

# Erectile Dysfunction

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**Erectile Dysfunction Definition:** Erectile dysfunction (ED) is defined as the consistent or recurrent inability of a man to attain and/or maintain a penile erection sufficient for sexual activity.

## Pathophysiology

- Neurogenic
- Psychogenic
- Vasculogenic
- Endocrine - lack of Testosterone
- Special conditions (aging, diabetes, chronic renal failure)
- Iatrogenic (surgical, radiotherapy and drugs)
- Basic evaluation:
  - It is important to realize that erectile dysfunction may be the earliest sign of CVS disease and should be evaluated as such.

## Laboratory Tests:

The physician must tailor the lab work up based on complaints and risk factors. Selected optional tests:

- Serum Testosterone if low libido or small testes
- Pharmacological testing, ie injection of a vasodilator into the corpora cavernosa (the vascular structures on each side of the penis) is used to differentiate vasculogenic from non vasculogenic erectile dysfunction. This is called intracorporeal injection (ICI).
- Colour Doppler imaging

## Treatment:

- Oral agents (PDE5 inhibitors)
  - Sildenafil (Viagra)
  - Tadalafil (Cialis)
  - Vardenafil (Levitra)
- Testosterone (if serum Testosterone is low)
- ICI

- Vacuum device
- Penile prosthesis

**Conclusion:**

The introduction of oral therapy for ED has been a revolution in the management of this disease. ED nevertheless remains a multifaceted process and introduction of a rapid and easy pharmacological solution does not eliminate the need for management of the associated psychological issues. We should always remember that the objective of treatment is not just to induce a rigid erection, but to restore a satisfactory sex life.

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