

Erectile Dysfunction

Information and Treatment Options for Patients

In this document you will learn about:

- What is erectile dysfunction
- Causes of erectile dysfunction
- Treatment options and aids for erectile dysfunction

What is erectile dysfunction?

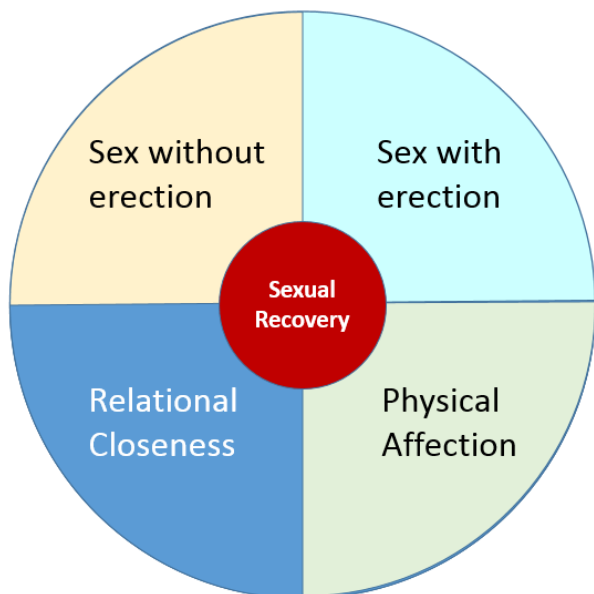
Erectile dysfunction (ED), also known as impotence, is the difficulty of getting or keeping an erection.

What causes erectile dysfunction?

ED becomes more common with age and may also occur as a side effect of cancer treatments such as surgery and radiation therapy. Emotional factors (e.g. stress and anxiety), worries about sexual performance and depression may lead to erectile dysfunction as well. Some medical conditions such as high blood pressure, heart disease, diabetes, high cholesterol, diseases of the nervous system and hormone abnormalities may also cause erectile dysfunction.

Whether due to emotional, psychological or physical reasons, blood flow to the penis is restricted in ED, preventing a firm erection to occur.

What does sexual recovery involve?



Above figure: a diagram that shows the various types of therapies that work together to bring sexual recovery for men with ED. *Adapted from Walker et al. (2015)*

sharing of interests and hobbies).

Sometimes the loss of erectile function is not a problem and men may choose not to pursue treatment. For others, sexual recovery is important.

Initially, most men tend to focus on treatment options to regain sex with erection, such as medications, devices and implants. In sexual recovery it is suggested that a 4-pronged approach may be helpful: learning to enjoy sex without an erection, using ED aids to enable sex with an erection, physical affection (e.g. handholding) and relational closeness (e.g. open communication with your partner and

At the **Sexual Health, Intimacy and Cancer (SHIC) Clinic** at the Cancer Centre, we work with men and their partners to find ways of being sexual after cancer. You can self-refer to the SHIC clinic by calling 705-728-9090 x43520.



The remainder of the brochure will talk about treatment options to achieve sex with or without an erection.

What is sex without erection?

Sex without erection is a physically intimate activity that does not require the penis to be erect. Sometimes these types of activities are called “outercourse”, and can include frottage (rubbing against each other), kissing, sexy talk, sex toys, sexual touching,

massage, manual stimulation and oral sex. Couples are encouraged to enjoy intercourse from the beginning rather than “waiting” to see if natural erections return. Many couples say that intercourse enhances their sexual relationship and has helped them to cope with sexual changes.

Talk to your doctor, nurse practitioner or the SHIC Clinic for more details.

What is penile rehabilitation?

Penile rehabilitation is a form of physical therapy – you can think of it as exercise for the penis. More research is needed about penile rehabilitation but it suggests that exercising the penis can keep erectile tissue healthy and promote healing of the nerves responsible for erections. Penile rehabilitation is recommended for cancer patients who have ED and where there have been treatments (i.e. surgery and radiation) to the pelvic area.

When trying to regain erectile function, it can be helpful to exercise the penis by masturbating and/or working with your partner to become sexually aroused on a regular basis. Exercising the penis with erectile aids such as medications, penis pump or injections is also recommended (see next section for more details). The sooner this can occur after treatment the better, as blood flow to the penis will provide the oxygen the penile tissue needs and may increase the possibility of regaining erections.

Options for sex with erection

The following treatments and aids work by helping males achieve an erection. The 7 main options that will be discussed in this pamphlet include:

- PDE-5 Inhibitors
- Vacuum Erection Devices (VED) – also called penis pump
- Constriction Rings
- Intracavernosal Injections (Penile Injections)
- Intraurethral Pellets
- Strap-on Dildo
- Surgical Penile Implants

Some of these options may be better than others for a number of reasons, including you and your partner's goals of treatment, current health status, and your partner's desire to avoid or become pregnant. Please speak to your doctor, nurse practitioner or the SHIC Clinic to find out the best options for you.

PDE-5 inhibitors (PDE5i)

PDE-5 (phosphodiesterase type 5) inhibitors (PDE5i) are drugs that can help men get erections. For this treatment, you'll need a prescription from your doctor or nurse practitioner.

For the drugs to work properly, sexual desire/interest/thoughts as well as some stimulation to the penis must be present. After taking the tablets, one must wait about 30 minutes before they begin to work. Doing things to get aroused is key to these medications working. Common examples include Viagra® (sildenafil), Levitra® (vardenafil), Cialis® (tadalafil) and Staxyn® (vardenafil HCl).

One drug may work better than another and each individual drug may also take a different amount of time to work. It is often necessary to trial each drug to see which works best. When you are further along in your sexual recovery, sometimes it is helpful to re-try some of the drugs that haven't worked for you in the past.

Each drug should be attempted at least 4 to 8 times before changing to a different one. These drugs may not work as well with alcohol or after high fat meals and should not be taken together with a group of heart drugs called nitrates. Ask your doctor or nurse practitioner for more details on how to take these drugs.

PDE5i drugs are effective in approximately 40-60% of men and the cost is approximately \$15 per pill.

Vacuum Erection Device (VED) (also called penis pump)

A Vacuum Erection Device (VED) is a non-invasive method of having and keeping an erection for men with ED.

A VED comes in the form of a plastic cylinder that creates a negative pressure (like a suction) with a hand or battery operated pump. This suction effect draws blood to the penis to produce an erection. Once erect, a rubber ring is placed onto the base of the penis to stop the blood from escaping and the vacuum pump is removed.



Photo credit: Encore Vacuum Therapy

The ring should not be worn for longer than 30 minutes at a time, but there is no limit to how often you can use the VED. The device is used to help with sexual intercourse and preserving penile length after cancer treatment. VEDs are less invasive but may be more interruptive to sex than the use of drugs.

Vacuum devices are prescribed by doctors and can also be found over the counter. It is important to know that injury can occur to the penis if the pump is used incorrectly. It's safer to get a prescription from your doctor for a VED as your doctor can also help you to use your VED correctly.

VEDs are effective in approximately 85% of men and the cost of a medical grade pump is approximately \$240 and up.

Constriction Ring

Some men are able to get an erection but lose it quickly. Often these men can use a constriction ring, like the rubber ring used with a VED, to keep the blood in the penis and keep the erection stiff enough for penetration. A constriction ring

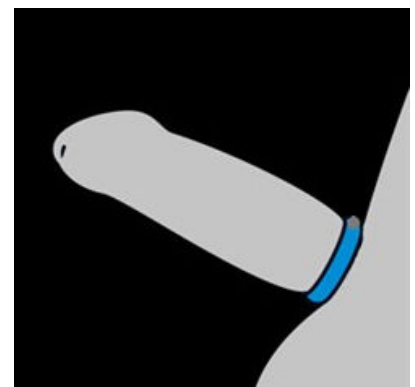


Photo credit: Prostate Cancer UK

should not be left on for more than 30 minutes. Constriction rings are typically \$5-20 each.

Intracavernosal injections

An intracavernosal injection uses a small needle to inject a drug called prostaglandin into the side of the penis a few minutes before starting sex.

When using this treatment with sexual excitement, it can help to produce a firmer and longer-lasting erection.



Side effects such as prolonged erection or scarring to the spongy tissue of the penis are possible with these injections. If you do get these side effects, get medical treatment immediately.

Photo credit: Orchid Male Cancer

You'll need a prescription from your doctor or nurse practitioner. Patients are given an appointment with the doctor or nurse who will teach them about the injections. Men are encouraged to bring their partners to this teaching appointment.

Intracavernosal injections are effective in approximately 85% of men. The cost of a vial of medication is approximately \$95 which gives approximately 10 erections.

Intraurethral pellets

Intraurethral pellets are very tiny pieces of the drug prostaglandin that you place into your urethra (at the opening of your penis) with an applicator. The pellet is about the size of half a grain of rice. Once inserted into the opening of the penis, gentle massage or stimulation to the penis by you or your partner helps to dissolve the pellet, allowing the drug to be absorbed.

When using this treatment, it can help to produce a firmer and longer-lasting erection.

Pellets may be easier to use than injections, but don't always work as well and may cause side effects such as dizziness, burning, itchiness or discomfort to the urethra.

This treatment has been reported to be successful in approximately 40-57% of men and the cost is approximately \$57 per pellet.

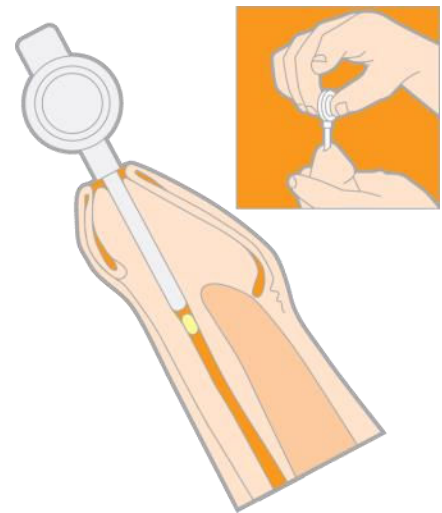


Photo credit: Orchid Male Cancer

Strap-on Dildos

Some men find that using a strap-on dildo allows for a satisfying sexual experience with a partner. Dildos can be solid or hollow so that a man can put his penis inside the dildo. The dildo is applied to a harness that is worn by the man and he can penetrate his partner as if the dildo is his own penis. Many men like this erectile function aid because it allows them to enjoy body to body contact with their partner as well as the sensation of thrusting. A dildo is always firm so no need to worry about getting an erection.



Photo credit: SpareParts HardWear

Harnesses can range from approximately \$30-160 and dildos from \$10-30. Harness and dildo sets can be purchased for as low as approximately \$25-70. Products do range in quality and it is important that the strap-on dildo has a sturdy harness.

Surgical penile implants

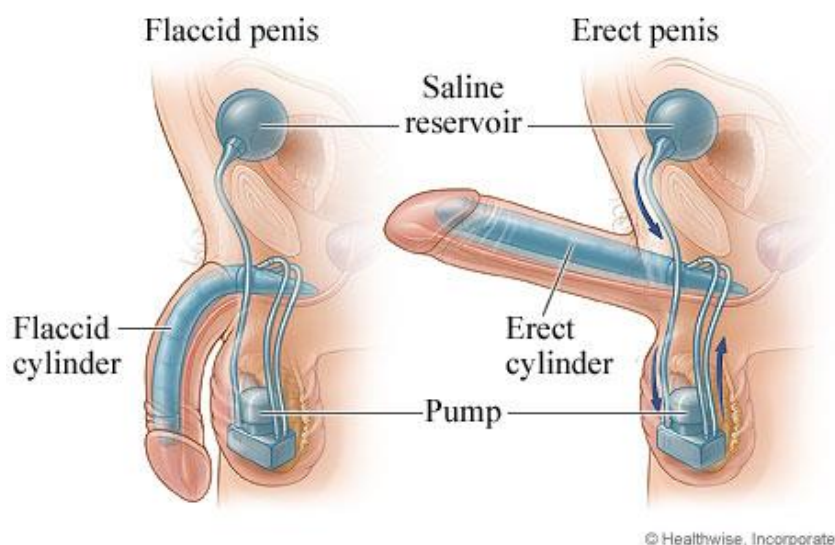
Surgery can be done to implant a prosthesis (a man-made body part) in the penis to treat erection problems. There are 2 main types of surgical implants:

- Semi-rigid rods
- Inflatable pump

Semi-rigid rods

This is the simplest type of implant. The semi-rigid silicone rods keep the penis relatively hard all the time but allows it to be bent down when you do not require an erection. A thin metal core runs through each rod and as such, will stay bent down when moved away for non-sexual activities.

Inflatable pump



There are two types of pumps available: an inflatable 2-part pump or an inflatable 3-part pump (multi-part pump). In both cases, the pump is placed in the scrotum and when squeezed, fills the implant with saline fluid, causing the penis to become erect.

The implant can be deflated at any time using the release valve.

Surgical penile implants are effective in approximately 85% of men and the cost may be covered by OHIP.

Where do I go from here?

Non-prescription aids and devices can be found at sex toy stores or on-line at websites such as pinkcherry.ca, comeasyouare.com and amazon.ca.

No single treatment option has been shown to help all men. It is important to seek medical advice from your doctor or nurse practitioner when selecting the method that works best for you. The Sexual Health Intimacy and Cancer (SHIC) clinic in the Hudson Regional Cancer Centre is a good place to start for individuals or partners who want help with sexual health concerns. Please call 705-728-9090 x43520 to make an appointment for the SHIC clinic.



For more information

American Cancer Society. www.cancer.org

Man Cancer Sex by Anne Katz. Published 2010. ISBN 978-1890504878.

References

1. Sexuality Education Resource Centre. Treatment for Erectile Dysfunction. Website accessed: <http://www.serc.mb.ca/sexuality-relationships/male-sexuality/erectile-dysfunction/treatment-erectile-dysfunction>. Accessed March 16, 2015.
2. Sex and Prostate Cancer. Prostate Cancer UK. <http://prostatecanceruk.org/>. Accessed July 5, 2016.
3. Webinar: Managing the Impact of Prostate Cancer Treatments on Sexual Function by Christine Zarowski, BSN Sexual Health Clinician - Vancouver Prostate Centre. Accessed on Nov 18, 2014.
4. Sexuality for the Man With Cancer. American Cancer Society. Website accessed: <http://www.cancer.org/treatment/treatmentsandsideeffects/physicalsideeffects/sexualsideeffectsinsenior/men/sexualityforthemans/sexuality-for-the-man-with-cancer-toc>. Accessed March 16, 2015.
5. <http://www.harvardprostateknowledge.org/treating-erectile-dysfunction-with-penile-implants>. Accessed May 30, 2017.
6. <http://www.prostatecancer.ca/Prostate-Cancer/Treatment/Side-Effects-of-Treatment/Sexual-Side-Effects/Treating-Erectile-Dysfunction>. Accessed May 30, 2017
7. Walker L., Wassersug R., & Robinson J. (2015). Psychosocial perspectives on sexual recovery after prostate cancer treatment. *Nature Reviews Urology*, 12, 167-176.
8. Elterman, D., Asseldonk, B. V., Matthew, A. et al. (2016). Mp76-13 Canadian Consensus Guidelines For Sexual Rehabilitation Following Prostate Cancer Treatment. *The Journal of Urology*, 195(4). doi:10.1016/j.juro.2016.02.1864

All trademarks are the property of their respective owners.

Disclaimer

Product names and websites mentioned in this booklet are listed as examples only and are not endorsing any particular brand, product or company. Talk to your doctor or nurse practitioner to find out what products are best for your needs.