
Erectile Dysfunction

Frequently Asked Questions

What is erectile dysfunction?

Erectile dysfunction or Impotence can be defined as the inability to get or sustain an erection sufficient for sexual intercourse. It is a common but not talked about problem. One in ten men will suffer from impotence and in diabetic men it is as common as 30%. The ability to be able to get an erection is important to most men old and young, but because of taboos and embarrassment many men suffer in silence without seeking help or advice from their Doctor.

How do erections happen?

A man needs hormones, blood supply, nerves and a desire if he is to achieve an erection. If one or more of these mechanisms fail then the erection will also fail. When aroused nerve impulses travel from the brain to the penis. This triggers the relaxation of the smooth muscle in the penis which then allows increased blood flow into the tissues. As the penis fills with blood it will enlarge and become erect. As the penis enlarges it compresses the veins inhibiting blood flow out of the penis, thus sustaining the erection. The penis will stay erect until ejaculation or when arousal stops.

What physical causes are there?

Hormone imbalance—

A deficiency of male hormones can reduce desire or interest in sexual function.

Nerve damage—

Can result in damage to the nerves which cause the erection and reduced sensitivity thus making it increasingly difficult to achieve an erection.

Disease of the blood vessels—

The blood vessels become narrowed and hardened. This reduces the blood supply to the penis which can lead to impotence. If the penis does not fill adequately then the veins will not be closed off and blood will leak out of the penis and the erection will not be maintained.

Trauma—

Such as injury to the spinal cord.

Pelvic surgery—

Some operations on the prostate, bladder or bowel may result in some nerve damage leading to impotence.

Drugs —

As a result, some drugs for blood pressure, depression and sedatives have the side effect of causing impotence.

Smoking and alcohol—

Those who smoke and drink are more likely to suffer from impotence.

Do psychological causes play a part in erectile dysfunction?

It is very common to see a combination of psychological and physical causes but pure psychological causes are unusual. Problems with the ability to get and maintain an erection can also be caused by stress, depression, anxiety, relationship problems, embarrassment, guilt and many other reasons.

When a man has difficulty getting an erection for whatever cause, it is common to experience feelings of pressure to perform and to fear failure. This can lead to a feeling of inadequacy and a sense of loss of manhood. These are all normal emotions for a man suffering from erectile dysfunction.

What can I do about the problem?

Talk about it with your partner and to your Doctor. Not all men decide to embark on treatment but to be fully investigated it is likely that you will be referred to a Urologist. A Urologist will talk to you about your problem making a full assessment including a physical examination.

It is likely that you will require some blood tests if these have not been performed already by your Family Doctor. Once this has been completed the treatment options will be discussed

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What treatment is available?

Ultimately it is your decision as to what treatment you choose; you will, of course, be given guidance as to what is most appropriate for you.

Counselling—

Some men do need counselling and they will be referred to a specialist in this area. Counselling can be part or all of the treatment required.

Tablet treatment—

First-line treatment for most patients is now tablet treatment using Viagra, Levitra, or Cialis. Your Family Doctor may prescribe this for you in the first instance.

Hormone treatment—

This is offered to those patients who are deficient in male hormones i.e. testosterone. Medication can restore the hormone imbalance and improve potency. This treatment will not have any affect on those who do not have a hormone imbalance.

Self-injection therapy—

This treatment involves self injecting a drug into the side of the penis each time you want to have an erection. The injection causes the muscle in the penis to relax allowing increased blood flow into the penis.

Injection therapy is very affective for many men but some do find the very thought of self injection unacceptable. If you decide to choose this option, then you will be trained in the clinic how to inject yourself. Injection therapy can be used a maximum of twice a week and never more than once in 24hours.

As with all drugs there are side effects. Occasionally the erection does not go down and you may need to come to hospital to have the erection reduced. This is not common.

Vacuum erection assistance devices—

These are a non-invasive method of getting and sustaining an erection. To use this device the penis is inserted into a cylinder, using plenty of lubrication to ensure a good seal at the base of the penis. A small vacuum pump is attached to the other end of the cylinder. The pump creates a vacuum and this causes blood to be drawn into the penis thus causing an erection. A constriction ring is then placed onto the base of the penis to trap the blood in the penis and maintain an erectile state. The cylinder is then removed. The ring can be left in place for up to 30 minutes.

This is a safe and effective form of treatment. The cost of a pump is between \$130–\$1300. The use of the device will be demonstration prior to purchase.

Penile implants—

This involves surgical implantation of 2 rods into each side of the penis. They can be semi-rigid or inflatable and are permanent.

Specific information leaflets are available for most of these treatments from the practice.

Erectile Dysfunction continued...

Who can I contact for more help or information?

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The Wesley Emergency Centre

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Greenslopes Private Hospital Urology Ward

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If you wish to retain a copy for you own records, one will be provided.

I have read this information sheet and I accept the information it provides.

Signature

Date
