

Male Sexual Problems *(page 1 of 3)*



Sexual problems such as loss of sex drive and problems with erections are very common. It can be very upsetting and affect your personal relationships. Embarrassment can often get in the way of seeking help.

Erectile dysfunction (impotence) is the repeated inability to get or maintain an erection that is firm enough to achieve satisfactory sexual intercourse between a man and his partner. It becomes more common with increasing age.

Rise in prevalence of erectile dysfunction (impotence) with increasing age

Age (years)	Proportion with problem (%)
20	0.1%
30	0.8%
40	1.9%
50	6.7%
70	27%
75 plus	more than 50%

There are many causes for erectile dysfunction and they can be physical, psychological or both. A purely psychological problem is seen in only 10% of men. However, psychological issues are compounding factors in most cases. Because it is a complex issue, a holistic approach to assessing and treating the condition is important.

Your GP may suggest several appointments to review the problems with you and your partner and you may not need specialist advice or treatment. However, our urologists can help by offering a variety of tests and treatments if the problem is of a physical nature. If appropriate we are also able to refer you and your partner to a psychosexual counsellor.

Of the 90% of men who have an underlying physical cause, the causes are found to be:

1. Obesity, high blood pressure, high cholesterol, diabetes and renal (kidney) failure - conditions often associated with one another.
2. Hormone problems – a fall in the production of testosterone (the male hormone) can lead to loss of libido (the desire for sex) and be the underlying cause or disturbances of other hormones such as prolactin.
3. Some prescribed drugs - side-effects may include erectile dysfunction.

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4. Life-style factors such as stress, smoking, alcohol and recreational drug consumption.
5. Neurological problems (conditions effecting the brain, spinal cord and nerves)
6. Pelvic surgery or trauma.
7. Anatomical abnormalities - tight foreskin or Peyronie's disease (a condition that causes the erect penis to bend making intercourse painful or impossible) are two examples.

Assessment and investigations

Usually organised by your GP but can also take place following referral to one of our urologists.

- A full history including a detailed sexual history to determine why you are having problems with your erections and under what circumstances. It is important to tell your GP or Urologist if you have premature ejaculation (uncontrolled ejaculation before or immediately after penetration) or symptoms related to your prostate such as frequency of urination and slow flow because they are often associated with erectile dysfunction.
- Sexual Health in Men (SHIM) questionnaire – to help the assessment and management of your problem you may be asked to complete a short questionnaire about your symptoms and how they affect your quality of life.
- Physical examination will include assessment of the male genitals, pulses in your legs and nerve reflexes in your legs, penis and anus (back passage).
- Blood pressure.
- Blood tests – to look for abnormalities in the blood such as a raised sugar level which may indicate the presence of diabetes.
- Urine testing - using the dipstick method to see if the urine contains sugar which might indicate diabetes.
- Hormone measurements – blood levels of testosterone and other hormones that may be giving rise to your erectile dysfunction.

Other specific tests that may possibly be arranged by the urologist

- Ultrasound of the penis – to measure the blood flow.
- Trial of injection of Caverject (a drug which is injected into the penis) – if it results in a good erection it means that the blood supply to the penis is likely to be normal.

Available treatments

- Treatment of abnormality such as circumcision or penile straightening.
- Treatment of any hormone abnormality (this is only indicated if your testosterone levels are low as it may be harmful if they are normal).
- Lifestyle modification – such as reducing stress, stopping smoking, reducing alcohol consumption and recreational drugs.
- Weight loss and increase exercise – this may reduce the risk of erectile dysfunction by

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up to 70%.

- Psychological support.

If the above treatments or life-style changes fail to help the following may be suggested:

- Prescribed drugs such as Viagra, Cialis or Levitra – These drugs require sexual stimulation to be effective and will not produce an erection without it. They will not have an effect on your sex drive.

Warning

- These drugs should not be taken if you are taking nitrates eg. GTN (or Isosorbide) for angina.
- You should only take these drugs if prescribed by your GP or urologist after a full consultation and discussion as to the risks and benefits. It is dangerous to obtain them from the Internet or any other source as it is not possible to ensure quality of medication obtained in this way.
- Funding for these drugs is only available on the NHS in certain circumstances or (if the problem is due to diabetes, pelvic cancer, pelvic surgery or pelvic trauma, or is causing severe psychological problems.)

If drugs prove ineffective or you experience side-effects other measures may be suggested:

- Penile injections to produce erections – It is a simple means of obtaining an erection. It is self-administered but you will be taught how to do this and what to do in the event of a persistent erection occurring.
- Medicated urethral system for erection (MUSE) – this involves the insertion of a pellet into the urethra (water-pipe). It is only used occasionally nowadays because of its limited success rate and side-effects but for some men it can be effective.
- Vacuum erection assistance devices (VEDS) provide a simple and effective way of obtaining an erection by drawing blood into the penis and holding it in place with a ring. It lasts for 30 -45 minutes, is safe and has no known side-effects.
- Penile Prosthesis is an artificial penile implant which is a highly effective treatment when all other forms of treatment have failed and there is considerable emotional distress as a result. It involves major surgery with a significant risk of complications eg. infection. It is also important to note that as it is an expensive procedure your Urologist will need to make a special application to your GP for funding.

For further information

The Sexual Advice Association, (formerly the Sexual Dysfunction Association), is a charitable organisation, to help improve the sexual health and wellbeing of men and women and to raise awareness of the extent to which sexual conditions affect the general population.

www.sda.uk.net

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