

A Patient Guide Diabetes & Erectile Dysfunction

Latest management options

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Associate Professor Darren Katz is Medical Director of Men's Health Melbourne and serves as the Chairman of the Andrology Special Advisory Group for the Urological Society of Australia and New Zealand.



A/Prof Katz graduated from Melbourne University Medical School in 2001 and completed his specialist urological training with the Royal Australasian College of Surgeons. He has spent 2 years at world-leading hospitals, Memorial Sloan-Kettering Cancer Center and Weill-Cornell Medical Centre in New York completing sub-specialty urological fellowships in andrology, urological prosthetics, male voiding dysfunction, incontinence and male infertility.

A/Prof Katz is the founder and director of the only Australian Prosthetic and Microsurgical Fellowship which trains overseas urologists in world leading procedures and operations such as a penile implant insertion. A/Prof Katz has trained urologists from USA, Canada, Israel and England.

A/Prof Katz is heavily involved with research and academics and has been awarded both national and international grants and scholarships. He has been an invited faculty member for numerous urological workshops to teach other urologists and training urologists about the latest surgical techniques.

A/Prof Katz is often asked to present at major international conferences. He has presented a series of more than 500 patients who have had a penile implant insertion via the unique MINT ("Minimally Invasive No-Touch") technique which he helped to develop. He is involved with several clinical trials and provides the most up-to-date, evidence-based treatments for his patients.

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Let's talk about it. You can find a solution that works.

Living with Erectile Dysfunction (ED) can be difficult.

When you're struggling with ED, it can be very distressing. Your self-esteem can be affected and some patients may even feel depressed.

It can affect your personal relationships and it can be very difficult to talk about.

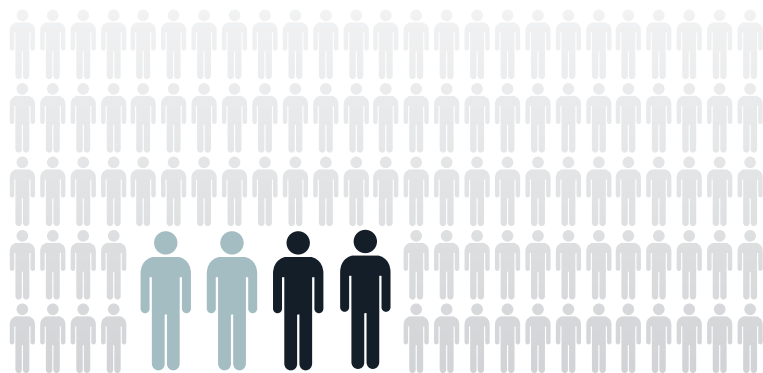
Review this guide to learn more and feel free to reach out to A/Prof Katz or his nurse to discuss the next steps in your ED journey.

Erectile Dysfunction: It's common and treatable

If you have Erectile Dysfunction (ED) you're not alone:

1 in 10 men world-wide suffer from ED.¹

Approximately **50% of men** with diabetes experience ED.² ED can even be the first symptom of the disease, especially in younger men.³



2 in 4 men

over age 65 experience some degree of ED.²

Diabetes can cause ED

3x

Men with diabetes experience ED at three times the rate of other men, and it often affects them at a younger age.⁴



95%

Nearly all men over the age of 70 are likely to have some difficulty with ED.⁵

35% - 75%

of men with diabetes will experience at least some degree of ED.⁵

While ED is common, it's not an inevitable part of aging, and in most cases it can be overcome.

There are many different treatments, including pills, injections, vacuum pumps and a penile implant. As you read through this booklet we will discuss the different options in more detail.

There's a lot to learn, and many things to consider, so let's get started.



Erections and How They Work

Sexual stimulation and excitement cause the brain, nerves, heart, blood vessels and hormones to work together to produce a rapid increase in the amount of blood flowing to the penis.

The blood fills the two spongy chambers (called the corpora cavernosa) in the shaft of the penis.

As the chambers rapidly fill with blood, they expand, compressing the veins and trapping the blood in the penis. The penis becomes firm and elongated, resulting in an erection.

ED problems can happen when erectile tissue is damaged, when there isn't enough blood flow, or when erection signals are impaired from diabetes. Sometimes it is a combination of problems.

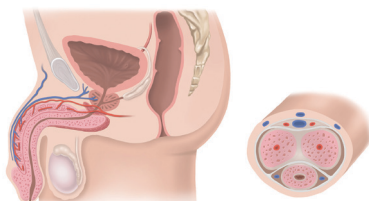


Fig. 1

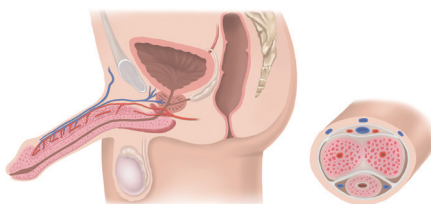


Fig. 2

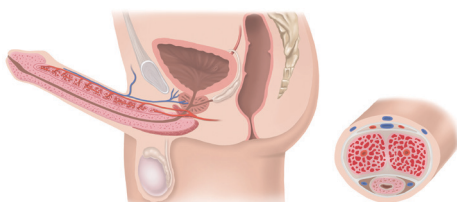


Fig. 3

What is Erectile Dysfunction?

ED is the consistent inability to sustain an erection sufficient for sexual intercourse.

That can be:

- Not getting an erection at all
- Only getting a weak erection
- Getting an erection inconsistently
- Problems with maintaining an erection for the duration of intercourse

Causes of ED

For more than 80% of men with ED, it is caused by a physical problem or disorder.^{7,2} The cause can usually be identified, and proper treatment can help you return to a satisfying sex life.⁶

Physical causes:

- **Injury** - such as brain or spinal cord injury.
- **Disease** - such as diabetes, high blood pressure, or high cholesterol.
- **Surgery** - such as removal of the prostate gland or other major pelvic surgery.
- **Substance use** - such as tobacco, drugs, alcohol, and some medications.

80% of ED is caused by a physical problem or disorder.⁷



Proper treatment can help you return to a satisfying sex life.

ED and Diabetes

Diabetes can cause nerve, blood vessel, and muscle damage that results in problems like pain, numbing or loss of sensation in the hands and feet.⁸ These issues can also result in ED problems, because nerve signals and blood flow are necessary for the process of getting an erection. As men with diabetes get older, ED problems become even more common.³

But there are solutions for your ED...

What it means for you

If you are a diabetic and experiencing ED, talk with your doctor or one of the team at Men's Health Melbourne about the treatment options that may be best for you.



Treatment Options

There are many different options available for managing your ED. Your doctor/nurse can discuss these with you and help you consider your individual needs and the benefits and risks of each treatment.

- **First line medication (tablets):**
Viagra[®], Cialis[®], Spedra[®] and Levitra[®]
- **Second line medication (injectables):**
Alprostadil e.g. Caverject™ or other medications
- **Vacuum erection devices (pump)**
- **Third line treatment (Penile Implant):**
Malleable or inflatable

A **highly effective and satisfying solution** is a penile implant.⁹ However an implant involves an operation, and so **at Men's Health Melbourne we will always recommend that conservative options are tried first.** If these fail, the final option would be a penile implant which can offer a highly effective, satisfying return to an active sex life.

Oral Medications for ED

There are currently 4 commonly used types of oral erectile dysfunction agents:

- Viagra®
- Cialis®
- Levitra®
- Spedra®

At Men's Health Melbourne, **we do not believe in a "one size fits all" approach.** Each of these drugs has specific reasons why they should be given and we take a very **personalised approach** to prescribing these drugs. Some drugs may be better suited to certain individuals compared to others for various reasons.

Before we prescribe any drug, we go through the pros and cons of each of these drugs including the reasons for prescribing it. Furthermore, most of these drugs come in different dosages and can be prescribed in different ways to achieve specific results and goals.

At Men's Health Melbourne we will endeavour to try and ensure that patients are given the most efficacious, affordable and best treatment for their erectile dysfunction which ideally should be conservative with medical therapy, without needing injectables or surgery.

Penile Injection Therapy

For patients that do not respond to oral medications, penile injections may be a treatment option.

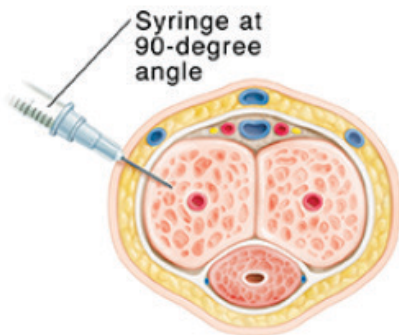
Penile injections involve injecting medication through a tiny needle into the penis about 10 minutes prior to sexual activity. The goal is to achieve an erection that lasts for up to 30 minutes.

A/Prof Katz and his team run a penile injection therapy program which supports many men in gaining the full benefits of this therapy.

MHM offers their patients the very latest in penile injection therapy. For patients who are concerned about needles, we have some options to help.

Should you decide that penile injection therapy is needed, at Men's Health Melbourne we believe that it is vital that patients are adequately trained and supported.

We offer penile injection training sessions which, for your convenience, can be done either face:face or via video-link Telehealth.



Vacuum Pumps

Pumps are mechanical vacuum devices that can cause erection by creating a partial vacuum, which draws blood into the penis, engorging and expanding it.

The devices have three components:

- A plastic cylinder, into which the penis is placed;
- A pump, which draws air out of the cylinder; and
- An elastic band, which is placed around the base of the penis to maintain the erection after the cylinder is removed and during intercourse by preventing blood from flowing back into the body.

We do find that many men who try vacuum devices **don't** actually like them as they find them difficult to use or uncomfortable. However, some men have reported using vacuum devices with success.

If you would like to try a vacuum device, contact our practice nurse for direction.



Penile Implants

What is a Penile Implant?

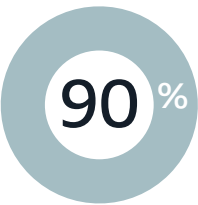
Penile implants are devices known as prostheses that can restore erections in virtually any man with erection dysfunction. Implants are surgically inserted into the penis. Penile implants require a surgical procedure and it is the most common surgery performed for treating erectile dysfunction.

Penile implants have an approximately 90% satisfaction rate for patients AND PARTNERS.⁹

Why Consider Penile Implant Surgery?

When conservative treatment measures for erectile dysfunction have been unsuccessful, penile implant surgery may be considered.

Penile implants have been an effective standard of care for men suffering from ED for many years and can offer hope, a return to intimacy and a normal sex life for many men with ED.



Patients report a **greater than 90% satisfaction rate** for inflatable penile implants.⁹



Associate Professor Darren Katz

Inflatable Penile Implant

The inflatable penile implant is a self-contained, fluid-filled system made from silicone and Bioflex[®], a supple yet durable material. **There are three parts to the system, connected by silicone tubing:**

1

A reservoir
(placed in the abdomen)

2

Two cylinders
(placed in the shaft of the penis)

3

A pump
(placed in the scrotum)

When you squeeze the pump bulb, it moves the fluid from the reservoir into the penile cylinders, creating an erection. When you press the deflate button on the pump, the fluid moves out of the penis and back into the reservoir for a more natural looking flaccid state.

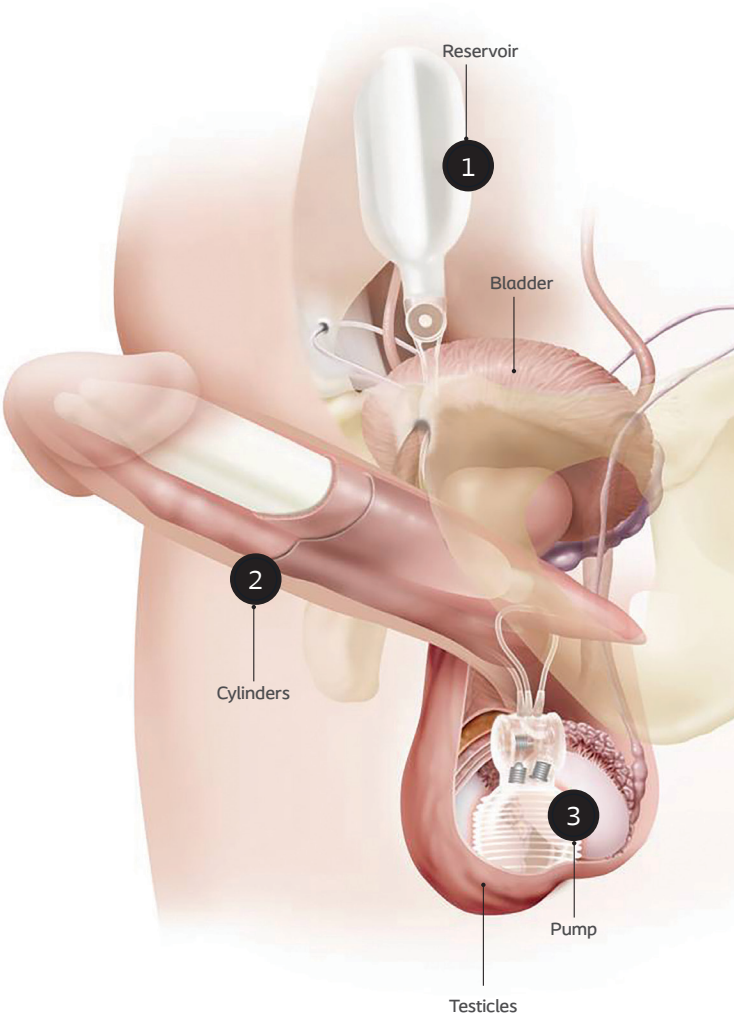
Key Features⁹

- Easy to use and activate
- One-step deflation
- Not obviously noticeable when flaccid
- Acts and feels like a natural erection
- Maximizes the girth of the penis

To learn more about penile implant surgery, scan the QR code



Inflatable Penile Implant



How is Penile Implant Surgery Performed?

A/Prof Katz, a high volume penile implant surgeon, performs most of his penile implants using the MINT technique - 'Minimally Invasive No Touch.'

The MINT technique is a specialised operation A/Prof Katz helped to develop and refine.

'**Minimally Invasive**' means that all components (inflatable cylinders, pumps and reservoir of the implant can be inserted via a 3-4cm incision hidden in the pubic hair region just below the pubic bone. As the cut is so small, patients can be discharged the next day and postsurgery recovery is enhanced.

'**No Touch**' means the implant does not touch the skin as it is placed into the penis – to minimise infection risk. This is a procedure which only requires an overnight stay in hospital.

A/Prof Katz has presented the findings of the MINT technique at major international conferences which has been shown to have some of the lowest infection and complications in the world (shown in a study of more than 500 patients).

Are there risks of a Penile Implant?

As with any surgery, Penile Implant surgery carries risks but these are small risks, especially with the MINT technique. These include, but are not limited to, infection, bleeding, device malfunction.

But significant complications are rare and the vast majority of men have an uncomplicated postoperative recovery.

Before surgery you will have an extended consultation and A/Prof Katz will detail all relevant aspects of the operation with an informed consent document which goes through the operation in detail including all relevant risks.

You will also be able to “touch and feel” a real model implant in the clinic.

Frequently Asked Questions

What is the recovery time after surgery?

Everyone is different and recovery time varies, but typically, it takes 4-6 weeks until you can resume sexual activity.³ A/Prof Katz will give you a detailed post-operative information sheet about what you can and can't do during this time. Most men can get back to work within 1-2 weeks. If you have any queries after your surgery, A/Prof Katz or his nurse can be contacted 24 hours a day.

Can I have an orgasm with a penile implant?

You should be able to have an orgasm with a penile implant if you were able to have one before the implant.¹⁰

Will I lose any length after getting a penile implant?

Each penile implant is custom-fitted to your anatomy, and the implant itself does not lead to a loss in size. Depending on your medical history, changes in anatomy or atrophy can result in loss of penile length prior to the implant. It may not be unusual to lose 1-2 centimeters from your original erect length.¹² However, as each implant is personalised and individually measured, A/Prof Katz will insert the biggest device your penis can accommodate to achieve optimal results.

Will anyone notice that I have an implant?

The implant is completely placed inside your body. The penis appears relaxed and near normal when in the flaccid state, and it is not obvious by looking at a man that he has an implant. However, the implant cylinders can be felt under the skin and the pump can be felt in the scrotum. So although the implant is concealed, if a partner touches a part of the implant they are palpable.

How long does the penile implant last

The penile implant has a warranty of 10 years. Even at 10 years, approximately 90% of devices are working. If the device does stop working it can be revised, fixed or replaced.

Will I be able to have spontaneous erections with a penile implant?

Whilst you can get an erection anytime you want with an implant, after the surgery, it is not possible to have a “natural” erection as the erectile tissue has been replaced by the implant. Therefore, you should consider carefully whether or not an implant is the right choice for you.

Can I talk to a patient who has had an implant?

A/Prof Katz is a very experienced, **high volume** penile implanter. As a result he has a large number of satisfied patients who would be able to talk to you about their firsthand experience with a penile implant. At your appointment with A/Prof Katz, ask him for contact details of patients who have kindly agreed to talk to other patients.

Considerations from a partner's perspective

DON'T blame yourself.

When men struggle with ED, spouses or partners tend to blame themselves first. They think it's their fault, that maybe their partner isn't attracted to them anymore. They often don't realise that the ED is likely caused by a medical problem.

DO your homework.

Many people view ED as a sexual issue in isolation, when in fact, it's usually attributed to a physical cause. Conditions such as diabetes, high cholesterol, or early-stage heart conditions can all contribute to ED.¹ Even certain medications or surgeries can cause ED.¹ The sooner you realise that this is a medical condition affecting your partner's body, the faster the healing can begin.

DON'T approach the issue with negative emotions.

A man with ED can often experience deep feelings of shame, loneliness, anxiety and depression. He may often say that the inability to have an erection makes him feel like less of a man. He may be hesitant to kiss or cuddle because he is embarrassed about where it might lead.

Confronting him with feelings of hurt or anger may cause him to feel more vulnerable and withdraw even further.

DO open the lines of communication.

Have a conversation with him – but not in the bedroom. Put some time and space between your conversation and your last sexual encounter.

Make him aware of the health conditions that can cause ED, and gently suggest he see his doctor. Some men may ask you to join them at their appointment, while others may prefer to have a private conversation with their doctor. Let him decide.

DON'T tell him that his ED doesn't matter.

Some people think they are being helpful by saying their partner's ED isn't a big deal. The truth is, it may matter deeply to him, and suggesting otherwise sends the message that you don't miss intimate sexual contact with him, which can be hurtful.

ED can cause stress in a relationship. Always be open to considering professional counselling.

Take the Next Step

If you need to take the next step in your erectile dysfunction journey...

- 1** Speak to the doctor or nurse who gave you this brochure
- 2** Set up an appointment with A/Prof Katz to learn more about erectile dysfunction and discuss your options.

Visit menshealthmelbourne.com.au
or call 1800 DR 4 MEN
1800 374 636



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