological conditions have been associated with ED. These include:

- Anxiety
- Depression
- Feelings of self-inadequacy
- Low self esteem
- Inability to describe emotions
- Stress

Social ideas of how men and women are supposed to interact can also contribute to ED. These can include unrealistic expectations about love and sexuality, and inappropriate male and female role models.

ED is sometimes the cause and sometimes the result of unsatisfying or dysfunctional relationships. It is often difficult to find out which started first.

Diagnosis of ED

Erectile dysfunction (ED) is a problem that needs to be diagnosed correctly, to find what causes it so that you get the appropriate treatment.

Discussing ED with your family doctor or urologist may be uncomfortable, but it is important to do so. Together you can discuss which treatment is right for you.

This section lists the different tests your doctor may need to assess your situation. It offers general information about diagnosis of ED. Keep in mind that situations can vary in different countries.

Medical history

Your doctor will take a medical history to understand your general state of health. As part of the medical history your doctor will ask about any other conditions you may have.

Your doctor may ask you:

- If you take any medication
- If you smoke
- When and how much you drink
- If you drink much coffee or alcohol
- If you use recreational drugs on a regular basis
- If you ever had pelvic surgery
- If you have any heart and/or vascular problems
- If you have hormonal disorders
- If you have any psychological problems

Sexual history

Your doctor will also ask you questions about your sex life, which could be very personal but are necessary for proper diagnosis and treatment. Some of the questions could be:

- The status of your previous sexual relationships
- Your current sexual relationships
- Your current emotional state
- When the erectile problems started
- How long have the erectile problems lasted
- If you have seen another doctor specifically for ED
- If you have received treatment for ED before

Your doctor will ask you to describe the firmness and duration of your morning erections, and sexually stimulated ones. The doctor will also ask if you have problems with arousal, ejaculation, and orgasm.

If you have a sexual partner, it may be useful to attend this consultation together.

Questionnaires

Your doctor may ask you to fill out questionnaires, which are used to assess different aspects of your sexual health. The most common are:

- The International Index for Erectile Function (IIEF)
- The Sexual Health Inventory for Men (SHIM)
- The International Prostate Symptom Score (IPSS)
- The Clinical Depression Questionnaire

Physical examination

The doctor will perform a complete physical examination, to check for abnormalities in the penis, scrotum, and testicles. To check for heart disease the doctor will take your blood pressure, measure your heart rate, and order a blood test to check your level of cholesterol. Your doctor will do a digital rectal examination to feel the size, shape, and consistency of the prostate, and if necessary check the level of prostate specific antigen (PSA) in your blood. To check for diabetes the doctor may order a test to measure the level of glucose in your blood. It could also be necessary to assess your testosterone levels in the morning. This is also done with a blood test.

Cardiac risk evaluation

Because of the relation between ED and heart disease the doctor generally does a cardiac risk evaluation as part of the

diagnosis. Your doctor may refer you to a cardiologist for further evaluation and specific cardiac tests, such as a 'stress test.'

Laboratory testing

Your doctor may order a laboratory tests to identify metabolic disorders underlying the ED.

Other tests

In some cases it may be necessary to do specific diagnostic tests. These may include:

- A nocturnal penile tumescence and rigidity (NPTR) test
- An intra cavernous injection test
- Penile Doppler Ultrasound
- Neurological tests

These are not common tests during initial diagnosis of ED and are only necessary if your doctor needs additional information to assess your personal situation.

If necessary, your doctor may refer you to a neurologist, a psychiatrist, an andrologist, or an endocrinologist for further tests.

Treatment of ED

Erectile dysfunction (ED) is a common condition. Although it is not life threatening, it can negatively affect your quality of life. Because it can be related to other conditions, such as heart disease, it is important that you get the right treatment. There are various treatment options for ED, discuss with your doctor which option is best for your individual situation. This section offers general information about treatment options and situations can vary in different countries.

Education and couple assessment

An important part of treatment is understanding the condition and the consequences it may have on your intimate relationships. Your doctor will often recommend a combination of physical and psychological approaches to treat ED. In the past doctors focused mainly on treating the physical aspect of ED. Nowadays, psychological and emotional aspects of the condition are also dealt with.

Treatment that includes psychological approaches has proved to be more effective than treating only the physical symptoms. This approach has also shown to be effective in single patients, or in cases when the partner is not involved.

If you are in a committed relationship, it benefits your treatment if your partner agrees to the type of treatment, is aware of how it works, and you are able to talk about it.

Keep in mind that treatment is based on your individual situation and what may be helpful for others is not always helpful for you.

If you have other conditions that may be related to ED, your doctor will discuss referring you to a specialist for assessment and further treatment.

Lifestyle advice

Improving your general health could help improve your symptoms. Your doctor will advise you to stop smoking, drink less alcohol, and exercise regularly.

Depending on your individual situation, your doctor may recommend that you adapt your diet. It is important to discuss this with the doctor first. As a general rule, try to have a varied diet which is low on sugar, salt, and fatty foods.

Phosphodiesterase 5 inhibitors

Phosphodiesterase 5 inhibitors (PDE5Is) are a group of drugs used for the treatment of ED. These drugs relax smooth muscle in the vessels in the penis to increase blood flow. They do not cause an erection without sexual stimulation.

There are 4 approved types of PDE5Is:

- Sildenafil
- Tadalafil
- Vardenafil
- Avanafil

PDE5Is are the most commonly prescribed treatment for ED. All types of PDE5Is can be equally effective. Which drug is best for you depends on how often you want to have sexual activity, and your personal experience.

Because of the success of PDE5Is in treating ED, there are many fake pills on the market. These drugs are not approved for sale, they may be toxic and may damage your health. Always talk to your doctor or healthcare provider before using or buying medication for ED.

Sildenafil

Sildenafil is the oldest available PDE5I and is available as a pill. It comes in doses of 25, 50, and 100 mg. The dosage can be adjusted according to your needs. You can feel the effects of

the drug 30-60 minutes after taking it. They may last for up to 12 hours. If you eat a fatty meal right before taking sildenafil, the drug is less effective.

Tadalafil

Tadalafil is available as a pill. It comes in doses of 5, 10, and 20 mg. The dosage can be adjusted according to your needs. You will start to feel the effects of the drug 30 minutes after taking it. It is most effective after 2 hours. The effects may last for up to 36 hours. In contrast to other PDE5Is, food has no effects on the working of tadalafil. Daily Tadalafil (5 mg) has also been licensed for the treatment of urinary symptoms related to benign prostatic enlargement with or without ED. Your doctor may recommend daily tadalafil if you have ED with BPE

Vardenafil

Vardenafil is available as a pill, or as a dissolvable tablet. It comes in doses of 5, 10, and 20 mg. The dosage can be adjusted according to your needs. You will start to feel the effects of the drug 30 minutes after taking it. If you eat a fatty meal right before taking vardenafil, the drug is less effective.

Avanafil

Avanafil is the most recent PDE5I to become available. It comes in doses of 50, 100, and 200 mg. The dosage can be adjusted according to your needs. You can feel the effect of the drug 15-30 minutes after taking it. Taking the pill with any food can delay its effects.

Side effects

PDE5Is can cause headaches, flushing of the skin, heartburn, a stuffy nose, and dizziness. Sildenafil and vardenafil can cause changes in vision, and tadalafil and avanafil can cause back and muscle pain. All these side effects stop when you stop taking the pill.

When are PDE5Is not recommended?

The use of PDE5Is is not recommended if you are taking medication with a nitrate basis, or if you take alpha blockers. They could lead to a sudden decrease in blood pressure. If you have any concerns, discuss with your doctor.

Interesting Fact

Sildenafil, best known by its brand name Viagra®, is the oldest and best known drug for ED. Although new drugs have been developed, it still accounts for more than 40% of all PDE5Is sales.

What if PDE5Is don't work?

If you believe that PDE5Is are not working for you, it is important to figure out the cause. For that, you need to answer the following questions:

- Did you use the medication at least four different times?
- Have you used the maximum dose of the drug?
- Have you used the sexual stimulation when you took the drug?
- Did you wait long enough for the drug to take effect?
- Did you wait too long before starting sexual stimulation?

If with the highest dose and correct use PDE5Is are still not effective, discuss other possible treatment options with your doctor.

Topical therapies

What are topical therapies?

Topical therapies means medications are applied to the skin. Two specific formulations of alprostadil have been approved for topical therapy. The first one is the urethral pellet medication inserted into the tip of the penis (intraurethral). The second one is a cream formulation applied to the external opening of the urethra at the tip of the penis.

When should I consider topical therapies?

Alprostadil is a well-known drug for the treatment of ED. Commonly they are considered as the second-line therapy but they can be a first-line treatment option also. The major advantage of alprostadil cream is that adverse events are very rare and there are no interactions with other drugs (e.g. blood pressure medications, blood thinners such as heparin or warfarin).

How do topical therapies work?

Alprostadil is absorbed from the urethra and relax smooth muscle in the vessels of the penis to increase blood flow. Alprostadil cream includes a permeation enhancer in order to facilitate absorption of alprostadil. The mechanism of action is similar to intraurethral alprostadil.

When are topical therapies not recommended?

You should not use alprostadil if you are allergic to it, or if you have:

- sickle cell anemia or the sickle cell anemia trait
- leukemia
- a tumor of the bone marrow (multiple myeloma)
- a curved or deformed penis
- penile fibrosis or Peyronie's disease
- if you have a penile implant

What are the side effects?

The most common adverse events of intraurethral alprostadil are local pain and dizziness with possible hypotension. In some cases urethral bleeding and urinary tract infections occur while penile fibrosis and priapism are very rare. Topical alprostadil has the advantage of only topical side effects that include penile erythema, penile burning and pain. Systemic side-effects are very rare.

To make sure alprostadil is safe for you, tell your doctor if you have:

- a history of blood clots
- heart disease, high blood pressure (hypertension)
- a bleeding or blood-clotting disorder; or
- a disease that could be passed in blood (such as hepatitis or HIV).

Use a condom to prevent transfer of this medicine to your sexual partner.

Vacuum erection device

What is a VED?

The vacuum erection device (VED), is a cylinder-shaped device that comes with a rubber or silicon constrictive ring that tightens around the penis. A VED makes it possible to get and maintain an erection.

When should I consider a VED?

You should consider a VED if PDE5Is are not effective. A VED is also an alternative treatment option if you cannot use PDE5Is or if you do not want to take medication for ED.

How does a VED work?

By placing the cylinder over your penis, you create a vacuum with a manual or an electronic pump which removes the air from the cylinder. This process draws blood into the penis, so that it gets swollen and then erect (**Fig. 2**).

After removing the pump you need to place the rubber or silicon ring around the base of the penis, to keep an erection. Never leave the ring on for more than 30 minutes.

It is important to be aware that the blood drawn into the penis is dark in colour. As a result, your penis feels colder to the touch and looks slightly blue once the band is in place. Some people do not mind, but if this makes you or your partner uncomfortable, make sure to discuss your concern with each other, and your doctor.

It is very important to know that the ring should be removed after 30 minutes. The blood drawn into the penis is low in oxygen, and the lack of oxygen can damage the skin in the penis.

If you choose to use a constrictive ring without a VED, make sure that it is made of flexible material like silicone or rubber. Never use rigid materials such as steel or hard plastic because they may be difficult to remove.

When is the VED not recommended?

VEDs are not recommended if you take medication to prevent blood clotting, or if you have a bleeding disorder.

What are the side effects of VEDs?

VEDs can cause some discomfort, difficulty with ejaculation during orgasm, bruising of the skin of the penis, and numbness. Leaving the constrictive ring for more than 30 minutes can cause severe skin damage to the penis.

Shockwave therapy

What is shockwave therapy?

Extracorporeal Shock-Wave Therapy (ESWT) is a therapy in which short pulses of shock waves with a very low intensity are directed at the penis to improve erectile function. It consists of several sessions, and it can be repeated if necessary.

ESWT is being researched as a new treatment option for ED. It is not a standard treatment option. Specific ESWT devices are necessary to treat ED. Discuss with your doctor if ESWT is the right treatment for you and if it is available in your hospital.

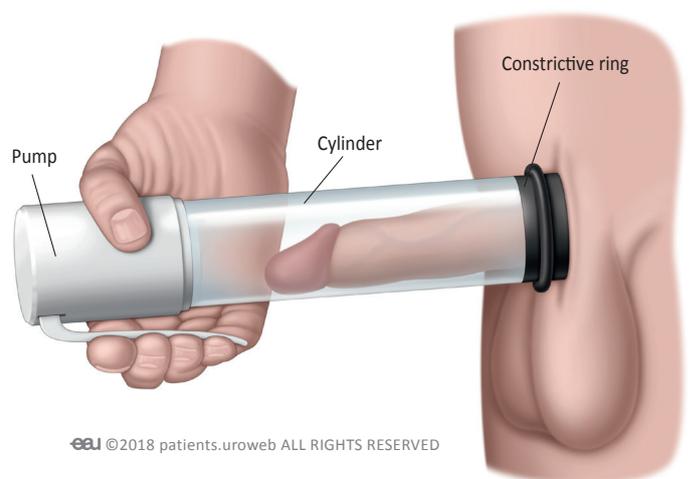


Fig. 2: A common type of vacuum erection device (VED).

When should I consider ESWT?

If you have mild ED and you cannot or do not want to take PDE5Is, your doctor may recommend ESWT. Keep in mind that ESWT is currently no standard option for the treatment of ED.

How does it work?

ESWT causes minor damage to penile tissue. During the healing process new blood vessels are formed, which increase the blood flow to the penis. This may result in improved ability to get and maintain an erection.

Intracavernous injections

What are intracavernous injections?

Intracavernous injections are a treatment option for ED where you inject drugs into the spongy tissue in the penis to open the blood vessels.

When should I consider intracavernous injections?

Intracavernous injections are a treatment option if previous treatments such as lifestyle changes or PDE5Is were unsuccessful. Although many men will be scared by the idea of placing a needle into their penis, most men who choose injection therapy quickly realize that the benefits of the injection far outweigh a little pinprick.

How do intracavernous injections work?

The drugs in intracavernous injections relax smooth muscle in the vessels in the penis to increase blood flow. This results in an erection 10-15 minutes after the injection, even without sexual stimulation.

The most common drug used for intracavernous injections is alprostadil. In some cases your doctor may recommend a combination of drugs to improve the effect or reduce the side effects. Common drugs include: papaverine, phentolamine, vaso-active intestinal peptide, atropine and forskolin. Dosages may vary and can be adjusted as needed. Keep in mind that not all drugs are available in all countries.

How do I perform an intracavernous injection?

You will receive an in-office training from your urologist to learn how to inject yourself. In some cases your partner may receive training as well. During the training the urologist will also discuss the correct dosage with you.

The location of the injection is important. Make sure to inject at the base of the penis, and between 2 and 4 'o clock, or 8 to 10 'o clock positions in order not to damage the urethra or the nerves and blood vessels in the penis (**Fig. 3**). Then, gently apply pressure for 2-5 minutes at the injection site to prevent

bruises. If the correct dosage is injected, you will have an erection within 10-15 minutes.

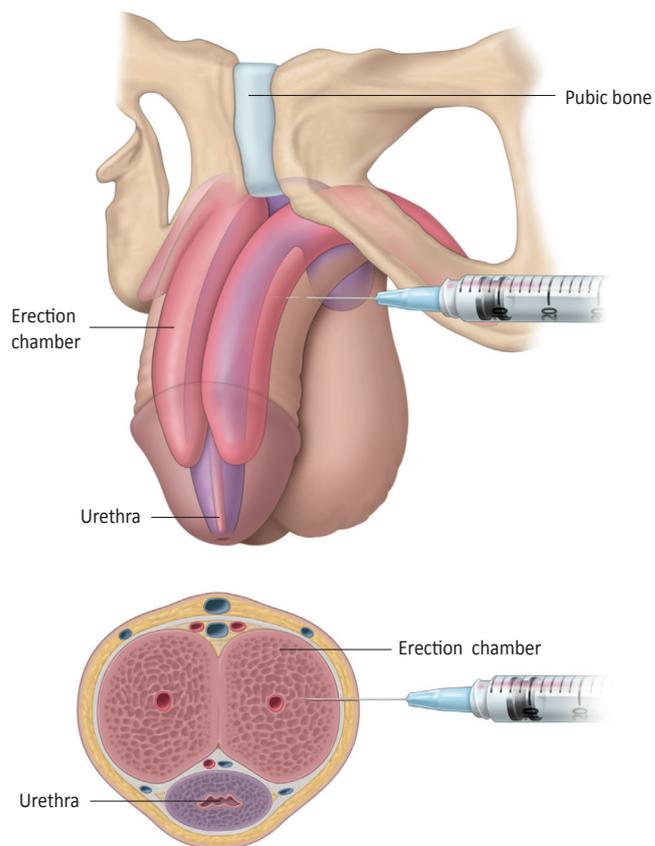
When are intracavernous injections not recommended?

You should not use intracavernous injections when you are hypersensitive to any ingredients in the drug, when you are at risk for priapism, or when you take medications to prevent blood clotting. Your urologist can give you more in-depth information on these contraindications and discuss your individual situation.

What are the side effects?

The most common side effects of injections is pain in the penis during erection. This happens in about 1 out of 10 injections and the pain usually stops when the erection ends. Another minor side effect is bruising at the injection site.

The most serious side effect is priapism. This means that an erection lasts longer than 4 hours, and is painful. Priapism may damage the smooth muscle cells in the penile vessels, and can worsen ED. It is very important to contact your doctor if you have an erection that lasts longer than 2-3 hours. Generally priapism can be treated effectively with the injection of an antidote.



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Fig. 3: Intracavernous injections are a treatment option for ED.

Penile Implants

What is a penile implant?

A penile implant, also called a penile prosthesis, is a medical device which is surgically implanted into the erection chambers of the penis in case of severe ED.

When should I consider penile implant surgery?

A penile implant is an option if you have tried PDE5Is and intracavernous injections and both had little effect on ED. It may also be recommended if you cannot use PDE5Is or the drugs in the injections. If you have tried PDE5Is and injections, but are unhappy with the results and you want a permanent solution, a penile implant may be an option for you.

How does a penile implant work?

There are two types of penile implants: semirigid, non-inflatable implants and inflatable implants.

Semi-rigid implants consist of two bendable rods that are implanted in the erection chambers of the penis. They can be bent into position during sexual activity. With this type of implant the penis is always semi-rigid, which may be difficult to conceal.

Inflatable penile implants are devices filled with fluid which consist of two inflatable cylinders placed in the erection

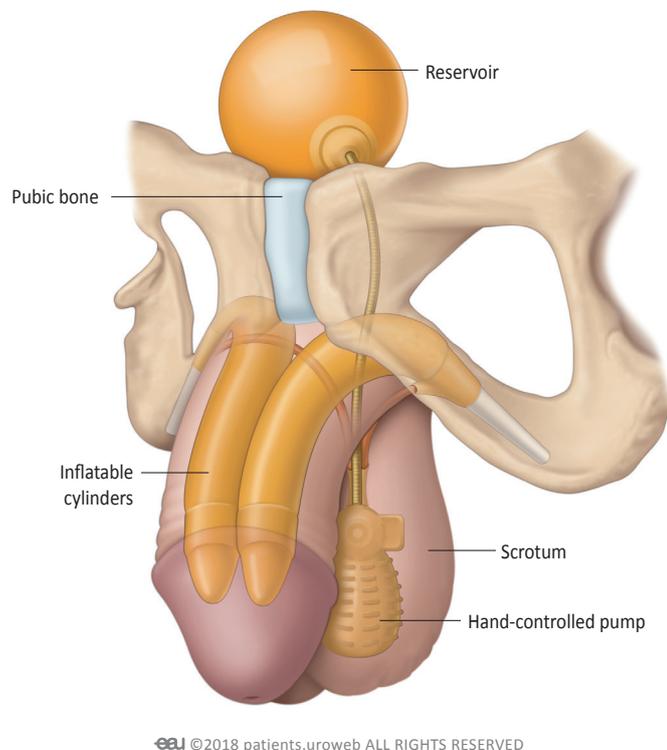


Fig. 3: A common type of inflatable penile implant.

chambers of the penis, a hand-controlled pump placed in the scrotum, and a reservoir which stores fluid when the penis not erect. The device is inflated by squeezing the pump several times to move the fluid from the reservoir to the cylinders. Afterwards, the pump is also used to move the fluid back to the reservoir (Fig. 3).

You need surgery for both types of implants. Both types of implants are placed completely inside the body. Inflatable implants are used more often because they result in a more natural situation. In complicated cases, semi-rigid implants may be more suitable. Discuss the choice between the two implants with your urologist.

How do I prepare for the procedure?

Your doctor will advise you in detail about how to prepare for the procedure. You must not eat, drink, or smoke for 6 hours before surgery to prepare for the anaesthesia. If you are taking any prescribed medication, discuss it with your doctor. You may need to stop taking it several days before surgery.

How is penile implant surgery performed?

For penile implant surgery, you will receive either general or spinal anaesthesia. You will also get a urinary catheter, which can be removed the day after surgery. Once you are under anaesthesia, the doctor will make a small incision either just above the penis or between the penis and the scrotum. The incision exposes the erectile chambers, and the surgeon measures them to place a penile implant of the correct length.

Once the cylinders are in place, the reservoir is placed behind the abdominal wall, and the pump is placed in the scrotum between the testicles to conceal the pump.

Finally, all elements of the implant are connected and the incision is sutured. The wounds are cleaned and a compressive bandage is applied. Most surgeons choose to leave the penile implant inflated for one day. Some surgeons prefer to leave a drain which is then usually removed one day after the procedure.

How long will it take me to get back to my daily activities?

Usually you can leave the hospital the day after surgery, when the compressive bandage has been removed and the implant has been deflated by your doctor. You may experience pain or soreness and swelling of the penis and scrotum in the first few days and up to several weeks after surgery. This is normal, and can be treated with analgesics and cold packs. In the first 2-3 days after surgery there may be a small amount of discharge

from the incision. There is no need to treat this because it usually stops on its own.

For 4-6 weeks after the surgery:

- Do not lift anything heavier than 5 kilograms
- Do not do any heavy exercise and avoid bike riding
- Do not take thermal baths or go to the sauna
- Discuss any prescribed medication with your doctor

Your doctor will schedule an appointment to inflate the implant for the first time. This is done once the swelling and soreness have gone, about 4-6 weeks after the procedure. After the appointment you may start having sexual activity.

Please notify your urologist if:

- The swelling is severe or not improving
- You have discharge of a large amount of fluid each day
- The pain gets worse or does not improve
- You notice increased redness or tenderness around the incision site
- You have a fever

Advantages

- Low rate of mechanical failure
- It is possible to inflate the device discreetly
- Inflatable implants are easy to conceal
- No risk of priapism
- Highest level of satisfactory outcome out of all possible treatments
- Highest level of patient satisfaction of all ED therapies, if the patients and their partners are informed correctly about what to expect from the implant

Disadvantages

- The surgery is definitive
- In case the device is removed there is no return to erectile function
- Low risk of infection
- Low risk of device failure. Generally, inflatable implants last 10-15 years. It is possible to replace them in the case that the device fails.
- Very low risk of uncontrolled bleeding after the surgery and need for reoperation
- Very low risk of scar tissue formation
- Very low risk of erosion requiring removal
- The glans does not enlarge during erection
- Penile implants do not enlarge the penis or correct previous length loss due to radical prostatectomy, radiation, ageing, weight gain, or long-term ED

ED after treatment for localised prostate cancer

Prostate cancer is a malignant tumor in the prostate gland. It is the most common form of cancer in older men. There are various treatment options for localised prostate cancer. Two of the most common ones are radical prostatectomy and radiation therapy. These treatment options can affect sexual health, and men frequently experience erectile dysfunction (ED) after treatment.

Why is prostate cancer treatment associated with erection problems?

The prostate gland is located just below the bladder and is surrounded by nerves and blood vessels. These nerves and blood vessels are needed to achieve a normal erection. Much research has been done to understand where these nerves are located and how to prevent them from getting damaged during surgery or other treatments.

Radical prostatectomy

Radical prostatectomy is a surgical treatment option to remove the entire prostate and surrounding tissue. If the tumour is limited to the prostate gland, the surgeon will try to keep the nerves that lead to the penis intact during surgery. This is called nerve-sparing surgery. Even if nerve-sparing surgery is successful, temporary ED is common after radical prostatectomy.

This is because your nerves are so delicate that they are affected by the slightest injuries. If any injury happens during surgery, the nerves stop transporting signals to the blood vessels in the penis. It can take up to 2 years for the nerves to recover.

The blood vessel running to and from the penis can also be affected by the surgery. As a result, less blood will flow to the spongy tissue of the penis, and damage it. Because of the damage it can be more difficult to recover from ED.

In some cases nerve-sparing surgery is not possible because the tumour has spread outside of the prostate, or for other reasons. Recovery of erectile function after non-nerve sparing surgery is unlikely but not impossible. Discuss your concerns and possible treatment options with your doctor.

Radiation therapy

Radiation therapy is a type of cancer treatment that uses radiation to control or kill malignant cells. It can be done from outside the body, or by placing the radiation source into the prostate. Because the radiation can also kill healthy cells it may damage the nerves and blood vessels around the prostate which lead to the penis. Although there is still a risk of ED after radiation therapy, technical developments have increased the precision of the beam.

Will I be able to have normal erections after the treatment?

The risk of having ED after prostate cancer treatment depends on the surgical technique or type of radiation used by your doctor, but also on your:

- Age
- Build
- Disease characteristics
- Sexual health before the treatment

For possible treatment options, see the EAU Patient Information leaflet Treatment for ED.

Living with ED

Nearly every man can experience brief problems with erectile function. In almost all cases it is related to certain and specific life circumstances, problems, or stressful situations. Usually, these erectile problems disappear once the situation is resolved or changed. You generally don't need to go to the doctor.

If you experience erectile dysfunction (ED) for more than 6 months you should seek professional help. Your doctor can help you find the causes by performing physical and psychological tests. Read more about them in the section Diagnosis of ED.

ED can have a negative effect on quality of life. Quality of life involves both physical and psychological health. It is important not only to feel healthy but also to feel free of the psychological discomfort of living with ED.

Another important issue is that different people can experience the same symptoms differently. Therefore both your personal experience and your quality of life should not be underestimated: they are as important as diagnostic tests and treatment results.

Personal relationships and sex

An intimate relationship between two people is complex and involves many aspects. ED may affect or change your relationship with yourself and your partner. You may be embarrassed and feel guilty, making it difficult to talk to your partner about this issue. ED could have a direct impact on a committed relationship.

ED can have a negative effect on your sex life. It is difficult to feel attractive and confident or be intimate with your partner when you do not feel able to give him or her pleasure. This can have an effect on trust, intimacy, and closeness. Your intimacy as well as your daily interaction may be affected.

You can become more emotionally and physically reserved because you fear you will not be able to have satisfying sexual activity. Even though this behavior may be a sign of frustration and humiliation, your partner may think that you are losing interest in him or her. This can have a negative impact on their self-esteem and feelings of attractiveness.

These changes can be very difficult to deal with because for most men sexuality and erection remains important throughout their whole life. You may even go into denial or suffer from depression. That is why the effect of ED on your quality of life should not be underestimated.

Many men think it is inappropriate to admit the need affection or just a hug. It is important to address the issue by discussing it with your partner. This may prevent emotional and physical distance, and can provide the comfort and emotional support you need.

Your partner may relate his or her own attractiveness and sexual attraction with the ability to get you sexually aroused. He or she can feel vulnerable, rejected, and fear infidelity or abandonment. These feelings may get worse the more often ED prevents you from having fulfilling sexual activity. While treatment to cure ED may solve the physical aspect, the psychological consequences for you and your partner may also need to be dealt with. It could help if you see a therapist.

Your partner may suffer without saying much, so it is very important that you openly discuss the best way to cope with this condition.

ED not only affects the sex life of men in a committed relationship. Single men with ED often avoid dating because of the condition.

It may be uncomfortable for you to discuss your sex life with a urologist or a sexologist, but it is the most effective way to deal with your concerns. Together with your doctor, you can identify what is important in your sex life and choose the best treatment option to have a satisfactory sex life. If you have a partner, it is important to include them in these consultations.

Seeking help

ED is a very intimate and private condition. Most patients consult multiple sources of information for erectile problems: friends, the Internet, media, a sexual health shop, a pharmacist, a psychologist, or a medical doctor.

Some men choose not to discuss it with anybody or not to go to their doctor because they:

- Think they have normal erection, so it is unnecessary to take any treatment
- Assume they can stop their sexual life, so it is unnecessary to take any treatment
- Are afraid they may have an incurable disease
- Are worried about a wrong diagnosis
- Do not have easy access to a doctor
- Have had a negative experience in the hospital
- Have friends or relatives who had a negative experience when treated for a similar condition
- Do not know about possible treatment options
- Have financial issues
- Feel isolated because of their age or condition

While these reasons may seem convincing they should not prevent you from seeking help and improving your quality of life.

Glossary of terms

Anaesthesia (general, spinal or local)

Before a procedure you will get medication to make sure that you don't feel pain. Under general anaesthesia you are unconscious and unaware of what is happening to you. Under spinal or local anaesthesia you will not feel pain in the part of your body where the procedure is done. Anaesthesia wears off gradually after the procedure.

Andrologist

The medical specialist that deals with male health, particularly relating to the problems of the male reproductive system and urological problems that are unique to men

Benign prostatic enlargement (BPE)

An enlargement of the prostate related to hormonal changes with age

Cardiologist

A doctor who specializes in cardiovascular diseases

Cardiovascular disease

A disease involving the heart and the blood vessels

Catheter

A hollow flexible tube to insert or drain fluids from the body. In urology, catheters are generally used to drain urine from the bladder

Digital rectal examination

A test in which the doctor uses a finger to feel the size, shape, and consistency of the prostate to diagnose conditions like an enlarged prostate or prostate cancer

Endocrinologist

A medical doctor who deals with the diagnosis and treatment of diseases related to hormones

Erectile dysfunction

The inability to get or keep an erection

Erection chambers

The erectile tissue forming the bulk of the penis

Gland

A gland is an organ that synthesizes hormones for release into the bloodstream or other parts of the body

Glans

The rounded part forming the end of the penis.
Localised prostate cancer A prostate cancer where the tumour is limited to the prostate and has not spread.

Neurologic

Related to the nervous system

Neurologist

A medical doctor who has trained in the diagnosis and treatment of nervous system disorders, including diseases of the brain, spinal cord, nerves, and muscles

Nerve-sparing surgery

A type of surgery that attempts to save the nerves near the tissues being removed

Nocturia

Waking up one or more times during the night because of the need to urinate

Penis

A reproductive organ in men which also carries urine out of the body

Priapism

A persistent and painful erection of the penis

Prostate

The gland which produces the fluid which carries semen. It is located in the male lower urinary tract, under the bladder and around the urethra.

Prostate specific antigen

A protein produced by the prostate which may increase in men with a benign prostatic enlargement, prostatic inflammation, or prostate cancer

Prostatectomy

A surgical procedure in which part of or the entire prostate is removed

Psychiatrist

A medical doctor specializing in the diagnosis and treatment of mental illness

Glossary of terms

Radiation therapy

A type of cancer treatment that uses radiation to control or kill malignant cells

Sexual health

A state of physical, emotional, mental and social well-being in relation to sexuality

Scrotum

A pouch of skin containing the testicles

Smooth muscle

Muscle tissue that is responsible for the contraction of hollow organs, like blood vessels

Temporary ED

Erectile dysfunction that is not chronic or permanent

Testicles

The testicles are the male organs that produce sperm and the male hormone testosterone

Testosterone

A steroid androgen hormone that is produced mainly in the testicles and is responsible for the development of male sexual characteristics

Urgency

The sudden need to urinate which is difficult to postpone.

Urinary frequency

The need to urinate more often than usual, generally more than 8 times a day

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