

Erectile dysfunction: frequently-asked questions

What is erectile dysfunction?

Erectile dysfunction or Impotence can be defined as the inability to get or sustain an erection sufficient for sexual intercourse. It is a common but not talked about problem. One in ten men will suffer from impotence and in diabetic men it is as common as 30%.

The ability to be able to get an erection is important to most men old and young, but because of taboos and embarrassment many men suffer in silence without seeking help or advice from their Doctor or Nurse.

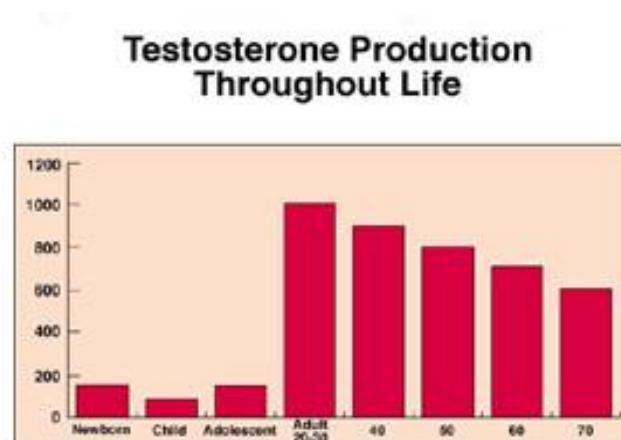
How do erections happen?

A man needs hormones, blood supply, nerves and a desire if he is to achieve an erection. If one or more of these mechanisms fail then the erection will also fail.

When aroused nerve impulses travel from the brain to the penis. This triggers the relaxation of the smooth muscle in the penis which then allows increased blood flow into the tissues. As the penis fills with blood it will enlarge and become erect. As the penis enlarges it compresses the veins inhibiting blood flow out of the penis, thus sustaining the erection. The penis will stay erect until ejaculation or when arousal stops.

What physical causes are there?

- Hormone imbalance
- A deficiency of male hormones can reduce desire or interest in sexual function.



- Nerve damage

Can result in damage to the nerves which cause the erection and reduced sensitivity thus making it increasingly difficult to achieve an erection.

- Disease of the blood vessels

The blood vessels become narrowed and hardened. This reduces the blood supply to the penis which can lead to impotence. If the penis does not fill adequately then the veins will not be closed off and blood will leak out of the penis and the erection will not be maintained.

- Trauma

Such as injury to the spinal cord.

- Pelvic surgery

Some operations on the prostate, bladder or bowel may result in some nerve damage leading to impotence.

- Drugs

As a result, some drugs for blood pressure, depression and sedatives have the side effect of causing impotence.

- Smoking and alcohol

Those who smoke and drink are more likely to suffer from impotence.



In men with diabetes the most common cause of erectile dysfunction is disease of the blood vessels and/or nerve damage.

What treatment is available?

Ultimately 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.

- Counselling

Some men do need counselling and they will be referred to a specialist in this area. Counselling can be part or all of the treatment required.

- Tablet treatment

First-line treatment for most patients is now tablet treatment using Viagra, Levitra, Cialis or Uprima. Your GP will prescribe this for you in the first instance.

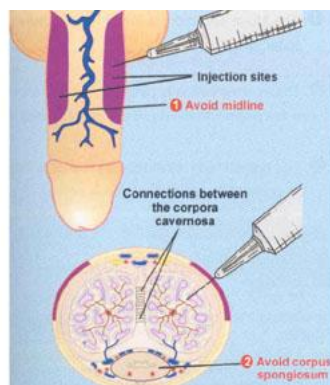


- Hormone treatment

This is offered to those patients who are deficient in male hormones i.e. testosterone. Medication can restore the hormone imbalance and improve potency. This treatment will not have any affect on those who do not have a hormone imbalance.

- Self-injection therapy

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



Injection therapy is very affective for many men but some do find the very thought of self injection unacceptable. If you decide to choose this option then you will be trained in the clinic how to inject yourself.

Injection therapy can be used a maximum of twice a week and never more than once in 24hours. 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. This is not common.

- MUSE (medicated urethral system for erection)

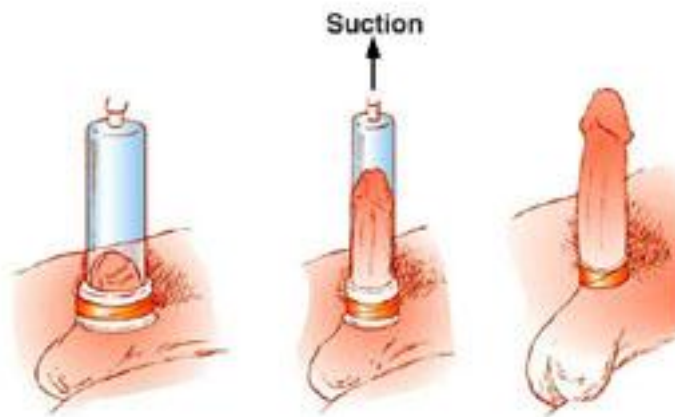
This involves insertion of a pellet of prostaglandin into the urethra (water passage). Erections occur in only 35-40% of patients and treatment can be associated with pain or facial flushing



- Vacuum erection assistance devices

These are a non-invasive method of getting and sustaining an erection. To use this device the penis is inserted into a cylinder, using plenty of lubrication to ensure a good seal at the base of the penis. A small vacuum pump is attached to the other end of the cylinder. The pump creates a vacuum and this causes blood to be drawn into the penis thus causing an erection. A constriction ring is then placed onto the base of the penis to trap the blood in the penis and maintain an erectile state. The cylinder is then removed. The ring can be left in place for up to 30 minutes.

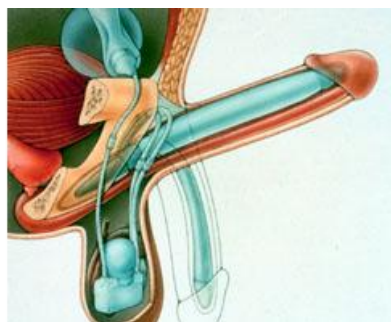
Treatment for Erectile Disorder



This is a safe and effective form of treatment. Unfortunately devices cannot be supplied by the NHS. The cost of a pump is between £120 - £300. The Urology Sister will demonstrate how to use the device. Patients will have the opportunity to borrow a device for up to 1 month to see if treatment is successful before purchasing their own device.

- Penile implants

This involves surgical implantation of 2 rods into each side of the penis. They can be semi-rigid or inflatable and are permanent.



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

Schedule 11 allowances – NHS treatment provided for the following conditions only:

- Diabetes mellitus
- Injury (spinal cord or pelvis)
- Multiple sclerosis
- Poliomyelitis
- Prostate cancer
- Psychological distress (severe)
- Renal failure
- Single-gene neurological disorders
- Spina bifida
- Surgery (prostatectomy & radical pelvic surgery)

Who can I contact for more help or information?

Oncology Nurses

- Uro-Oncology Nurse Specialist
01223 586748
- Bladder cancer Nurse Practitioner (haematuria, chemotherapy & BCG)
01223 274608
- Prostate cancer Nurse Practitioner
01223 274608

Non-Oncology Nurses

- Urology Nurse Practitioner (incontinence, urodynamics, catheter patients)
01223 274608 or 586748

Patient Advice & Liaison Centre (PALS)

- Telephone
+44 (0)1223 216756 or 257257
+44 (0)1223 274432 or 274431
- PatientLine
*801 (*from patient bedside telephones only*)
- E mail
pals@addenbrookes.nhs.uk
- Mail
PALS, Box No 53
Addenbrooke's Hospital
Hills Road, Cambridge, CB2 2QQ

Chaplaincy and Multi-Faith Community

- Telephone
+44 (0)1223 217769
- E mail
derek.fraser@addenbrookes.nhs.uk
- Mail
The Chaplaincy, Box No 105
Addenbrooke's Hospital
Hills Road, Cambridge, CB2 2QQ

MINICOM System ("type" system for the hard of hearing)

- Telephone
+44 (0)1223 274604

Access Office (travel, parking & security information)

- Telephone
+44 (0)1223 586969

Other information

This leaflet contains guidelines and advice from professional bodies, together with information about the prescription of drugs. All NHS hospitals have local arrangements with their Primary Care Trusts (PCTs) about which medicines can be used. As a result, some drugs mentioned cannot be prescribed by local hospitals.

Treatment of patients will be planned with the Consultant responsible for care, taking into account those drugs which are or are not available at the local hospital and what is appropriate for optimum patient care.

Healthcare professionals are advised to check prescribing arrangements with their local hospital or PCT.

How can I get information in alternative formats?

Please ask if you require this information in other languages, large print or audio format: 01223 216032 or patient.information@addenbrookes.nhs.uk

Polish Informacje te można otrzymać w innych językach, w wersji dużym drukiem lub audio. Zamówienia prosimy składać pod numerem: 01223 216032 lub wysyłając e-mail: patient.information@addenbrookes.nhs.uk

Portuguese Se precisar desta informação num outro idioma, em impressão de letras grandes ou formato áudio por favor telefone para o 01223 216032 ou envie uma mensagem para: patient.information@addenbrookes.nhs.uk

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- Russian** Если вам требуется эта информация на другом языке, крупным шрифтом или в аудиоформате, пожалуйста, обращайтесь по телефону 01223 216032 или на вебсайт patient.information@addenbrookes.nhs.uk
- Cantonese** 若你需要此信息的其他語言版本、大字體版或音頻格式，請致電 01223 216032 或發郵件到：patient.information@addenbrookes.nhs.uk
- Turkish** Bu bilgiyi diger dillerde veya büyük baskılı ya da sesli formatta isterseniz lütfen su numaradan kontak kurun: 01223 216032 veya asagıdaki adrese e-posta gönderin: patient.information@addenbrookes.nhs.uk
- Bengali** এই তথ্য বাংলায়, বড় অক্ষরে বা অডিও টেপে পেতে চাইলে দয়া করে 01223 216032 নম্বরে ফোন করুন বা patient.information@addenbrookes.nhs.uk ঠিকানায় ই-মেইল করুন।



Addenbrooke's is smoke-free. You cannot smoke anywhere on the site. Smoking increases the severity of some urological diseases and increases the risk of post-operative complications. For advice on quitting, contact your GP or the NHS smoking helpline free on 0800 169 0 169

Document history

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