



Male Sexual Health  
Shared Decision-Making Guide

# Please answer the following questions or explore questions as part of your patient discussion.

## Patient Goals

- What decision is the patient facing with their sexual health?
- What is the patient's personal goal related to their sexual health?
- Is the patient alone making this decision or are they making the decision with a partner?
- What are the patient's reasons for making this decision?
- How far along is the patient in making this decision?

## Treatment Options

Patient treatment option discussions should include patient satisfaction and outcomes, possible side effects, product characteristics and typical duration of use. You can then discuss each option as to which treatment best meets the patient's needs and the needs of their partner.

- Does the patient understand the product options and characteristics for each treatment pathway?
- Does the patient understand the patient satisfaction rates and outcomes and any possible side effects of each treatment pathway?






## Support

- Who else is involved in this treatment decision?
- Does the patient have good support at home?
- Is he or she willing to assist the patient in the decision making?
- Are there any other concerns or questions the patient may have with their decision?
- Does the patient need any further discussion or education on the treatment pathways?

## Next Steps

- Review ED treatment options to make sure the patient has a good understanding of each.
- Educate on additional resources, such as websites (EDCure.org), books and videos.
- Provide necessary educational materials.
- Visit EDCure.org to find and refer to a local ED specialist in their area.

EDCure.org is a website sponsored by Boston Scientific.

	Patient satisfaction and outcomes	Possible side effects	Product characteristics	Typical duration of use
 <p><b>Penile implants</b></p> <p>In use since the 1970s, penile implants have helped hundreds of thousands of men return to an active sex life.<sup>1</sup> A penile implant is a medical implant that is implanted into the penis during an outpatient procedure. The implant is entirely concealed within the body. To operate, one squeezes and releases the pump, located in the scrotum, to achieve an erection. To return the penis to a natural flaccid state, the deflate button located on the pump bulb is depressed.</p>	<ul style="list-style-type: none"> <li>• 184 of 200 men (92%) said sexual activity with the implant was "excellent" or "satisfactory"<sup>2</sup></li> <li>• 115 of 120 partners (96%) said sexual activity with the implant was "excellent" or "satisfactory"<sup>2</sup></li> <li>• 196 of 200 patients (98%) reported erections to be "excellent" or "satisfactory"<sup>2</sup></li> <li>• 97% of patients would recommend a penile implant to a friend<sup>3</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Latent, natural erections no longer possible</li> <li>• Infection (&lt;1% risk) requires removal of device</li> <li>• Mechanical failure</li> <li>• Pain (typical with healing process)</li> </ul>	<ul style="list-style-type: none"> <li>• Permanent ED treatment</li> <li>• Concealed within the body</li> <li>• Maintain erection as long as desired</li> <li>• Spontaneous sex when the mood strikes</li> <li>• Doesn't interfere with orgasm or ejaculation</li> </ul>	<ul style="list-style-type: none"> <li>• 98% of penile implants are in use after 1.5 to 5 years<sup>2,5</sup></li> <li>• At 7 years, 94% are still in use and free from revision<sup>6</sup></li> </ul>
 <p><b>Vacuum erection DEVICES (VEDs)</b></p> <p>In use since the 1980s, a vacuum erection device consists of a hollow plastic tube, a vacuum pump and a tension ring. With the tube placed over the penis, the pump creates a vacuum that pulls blood into the penis. Once an erection is achieved, an elastic tension ring is placed at the base of the penis to help maintain the erection.</p>	<ul style="list-style-type: none"> <li>• VED patient satisfaction rates range from 68-80%<sup>7</sup></li> <li>• VED success rates range from 80-92% after radical prostatectomy<sup>8</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Penile bruising/burst blood vessels</li> <li>• Penile pain/discomfort</li> <li>• Penile numbness</li> <li>• Delayed ejaculation or failure to ejaculate</li> <li>• Cool or different colored erection</li> </ul>	<ul style="list-style-type: none"> <li>• Non-invasive</li> <li>• Drug free</li> <li>• Cost effective</li> </ul>	<ul style="list-style-type: none"> <li>• Despite initial high success rates, in a study of 85 patients, 73 of 85 (86%) decided to move onto other sexual aids<sup>8</sup></li> </ul>
 <p><b>Self-injections</b></p> <p>In use since the 1980s, injection therapy uses a needle to inject medication directly into the base or side of the penis. These medications improve blood flow into the penis to cause an erection.</p>	<ul style="list-style-type: none"> <li>• ~60% of patients were satisfied and continued use<sup>13</sup></li> <li>• Satisfaction for men and partners at 4 years was 91.4%<sup>14</sup></li> <li>• Clinical studies report ~60-86% success rates<sup>14,15</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Penile pain</li> <li>• Prolonged erection</li> <li>• Penile fibrosis</li> <li>• Injection site hematoma</li> <li>• Penile curvature</li> <li>• Palpable plaque</li> </ul>	<ul style="list-style-type: none"> <li>• Injected with a needle into the corpus cavernosum</li> <li>• Onset of erection: 5-20 mins</li> <li>• Refrigeration required</li> </ul>	<ul style="list-style-type: none"> <li>• Despite success rates, in a study of 294 men, only 59 (20%) continued the therapy<sup>14</sup></li> <li>• 107 (45.5%) men discontinued at 6 months, and 151 (64.2%) men discontinued at 12 months<sup>14</sup></li> <li>• Another study found 40% drop out rate at 12 months, and 70% at 43 months for post prostatectomy patients<sup>8</sup></li> </ul>
 <p><b>Intraurethral suppositories</b></p> <p>In use since the 1990s, intraurethral suppository treatment for ED uses an applicator containing a small pellet that is inserted into the urethra. Once the pellet is released, it dissolves to increase blood flow to the penis to form an erection.</p>	<ul style="list-style-type: none"> <li>• Clinical study satisfaction rates are limited, but one study found 64 of 192 men (33%) were satisfied<sup>17</sup></li> <li>• In clinical literature, success rates are reported at 40-65%<sup>18,19</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Penile pain</li> <li>• Urethral pain or burning</li> <li>• Urethral bleeding/spotting</li> <li>• Dizziness</li> <li>• Hypotension</li> </ul>	<ul style="list-style-type: none"> <li>• No needles</li> <li>• Onset of erection: 5-10 minutes</li> <li>• Refrigeration required</li> </ul>	<ul style="list-style-type: none"> <li>• In one study of 54 patients, over half discontinued use after 8 months<sup>21</sup></li> <li>• Another clinical study reported 40-50% of men don't continue using this therapy after 6-8 months<sup>8</sup></li> </ul>
 <p><b>Oral Medications</b></p> <p>Most men with ED start with pills, such as Viagra™, Levitra™, Cialis™ and Stendra™. These may improve blood flow to the penis, and with sexual stimulation, can help you achieve an erection.</p>	<ul style="list-style-type: none"> <li>• Effective in ~70% of cases but less effective in patients with diabetes or damage to the nerves or endothelium.<sup>8,25</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Dyspepsia</li> <li>• Back pain</li> <li>• Myalgia</li> <li>• Nasal congestion</li> <li>• Flushing</li> <li>• Pain in limb</li> </ul> <p>Administration of PDE5-inhibitors to patients using any form of organic nitrate is contraindicated</p>	<ul style="list-style-type: none"> <li>• Non-invasive</li> <li>• Available in different dosages and strengths</li> <li>• Onset of erection: 30 minutes to 1 hour</li> <li>• Food Interaction: should refer to each PDE5-Inhibitor prescribing informative for interactions with food</li> </ul>	<ul style="list-style-type: none"> <li>• Some men cannot achieve a satisfactory erection with pills and other men will switch the type of pills to achieve a satisfactory outcome.<sup>8,25</sup></li> </ul>

The American Urological Association (AUA) released a new clinical guideline and algorithm on the diagnosis, treatment and management of erectile dysfunction (ED), strongly suggesting the physician, patient and partner engage in a shared decision-making process to select the best care option for each individual patient and their partner. Available online at [www.auanet.org/guidelines/male-sexual-dysfunction-erectile-dysfunction-\(2018\)](http://www.auanet.org/guidelines/male-sexual-dysfunction-erectile-dysfunction-(2018)).

This new methodology outlines the process to identify and treat ED, with an emphasis on the importance of fully understanding the benefits and risks of all treatment options, and the consideration of all treatment options as a valid first-line therapy.

- Advise and counsel the man and partner on treatment benefits and risks, and lifestyle choices that could impact sexual and overall health
- Actively engage in a shared decision-making process to select the best treatment option for each individual man and partner
- Assess the outcomes and efficacy of treatment
- Address adjustments to treatment or consider alternate treatment

## Tier 1 treatment options for men with erectile dysfunction

Oral  
medications

Vacuum  
erection  
devices

Muse  
urethral  
suppository

Penile  
injections

Penile  
prosthesis

**15.3 million**

According to the 2015 Census data, **15.3 million men in the US have diabetes<sup>26</sup>**, and ED occurs 10–15 years earlier in men with diabetes<sup>27</sup>

**46%**

At one year following robotic assisted radical prostatectomy up to **46% of men have persistent ED<sup>28</sup>**

**50%**

Over a 2-year observation period, men with ED and diabetes were **50% more likely to require secondary ED treatments<sup>29</sup>**

**3-5 Years**

**Within 3-5 years of ED**, a cardiovascular event, such as a heart attack, may likely occur<sup>30,31</sup>

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Marlborough, MA 01752  
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