

Erectile dysfunction:

A partner's point of view

Erectile dysfunction (ED) is often called "the couples' disease" since it is one of the few disease states that can affect both a man as well as his partner. ED can limit intimacy, affect self-esteem and impact key relationships.¹ Understand how erectile dysfunction affects couples – and how both of you can find a solution to regain intimacy and confidence.

Facts about erectile dysfunction

What is erectile dysfunction?

ED is defined as the persistent inability to achieve or maintain an erection that is firm enough to have sexual intercourse.²



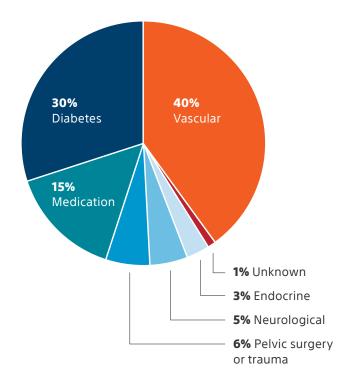
More than half of men over the age of 40 have some degree of ED.³

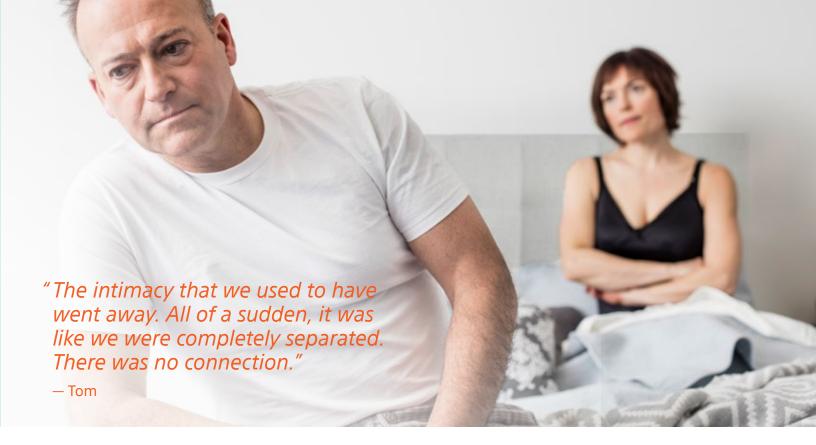
Causes and comorbidities associated with ED^{2,4-5}

There's no single cause of ED. There are real physical and psychological reasons for ED.

Some common causes are

- Cardiovascular disease (high blood pressure, heart disease)
- Diabetes
- Prostate cancer treatment
- Surgery (prostate, bladder, colon, rectal)
- Medications (blood pressure, antidepressants)
- Lifestyle choices (smoking, excessive alcohol, obesity, lack of exercise)
- Spinal cord injuries
- · Hormone problems
- Trauma





Emotional side of ED

The patient's perspective

ED has a significant impact on the man. Feelings of embarrassment, frustration and emasculation can lead to behaviors of denial, alienation and avoidance.

- A man suffering from ED may initially accept his partner's support but after time, hearing his partner say, "It doesn't matter to me" is harder to believe
- Avoiding sex can create feelings of alienation that can fracture relationships

For many men, the ability to have an erection makes them feel "normal" or "whole." It's important for partners to be supportive and understanding when trying the various ED treatment options. The options may work with varying degrees of success depending upon the cause of the ED.

The partner's perspective

ED has a significant impact on partners of ED sufferers. Feelings of frustration, empathy and sadness can slowly fade to apathy and acceptance of life without the closeness once enjoyed.

- Partners may look inward for causes "Is it me?" or "Maybe something is wrong with me"
- Partners may have a desire to "fix" the problem
- Partners may be fearful of treatment or be experiencing sexual dysfunction themselves

Things you can do

- Understand that ED is usually a medical problem that affects BOTH of you
- Talk openly with your partner
- Accompany your partner to his medical appointments
- Educate yourself on ED and the treatment options available



ED treatment options²

Regardless of the cause of a person's ED, a variety of treatment options are available. If one option doesn't work or isn't ideal, it's important not to get discouraged and give up hope. Treatment options have varying degrees of success for each man depending on the cause of the ED. The degree of spontaneity or time it takes to achieve an erection also varies among solutions. An ED Specialist will help guide couples to find a permanent treatment for ED.



Oral medications

There are a number of prescription medications available that may improve blood flow to the penis. Combined with sexual stimulation, this can produce an erection.



Vacuum erection devices

A hollow plastic tube is placed over the penis and a pump (hand/battery-powered) is used to create 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.





Injections

With injection therapy, a needle is used to inject medication directly into the penis. The medication allows blood to flow into the penis, creating an erection.



Intraurethral suppositories

An applicator containing a small pellet (suppository) is inserted into the urethra and the pellet is released. The pellet dissolves and increases blood flow to the penis, creating an erection.





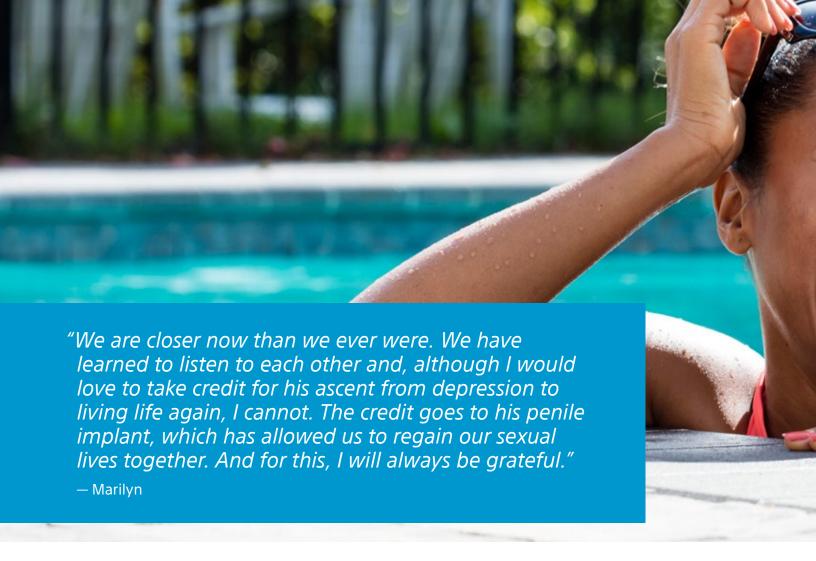
Penile implants

A device is implanted into the penis that enables a man with ED to have an erection. The device is entirely contained in the body so no one is able to see it. It is controlled by the user to achieve an erection. This treatment is designed to allow for spontaneity, and the erection is maintained for as long as the man desires.

"I think that you forget what you're missing. If you put it away, you forget about it and say, 'everything's ok,' then you realize, wow, that's what we were missing all that time. It brings you closer."

Vilma





Patient satisfaction

Prospective patients often wonder how their sexual activity will be impacted — if they will be able to experience familiar sensation and orgasms. Many studies show that penile implants offer satisfying results.^{7,8} A variety of implants are available, and men should consult with their doctor to determine which type of implant is best suited for their condition and lifestyle.

Partner satisfaction

Patients with penile implants often wonder how their partners will be affected. Partners cannot necessarily feel the difference pre- and post-implant. In one study of 200 men with penile implants and 120 partners, men and their partners found the implant to be satisfying. In fact, 96 percent of partners when surveyed, reported sexual activity with the implant was excellent or satisfactory.⁸

Penile implants have helped many couples return to an active, satisfying sex life. When your partner has an implant, it instills confidence. He will be able to perform when the time is right. When a partner has an implant, it doesn't necessarily mean a couple will have more sex. All couples are unique.

"For me, it's very exciting," says Linda, a wife of an implant recipient. "Once he has an ejaculation, the erection is still there. We can be intimate for as long as I want, which is very satisfying for me."



The ED conversation

Talking to your partner

ED affects both men and their partners and can result in frustration, anger and decreased intimacy both inside and outside of the bedroom.

- As a partner, it's important to show support, get informed, choose your moment and have the conversation. Men suffering from ED are not alone.
- By focusing on emotional and physical intimacy, including kissing, hugging and stroking, many couples report an increase in desire and motivation to pursue a solution that works for them.
- Beginning to talk about ED and treatment options may lead to conversations about other health-related issues and may include discussion of other lifestyle choices.

Ways to start the conversation

- "I love you and I am here to help with whatever is on your mind. Do you want to talk about it?"
- "We have a great relationship and I enjoy being with you, but things haven't been the same between us."
- "I know sex may be hard to talk about, but we need to address the ED. There are treatment options available and I want to help."
- "There are a lot of couples that face this issue. I am here for you. We could talk to your doctor. What do you want to do?"

There is hope!

Every man should be able to hear these words...

- "There are options for us."
- "We don't have to live like this."
- "We don't have to give up our sex life."

Supporting each other in the journey

Erectile dysfunction (ED) can test a relationship in unimaginable ways. It isolates and demeans the person suffering from ED, and creates emotional walls between partners. It can also often lead to depression.¹

ED can be a difficult topic for couples to discuss. Anxiety issues and communication problems within the relationship will not be solved simply because the man is able to have an erection. Talking openly can help reduce stress and improve your relationship. Acknowledge your feelings, reassure each other and resolve to work through the problem, together.

For helpful conversation starters and additional resources, visit EDCure.org



The quotes featured throughout this brochure are from real men and their partners who have tried other treatment options for their ED and eventually received a penile implant. Their testimony is based on their own experience and may not be typical for all patients. We recommend that you talk to your doctor about what treatment is right for you.

- 1. DiMeo PJ. Psychosocial and relationship issues in men with erectile dysfunction. *Urol Nurs*. 2006 Dec; 26(6):442-6.
- Erectile dysfunction. National Institute of Diabetes and Digestive and Kidney Diseases. www.nlm.nih.gov/medlineplus/ erectiledysfunction.html. Accessed May 2015.
- 3. Feldman HA, Goldstein I, Hatzichristou DG, et al. Impotence and its medical and psychosocial correlates: results of the Massachusetts Male Aging Study. *J Urol.* 1994 Jan; 151(1):54-61.
- 4. Shabsigh R, Lue TF. A Clinician's Guide to ED Management. New York: Haymarket Media Inc.; 2006.
- 5. Erectile dysfunction (ED). American Urological Association. www.auanet.org/content/education-and-meetings/med-stucurriculum/ed.pdf. American Urological Association Web site. Accessed January 21, 2013.
- $6.\ Scott\ FB,\ Bradley\ WE,\ Timm\ GW.\ Management\ of\ erectile\ impotence:\ use\ of\ implantable\ inflatable\ prosthesis.\ Urology.\ 1973\ Jul; (2):80-2.$
- $7. \ \ Bernal\ RM, Henry\ GD.\ Contemporary\ patient\ satisfaction\ rates\ for\ three-piece\ inflatable\ penile\ prostheses. \ \textit{Adv\ Urol.}\ 2012; 2012; 707321.$
- 8. Montorsi F, Rigatti P, Carmignani G, et al. AMS three-piece inflatable implants for erectile dysfunction: a long-term multi-institutional study in 200 consecutive patients. Eur Urol. 2000 Jan;37(1):50-5.
- 9. Hedon F. Anxiety and erectile dysfunction: a global approach to ED enhances results and quality of life. Int J Impot Res. 2003 Apr;15 Suppl 2:S16-9.

AMS 700™ Inflatable Penile Implant

Caution: U.S. Federal law restricts this device to sale by or on the order of a physician.

Your doctor is your best source for information on the risks and benefits of the AMS 700" Inflatable Penile Prosthesis. Talk to your doctor for a complete listing of risks, warnings and important safety information.

The AMS 700° with Inflatable Penile Prosthesis is intended for use in the treatment of male erectile dysfunction (impotence). Implanting a penile prosthesis will damage or destroy any remaining ability to have a natural erection, as well as make other treatment options (oral medications, vacuum devices or injections) impossible.

Men with diabetes, spinal cord injuries or skin infections may have an increased risk of infection. Implantation may result in penile curvature or scarring. Some AMS 700 devices contain an antibiotic (InhibiZone[®] Antibiotic Surface Treatment). The device is not suitable for patients who are allergic to the antibiotics contained within the device (rifampin, minocycline or other tetracyclines) or those who have systemic lupus, these patients should use one of the devices that do not contain InhibiZone antibiotic surface treatment.

Potential risks may include: device malfunction/failure leading to additional surgery, device migration potentially leading to exposure through the tissue, wearing away/loss of tissue (device/tissue erosion) infection, unintended-inflation of the device and pain/soreness. MH-545411-AB

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