Please answer the following questions or explore questions as part of your patient discussion.

**Patient Goals**
- What decision is the patient facing with their sexual health?
- Are there any other concerns or questions the patient may have with their decision?
- Who else is involved in this treatment decision?

**Treatment Options**
Patient treatment option discussions should include patient satisfaction and outcomes, possible side effects, product characteristics and typical duration of use. You can then discuss each option as to which treatment best meets the patient’s needs and the needs of their partner.
- Does the patient understand the patient satisfaction rates and outcomes for each treatment pathway?
- Does the patient understand the product options and characteristics for each treatment pathway?
- Does the patient understand the patient satisfaction rates and outcomes and any possible side effects of each treatment pathway?

**Support**
- Are there any other concerns or questions the patient may have with their decision?
- Who else is involved in this treatment decision?

**Next Steps**
- Review ED treatment options to make sure the patient has a good understanding of each.
- Educate on additional resources, such as websites (EDCure.org), books and videos.
- Provide necessary educational materials.
- Visit EDCure.org to find and refer to a local ED specialist in their area.

**Penile implants**
In use since the 1970s, penile implants have helped hundreds of thousands of men return to an active sex life. A penile implant is a medical implant that is implanted into the penis during an outpatient procedure. The implant is entirely concealed within the body. To operate, one squeezes and releases the pump, located in the scrotum, to achieve an erection. To return the penis to a natural flaccid state, the deflate button located on the pump bulb is depressed.

<table>
<thead>
<tr>
<th>Patient satisfaction and outcomes</th>
<th>Possible side effects</th>
<th>Product characteristics</th>
<th>Typical duration of use</th>
</tr>
</thead>
<tbody>
<tr>
<td>184 of 200 men (92%) said sexual activity with the implant was “excellent” or “satisfactory”(^8)</td>
<td>Latent, natural erections no longer possible</td>
<td>Permanent ED treatment</td>
<td>9-12 months</td>
</tr>
<tr>
<td>115 of 120 partners (96%) said sexual activity with the implant was “excellent” or “satisfactory”(^8)</td>
<td>Infection (-1% risk) requires removal of device</td>
<td>Manufactured within the body</td>
<td>9-12 months</td>
</tr>
<tr>
<td>96 of 200 patients (98%) reported erections to be “excellent” or “satisfactory”(^7)</td>
<td>Mechanical failure</td>
<td>Maintain erection as long as desired</td>
<td>9-12 months</td>
</tr>
<tr>
<td>97% of patients would recommend a penile implant to a friend(^2)</td>
<td>Pain (typical with healing process)</td>
<td>Spontaneous sex when the mood strikes</td>
<td>9-12 months</td>
</tr>
</tbody>
</table>

**Vacuum erection DEVICES (VEDs)**
In use since the 1980s, a vacuum erection device consists of a hollow plastic tube, a vacuum pump and a tension ring. With the tube placed over the penis, the pump creates a vacuum that pulls blood into the penis. Once an erection is achieved, an elastic tension ring is placed at the base of the penis to help maintain the erection.

| VED patient satisfaction rates range from 68-80%\(^2\) | Penile bruising/burst blood vessels | Non-invasive | 6 months |
| VED success rates range from 80-91% after radical prostatectomy\(^6\) | Penile numbness | Drug free | 6 months |
| Satisfaction for men and partners at 4 years was 91.4%\(^14\) | Delayed ejaculation or failure to ejaculate | Cost effective | 6 months |
| 115 of 120 partners (96%) said sexual activity with the implant was “excellent” or “satisfactory”\(^2\) | Cool or different colored erection | Despite initial high success rates, in a study of 85 patients, 73 of 85 (86%) decided to move onto other sexual aids\(^5\) |

**Self-injections**
In use since the 1980s, injection therapy uses a needle to inject medication directly into the base or side of the penis. These medications improve blood flow into the penis to cause an erection.

| Non-invasive | Drug free | Cost effective |
| Prolonged erection | Penile fibrosis | Despite initial high success rates, in a study of 294 men, only 59 (20%) continued the therapy\(^15\) |
| Painful erection | Injection site hematomata | Another study found 40% drop out rate at 12 months, and 70% at 43 months for post prostatectomy patients\(^3\) |
| Penile curvature | Palpable plaque | Prolonged erection | 6 months |
| Injected with a needle into the corpus cavernosum | Injected with a needle into the corpus cavernosum | Painful erection | 6 months |

**Intraurethral suppositories**
In use since the 1990s, intraurethral suppository treatment for ED uses an applicator containing a small pellet that is inserted into the urethra. Once the pellet is released, it dissolves to increase blood flow to the penis to form an erection.

| Clinical study satisfaction rates are limited, but one study found 64 of 192 men (33%) were satisfied\(^5\) | Penile pain | No needles | 6-12 months |
| Clinical literature, success rates are reported at 40-65%\(^18\) | Urethral pain or burning | Onset of erection: 5-10 minutes | 6-12 months |
| In clinical literature, success rates are reported at 40-65%\(^18\) | Urethral bleeding/spotting | Refrigeration required | 6-12 months |
| Dizziness | Hypotension | Prolonged erection | 6-12 months |
| Hypotension | | | 6-12 months |

**Oral Medications**
Most men with ED start with pills, such as Viagra™, Levitra™, Cialis™ and Stendra™. These may improve blood flow to the penis, and with sexual stimulation, can help you achieve an erection.

| Effective in ~70% of cases but less effective in patients with diabetes or damage to the nerves or endothelium.\(^3,5\) | Dyspepsia | Non-invasive | 2-24 weeks |
| Back pain | Blushing | Available in different dosages and strengths | 2-24 weeks |
| Myalgia | Pain in limb | Onset of erection: 30 minutes to 1 hour | 2-24 weeks |
| Nasal congestion | Food Interaction: should refer to each PDE5-Inhibitor prescribing informative for interactions with food | Food Interaction: should refer to each PDE5-Inhibitor prescribing informative for interactions with food | 2-24 weeks |

**Common side effects**
Hypotension
Dizziness
Urethral bleeding/spotting
Urethral pain or burning
Penile curvature
Injection site hematoma
Prolonged erection
Penile pain
Delayed ejaculation or failure to ejaculate
Cool or different colored erection
Back pain
Dyspepsia
Blushing
Hypotension
Nasal congestion
Pain in limb
Food Interaction: should refer to each PDE5-Inhibitor prescribing informative for interactions with food
The American Urological Association (AUA) released a new clinical guideline and algorithm on the diagnosis, treatment and management of erectile dysfunction (ED), strongly suggesting the physician, patient and partner engage in a shared decision-making process to select the best care option for each individual patient and their partner. Available online at www.auanet.org/guidelines/male-sexual-dysfunction-erecctile-dysfunction-(2018).

This new methodology outlines the process to identify and treat ED, with an emphasis on the importance of fully understanding the benefits and risks of all treatment options, and the consideration of all treatment options as a valid first-line therapy.

- Advise and counsel the man and partner on treatment benefits and risks, and lifestyle choices that could impact sexual and overall health
- Actively engage in a shared decision-making process to select the best treatment option for each individual man and partner
- Assess the outcomes and efficacy of treatment
- Address adjustments to treatment or consider alternate treatment

Tier 1 treatment options for men with erectile dysfunction

<table>
<thead>
<tr>
<th>Oral medications</th>
<th>Vacuum erection devices</th>
<th>Muse urethral suppository</th>
<th>Penile injections</th>
<th>Penile prosthesis</th>
</tr>
</thead>
</table>

15.3 million
According to the 2015 Census data, 15.3 million men in the US have diabetes16, and ED occurs 10–15 years earlier in men with diabetes17.

46%
At one year following robotic assisted radical prostatectomy up to 46% of men have persistent ED18.

50%
Over a 2-year observation period, men with ED and diabetes were 50% more likely to require secondary ED treatments19.

3-5 Years
Within 3-5 years of ED, a cardiovascular event, such as a heart attack, may likely occur20,21.

References:

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