



# Find treatment for ED

Erectile dysfunction

**EDCure**.com

# Find your ED treatment

## What is erectile dysfunction (ED)?

ED is defined as the ongoing inability to achieve or maintain an erection that is firm enough to perform sexual intercourse.<sup>1</sup>

## How common is ED?

ED is a common problem, and it's important to know you're not alone.

## Causes associated with ED<sup>3</sup>

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

### Risk factors:

- Age
- Smoking
- Diabetes mellitus
- Hypertension
- Dyslipidemia
- Depression
- Obesity
- and a sedentary lifestyle

ED is not just a medical issue; it can also deeply affect relationships.<sup>4</sup>

*"The intimacy that we used to have went away. All of a sudden, it was like we were completely separated. There was no connection."*

— Tom

Results from case studies are not necessarily predictive of results in other cases. Results in other cases may vary.



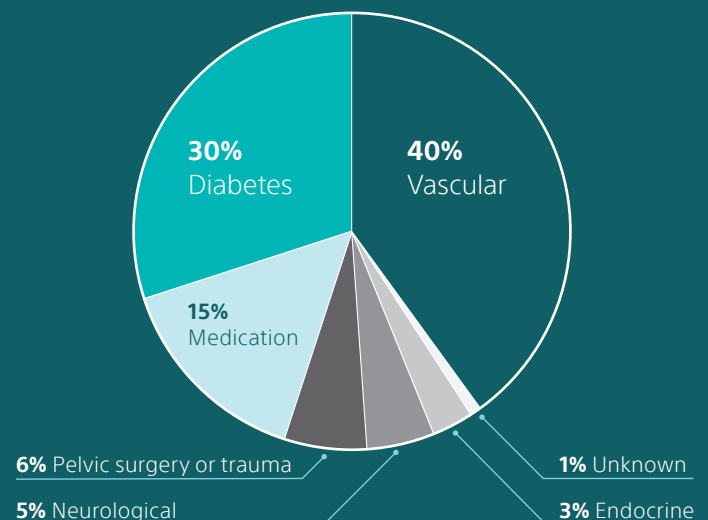
Approximately **1 in 5** American men aged 20 and older suffers from some degree of ED.<sup>5</sup>



One study estimates that by 2025, **322 million men worldwide** will be affected by ED.<sup>6</sup>

It's estimated that more than **half of men** over the age of 40 have some degree of ED.<sup>7</sup>

## Common conditions alongside ED<sup>8</sup>

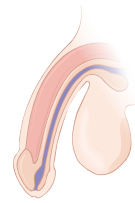


# Erections and how they work

To learn more about ED, it is important to understand how the penis normally works. The erection process includes the following 5 stages:<sup>9</sup>

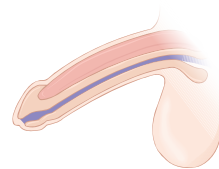


Not an actual patient.



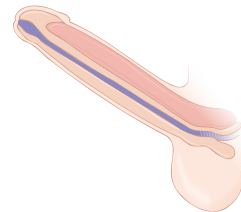
## 1. Initial filling

When you are sexually aroused, nerves signal the penile smooth muscles to relax. This relaxation allows for an increase in blood flow into the two chambers, the corpora bodies, which are located inside the shaft of the penis.



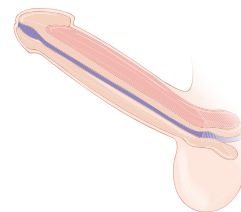
## 2. Partial erection

The arteries relax and open up to let more blood to flow in; at the same time, the veins start to close. Once blood is in the penis, pressure traps it within the corpora cavernosa. Your penis expands and holds the erection.



## 3. Full erection

As blood continues to increase inside the penis, it starts to make the penis stiff and hard, or erect.



## 4. Rigid erection

Maximum rigidity is achieved. The glans, or tip of the penis, and the penile shaft enlarge or engorge with blood until the penile veins are forcefully compressed. This traps blood inside the penis to maintain maximum penile rigidity.



## 5. Return to flaccidity

Once a man climaxes or has an orgasm, the nerves send a signal to allow the blood to leave the erect penis. This is called detumescence. The penis returns to a flaccid, non-erect state.

# ED treatment options

If you try one of the treatment options below and it doesn't work for you or you aren't completely satisfied, don't be discouraged and give up hope.

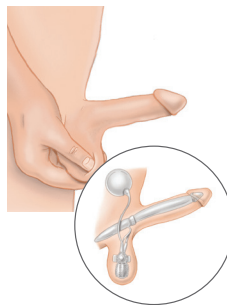
These treatment options have varying degrees of success for each man depending on the cause of the ED. Irreversible vessel or nerve damage may impact the success of some of these treatments. For example, oral medications don't work well for some men who have diabetes.<sup>10</sup> In fact, about 50% of men with ED will stop oral medications due to side effects, cost, or because the medications stop working.<sup>11</sup>

It's important to know all of your available options and discuss them with your doctor to decide which will be right for you and your lifestyle. An ED specialist will help you find the best treatment option.

*"I did quite a bit of research on devices and I elected to go with Boston Scientific...it was the only device [AMS 700 LGX] in the marketplace that allowed for expansion in girth and length, which was important to me."*

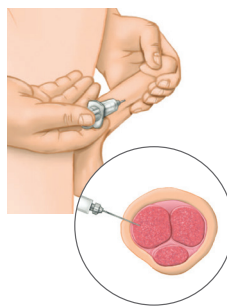
— David

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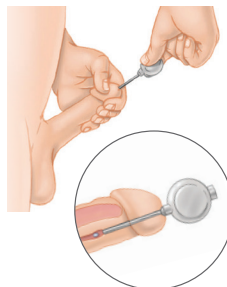
## Penile implants<sup>2</sup>

A device is implanted into the penis that is intended to allow a man with ED to have an erection. The implant is hidden inside the body, so no one can see it. The user can control it to get and keep an erection for as long as desired.<sup>15,31</sup>



## Injections<sup>2</sup>

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.



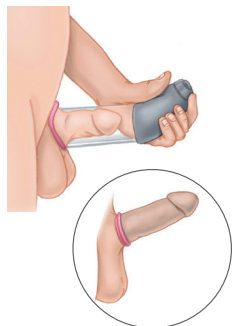
## Intraurethral suppositories<sup>2</sup>

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.



## Oral medications<sup>2</sup>

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<sup>2</sup>

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.

# What is a penile implant?

**Boston Scientific's penile implants are designed to be a long-term treatment option for men suffering from ED. A Boston Scientific penile implant can offer concealed support to achieve an erection whenever and wherever desired.**

Of the available Boston Scientific implants, the AMS 700™ Penile Implant is the most popular. It is designed to closely mimic a natural erection, provide rigidity when inflated and a natural, flaccid appearance when deflated.

The implant procedure may, but usually does not require an overnight hospital stay. An incision is made in the scrotum, or above the pubic bone, and a urologist inserts all parts through this opening. The procedure is performed under anesthesia. It generally takes a few days to return to your regular routine of light activity. Urologists typically instruct men to wait 4 to 6 weeks before using the implant.

A penile implant may provide a long-term treatment option for men. Compared with other treatment options, the implant provides spontaneity — it allows you to have sex when the mood strikes and the erection can last as long as desired.<sup>15,31</sup> The implant is discreet and entirely contained inside your body — there are no visible parts, so it would be difficult for someone to know you have this device.

Penile implants have been in clinical use for over **50 years** with over 500,000 Boston Scientific penile implants sold.<sup>14</sup>

## What advice would you give men living with ED?

*"Talk to your doctors. If your doctors aren't talking to you, you have to talk to them. Do whatever it takes to deal with the issue. You can't ignore it; you can't sweep it under that carpet. You can sweep it under the carpet but you're going to come back and you're going to trip on it."*

— Kerry

*"I could walk into a locker room and you wouldn't even be able to tell. I look just like everybody else. The implant is all inside my body."*

— Tom

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## Features of a penile implant:

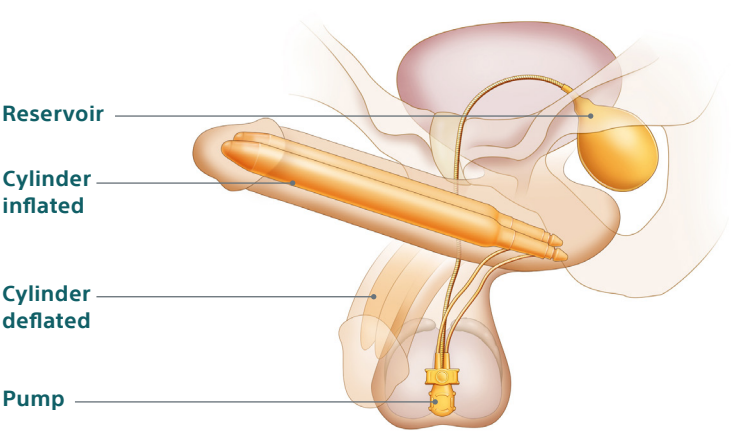
- Designed to be a long-term treatment for ED
- Spontaneous — you can activate the implant when the mood strikes
- Once activated, the erection can last as long as desired
- Entirely contained inside the body — no one knows you have an implant unless you tell them
- Designed to feel natural during intercourse
- High patient and partner satisfaction with sexual intercourse reported<sup>15</sup>
- Typically does not interfere with ejaculation or orgasm<sup>16-19</sup>

## Risks of a penile implant:

- Organic erections and other ED treatments are no longer possible
- Infection, in which case the implant may have to be removed
- Pain, which is typically associated with the healing process
- Mechanical failure of the implant
- Device replacement, lifetime of implant is up to 10 years

# AMS 700™ Three-Piece Inflatable Penile Implant

The AMS 700 Implant includes a pair of cylinders implanted in the penis, a pump placed inside the scrotum, and a saline-filled reservoir placed in the lower abdomen. Squeezing and releasing the pump moves fluid into the cylinders, creating an erection. Deflate the device by pressing the deflation button on the pump. The penis then returns to a soft, flaccid, and natural-looking state.



## AMS 700 Inflatable Penile Implant models

| LGX™ | CX | CXR |                                                                                                     |
|------|----|-----|-----------------------------------------------------------------------------------------------------|
| ✓    | ✓  | ✓   | Controlled expansion designed to provide maximum rigidity and optimal girth expansion <sup>21</sup> |
| ✓    | ✓  | ✓   | Engineered to have firm, rigid erection that can last as long as desired                            |
| ✓    | ✓  | ✓   | Designed to have natural, flaccid appearance when deflated                                          |
|      |    | ✓   | Could provide girth expansion for patients who may require shorter and narrower cylinders           |
| ✓    |    |     | Cylinders designed to provide patients a chance to regain or preserve penile length                 |

## Unique features of an AMS 700 Implant

- The only implant on the market offered with antibiotics impregnated into the product, designed to reduce the risk of infection<sup>20-25</sup>
- Available without antibiotics for those with tetracycline allergies

## Reliability and durability

- The only penile implant on the market with Parylene—proven in published studies to mitigate cylinder fatigue and increase long-term durability<sup>12,21-23,31</sup>
- Designed to be a long-term treatment for ED



# Boston Scientific penile implants

Please talk to your doctor to decide which implant may be right for you.

## AMS 700™

Inflatable Penile Prosthesis with TENACIO™ Pump  
LGX, CX, CXR



## AMS 700™

Inflatable Penile Prosthesis with MS Pump™  
LGX, CX, CXR



## Tactra™

Malleable Penile Prosthesis



Prior to your procedure, your doctor should walk you through the penile implant and how it works. There is a Patient Guide available. It includes the name of the device and pump, as well as step-by-step instructions on how to use it. You can always reach out to your doctor for more information.

# Patient satisfaction

**ED can limit your intimacy, affect your self-esteem and impact your most important relationships.<sup>4,7</sup>**

Studies show that penile implants may offer the satisfying results that so many couples seek. Consult your doctor to determine which type of implant may be best suited for your condition and lifestyle.

**In one survey of which 194 patients received an AMS 700 Penile Implant with a Momentary Squeeze (MS) Pump:<sup>15</sup>**

**95%** of patients were very satisfied or satisfied with sexual intercourse

**95%** of patients were very satisfied or satisfied with their sexual activity

**In a survey of 80 patients who received an AMS 700 Penile Implant:<sup>30</sup>**

**97%** would recommend a penile implant to a friend



Not an actual patient.

# What does having a penile implant

# mean to you?



## Regain your confidence

*"I'm concerned about satisfying my partner. And I know that I will be able to do that. [In my experience], there is no ifs, ands or buts about it. It's something that is definitely going to be done. For me it's joy. The penile implant brought back joy and confidence and everything that is normal."*

— Herschel

## Knowing that you can perform

*"It's not just about being able to perform, it's knowing that I can whenever I want. The real positive side of having an implant is you can have an orgasm but the erection doesn't go away. So it's a real plus for your partner because it's still there."*

— Danny



## Get back what you're missing

*"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

## A dependable option

*"When I want to get an erection, it works every time; [for me] it is 100% reliable. No sense of failure and it's going to last as long as I want it to. The little phrase that I use is that the prosthesis took me from 'ED' Erectile Dysfunction to 'EOD,' which is Erection on Demand."*

— Marsha and Graham



## Togetherness and spontaneity

*"If I want to have sex with my wife and we want that time together, we can do it and there isn't an injection involved. There isn't a vacuum canister, the vacuum tube with the bands and all the things that just interfere with the spontaneity of the moment. It's so much like a natural erection that you almost forget that you have an implant after a while. It feels so normal and so regular that I think it's made a big impact."*

— Vilma and Kerry

# Frequently asked questions about penile implants

## **Will my penis look different to me or will others notice a penile implant by Boston Scientific?**

Once in place, your implant is designed to be completely undetectable. It's fully concealed in the body. No one will know unless you tell them — even in the locker room.

## **How long is the recovery time after ED surgery, and when can I have intercourse?**

Most men return home within a day of penile implant surgery and are back to light activities within a week, typically able to use their implant around 6 weeks post-surgery.

## **How long does an implant last? Will I ever need to replace it?**

It is impossible to predict how long a particular implant will function in every patient. As with any medical device, penile implants are subject to wear and mechanical failure over time. A study of patients who received either an AMS 700 CX or an LGX penile implant showed that the 7-year mechanical survival rate until reoperation is 94%.<sup>31</sup> To prolong the life of your implant, follow the advice of your urologist.

## **Are penile implants covered by insurance?**

Commercial insurers may cover the diagnosis and medically necessary treatment of ED. Medicare has a national policy for ED, which includes penile implants, although coverage may depend on where you live. Work with your doctor's office and insurance carrier to check coverage levels prior to receiving treatment. There may be programs available to help cover out-of-pocket expenses or to help cover the procedure if your private insurance will not cover it.

For a full list of FAQ, visit [EDCure.com/Get-Talking](https://EDCure.com/Get-Talking)



Not an actual patient.

Patient testimonials

The stories throughout this brochure recount the experiences of people who are using Boston Scientific therapies related to erectile dysfunction. Boston Scientific invited these people to share their stories candidly. As you review them, please bear in mind that the experiences are specific to these particular people. As with all medical treatment, not every response is the same. We recommend you talk to your doctor about what treatment is right for you. The patients featured in this brochure may have been compensated for their travel and/or time. Results from case studies are not necessarily predictive of results in other cases. Results in other cases may vary.

References

1. Erectile Dysfunction. National Institute of Diabetes and Digestive and Kidney Diseases. Available at: <http://www.nlm.nih.gov/medlineplus/erectiledysfunction.html>. Accessed July 16, 2024.

2. Erectile Dysfunction (ED). American Urological Association. <https://www.auanet.org/meetings-and-education/for-medical-students/medical-students-curriculum>. Accessed July 16, 2024.

3. Burnett AL, Nehra A, Breau RH et al: Erectile dysfunction: AUA guideline. *J Urol*. 2018;200:633–641.

4. DiMeo PJ. Psychosocial and relationship issues in men with erectile dysfunction. *Urol Nurs*. 2006;26:442–446.

5. Selvin E, Burnett AL, Platz EA. Prevalence and risk factors for erectile dysfunction in the US. *Am J Med*. 2007;120:151–157.

6. Ayta IA, McKinlay JB, Krane RJ. The likely worldwide increase in erectile dysfunction between 1995 and 2025 and some possible policy consequences. *BJU Int*. 1999; 84:50–56.

7. Feldman HA, Goldstein I, Hatzichristou DG, Krane RJ, McKinlay JB. Impotence and its medical and psychosocial correlates: results of the Massachusetts Male Aging Study. *J Urol*. 1994;151:54–61.

8. Shabsigh R, Lue TF. A Clinician's Guide to ED Management. New York: Haymarket Media Inc. 2006

9. Dean RC, Lue TF. Physiology of penile erection and pathophysiology of erectile dysfunction. *Urol Clin North Am*. 2005;32:379–395.

10. Walsh TJ, Hotaling JM, Smith A, Saigal C, Wessells H. Men with diabetes may require more aggressive treatment for erectile dysfunction. *Int J Impot Res*. 2014;26:112–115.

11. Corona G, Rastrelli G, Burri A, et al. First-generation phosphodiesterase type 5 inhibitors dropout: a comprehensive review and meta-analysis. *Andrology*. 2016;4:1002–1009.

12. Salem EA, Wilson SK, Neeb A, et al. Mechanical reliability of AMS 700 CX improved by Parylene coating. *J Sex Med*. 2009 Sep;6(9) 2615–20.

13. Data on file with Boston Scientific.

14. Scott FB, Bradley WE, Timm GW. Management of erectile impotence: use of implantable inflatable prosthesis. *Urology*. 1973;2:80–82.

15. Otero JR, Cruz CR, Gómez BG, et al. Comparison of the patient and partner satisfaction with 700CX and Titan penile prostheses. *Asian J Androl*. 2017;19:321–325.

16. Montorsi F, Rigatti P, Carmignani G, et al. AMS three-piece inflatable implants for erectile dysfunction: a longterm multinstitutional study in 200 consecutive patients. *Eur Urol*. 2000;37:50–55.

17. Levine LA, Becher EF, Bella AJ, et. al. Penile Prosthesis Surgery: Current recommendations from the International Consultation on Sexual Medicine. *J Sex Med*. 2016;13:489–518.

18. Coleman E, Listiak A, Braatz G, Lange P. Effects of penile implant surgery on ejaculation and orgasm. *J Sex Marital Ther*. 1985;11:199–205.

19. Bae JH, Song PH, Kim HT, Moon KH. Assessment of erectile and ejaculatory function after penile prosthesis implantation. *Korean J Urol*. 2010;51:202–207.

20. Carson CC III, Mulcahy JJ, Harsch MR. Long-term infection outcomes after original antibiotic impregnated inflatable penile prosthesis implants: up to 7.7 years of follow-up. *J Urol*. 2011;185:614–618.

21. Titan Penile Implants. Coloplast. Available at: <https://iu.coloplast.us/products/titan-penile-implants/>. Accessed July 16, 2024.

22. InflaIO X. Inflatable Penile Prosthesis Rigicon. Available at: <https://www.rigicon.com/inflatable-penileprosthesis/>. Accessed July 16, 2024.

23. ZSI 475 Inflatable Penile Implant. Zephyr Surgical Implants. Available at: [https://www.zsimplants.ch/en/ \] products-en/erectile-dysfunction/zsi-475-inflatable-penile-implant](https://www.zsimplants.ch/en/ ] products-en/erectile-dysfunction/zsi-475-inflatable-penile-implant). Accessed July 16, 2024.

24. Mulcahy JJ, Carson CC III. Long-term infection rates in diabetic patients implanted with antibiotic impregnated versus nonimpregnated inflatable penile prostheses: 7-year outcomes. *Eur Urol*. 2011;60:167–172.

25. Nehra A, Carson CC III, Chapin AK, Ginkel AM. Long-term infection outcomes of a 3-piece antibiotic impregnated penile prostheses used in replacement of penile implant surgery. *J Urol*. 2012;188:899–903.

26. Habous M, Giona S, Tealab A, Aziz M, Sherif H, Abdelwahab O, Binsaleh S, Ralph D, Bettocchi C, Mulhall JP, Muir G. Penile length is preserved after implant surgery. *BJU Int*. 2019 May;123(5):885–890.

27. Negro CL, Paradiso M, Rocca A, Bardani F. Implantation of AMS 700 LGX penile prosthesis preserves penile length without the need for penile lengthening procedures. *Asian J Androl*. 2016;18:114–117.

28. Kim KS, Bae WJ, Kim SW, Lee MY. Experience with AMS 700 LGX penile prostheses for preserving penile length in Korea. *BMC Urol*. 2019;19:6.

29. Wallen JJ, Madiraju SK, Wang R, Henry GD. Implementation of length expanding inflatable penile prosthesis is not sufficient to prevent postsurgical penile shortening. *Asian J Androl*. 2018;21:98–100.

30. Bettocchi C, Palumbo F, Spilottos M, et al. Patient and partner satisfaction after AMS inflatable penile prosthesis implant. *J Sex Med*. 2010;7(1 Pt 1):304–309.

31. Enemchukwu EA, Kaufman MR, Whittam BM, Milam DF. Comparative revision rates of inflatable penile prostheses using woven Dacron™ fabric cylinders. *J Urol*. 2013;190:2189–2193.

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

AMS 700™ Inflatable Penile Implant

The AMS 700™ Inflatable Penile Prosthesis is intended for use in the treatment of male erectile dysfunction (impotence). With all medical procedures, there are risks associated with the procedure and the use of the device. 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. The device is not suitable for patients with active urinary tract, genital or skin infections in the region of surgery. Some AMS 700 devices contain an antibiotic (InhibiZone™ Antibiotic Surface Treatment). AMS 700 with InhibiZone is not suitable for patients who are allergic to the antibiotics contained within the device (rifampin and minocycline HCl) or other tetracyclines, or for patients with systemic lupus, so devices that do not contain InhibiZone should be considered for these patients.

The risks include but are not limited to:

- 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
- pain/soreness
- redness or rash near the incision or scrotum
- swelling near the incision, scrotum or penis
- hives
- fever
- problems with urination
- device in an inappropriate position (device malposition)
- a second surgery may be required to reposition or remove the reservoir (Reservoir revision or removal)

The device can be MRI scanned under specific conditions. Scanning under other conditions may result in injury or device malfunction. Be sure to talk to your doctor before undergoing MRI scanning. Be sure to talk with your doctor so that you thoroughly understand all of the risks and benefits associated with the use of the device.

Tactra™ Malleable Penile Implant

Your doctor is your best source for information on the risks and benefits of the Tactra™ Malleable Penile Prosthesis. Talk to your doctor for a complete listing of risks, warnings, and important safety information. The Tactra™ Malleable Penile Prosthesis is intended for use in the treatment of erectile dysfunction (impotence) in adult males. Implanting a penile prosthesis will damage or destroy any remaining natural ability to have a spontaneous erection, as well as make other treatment options impossible. Men with diabetes, spinal cord injuries, or skin infections may have an increased risk of infection. Implantation may result in penile shortening, curvature or scarring. Additional information is provided in Patient Literature, available through your doctor.

# EDCure.com

Visit **EDCure.com** to learn more about treatment options, and talk to your doctor about your next steps.



## **Talk to someone who's been there:**

Call us at 1-844-4ED-CURE or email **MHPatientEducation@bsci.com** to be introduced to a patient who found a treatment for ED.

**This material is for informational purposes only and not meant for medical diagnosis. This information does not constitute medical or legal advice, and Boston Scientific makes no representation regarding the medical benefits included in this information. Boston Scientific strongly recommends that you consult with your physician on all matters pertaining to your health.**

## Boston Scientific

*Advancing science for life™*

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