



GLICKMAN UROLOGICAL & KIDNEY INSTITUTE

Erectile Dysfunction

What is it?

Erectile dysfunction (ED), also called impotence, is the inability to get and maintain an erection enabling sexual intercourse. Many men have an occasional erection lapse, which happens for a variety of reasons — tiredness, stress, relationship problems or drinking too much alcohol. If it happens less than 20 percent of the time, treatment typically isn't necessary, although some lifestyle changes may help. But if you can't achieve an erection 50 percent or more of the times you try, that generally means there's a problem requiring your doctor's attention. About 1 in 5 American men report having had erection difficulties, with the likelihood increasing with age. Persistent ED isn't something to be ashamed of, but it's not normal at any age, and it's not an inevitable part of getting older. It's a symptom of an underlying condition that usually can be successfully treated. The first step is talking to your doctor.

What causes ED?

An erection occurs when sexual stimulation triggers increased blood flow to the penis, which expands and temporarily traps the incoming blood. To become erect, the penis must have a sufficient blood supply, adequate

tissue that can stretch and hold blood, properly working nerves, and stimulus signals from the brain. So a disease or condition that disrupts any or all of those can cause ED. A partial list includes:

- Vascular diseases such as atherosclerosis (hardening of the arteries) that can limit blood flowing to the penis
- Diabetes, which can cause nerve and artery damage
- Kidney disease, which can affect hormones, blood circulation, nerve function and energy level
- Neurological disorders such as Parkinson's disease, multiple sclerosis, stroke and spinal cord injuries, which can interrupt nerve signals between the brain and penis
- Surgery or radiation treatments for prostate, bowel and bladder cancer, which can affect the penis's nerves and blood supply
- Psychological difficulties such as stress, depression or performance anxiety

Prescription medications such as diuretics, antihistamines, antidepressants, antihypertensives, antiarrhythmics, tranquilizers and muscle relaxants also can cause ED as a side

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effect. So can the use of tobacco, alcohol and illegal drugs. If you suspect the medication you're taking is causing your ED, DO NOT stop taking it on your own. Talk to your doctor, who may be able to prescribe a different medication.

How is ED diagnosed?

Because many things potentially can cause ED, your doctor will use a thorough evaluation to pin down the origin. You'll undergo a physical exam and a review of your medical and sexual history, which may include an interview of your sexual partner to gain insight into underlying causes. In some cases, your doctor may order blood tests or other kinds of lab work. The results of the evaluation may determine what treatment your doctor recommends.

How is ED treated?

There are many treatment options, ranging from oral and injectable medications to sex therapy, physical aids and surgery. Each has pros and cons, which your doctor can explain.

Non-surgical treatments:

- Medications such as sildenafil (Viagra™), vardenafil (Levitra™) or tadalafil (Cialis™) increase blood flow to the penis. Possible side effects are indigestion, stuffy nose, flushing, headaches and temporary vision changes such as haziness and light sensitivity. Men who take nitrate-containing medications such as nitroglycerine shouldn't take oral ED medications, since the combination can dangerously lower blood pressure.
- Education/psychology/sex therapy provided by a trained counselor can help with feelings of anxiety or guilt that contribute to ED, even when there's a physical cause. Men whose ED has a clear psychological cause should get sex therapy counseling before undergoing any invasive treatment.

- Hormone replacement using testosterone may help men whose ED is due to low testosterone levels.
- Penile injection therapy can effectively treat ED caused by blood vessel, nerve and psychological problems. Men learn how to use a tiny needle to inject the side of their penis with medications that relax blood vessels and muscle and allow blood to flow into the penis. A suppository placed in the urinary tube has the same effect, though it appears less effective than the injection method. Possible injection side effects are pain, scarring and a painful, long-lasting erection.
- Physical aids such as vacuum devices and penile constriction rings can help some men with ED have an erection. The vacuum cylinder fits over the penis and removes air with a pump. The vacuum draws blood into the penis, causing an erection which an elastic band around the base of the penis maintains for as long as 30 minutes.
- Lifestyle changes alone may lessen or resolve ED in some men, or may be used to bolster medical therapies. The three major changes are quitting smoking, exercising regularly and reducing stress. Each has physical and mental benefits that can reduce ED. Your doctor can suggest strategies.

Surgery:

- A penile prosthesis is a pair of inflatable cylinders placed in the penis through one or two small incisions during outpatient surgery. Tubing connects the cylinders to a fluid reservoir that's put under the abdominal muscles, and to a pump placed in the scrotal sac. Squeezing the pump several times pushes fluid into the cylinders and makes the penis erect. A deflation valve drains the fluid and makes the penis flaccid. Potential complications of the surgery are infection and parts failure. Satisfaction rates for men who have penile implants are high.

To learn more visit clevelandclinic.org/Glickman. To schedule an appointment, call the Glickman Urological & Kidney Institute appointment line at [216.444.5600](tel:216.444.5600) or [800.223.2273](tel:800.223.2273), extension [45600](tel:45600).