

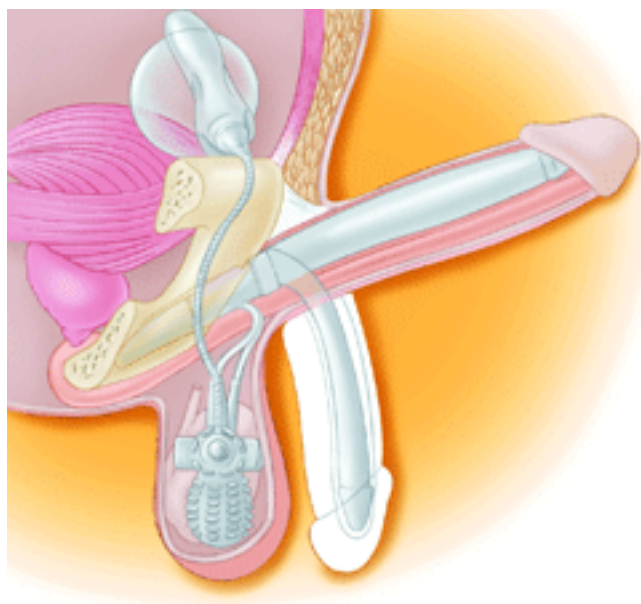
## Erectile dysfunction

Erectile dysfunction is a common problem that affects up to 20% of men over the age of 40 years and 60% of men over the age of 70 years. There are often situational, psychological or stress related causes and erectile dysfunction can occasionally be related hormone deficiency. Vascular insufficiency is a common physical cause and potential underlying general medical problems such as diabetes and cardiovascular disease need to be assessed.

If erectile dysfunction persists after management of any underlying conditions, the most common initial treatment is the use of oral PDE5 inhibitors such as viagra, cialis and levitra. These drugs work after 20 to 60 minutes and will enhance a man's response to stimulation and promote an erection, causing only minor side-effects such as headache, facial flushing, nasal stuffiness and indigestion in about 20% of men.

If the oral agents fail to help, the next step in management of erectile dysfunction is intra-penile injections, usually using prostaglandin E1 or alprostadil. These painless self-administered injections create an erection irrespective of stimulation within 15 minutes.

If these treatments fail or are unacceptable, the next treatment option is a surgically implanted penile prosthesis. The gold standard 3-part inflatable prosthesis can be implanted through a 3 cm transverse scrotal incision with just one night in hospital. On inflation, by squeezing the scrotal pump, an erection is created and maintained until the deflation button is pushed. Regular inflation/deflation during the healing period is useful but intercourse should be delayed for 6 weeks. A penile prosthesis is a good option that produces an excellent reliable erection, allows maximal spontaneity and is cheaper in the longer term. Device removal for infection or mechanical failure is the very uncommon but serious risk.



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