

# Good News on Erectile Dysfunction



## 90% of Patients Can Benefit from Treatment

By William Dutton, MD

Erectile dysfunction (ED) is defined simply as the inability to obtain and/or sustain an erection that will allow intercourse that is satisfactory to both patient and partner.

**The causes of ED are varied and include** diabetes mellitus, high blood pressure, high blood lipids, arteriosclerotic vascular disease, neurologic disease, Peyronie's disease, medicine effect, hormonal abnormalities, pelvic surgery, prostate disease, stress, and psychiatric disorders to name a few.

### The Known Factors

We now know ED is caused by certain disease states in approximately 90% of cases and by psychological causes in less than 10% of cases. We also know ED incidence closely correlates

with the decade of a man's life (i.e., 40% of men experience some ED when they are in their 40s; 50% experience some ED when they are in their 50s; etc.).

Premature ejaculation (PE) alone with normal penile erection is not ED but is treatable with certain medications, and most urologists are able to treat this condition.

I strongly believe ED treatment must be result oriented and the condition should be treated aggressively with medicine or other modalities. I have found that very few cases of ED are truly psychological.

ED treatment must include consideration of the cause and treatment of the cause simultaneous with actual remedies for the ED. This fact requires a careful, focused history and physical examination.

I usually begin treatment on a patient's first visit. I feel ED treatment should begin with the least intrusive treatment first and then

move forward with changes as needed to obtain the desired result.

### Least Invasive Treatment First

Normally, the first line of therapy is PDE-5 inhibitors, specifically Viagra®, Levitra®, or Cialis®. These are pills that can be taken 30

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minutes to two hours before sexual activity. They have proven quite effective and are successful in approximately 75% of ED cases if used skillfully in the correct doses.

Vacuum erection devices are a noninvasive but somewhat cumbersome and inconvenient way to obtain an erection. They do indeed work, and patients try them in advance of purchase through their urologists' offices. This particular modality is generally covered by insurance. The cost is approximately \$300 to \$400, but it is a one-time expense.

Erection injection involves the injection of a minute amount of medication directly into the side of the penis. This procedure sounds painful, but in reality, it is not that uncomfortable. The needle and amount of medication are both considerably small. I consider it the gold standard in erection quality and dependability. This particular treatment must be set up, tested, and prescribed by a urologist, as each person requires a different amount of medication. Used properly, this treatment is almost 100% effective.

### The Penile Prosthesis

In some cases, implantation of an inflatable penile prosthesis is indicated. This device produces a completely normal-feeling and functioning erection. The device comprises two cylinders placed in the part of the penis that

normally becomes erect. These cylinders are pumped up and down using a thimble-sized pump, which is hidden in the scrotal sac. The device is implanted through a 1-inch incision at the base of the penis, and it is normally an outpatient surgery. This procedure requires a urologist specifically trained to perform implant surgeries of this type.

There is a small group of patients — those with unstable angina, uncontrolled cardiac

arrhythmias, and lung disease to the point of dyspnea at rest — whose ED must go untreated.

ED in 30- or 40-year-old patients requires careful cardiac and family histories, as these patients may have premature endothelial disease. Indeed, ED often means endothelial disease as well as erectile dysfunction.

The good news is approximately 90% of men can have their ED treated successfully. **UA**

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### Physiology of Erection

The physiological process of erection begins in the brain and involves the nervous and vascular systems. Neurotransmitters in the brain (e.g., epinephrine, acetylcholine, nitric oxide) are some of the chemicals that initiate it. Physical or psychological stimulation (arousal) causes nerves to send messages to the vascular system, which results in significant blood flow to the penis. Two arteries in the penis supply blood to erectile tissue and the corpora cavernosa, which become engorged and expand as a result of increased blood flow and pressure.

Because blood must stay in the penis to maintain rigidity, erectile tissue is enclosed by fibrous elastic sheathes (tunicae) that cinch to prevent blood from leaving the penis during erection. When stimulation ends, or following ejaculation, pressure in the penis decreases, blood is released, and the penis resumes its normal shape.

Source: [www.urologychannel.com](http://www.urologychannel.com)