

## PATIENT INFORMATION

# Penile injections for impotence: procedure-specific information

### What is the evidence base for this information?

This leaflet includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and evidence-based sources; it is, therefore, a reflection of best practice in the UK. It is intended to supplement any advice you may already have been given by your GP or other healthcare professionals. Alternative treatments are outlined below and can be discussed in more detail with your Urologist or Specialist Nurse.

### What does the procedure involve?

Self-injection of compound called Caverject or Viridal Duo to produce a penile erection sufficient for intercourse

### What are the alternatives to this procedure?

Tablet treatment, vacuum erection assistance devices, penile prostheses, MUSE, psychosexual counselling, no treatment

### What should I expect before the procedure?

Penile injections do not require any form of anaesthetic and are usually performed in outpatients under the supervision of a Consultant Urologist or a Specialist Nurse.

The technique of penile injection produces the most natural form of erection for a man with impotence. This technique can allow the return of normal sexual activity although, if you have problems with ejaculation, these are unlikely to be helped by this method.

For your first injection, prepare 5-10µg of Alprostadil using the dual chamber device. This ingenious device allows the dose to be selected, the drug to be mixed with fluid and the injection to be given using the same syringe & needle. Your Specialist Nurse will show you how to use the device on the first occasion.

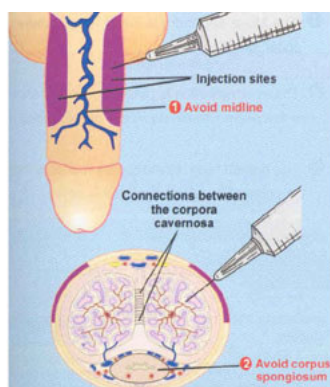
Please be sure to inform your Urologist in advance of your surgery if you have any of the following:

- an artificial heart valve
- a coronary artery stent
- a heart pacemaker or defibrillator
- an artificial joint
- an artificial blood vessel graft

- a neurosurgical shunt
- any other implanted foreign body
- a prescription for Warfarin, Aspirin or Clopidogrel (Plavix®)
- a previous or current MRSA infection

## What happens during the procedure?

Insert the needle into the side of the penis with a sharp thrust, pushing it in to its full depth. The injection should be given about 1 inch (2.5 cm) behind the circular ridge (corona) which forms the head (glans) of the penis. Try to avoid piercing veins running directly under the skin. Do not give injections into the under-surface (where the urethra is at risk) or on to the top of the penis (where large veins are at risk).



Initial insertion of the needle is, of course, slightly painful but a firm and rapid thrust improves or minimises the pain of needle insertion. You may experience a slight pricking sensation on injection which is not unusual. If there is severe pain, stop the injection immediately and seek medical advice. If the pain does not settle within 30 minutes.

## What happens immediately after the procedure?

When the contents of the syringe have been injected, remove the needle and use your finger or thumb to put gentle pressure on the injection site for a few minutes. Gently massaging the penis a few times between thumb and finger will help distribute the drug throughout the penis.

A satisfactory erection should be achieved within 10 minutes. The Nurse Practitioner will adjust the dose as necessary.

## Are there any side-effects?

Most procedures have a potential for side-effects. You should be reassured that, although all these complications are well-recognised, the majority of patients do not suffer any problems after a urological procedure.

Please use the check boxes to tick off individual items when you are happy that they have been discussed to your satisfaction:

### **Common (greater than 1 in 10)**

- Pain/discomfort at the time of injection
- Bruising under the skin of the penis after injection
- A persistent painful erection lasting longer than 4 hours (10%)

### **Occasional (between 1 in 10 and 1 in 50)**

- Scarring or bending of the penis on erection following repeated injections given at the same site
- Failure to achieve an erection following injection
- Bleeding from the water pipe (urethra) due to a misplaced injection
- Progressive lack of response to injections due to scarring within the penis

### **Rare (less than 1 in 50)**

- Infection at the injection site (more likely if you are diabetic)

### **Hospital-acquired infection (overall chance of contracting infection during stay at the West Suffolk Hospital (all wards included))**

(obtained from West Suffolk Hospital Infection Control Data June 2009)

- MRSA bloodstream infection (0.0000394 cases per bed day occupancy)
- Clostridium difficile bowel infection (0.0004865 cases per bed day occupancy)

(These rates may be greater in high-risk patients e.g. with long-term drainage tubes, after prolonged hospitalisation or after multiple admissions)

### **What should I expect when I get home?**

Your erection may last anything from 5 minutes to 2 hours. If your erection lasts more than 4 hours or becomes very painful, you should contact the Urology staff at Addenbrooke's immediately; they will arrange for an antidote to be administered to bring your erection down but this must be given in hospital. Please contact your doctor if you develop severe pain or bleeding.

When you leave hospital, you will be given a "draft" discharge summary of your admission. This holds important information about your inpatient stay and your operation. If, in the first few weeks after your discharge, you need to call your GP for any reason or to attend another hospital, please take this summary with you to allow the doctors to see details of your treatment. This is particularly important if you need to consult another doctor within a few days of your discharge.

## **What else should I look out for?**

You may develop a small bruise (haematoma) under the skin of the penis at the site of injection. This is nothing to worry about and will disappear by itself over the next few days. If it becomes very large, please seek medical advice.

## **Are there any other important points?**

You are advised not to use this technique for obtaining erections more than 3 times in any one week and injections should not be used more than once in any one day. More frequent injections run the risk of damaging the erectile tissue of the penis (which can make you impotent again) and of producing long-lasting painful erections.

Although this technique is well-tried and tested, the long-term effects of repeated injections of Alprostadil are not yet known accurately. However, many thousands of patients worldwide are using this technique without problems.

If the dose of drug produces no erection, you should contact the Erectile Dysfunction Specialist Nurse who will arrange for you to be re-assessed in the Outpatient Department.

## **Is there any research being carried out in this field?**

There is no specific research in this area at the moment but all operative procedures performed in the department are subject to rigorous audit at a monthly Audit & Clinical Governance meeting.

## **Who can I contact for more help or information?**

- Uro-Oncology Nurse Specialist 01284 712735
- Urology Nurse Practitioner for 'haematuria clinic', chemotherapy & BCG therapy 01284 712806
- Urology Nurse Practitioner for prostate (transrectal) ultrasound clinic, erectile dysfunction clinic 01284 713229
- Urology Nurse Practitioner for prostate assessment clinic, self catheterisation clinic 01284 713229

## **Other contacts**

**Chaplaincy** - Telephone: 01284 713486

## **What should I do with this form?**

Thank you for taking the trouble to read this information sheet. If you wish to sign it and retain a copy for your own records, please do so below.

If you would like a copy of this form to be filed in your hospital records for future reference, please let your Urologist or Specialist Nurse know.

I have read this information sheet and I accept the information it provides.

Signature.....Date.....