Effective Treatments for Erectile Dysfunction

Discover your satisfying solution.
What is Erectile Dysfunction?
Erectile Dysfunction (ED) is another name for impotence. ED is the persistent inability to maintain an erection that is firm enough or lasts long enough to have sexual intercourse. This common problem is often caused by physical conditions, including prostate cancer, diabetes and cardiovascular disease.
Treating ED and Restoring Your Quality of Life

ED can limit your intimacy, affect your self-esteem and impact your most important relationships. But the good news is that nearly every case is treatable today... it’s not simply an inevitable consequence of aging, and you don’t have to simply live with it.

There is usually more than one treatment option. The first step is to seek help from a doctor who is familiar with the latest forms of treatment. Your urologist can help you determine which treatment is right for you.
How an Erection Occurs

To learn more about ED, it is important to understand how the penis works normally. The normal erection process includes the following five stages:

**Stage 1: Initial Filling** – With psychological or sexual stimulation, neurotransmitters cause penile smooth muscles to relax, increasing blood flow to the corporal bodies.

**Stage 2: Partial Erection (Tumescence)** – Penile arteries expand to accommodate the increased blood flow needed to elongate and expand the penis.

**Stage 3: Full Erection** – The increased volume of blood within the penis is prevented from draining, thus expanding the penis to full erection.

**Stage 4: Rigid Erection** – Maximum rigidity is attained. The glans and spongiosum (body and tip of the penis) enlarge until penile veins are forcefully compressed. This increases engorgement and maintains maximum penile rigidity. Emission of semen and ejaculation occur.

**Stage 5: Return to Flaccidity (Detumescence)** – Muscle contractions result in increased blood outflow from the penis, thus decreasing its length and girth until flaccid.
Common Causes of ED

The majority of ED cases are caused by the following problems.

• **Diabetes** can cause damage to the nerves or blood vessels that control the flow of blood to the penis.

• **Cardiovascular Problems** can decrease blood flow to the penis through blocked arteries or leaking veins, resulting in erectile dysfunction.

• **Trauma or Surgery** in the prostate, bladder, colon or rectal area can damage nerves and cause ED.

• **Spinal Cord Injuries** can stop nerve impulses from reaching the penis.

• **Medications**, including some for high blood pressure, can interfere with blood flow to the penis.

• **Hormone Problems** caused by kidney or liver failure can result in erectile dysfunction.

*Drug therapy is usually a first line treatment for most men experiencing ED. However, it is not effective for approximately 30% of men.* ¹ A penile prosthesis may offer a permanent, satisfying option.
Treatment Options

There are a variety of different treatment alternatives, ranging from medications to surgery. Your doctor will discuss options that may be appropriate for you, along with the risks and benefits.

- **Oral Medications** – There are a number of prescription medications available that may improve blood flow to the penis. Combined with sexual stimulation, this can produce an erection.

- **Vacuum Erection Devices** – A plastic cylinder is placed over the penis, and a pump (either manual or battery operated) creates vacuum suction within the cylinder, drawing blood into the penis to create an erection. A stretchable tension band placed at the base of the penis can help maintain the erection.

- **Injections** – With injection therapy, a small needle is used to inject medication directly into the penis. The medication allows blood to flow into the penis, creating an erection.

- **Intraurethral Suppositories** – Another option is a suppository that contains medication. A small pellet (suppository) is inserted into the urethra.

- **Penile Prostheses** – In use for more than 30 years, penile prostheses may provide an effective surgical option for men who are not satisfied with the results they are getting from other treatment options.
Learning More About Penile Prosthesis Surgery

A penile prosthesis is a medical device that is implanted into a man’s body, generally as an outpatient surgical procedure. Finding a satisfying solution to erectile dysfunction can be a life-changing event for many men and their partners. Research shows that penile prostheses are more satisfying than other common treatment options.\(^2\)

Overall Patient Satisfaction with ED Treatments\(^2\)

“Why go the rest of your life without being able to have physical intimacy with your partner when there is a fix for it?” – Bill, Patient
Penile Prostheses are Highly Recommended

Recommendations
These recommendations pertain to the AMS Ambicor® two-piece inflatable prosthesis.
Benefits & Risks of Penile Prostheses

Penile prostheses have helped over 300,000 men return to an active, satisfying sex life. But like any surgical procedure, there are both benefits and risks to be considered.

Benefits

• Offers a long-term solution to erectile dysfunction
• Provides the ability to have an erection anytime you choose
• Allows for greater spontaneity – have sex when the mood strikes
• Enables you to maintain an erection as long as you desire
• Eliminates the need for costly pills or shots
• Feels natural during intercourse
• Does not interfere with ejaculation or orgasm

Risks

• Will make latent natural or spontaneous erections as well as other interventional treatment options impossible
• If an infection occurs, the prosthesis may have to be removed
• May cause the penis to become shorter, curved or scarred
• May cause lasting pain
• There may be mechanical failure of the prosthesis

For further information visit www.AmericanMedicalSystems.com.
How They Work

Choosing the penile prosthesis that is best for you is a very personal decision. Because each type of prosthesis offers unique features, you will want to discuss the choices with your doctor in order to choose the option that is right for you.

One-Piece Positionable Prosthesis (Malleable)

One-piece positionable prostheses are the simplest types of penile prostheses. The prosthesis consists of a pair of cylinders that are surgically inserted into the penis. The prosthesis is positioned up for intercourse or down for everyday activities.

Advantages
• Totally concealed in body
• Easy for you and your partner to use
• Good option for men with limited dexterity
• Generally the simplest surgical procedure
• Simply bend prosthesis to conceal
• 91% patient satisfaction rate

Disadvantages
• Remains firm when not being used
• Less appropriate for patients requiring repeated cystoscopy
Two-Piece Inflatable Prosthesis

The two-piece inflatable prosthesis consists of a fluid-filled pair of cylinders implanted in the penis and a small pump implanted in the scrotum. To get an erection, you simply squeeze and release the pump several times. When the fluid is pumped into the cylinders, it creates an erection that provides rigidity.

Advantages

• Totally concealed in body
• Simple to use
• One-step deflation
• Device is inflated to provide rigidity and deflated for concealment
• 90% of partners would recommend it to other couples

Disadvantages

• Requires some manual dexterity
• Cylinders remain partially filled with fluid when deflated

“Once I had the surgery and the prosthesis, I was sure that I could perform. I felt like a man again.” – Thurman, Patient
Three-Piece Inflatable Prosthesis

The three-piece, fluid-filled inflatable prosthesis features a pair of cylinders implanted in the penis, a pump implanted in the scrotum, and a reservoir implanted in the lower abdomen. When the fluid is pumped into the cylinders, it creates an erection that provides rigidity and girth expansion.

**Advantages**

- Totally concealed in body
- Like a natural erection
- Device is inflated to provide rigidity and deflated for concealment
- Expands in girth (all AMS 700® cylinders) and length (AMS 700 LGX™ and Ultrex™ cylinders)
- When deflated, the cylinders are soft and flaccid
- AMS 700 with InhibiZone® is the only inflatable penile prosthesis with clinical evidence showing a significant reduction in the rate of revision due to infection
- Parylene coating increases durability
- **92% patient satisfaction rate**

**Disadvantages**

- Requires some manual dexterity
Patient & Partner Satisfaction

The following studies show that penile prostheses offer the satisfying results that so many couples seek. Consult your physician to determine which type of prosthesis is best suited for your condition and lifestyle.

AMS Malleable Line: One-Piece Positionable Prostheses

Malleable product line includes Spectra, Dura II, 650 and 600M.

88% of patients would recommend an AMS One-piece Positionable Prosthesis to a friend:7

• 91% patient satisfaction rate5
• 75% partner satisfaction rate8
• 87% reported improvement in quality of life7
• 91% would undergo the procedure again5

AMS Ambicor®: Two-Piece Inflatable Prostheses

9 out of 10 men and their partners were pleased with the AMS Two-piece Inflatable Prosthesis:

• 95% would undergo the procedure again3
• 92% would recommend the device to others3
• 90% of partners would recommend it to other couples3
AMS 700®: Three-Piece Inflatable Prostheses

Both men and their partners found the AMS Three-piece Inflatable Prostheses to be highly satisfying:

- 92% patient satisfaction rate
- 96% partner satisfaction rate


3 Levine LA, Estrada CR, Morgentaler A. Mechanical reliability and safety of, and patient satisfaction with the Ambicor inflatable penile prosthesis; results of a 2 center study. J Urol. 2001 Sep; 166 (3): 932-7

4 European Society for Sexual Medicine, www.essm.org/patient-area/penileprosthesis.asp; downloaded 04/29/08


9 www.auanet.org/content/education-and-meetings/med-stu-curriculum/ed.pdf
Frequently Asked Questions

Does insurance cover a penile prosthesis?

Medicare has a national coverage policy for the diagnosis and treatment of ED, which includes the implantation of a penile prosthesis. Medicare coverage is further defined in most states by Local Coverage Decisions (LCDs).

Most commercial health insurers cover the medically necessary diagnosis and treatment of ED.

To avoid delays in payment or reimbursement, you should work with your physician’s office and insurance carrier to verify coverage and insurance payment levels before beginning a treatment path.

Will I still be able to have an orgasm?

A penile prosthesis does not interfere with your ability to have an orgasm or ejaculation.
Will my partner notice anything different?
The device is entirely concealed within the body. With the inflatable penile prostheses, they are easily concealed when the penis is in a non-erect state.

How long can I expect my prosthesis to last?
It is not possible to predict how long your prosthesis will last. The best way to prolong the life of your prosthesis is to follow the precautions from your doctor.

Will an erection with my prosthesis be different than a natural erection?
Yes. Differences could include a shorter or curved penis, less width, and less firmness.

Talk to your doctor about any additional questions you may have or for more information, visit www.EDcure.org and www.AmericanMedicalSystems.com
### Sexual Health Inventory for Men (SHIM)°

This questionnaire is designed to help you and your doctor identify if you may be experiencing erectile dysfunction. If you are, you may choose to discuss treatment options with your doctor.

Each question has several possible responses. Circle the number of the response that best describes your own situation. Please be sure that you select one and only one response for each question.

#### Over the Past 6 Months:

1. **How do you rate your confidence that you could get and keep an erection?**

<table>
<thead>
<tr>
<th>Choice</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Low</td>
<td>1</td>
</tr>
<tr>
<td>Low</td>
<td>2</td>
</tr>
<tr>
<td>Moderate</td>
<td>3</td>
</tr>
<tr>
<td>High</td>
<td>4</td>
</tr>
<tr>
<td>Very High</td>
<td>5</td>
</tr>
</tbody>
</table>

2. **When you had erections with sexual stimulation, how often were your erections hard enough for penetration (entering your partner)?**

<table>
<thead>
<tr>
<th>Response Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>No sexual activity</td>
<td>0</td>
</tr>
<tr>
<td>Almost never or never</td>
<td>1</td>
</tr>
<tr>
<td>A few times (much less than half the time)</td>
<td>2</td>
</tr>
<tr>
<td>Sometimes (about half the time)</td>
<td>3</td>
</tr>
<tr>
<td>Most times (much more than half the time)</td>
<td>4</td>
</tr>
<tr>
<td>Almost always or always</td>
<td>5</td>
</tr>
</tbody>
</table>

3. **During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?**

<table>
<thead>
<tr>
<th>Response Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did not attempt intercourse</td>
<td>0</td>
</tr>
<tr>
<td>Almost never or never</td>
<td>1</td>
</tr>
<tr>
<td>A few times (much less than half the time)</td>
<td>2</td>
</tr>
<tr>
<td>Sometimes (about half the time)</td>
<td>3</td>
</tr>
<tr>
<td>Most times (much more than half the time)</td>
<td>4</td>
</tr>
<tr>
<td>Almost always or always</td>
<td>5</td>
</tr>
</tbody>
</table>
4. During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?

<table>
<thead>
<tr>
<th>Difficulty</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did not attempt intercourse</td>
<td>0</td>
</tr>
<tr>
<td>Extremely difficult</td>
<td>1</td>
</tr>
<tr>
<td>Very difficult</td>
<td>2</td>
</tr>
<tr>
<td>Difficult</td>
<td>3</td>
</tr>
<tr>
<td>Slightly difficult</td>
<td>4</td>
</tr>
<tr>
<td>Not difficult</td>
<td>5</td>
</tr>
</tbody>
</table>

5. When you attempted sexual intercourse, how often was it satisfactory for you?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did not attempt intercourse</td>
<td>0</td>
</tr>
<tr>
<td>Almost never or never</td>
<td>1</td>
</tr>
<tr>
<td>A few times (much less than half the time)</td>
<td>2</td>
</tr>
<tr>
<td>Sometimes (about half the time)</td>
<td>3</td>
</tr>
<tr>
<td>Most times (much more than half the time)</td>
<td>4</td>
</tr>
<tr>
<td>Almost always or always</td>
<td>5</td>
</tr>
</tbody>
</table>

Add the numbers corresponding to questions 1-5:

TOTAL:__________

The Sexual Health Inventory for Men further classifies ED severity with the following breakpoints:

- 1-7 Severe ED
- 8-11 Moderate ED
- 12-16 Mild to Moderate ED
- 17-21 Mild ED

*Bring this to your next appointment for a valuable discussion with your doctor.*
Ask Your Doctor

About the solution that’s right for you.

As with any medical procedure, there are risks involved and not all patients are candidates for a penile implant. Discuss the risks and benefits of this procedure in more detail with your doctor.

Summary of Warnings, Precautions and Contraindications for Penile Prostheses

- Implantation of the device will make latent natural or spontaneous erections as well as other interventional treatment options impossible and may result in penile shortening, curvature or scarring.
- This device contains solid silicone elastomer. The risks and benefits of implanting this device in patients with documented sensitivity to silicone should be carefully considered.
- The implantation of this device is contraindicated in patients who have active urogenital infections or active skin infections in the region of surgery.
- The implantation of the InhibiZone® version of this device is contraindicated in patients with known allergy or sensitivity to rifampin (rifampicin) or to minocycline or other tetracyclines.

For a complete list of indications, contraindications and precautions, contact your urologist or refer to the Instructions for Use at www.AmericanMedicalSystems.com

Call your urologist and make an appointment to determine if one of these solutions is right for you.