

PATIENT FACT SHEET

ERECTILE DYSFUNCTION

Erectile dysfunction, or “ED,” is when the penis often does not get hard or stay hard long enough for satisfying sex. Experts think about 15 to 30 million Americans have ED. ED can happen at any age, but more so after age 50 years. ED can be the first sign of heart trouble and other health problems that may also need treatment.

KEY CONCEPTS

- Erectile dysfunction (ED) is when the penis does not get hard or stay hard for sex.
- Causes include heart problems, diabetes, high cholesterol, alcohol / drugs / smoking, age, medication, nervous system, and hormone level problems.
- Treatments include improving control of medical problems, various medicines, penis vacuum pump, and surgery.

COMMON CAUSES

- Age over 50 years
- Having heart disease, diabetes, high cholesterol, kidney trouble, and being overweight
- Tobacco, alcohol, and drug use
- Stress, anxiety, depression, or fear of performing with a partner
- Nervous system problems, like stroke, Parkinson’s disease or multiple sclerosis
- Treatment for some prostate problems, including medicines or surgery
- Some other prescription medicines for depression, blood pressure, and pain, among others
- Abnormal hormone levels, including low testosterone

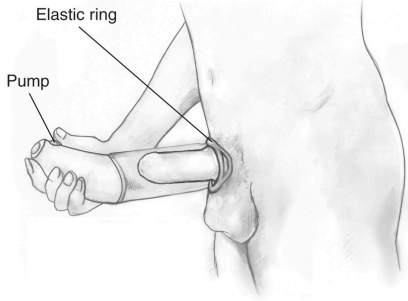
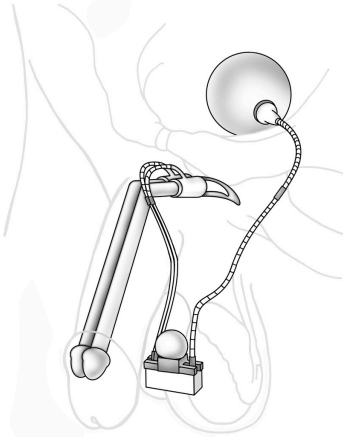
WHAT TO EXPECT AT A VISIT

- Health and sexual history
- Mental health evaluation
- Physical examination
- Blood tests to find possible causes
- Other tests may be used to learn if there are blood flow problems and if ED medicines are safe to use

TREATMENT OPTIONS

- Lifestyle changes: Losing weight, exercising, stopping smoking, lowering alcohol and recreational drug use where needed. These changes can help both erections and overall health.
- Working with a provider to improve control of diabetes, blood pressure, and cholesterol, as needed.

Medicines for ED	Side Effects
Pills taken an hour before sex work best when taken on an empty stomach.	May cause headache, heartburn, flushing, runny nose, and temporary color vision changes. Less often, low blood pressure, dizziness, or fainting.
A small tablet, or pellet, which goes into the end of the penis.	May cause burning or pain in the penis or urethra (urine tube), or a headache. Less often, may cause dizziness, very low blood pressure, or fainting. It should be tried first in the provider’s office.
A shot of medicine given at home through a very small needle into the side of the penis. It makes an erection in 5 to 20 minutes.	May cause pain from the medicine or bruising. Most people find the needle itself does not hurt. Less often, may cause dizziness or low blood pressure. Scarring inside the penis can also happen, which might cause a curved erection. Learning how to inject happens in the provider’s office.
In some cases, taking testosterone medicine if blood levels are low.	Too much testosterone can cause mood swings, blood clots, and risk of heart attack, among other problems.

Other Treatments	Side Effects
<p>Penile pump, or vacuum erection device (VED). The VED makes an erection using a hand pump with a tube that goes around the penis. The VED brings blood into the penis and is then removed. A heavy elastic band stays on the base of the penis and holds the blood inside to keep the penis firm. (See diagram.)</p>	<p>The penis may ache when pumping the device. Learning how to pump properly can reduce this pain. The penis may become cool to touch. Bruising can occur in people who use blood thinners. This band should not be used longer than 30 minutes to avoid penile injury.</p> 
<p>Implanted penile prosthesis (IPP) that is surgically placed into the penis. There are two kinds:</p> <ul style="list-style-type: none"> o Two bendable devices that keep the penis firm all the time. o Two soft, inflatable devices in the penis that use a small pump placed in the scrotum, or sac. The pump inflates the devices to make a firm erection. A small balloon of water near the bladder holds water to inflate the device. (See diagram.) <p>Most people who have an IPP have tried other treatments first.</p>	<p>Patients may have bleeding after surgery, damage to the urethra, scarring, or infection. Over time, the IPP may erode an opening through the penile skin. Some of these problems require removal of the implant. After a time, the IPP may stop working; surgery is needed to fix the broken parts. Many people find that their penis is a bit shorter with the IPP. After an IPP is implanted, other treatments will no longer work, so the IPP is not usually the first choice for treating ED.</p> 

Source: Courtesy of the National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health. Used with permission.

Other treatments, like platelet-rich plasma (PRP), shockwave treatments (SWT) and a gel put on the head of the penis, are still being studied. Questions about these treatments should be asked of a health care provider.

Medicines may be changed based on lab results and how well the ED treatments are working. If one treatment is not enough, the provider might combine treatments to treat ED.

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REFERENCES AVAILABLE UPON REQUEST

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