UROLOGY, P.C.
5500 Pine Lake Road Lincoln, Nebraska 68516 (402) 489-8888 Fax (402) 421-1945

**Erectile Dysfunction**

Impotence, more precisely termed "erectile dysfunction," has received increasing attention because of the availability of new treatments approved by the U.S. Food and Drug Administration (FDA). The National Institutes of Health (NIH) Consensus Development Conference on Impotence (December 7-9, 1992) defined it as "male erectile dysfunction, that is, the inability to achieve or maintain an erection sufficient for satisfactory sexual performance." Especially given the fact that sexual desire and the ability to have an orgasm and ejaculate may well be intact despite the inability to achieve or maintain an erection.

The typical initial evaluation of a man complaining of ED is conducted in person and includes sexual, medical, and psychosocial histories as well as laboratory tests thorough enough to identify comorbid conditions that may predispose the patient to ED and that may contraindicate certain therapies. History may reveal causes or comorbidities such as cardiovascular disease (including hypertension, atherosclerosis, or hyperlipidemia), diabetes mellitus, depression, and alcoholism. Related dysfunctions such as premature ejaculation, increased latency time associated with age, and psychosexual relationship problems may also be uncovered. Most importantly, a history can reveal specific contraindications for drug therapy. Additional risk factors include smoking, pelvic, perineal, or penile trauma or surgery, neurologic disease, endocrinopathy, obesity, pelvic radiation therapy, Peyronie's disease, and prescription or recreational drug use. Other critical elements are alterations of sexual desire, ejaculation, and orgasm, presence of genital pain, and lifestyle factors, such as sexual orientation, presence of spouse or partner, and quality of the relationship with the partner. Finally, a history of the partner's sexual function may be helpful. Attention is given to defining the problem, clearly distinguishing ED from complaints about ejaculation and/or orgasm, and establishing the chronology and severity of symptoms. An assessment of patient/partner needs and expectations of therapy is equally important.

The management of erectile dysfunction begins with the identification of organic comorbidities and psychosexual dysfunctions; both should be appropriately treated or their care triaged. The currently available therapies that should be considered for the treatment of erectile dysfunction include the following: oral phosphodiesterase type 5 [PDE5] inhibitors, intra-urethral alprostadil, intracavernous vasoactive drug injection, vacuum constriction devices, and penile prosthesis implantation. Oral phosphodiesterase type 5 inhibitors, unless contraindicated, should be offered as a first-line of therapy for erectile dysfunction.

A penile implant is a device that is placed into a man’s body and is designed to help him get an erection. Following the routine outpatient procedure, a four to eight week recovery period is necessary before the implant is used. A penile implant (also called a penile prosthesis) is concealed entirely within the body, and requires some degree of manipulation before and after intercourse to make the penis erect or flaccid. There are different types of implants based on the manner of operation, naturalness of the erection and the number of components implanted. In choosing a penile implant, considerations include medical condition, lifestyle, personal preference and cost. The primary difference between the two implant types is that flexible rod implants, or malleable implants, produce a permanently firm penis. The inflatable implants produce a controlled, more natural erection. Both the malleable and inflatable implant enable men with erectile dysfunction to have a satisfactory erection for sexual intercourse and to experience the joys of sex again.

**Frequently asked questions about penile implants**

**Q. Can I have an orgasm with a penile implant?**

**A.** You should be able to have an orgasm with a penile implant if you were able to have one before your procedure.

**Q. Is the penile implant covered by insurance?**

**A.** Most insurance, including Medicare, cover the implant.

**Q. What is the recovery time?**

**A.** Each individual is different and therefore their recovery will be different as well. Typical recovery is between 4-6 weeks.

**Q. Will I lose any length after getting a penile implant?**

**A.** Each penile implant is custom fitted to your anatomy. Most do not lose length or girth.

**Q. Will anyone notice that I have an implant?**

**A.** Since the implant is completely placed inside your body, no one will see the implant. In fact, no one will know unless you tell them.

**Q. Will I be able to have spontaneous erections with a penile implant?**

**A.** No. In order to place the implant in the body, the corpora containing the spongy tissue is removed to make room for the cylinders.  An implant will be able to provide you with a more "instant" erection when compared to pills, or vacuum devices.

**Q. What makes the malleable and inflatable implant different?**

**A.** Both implants provide you with the capability of having an erection satisfactory for intercourse. The main difference is that the malleable implant consisting of 2 rods that are placed in the corpora cavernosa. There are no further parts to this implant. To have an erection, you only need to hold the penis and move it into the desired position. When you are finished you return the penis to the previous position. With the inflatable implant, you inflate the cylinders by pressing the pump bulb in the scrotum. You can control the firmness by pumping until you are satisfied with the erection.