Men’s Health
Signs, Symptoms and Treatment Options for Erectile Dysfunction and Stress Urinary Incontinence
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732-235-7775
Learning about erectile dysfunction
Erectile dysfunction (ED)

What is it?

- The inability to achieve or maintain an erection firm enough to have sexual intercourse\(^1\)

How common is it?

- About 1 in 5 American men 20 years or older experience ED in their lifetime\(^2\)
- More than half of men over 40 have some degree of ED\(^3\)
- Affects approximately 39 million American men\(^4\)
Erection process

- With arousal, the nerves around the penis become activated
- Muscles relax and blood flows into the penis
- The additional blood causes the penis to stiffen
- The erection compresses the veins so the blood can’t leave the penis, enabling the penis to remain erect
Causes and comorbidities associated with ED

Top three physical causes are:
• Vascular
• Diabetes
• Medication

ED can be a result of:
• Prostate cancer treatment
• Pelvic surgery, trauma

Or precursor to:
• Diabetes
• Heart disease

ED can have a broad negative impact on the health-related quality of life.\textsuperscript{7-9}
Erectile dysfunction and diabetes
ED can be a result of having diabetes

The reasons why ED can emerge:

- 60–70% of people with diabetes have nerve damage or neuropathy\textsuperscript{12}

- Diabetes accelerates damage to the inner lining of small arteries.\textsuperscript{13}

- ED pills require stimulation (nerves) and healthy blood vessels. If these are damaged due to diabetes, pills may not be as effective.\textsuperscript{14,15}

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Erectile dysfunction and heart disease
ED before heart disease symptoms

Arteries supplying the penis are smaller than those to the heart. Blockage creates reduced blood flow. Smaller arteries may be affected before heart disease symptoms.\textsuperscript{17,18}

At 50% obstruction, the penile artery may cause symptoms of erectile dysfunction.\textsuperscript{21}

| Artery diameter (mm) | Penile artery (1–2) | Main artery supplying blood to the heart (3–4) | Internal carotid artery (5–7) | Femoral artery (6–8) |

Artery size hypothesis at 50% lumen artery narrowing\textsuperscript{22}
Erectile dysfunction and low testosterone
Low testosterone (low T) occurs when a man’s body produces less testosterone than normal.

It’s more common in men with:

- Obesity
- Diabetes
- High blood pressure
- High cholesterol
- Prostate disease
- Asthma or COPD
- Anemia

How many men are estimated to have low T?

Approximately 4 in 10 men over the age of 45 may have low T.

For every 10-year increase in age, the risk of low T increases by 17%. 

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If you are diagnosed with low T, treatment options may include:

- Testosterone gels
- Patches
- Oral medications
- Injections
- Nasal sprays
- Pellets

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Erectile dysfunction and prostate cancer treatment
ED from prostate cancer treatment

• The nerves and some blood vessels that supply blood to the penis for an erection lie very close to the prostate and may be injured during prostate cancer treatment.

• Prostate cancer treatments can affect a man’s ability to achieve an erection on a temporary or permanent basis.
Erectile dysfunction and Peyronie’s disease
Fibrous scar tissue inside the penis can cause curved, painful erections

Complications
• Inability to have sexual intercourse
• Difficulty achieving or maintaining an erection (erectile dysfunction)
• Anxiety or stress about appearance
• Stress on the partner relationship

Treatment options
• XIAFLEX™
• Plication, incision or excision and grafting surgery
• Penile implants – if you have ED and Peyronie’s disease
The American Urological Association (AUA) reports the following should be considered investigational.\textsuperscript{32}

- Extracorporeal Shock Wave Therapy (ESWT)
- Intracavernosal stem cell therapy
- Platelet-rich plasma (PRP) therapy
Treatment options you may be familiar with

- Oral Medications
- Injections
- Vacuum Erection Devices
- Urethral Suppositories
- Penile Implants

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Oral medications (PDE-5 inhibitors)

How do they work?\textsuperscript{33-35}

• Increases blood flow to the penis

How effective are they?

• Effective in approximately 60–80\% of cases\textsuperscript{33-35}
• Efficacy can be affected by food\textsuperscript{35}

Most common side effects: \textsuperscript{33-35}

• Headache, facial flushing, upset stomach

Some cautions: \textsuperscript{33-35}

• Consult doctor if on alpha-blocker therapy or taking nitrates

\textbullet{} Almost half of some men with ED who try oral medications give up on the pills or they stop working.\textsuperscript{29}

\textbullet{} Men with diabetes are up to 2 times more likely to move on to other treatments.\textsuperscript{15}
Intracavernous injection therapy

How does it work?\textsuperscript{36}
- Self-inject medication directly into penis, erection may develop within 5 to 20 minutes

How effective is it?
- Despite success rates, approximately 40% of men discontinue the therapy, typically within 6 months\textsuperscript{37}

Most common side effects:\textsuperscript{36,38}
- Penile pain, prolonged erection, scar tissue blood collection under the skin at injection site

Most common reasons for discontinuation:\textsuperscript{38,39}
- Failed erections
- Pain
- Dislike of injections

\textbullet A large number of studies have demonstrated that withdrawal rates are relatively high among injection therapy patients.\textsuperscript{38}
Vacuum erection device (VED)

How does it work?
- A pump creates a vacuum that pulls blood into the penis and an elastic tension ring is placed at the penis base to maintain an erection.\textsuperscript{40}

How effective is it?
- Patient satisfaction rates range from 68–80\%\textsuperscript{41}

Most common side effects:\textsuperscript{40,42}
- Blocked ejaculation, bruising, discomfort, pain, penile numbness or coldness

Most common reason for discontinuation:\textsuperscript{19,43}
- Inability to achieve and maintain a full erection
- Pain or discomfort

• In one study, 86\% of radical prostatectomy patients decided to move on to other sexual aids.\textsuperscript{44}

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Vacuum erection device (VED)

But! Can be helpful to protect penile anatomy

- Post-prostatectomy, decrease in length and girth by 8-9%
- 3 months post-op, 48% had >1 cm length loss

Maintain tissue elasticity and blood flow

• VEDs help to maintain a healthy penis

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Urethral suppository

How does it work? \(^45\)
- After urination, insert the applicator stem into the urethra to deliver pellet; erection develops within 5 to 10 minutes

How effective is it?
- Success rates are reported at 40–66\(^\%\) \(^46,47\)

Most common side effects: \(^45,48\)
- Genital pain; minor urethral bleeding/spotting; low blood pressure; dizziness

Most common reasons for discontinuation: \(^49\)
- Insufficient erections
- Urethral pain and burning
- Switch to other ED therapy
- Natural return of erections

- Unopened suppositories must be refrigerated. \(^45\)
- 75\% drop-out rate of post-prostatectomy patients after 15 months. \(^50\)
Penile implant

How does it work?\textsuperscript{51}
- Squeezing the pump moves fluid to create an erection; the penis returns to a flaccid state by pressing the deflate button

How effective is it?
- 98\% of patients reported erections to be “excellent” or “satisfactory”\textsuperscript{52}

Most common side effects/complications\textsuperscript{51}
- Post-operative genital pain or infection
- Mechanical malfunction

\textbullet \ At 7 years, 94\% are still fully working.\textsuperscript{53}
Penile implant

How does it work?

How effective is it?

Most common side effects/ complications

• At 7 years, 94% are still fully working.53
Penile implants

Three-piece Inflatable Penile Implant

Two-piece Inflatable Penile Implant

Malleable Penile Implant

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Three-piece Penile Implant

Most implanted and only with built-in antibiotic treatment$^{4,54}$

- Clinically proven to reduce the risk of infection$^{54}$
- Designed to most closely mimic a natural erection$^4$
- Provides rigidity when inflated$^4$
- Natural flaccid appearance when deflated$^{4,55}$

- Penile implants have been in clinical use for over **45 years$^{56}$** and more than **500,000 men** have received a penile implant.$^4$

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How it works
How it works
What to expect for the procedure\textsuperscript{57,58}

- General anesthesia, 1 night stay in the hospital
- Small incision in the scrotum or above the pubic bone
- Generally, a few days to return to your regular routine of light activity
- 6 weeks before using the implant for sexual intercourse

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Cost and coverage

Don’t let cost be a barrier – treatment can be affordable!

- Insurance coverage for ED treatment varies
- Incontinence treatment is commonly covered by insurance
- Coverage may be available under Medicare and Medicare Advantage

- Talk to your specialist – they can work with your insurance and the manufacturer to verify benefits, even helping to resolve coverage exclusions in some cases
- Ask your specialist about financial assistance options – you may be eligible for payment options through a program offered by the manufacturer

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Benefits of penile implants

Proven
• 97% patient satisfaction, 98% partner satisfaction with the Three-piece Penile Implant
  52
• Clinically proven to reduce the risk of infection
  54

Affordable
• Typically covered by insurance and/or Medicare*

Long lasting
• Permanent and concealed solution
  51,58
• Durable – 89% still in use after 10 years
  59

Natural
• Designed to maintain a natural appearance in the erect and flaccid state
  4
• Typically does not interfere with ejaculation or orgasm
  60,61
• Spontaneous – you can have sex when the mood strikes
  32

*Check with your insurance provider

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As a surgical procedure, there are possible risks

There are risks involved with any surgery. Not all patients are candidates for a penile implant. Discuss all the risks and benefits of this procedure in more detail with your doctor.

Some risks of a penile implant may include:

- Will make natural or spontaneous erections as well as other interventional treatment options impossible\textsuperscript{51}
- There may be mechanical failure of the implant, which may require revision surgery\textsuperscript{51,58}
- Pain (typically associated with the healing process)\textsuperscript{51,58}
- Men with diabetes, spinal cord injuries or open sores may have an increased risk of infection\textsuperscript{51}
- There is a 1.2–2.5% risk of infection with inflatable penile implants\textsuperscript{51}
Erectile dysfunction summary

- ED is a common problem and may be associated with other conditions
- There are a variety of treatment options
- Penile implants could offer a long lasting and satisfactory solution

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4. Data on file with Boston Scientific and based on market research by Dymedex.


34. Cialis Prescribing Information, Revised October 2011.

35. Levitra Prescribing Information, Revised November 2011.


References, continued


45. MUSE® Prescribing Information. Revised February 2011.


References, continued


Caution: U.S. Federal law restricts this device to sale by or on the order of a physician.
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Questions?
Thank you!

[Presenter Information/Physician Name]
[Practice Name/Hospital]
[Contact information]