Men's Health (after Prostate Ca)

Signs, Symptoms and Treatment Options for Erectile Dysfunction and Stress Urinary Incontinence

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UT Southwestern

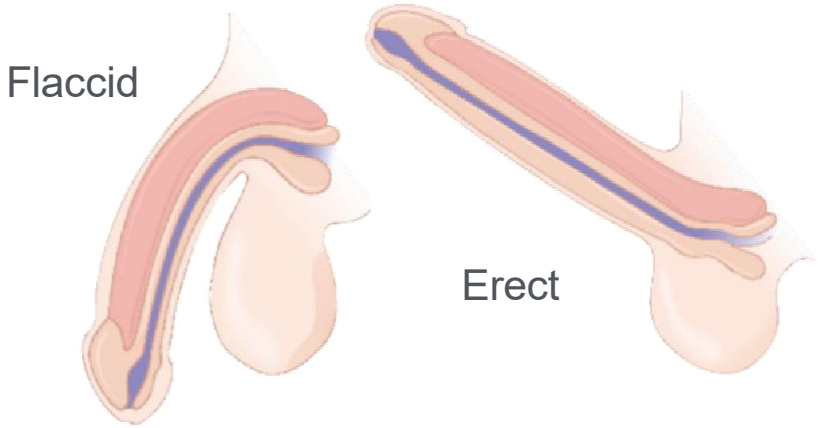
Dallas, Texas (2007-2023)

Learning about erectile dysfunction

Erectile dysfunction (ED)

What is it?

- The inability to achieve or maintain an erection firm enough to have sexual intercourse[1]

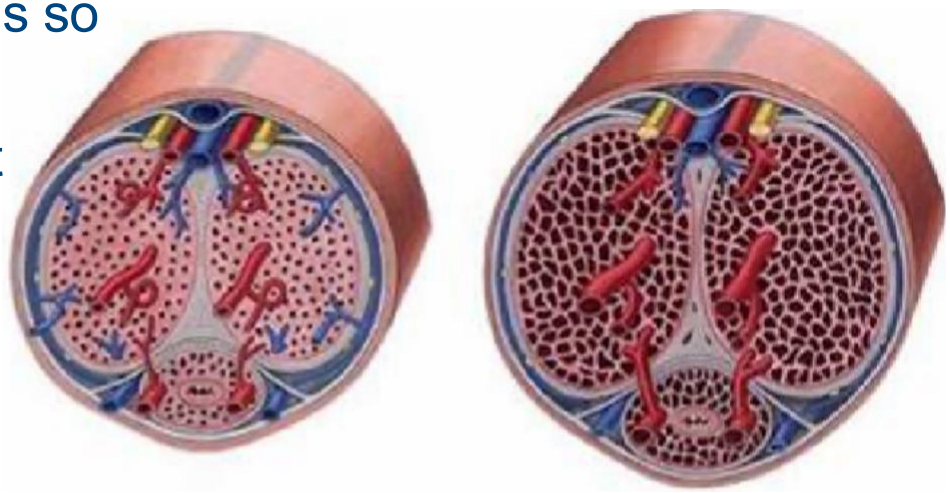


How common is it?

- About 1 in 5 American men 20 years or older experience ED in their lifetime[2]
- More than half of men over 40 have some degree of ED[3]
- Affects approximately 39 million American men[4]

Erection process[5]

- With arousal, the nerves around the penis become activated
- Muscles relax and blood flows into the penis
- The additional blood causes the penis to stiffen
- The erection compresses the veins so the blood can't leave the penis, enabling the penis to remain erect



Flaccid Erect

Causes and comorbidities associated with ED[6]

Top three physical causes are:

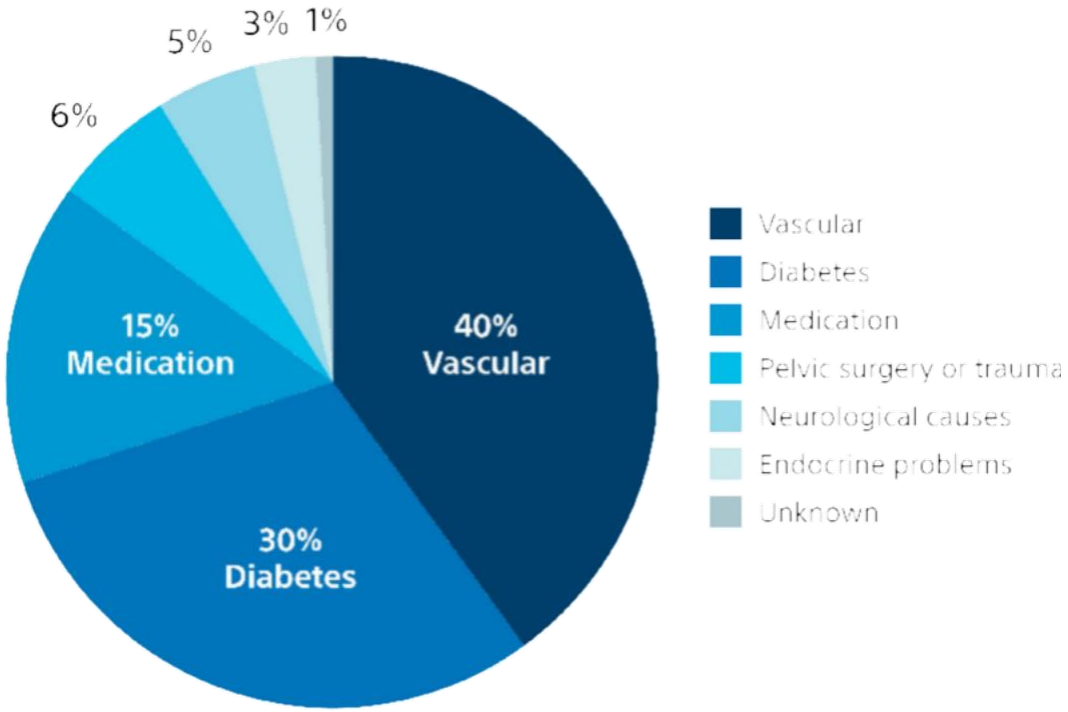
- Vascular
- Diabetes
- Medication

ED can be a result of:

- Prostate cancer treatment

Or precursor to:

- Diabetes
- Heart disease
- Vascular disease



ED can have a broad negative impact on the health-related quality of life.[7-9]

ED before heart disease symptoms

Arteries supplying the penis are smaller than those to the heart. Blockage creates reduced blood flow. Smaller arteries may be affected ***before*** heart disease symptoms.[17,18]

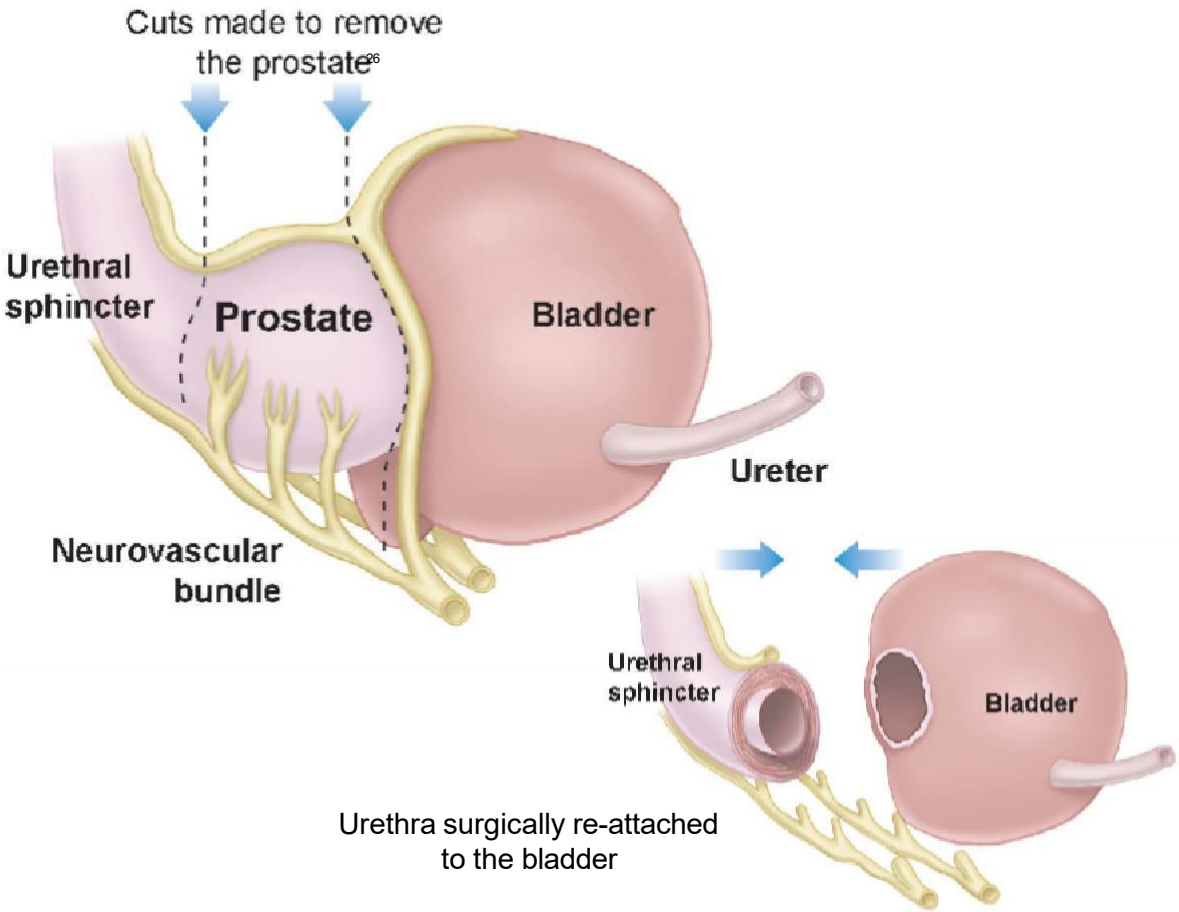
At 50% obstruction, the penile artery may cause symptoms of erectile dysfunction.[21]

Artery size hypothesis at 50% lumen artery narrowing[22]

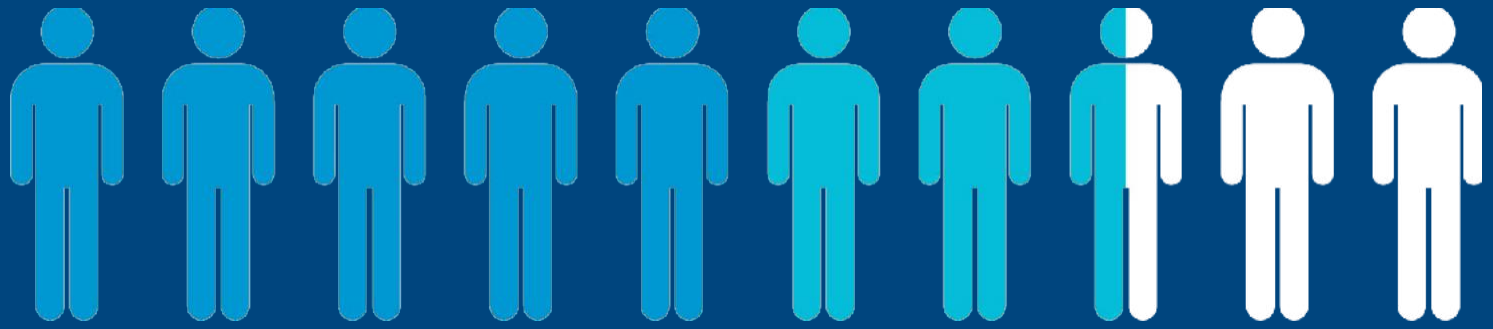
Erectile dysfunction and prostate cancer treatment

ED from prostate cancer treatment

- The nerves and some blood vessels that supply blood to the penis for an erection lie very close to the prostate and may be injured during prostate cancer treatment[26]
- Prostate cancer treatments can affect a man's ability to achieve an erection on a temporary or permanent basis[26]



Sexual dysfunction after prostate cancer treatment



Sexual dysfunction after radical prostatectomy affects **25–75%** of men[29]

Even with nerve-sparing robotic surgery, ED may persist a **YEAR** or more after surgery[28]

Sexual dysfunction after radiation affects up to **50%** of men[30]

Peyronie's disease[31]

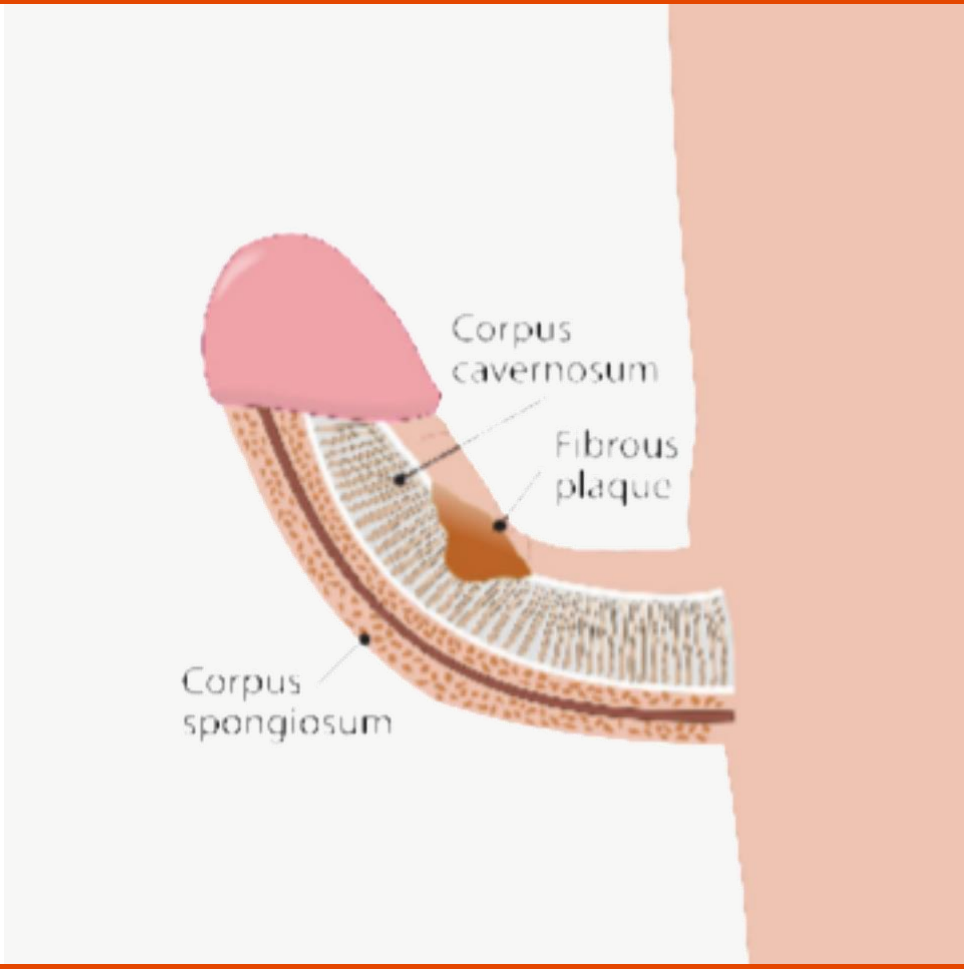
Fibrous scar tissue inside the penis can cause curved, painful erections

Complications

- Inability to have sexual intercourse
- Difficulty achieving or maintaining an erection (erectile dysfunction)
- Anxiety or stress about appearance
- Stress on the partner relationship

Treatment options

- XIAFLEX™
- Plication, incision or excision and grafting surgery
- Penile implants – if you have ED and Peyronie's disease



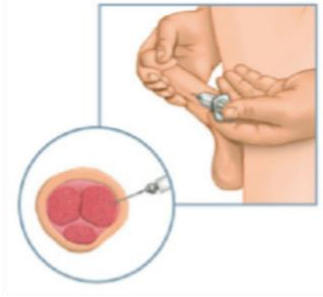
Alternative treatment options – investigational

The American Urological Association (AUA) reports the following should be considered investigational.[32]

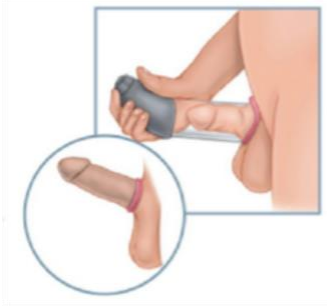
- Extracorporeal Shock Wave Therapy (ESWT)
- Intracavernosal stem cell therapy
- Platelet-rich plasma (PRP) therapy

Treatment options you may be familiar with

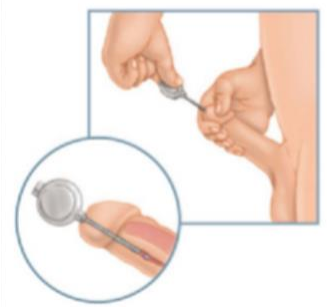
Oral Medications



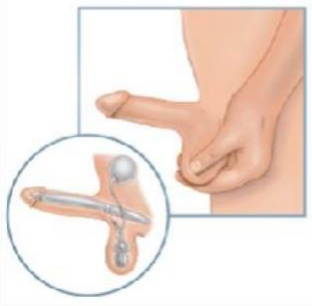
Injections



Vacuum Erection Devices



Urethral Suppositories



Penile Implants

Oral medications (PDE-5 inhibitors)

How do they work?[33-35]

- Increases blood flow to the penis

How effective are they?

- Effective in approximately 60–80% of cases[33-35]
- Efficacy can be affected by food[35]

Most common side effects:[33-35]

- Headache, facial flushing, upset stomach

Some cautions:[33-35]

- Consult doctor if on alpha-blocker therapy or taking nitrates

- **Almost half of some men with ED who try oral medications give up on the pills or they stop working.[29]**
- **Men with diabetes are up to 2 times more likely to move on to other treatments.[15]**

Intracavernous injection therapy

How does it work?[36]

- Self-inject medication directly into penis, erection may develop within 5 to 20 minutes

How effective is it?

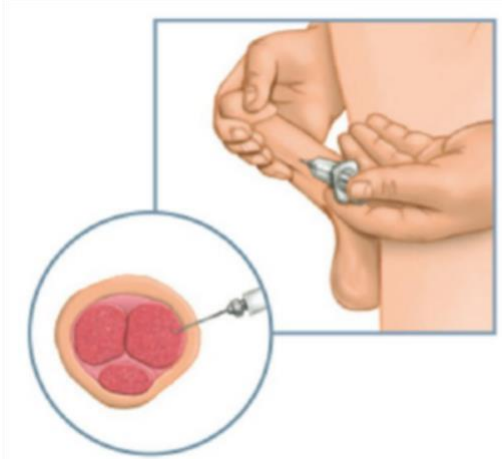
- Despite success rates, approximately 40% of men discontinue the therapy, typically within 6 months[37]

Most common side effects:[36,38]

- Penile pain, prolonged erection, scar tissue, blood collection under the skin at injection site

Most common reasons for discontinuation:[38,39]

- Failed erections
- Pain
- Dislike of injections



- **A large number of studies have demonstrated that withdrawal rates are relatively high among injection therapy patients.[38]**

Vacuum erection device (VED)

How does it work?

- A pump creates a vacuum that pulls blood into the penis and an elastic tension ring is placed at the penis base to maintain an erection[40]

How effective is it?

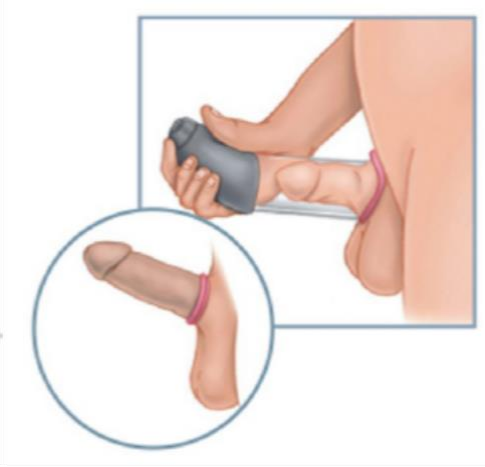
- Patient satisfaction rates range from 68–80%[41]

Most common side effects:[40,42]

- Blocked ejaculation, bruising, discomfort, pain, penile numbness or coldness

Most common reason for discontinuation:[19,43]

- Inability to achieve and maintain a full erection
- Pain or discomfort



- **In one study, 86% of radical prostatectomy patients decided to move on to other sexual aids.[44]**

Penile implant

How does it work?[51]

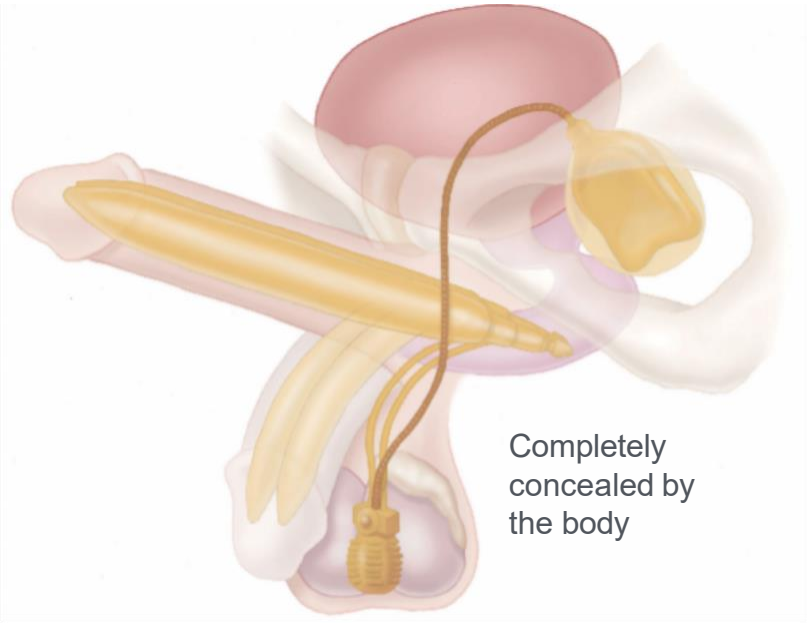
- Squeezing the pump moves fluid to create an erection; the penis returns to a flaccid state by pressing the deflate button

How effective is it?

- 98% of patients reported erections to be “excellent” or “satisfactory”[52]

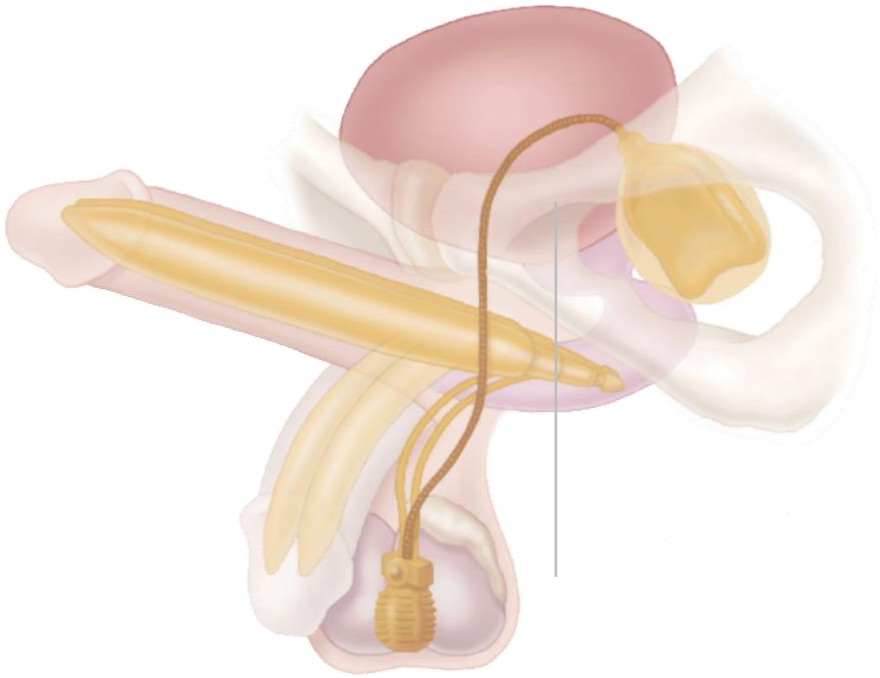
Most common side effects/complications[51]

- Post-operative genital pain or infection
- Mechanical malfunction

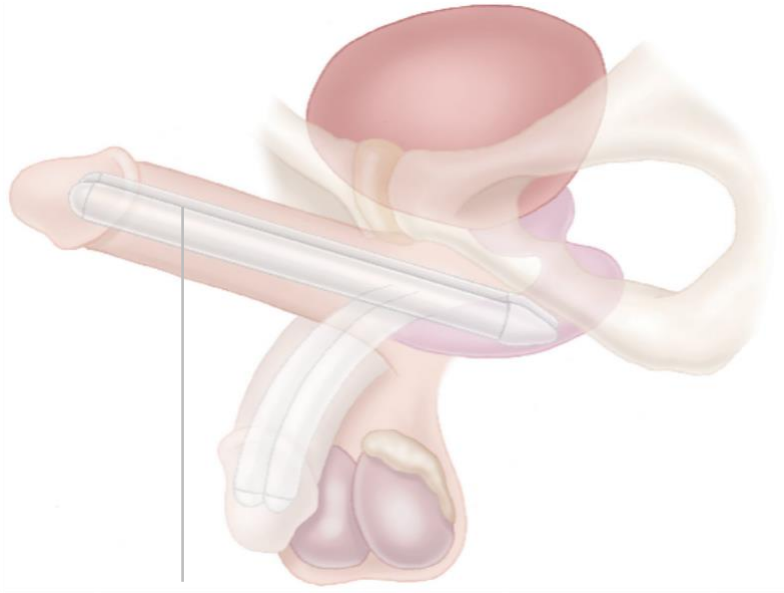


- **At 7 years, 94% are still fully working.[53]**

Penile implants



Three-piece Inflatable
Penile Implant

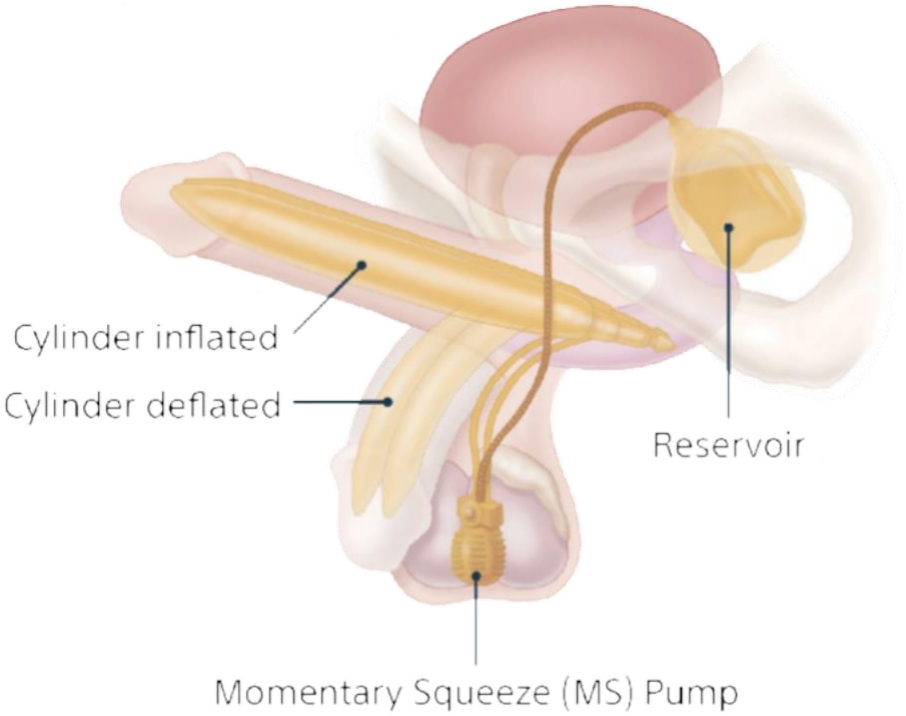


Malleable
Penile Implant

Three-piece Penile Implant

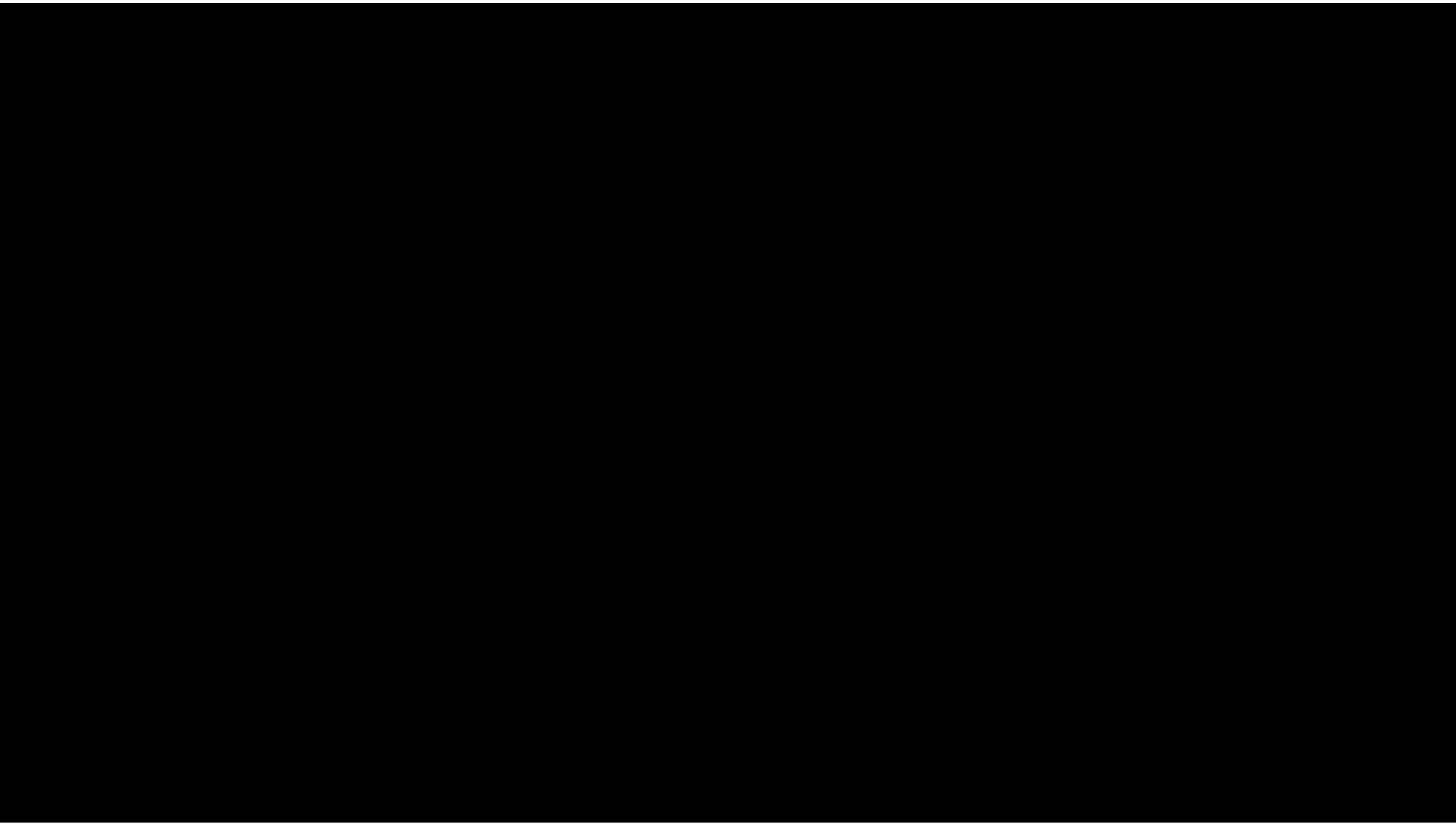
Most implanted and only with built-in antibiotic treatment[4,54]

- Clinically proven to reduce the risk of infection[54]
- Designed to most closely mimic a natural erection[4]
- Provides rigidity when inflated[4]
- Natural flaccid appearance when deflated[4,55]

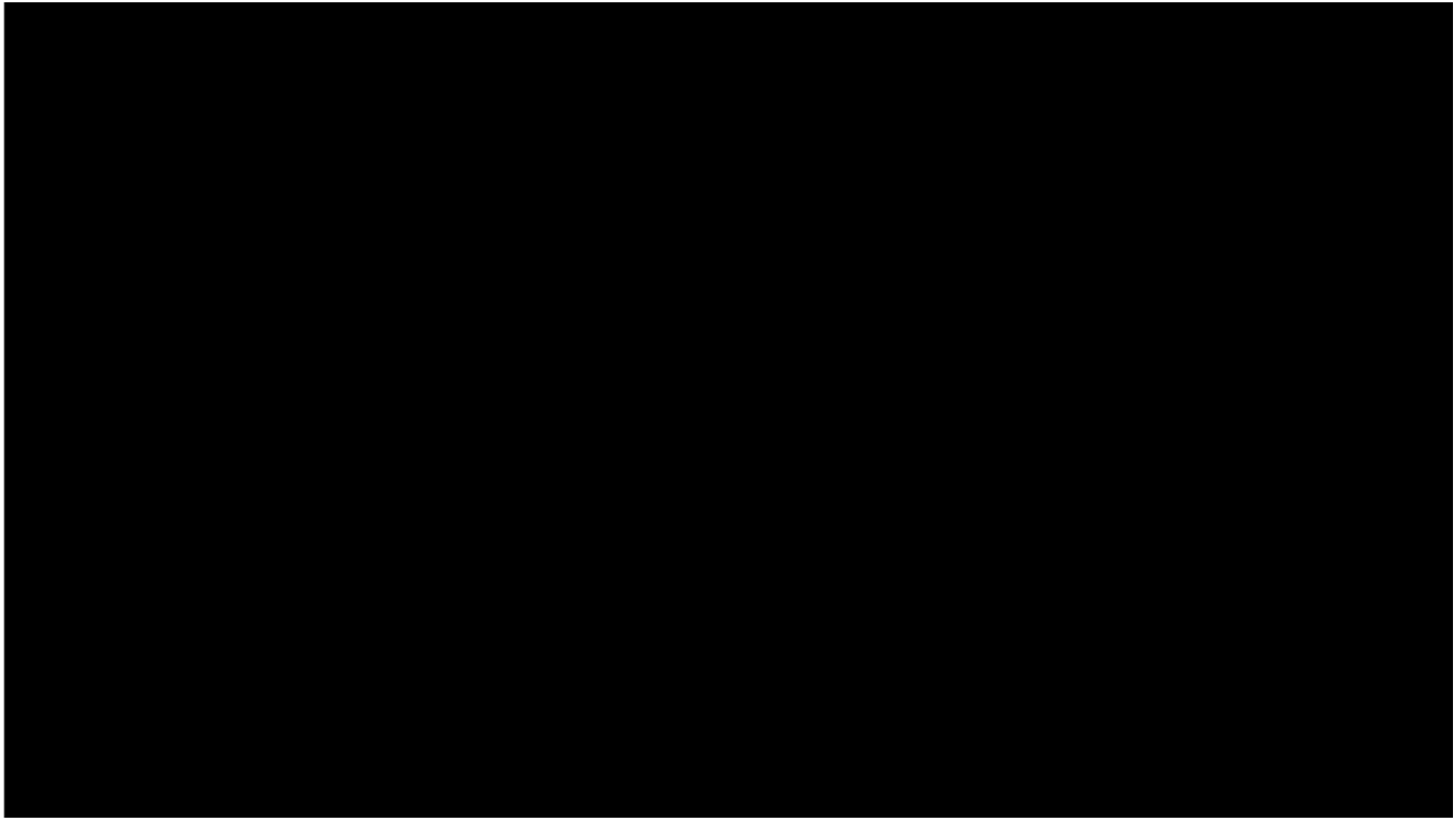


- **Penile implants have been in clinical use for over 45 years[56] and more than 500,000 men have received a penile implant.[4]**

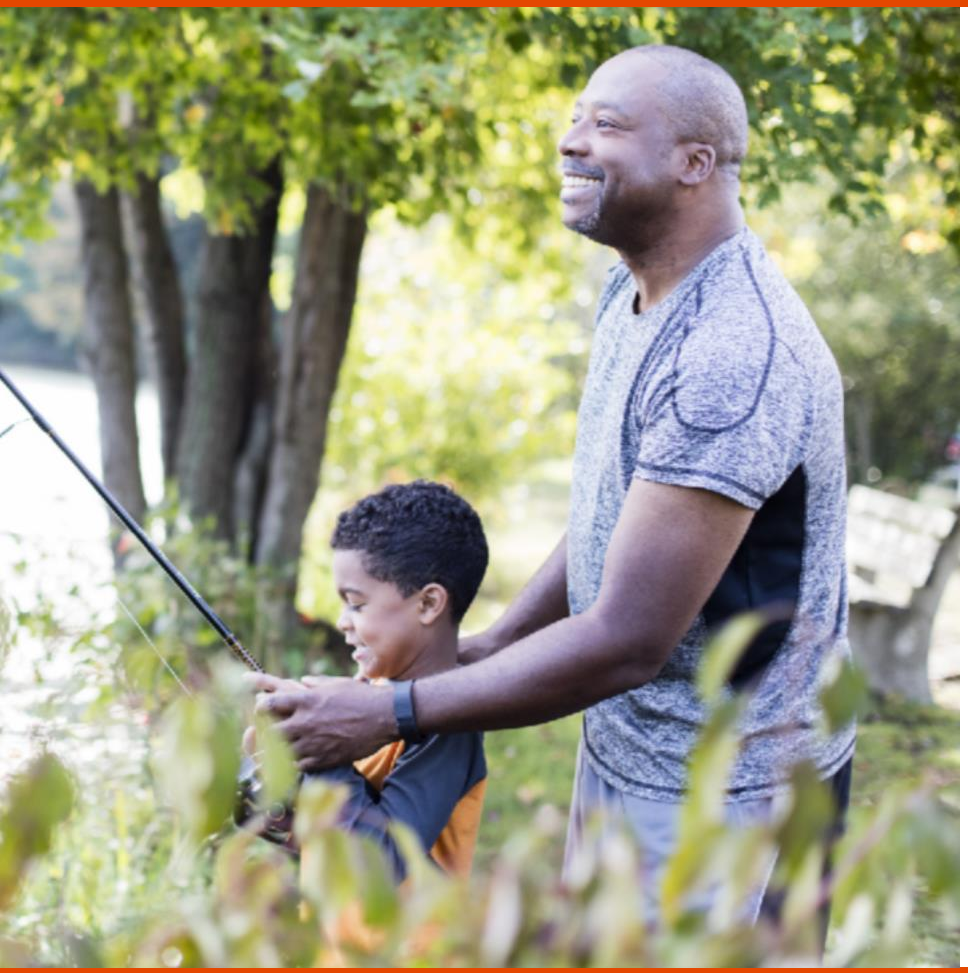
How it works



How it works



What to expect for the procedure[57,58]



- Usually performed as an outpatient procedure under anesthesia
- Small incision in the scrotum or above the pubic bone
- Generally, a few days to return to your regular routine of light activity
- 4 to 6 weeks before using the implant for sexual intercourse

What men say about their implant experience

JOHN

Diagnosed with Diabetes and High Blood Pressure
14 years with the Three-piece Implant

"It was the first time I had ever had surgery and honestly, I was nervous. But recovery was pretty easy for me. Having the implant has been REALLY great. I got my life back."

CLIFF

Diagnosed with Prostate Cancer
10 years with the Three-piece Implant

"What I have come to find out is that you are NOT alone in this. There is light at the end of the tunnel that may give you and your partner a new outlook on life and your personal relationship."

Results from case studies are not necessarily predictive of results in other cases. Results in other cases may vary.
Some patient champions are compensated for their time.

Benefits of penile implants

Proven
- 97% patient satisfaction, 98% partner satisfaction with the Three-piece Penile Implant[52]
- Clinically proven to reduce the risk of infection[54]

Affordable
- Typically covered by insurance and/or Medicare*

Long lasting
- Permanent and concealed solution[51,58]
- Durable – 89% still in use after 10 years[59]

Natural
- Designed to maintain a natural appearance in the erect and flaccid state[4]
- Typically does not interfere with ejaculation or orgasm[60,61]
- Spontaneous – you can have sex when the mood strikes[32]

*Check with your insurance provider

As a surgical procedure, there are possible risks

There are risks involved with any surgery. Not all patients are candidates for a penile implant. Discuss all the risks and benefits of this procedure in more detail with your doctor.

Some risks of a penile implant may include:

- Will make natural or spontaneous erections as well as other interventional treatment options impossible[51]
- There may be mechanical failure of the implant, which may require revision surgery[51,58]
- Pain (typically associated with the healing process)[51,58]
- Men with diabetes, spinal cord injuries or open sores may have an increased risk of infection[51]
- There is a 1.2–2.5% risk of infection with inflatable penile implants[51]

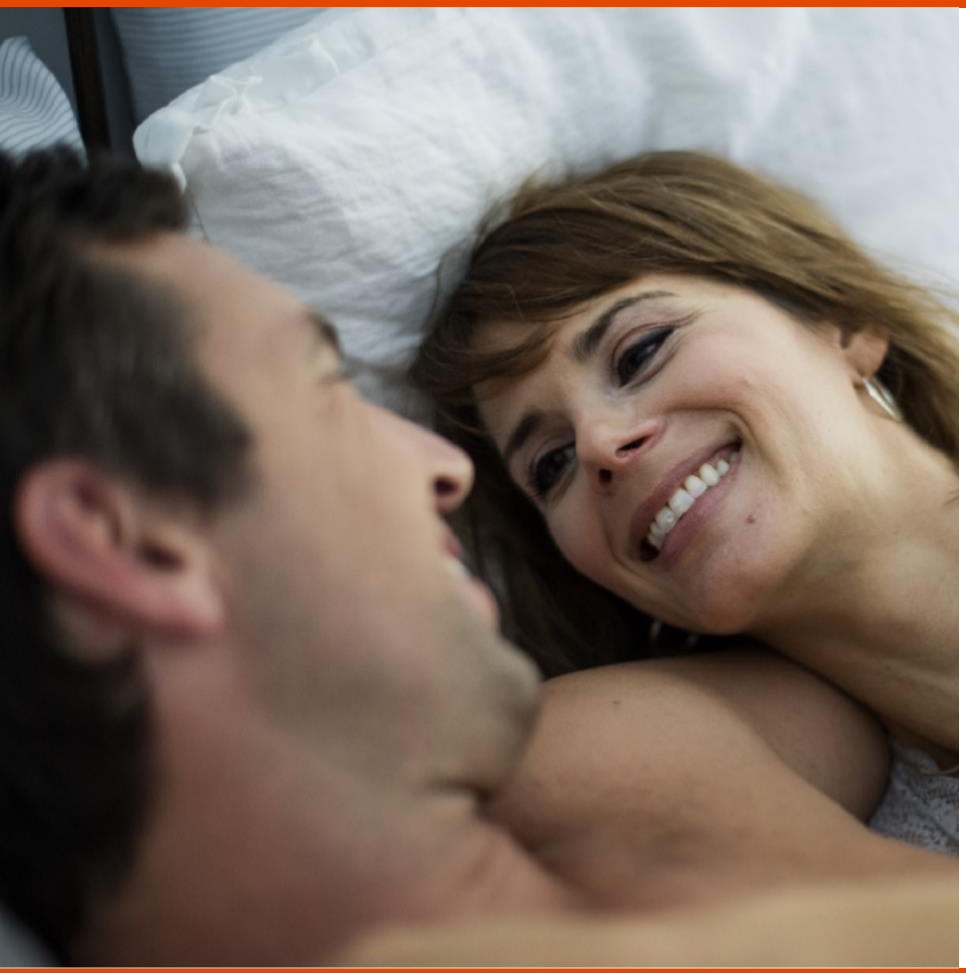
Cost and coverage

- Insurance coverage for ED treatment varies
- Coverage may be available under Medicare and Medicare Advantage

Don’t let cost be a barrier – treatment can be affordable!

- Talk to your specialist – they can work with your insurance and the manufacturer to verify benefits, even helping to resolve coverage exclusions in some cases
- Ask your specialist about financial assistance options – you may be eligible for payment options through a program offered by the manufacturer

Erectile dysfunction summary



- ED is a common problem and may be associated with other conditions
- There are a variety of treatment options
- Penile implants could offer a long lasting and satisfactory solution

Learn more

EDCURE.ORG

YOUR ED QUESTIONS ANSWERED

EDCure.org is a website sponsored by Boston Scientific.

EDCURE.ORG

YOUR ED QUESTIONS ANSWERED

Text EDCure to 73771

to receive informative videos

With just a few clicks, this quiz will help you assess the severity of your ED symptoms and how Erectile Dysfunction may be impacting your life.

Grab your Smartphone…

Open your camera…

Hover over the code…

Click the link…

Take the quiz!

EDCure.org is a website sponsored by Boston Scientific.

Learning about male stress urinary incontinence

Male stress urinary incontinence (SUI)

What is it?

- Also known as bladder leakage, SUI is when a person cannot stop urine from flowing out of the body when moving (laughing, lifting, bending, etc.)

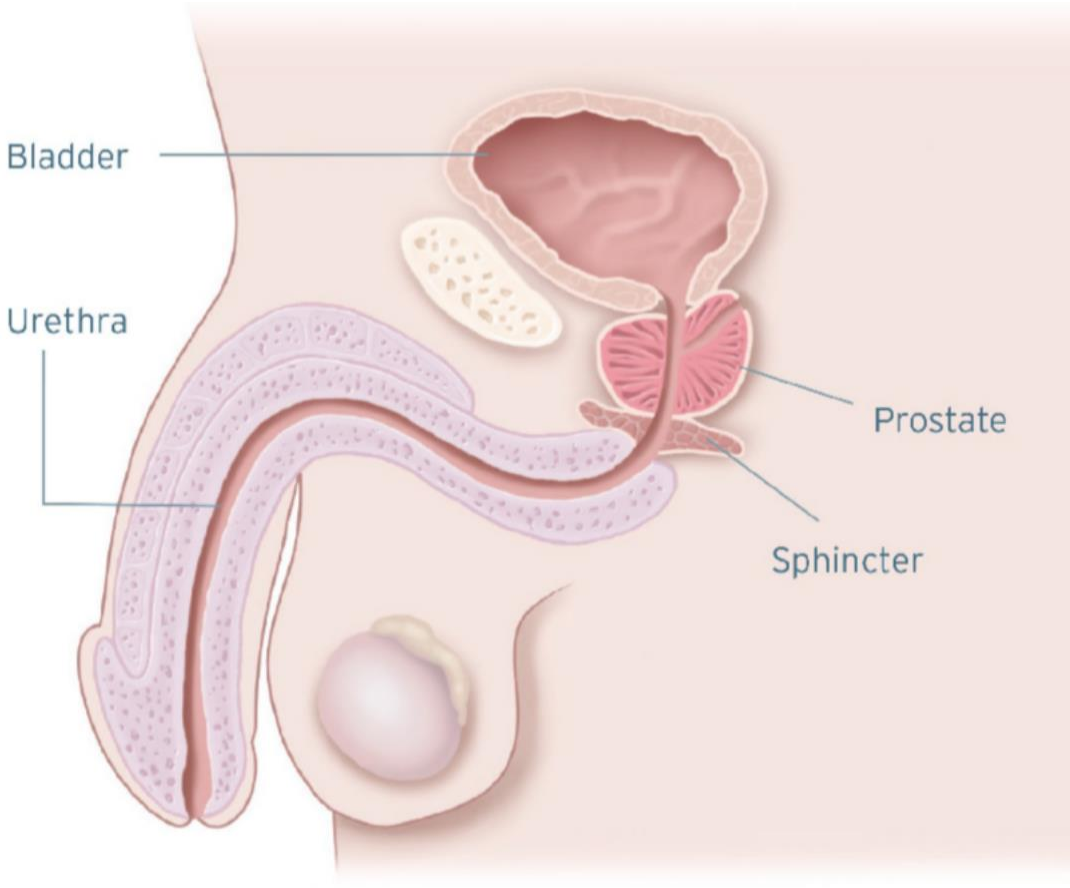
How common is it?

- Worldwide, approximately 500,000 men suffer from SUI[4]

- **Nearly 1 in 20 men over 20 years of age have moderate to severe incontinence of any kind.[62]**

Urinary process

- Bladder stores urine
- Urine exits via the urethra
- Sphincter muscle surrounds the urethra
- Muscle contraction keeps urine in the bladder
- When the sphincter muscles relax, urine is able to exit the body



Causes and comorbidities associated with SUI

Strongly correlates with prostate cancer surgery

- Up to 50% of men report leakage immediately following surgery for prostate cancer[63]
- About 9–16% of men have incontinence one year after treatment[64]

Can also be a result of:[4,65]

- Neurologic disorders
- Enlarged prostate surgery
- Radiation
- Pelvic trauma

Stress urinary incontinence can affect quality of life[66]

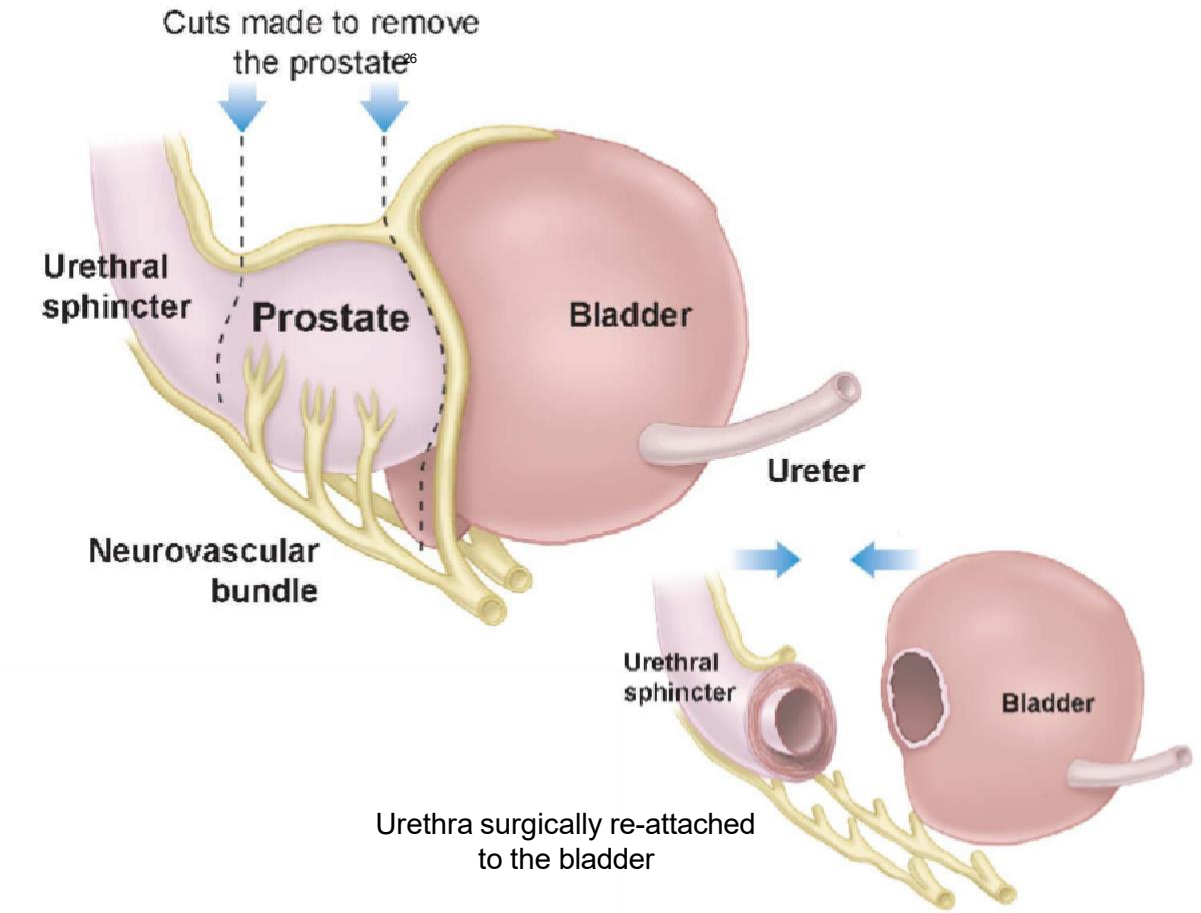
Studies have shown that people suffering from SUI

- Are more depressed
- Psychologically distressed
- Emotionally disturbed
- Socially isolated

Male SUI and prostate cancer treatment

SUI and prostate cancer treatment connection

- Approximately 70,000 radical prostatectomies are performed each year[4]
- Approximately 9–16% of men have persistent post-prostatectomy incontinence 1 year after treatment[64]



Short-term treatment options

Behavioral modifications

- Reduced fluid intake
- Planned restroom breaks

Intervention

- Pelvic floor physical therapy
- Kegel exercises
- Biofeedback

Coping

- Pads
- Diapers
- Catheters
- Penile clamps

Coping solutions

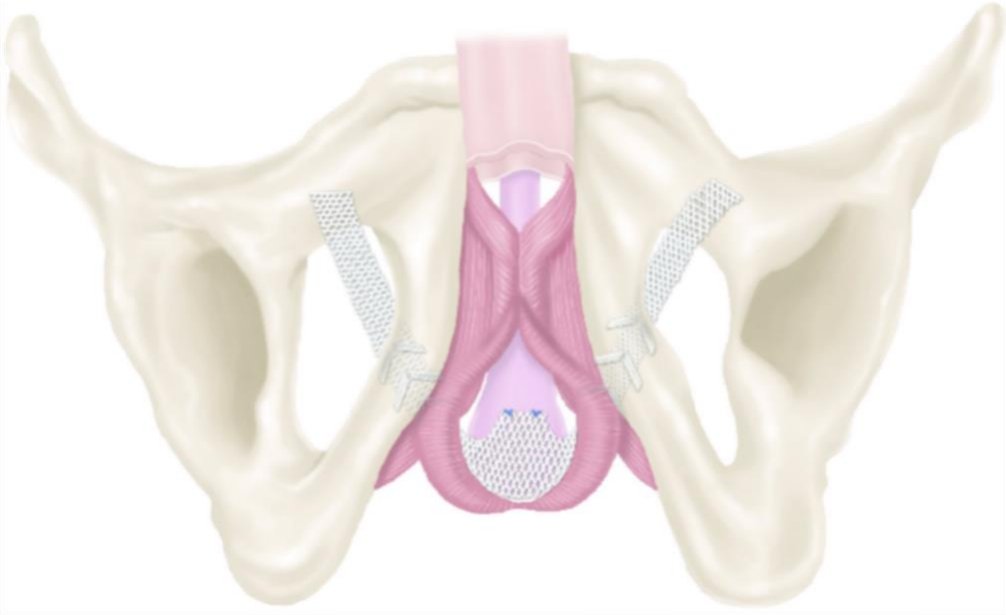
Coping solutions can be expensive, a nuisance and become problematic.

- Absorbent products can be costly, bulky, likely to leak and smell
- Catheters may be uncomfortable, and long-term use may cause urinary tract infections
- A penile clamp can control leakage but has to be moved often and can be painful and uncomfortable[67]

5-YEAR COST OF PADS AND DIAPERS[68]

Long-term solutions: Male Sling System

Acts as a “hammock” to reposition and support the urethra, restoring bladder control[69]

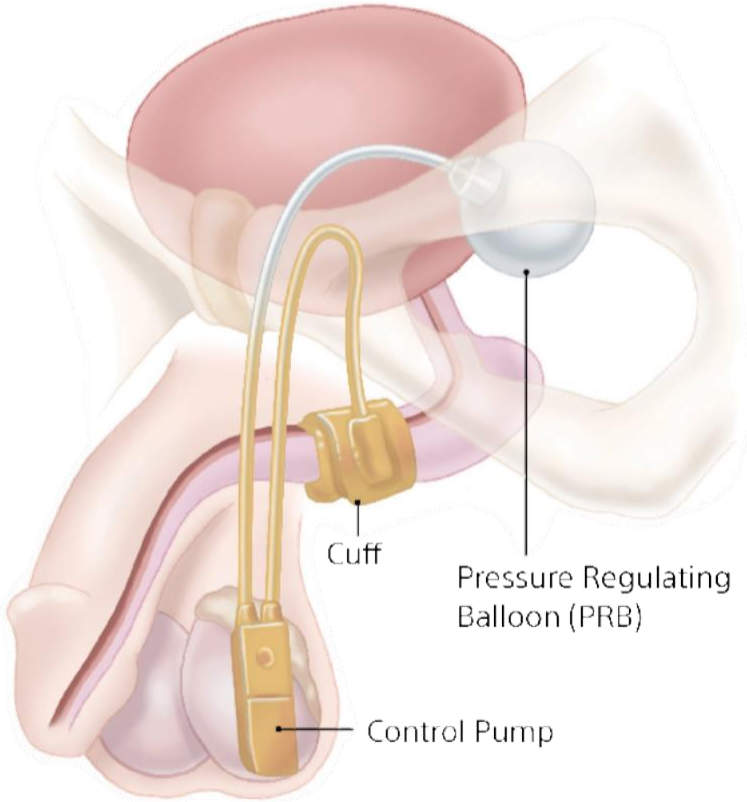


*Patient satisfaction rates reflect research results with use of the Male Sling

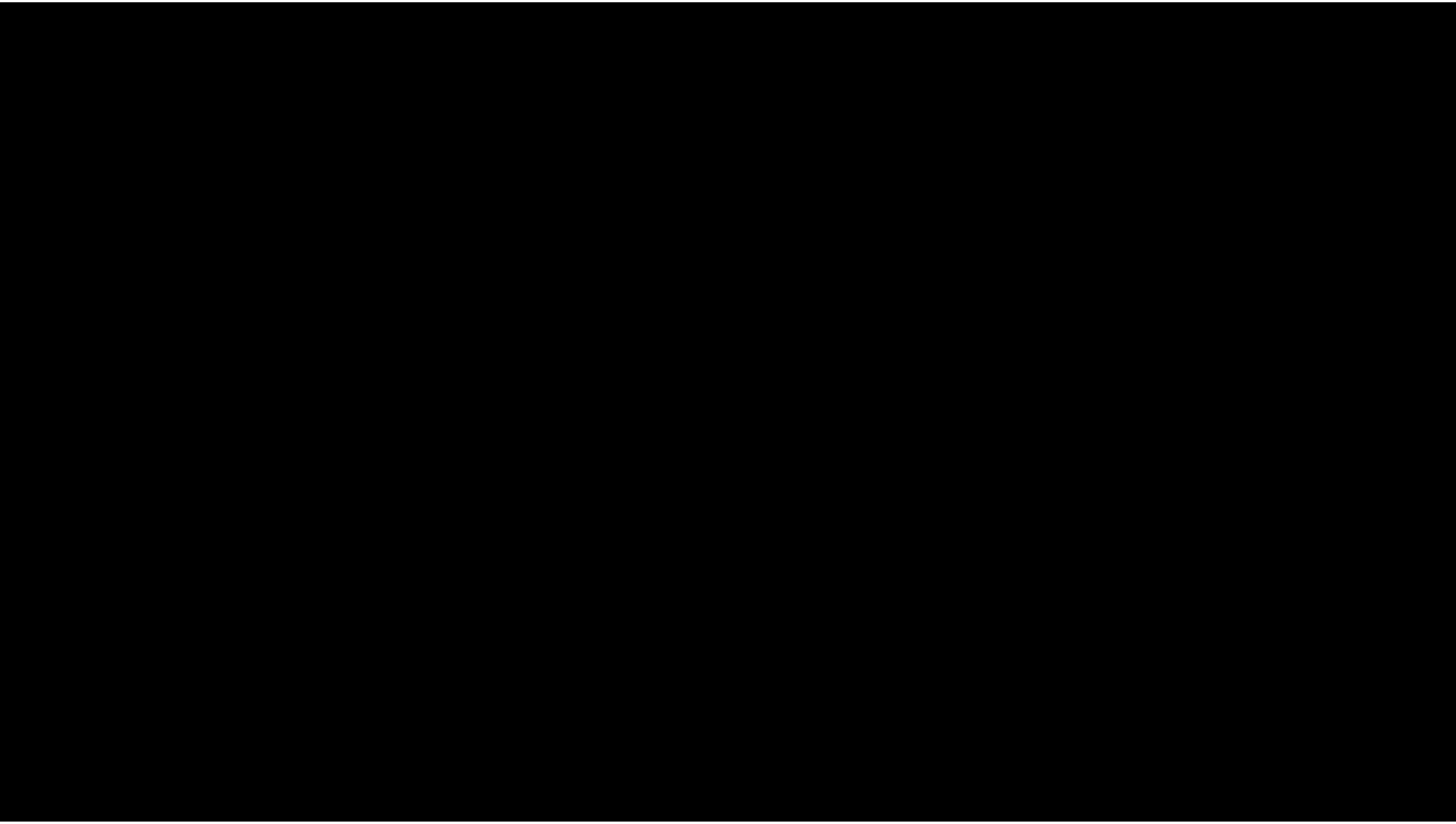
- **94% would recommend a sling procedure to a friend.*[72]**

Artificial Urinary Sphincter – How it works[70,76]

- Inflated cuff closes urethra
- Squeeze pump to void
- Cuff automatically re-inflates



Artificial Urinary Sphincter – How it works



Artificial Urinary Sphincter – Patient satisfaction

94.6%[77]

of patients* are satisfied with their device

~90%[78]

of patients are satisfied with their device long-term**

~90%[79]

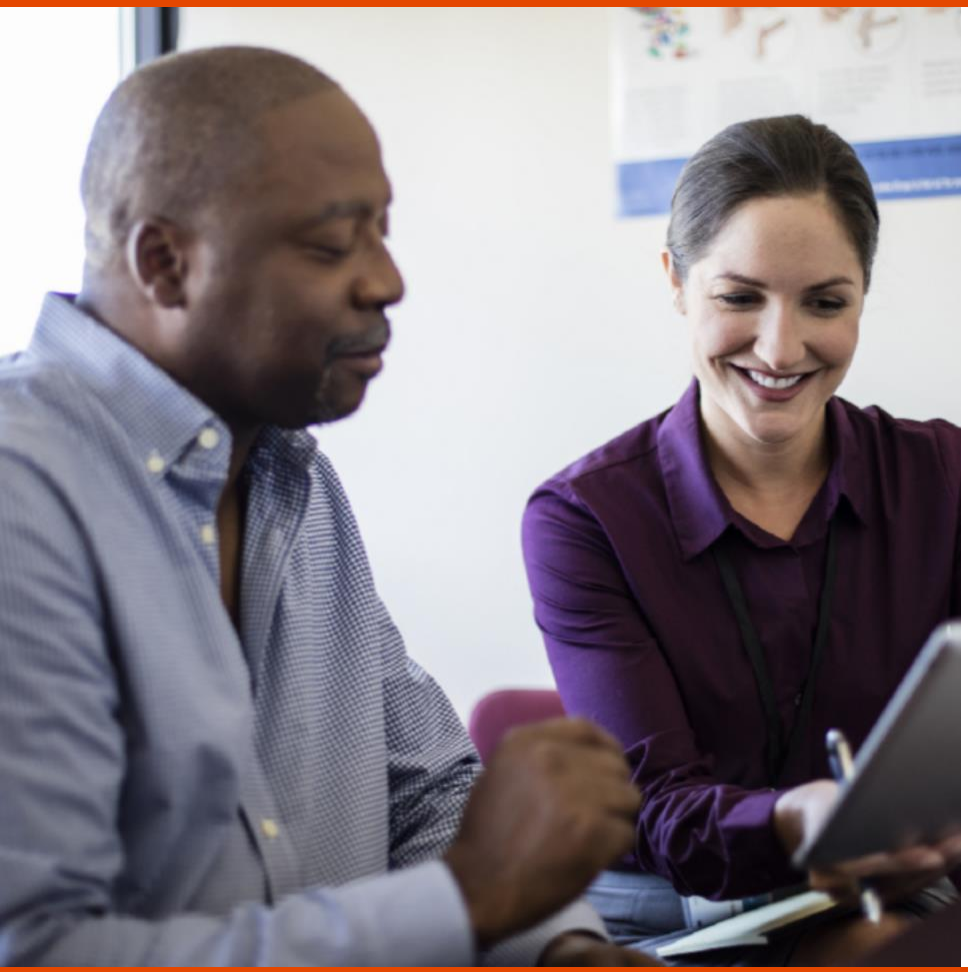
of patients would have the surgery again

94%[8]

of patients would recommend the device to a friend or family member

*Non-urethroplasty patients
**10+yrs

What to expect for the procedure[76]



- Outpatient procedure
- Small incisions, approximately 2-4 cm
- A few days to return to non-strenuous activities
- Urologists generally advise waiting 4 to 6 weeks before using the implant to ensure full healing

Cost and coverage

- Insurance coverage for SUI treatment varies
- Incontinence treatment is commonly covered by insurance
- Coverage may be available under Medicare and Medicare Advantage

Don’t let cost be a barrier – treatment can be affordable!

- Talk to your specialist – they can work with your insurance and the manufacturer to verify benefits, even helping to resolve coverage exclusions in some cases
- Ask your specialist about financial assistance options – you may be eligible for payment options through a program offered by the manufacturer

What men say about their implant experience

HERSHEL

Diagnosed with Prostate Cancer
Artificial Urinary Sphincter

"It took me from nine pads a day to one. I wear one pad because I like to laugh… it makes me feel like I can do the things I want to do with the confidence of not having to worry if I wet on myself."

FABIO

Diagnosed with Prostate Cancer
Artificial Urinary Sphincter

"Recovery was very easy. It took me about a week and a half where I was walking around without any pain. I walked the first week. No scarring. No one can tell it is there."

Results from case studies are not necessarily predictive of results in other cases. Results in other cases may vary.
Some patient champions are compensated for their time.

Summary: Benefits of SUI products

- The ability to achieve continence[76]
- Urinate when desired[76]
- Placed entirely inside the body, it is undetectable to others
- High patient satisfaction*[73]
- Can help restore normalcy and renew confidence

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

FABIO

“Part of me was dead after cancer. Now, not having to worry, wear pads and be able to be intimate again, I have a new life. I am very happy.”

As a surgical procedure, there are possible risks

There are risks involved with any surgery. Not all patients are candidates for a male sling or AUS. Discuss all the risks and benefits of these procedures in more detail with your doctor.

Male Sling[81]

Possible side effects include, but are not limited to:

- Device failure
- Urinary retention
- Post-operative pain
- Irritation at the wound site
- Foreign body response

Artificial Urinary Sphincter[74]

Possible side effects include, but are not limited to:

- Device malfunction or failure, which may require revision surgery
- Erosion of the urethra in the cuff area
- Urinary retention
- Infection, pain and soreness

Stress urinary incontinence summary

- Known side effect of prostate cancer treatment
- Variety of treatment options
- Short-term options can be expensive and uncomfortable
- Sling or AUS could offer a long-term solution

For more information visit

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SOLUTIONS FOR MALE BLADDER LEAKAGE

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Get your bladder leakage score now!

Visit
www.FixIncontinence.com/quiz

FIXINCONTINENCE.COM
SOLUTIONS FOR MALE BLADDER LEAKAGE

With just a few clicks, this quiz will help you assess the severity of your symptoms and how it may be impacting your life.

Grab your Smartphone…

Open your camera…

Hover over the code…

Click the link…

Take the quiz!

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Thank you!