

Intracavernosal Injection Self-Treatment Information

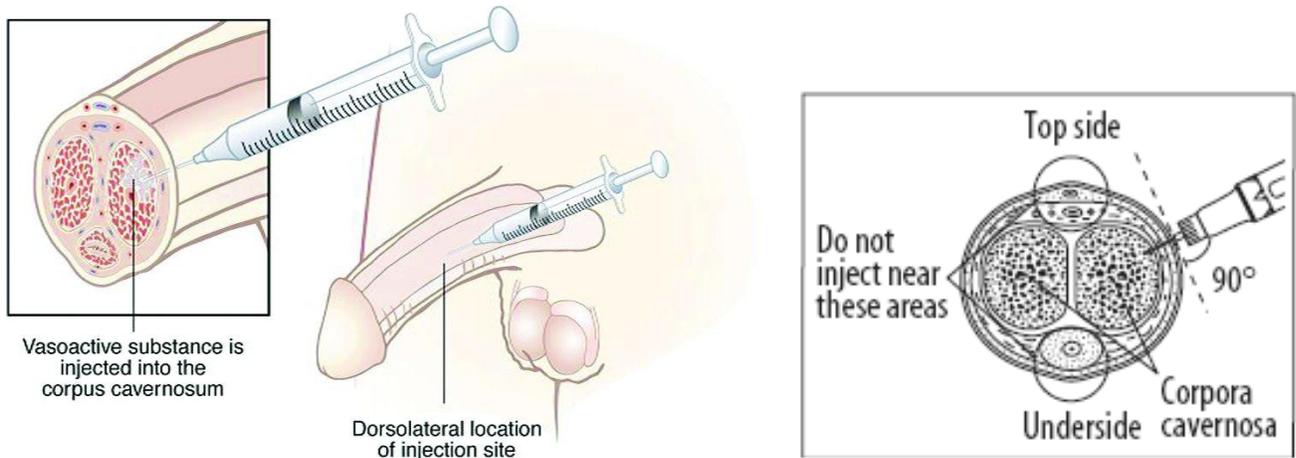
What you should know about this treatment:

- Medication must be kept refrigerated in order to maintain effectiveness.
- You may use the medication up to every other day.
- You must alternate sides each time you inject.
- The medication may be given along the shaft of the penis but never in the head/glans of the penis.
- The goal is to induce an erection lasting 30-60 minutes. Please do not alter the dose of your medication without first consulting your urologist.
- Incorrect technique may result in a partial or no erection. It does not cause any harm. You can try again on a different day if this occurs. If the response is still less than expected, call the office to discuss and adjust the dosage and technique of the injection.
- The erection should never last more than two hours. If this does, it is called a priapism. If this occurs, it is an emergency and you must call your prescribing urologist, or the office if it is after hours to get hold of the urologist on call. After this occurs, your doctor will change the dose of your medication to prevent this from reoccurring. It takes communication between you and your urologist to find the proper dose that works best for you.
- Do not inject the medication into the exact same place each time.
- If you notice curvature of the penis, please call and schedule a follow up appointment immediately.
- Be sure to keep follow up appointments. We want to determine the effectiveness as well as examine for curvature or other issues that can arise.

Technique of Intracavernosal Injection:

- 1) Wash your hands before starting the injection sequence.
- 2) Wipe off the rubber stopper on the vial with alcohol swab.
- 3) Pull back the plunger on the syringe (with only air) to the dose you were told to inject.
- 4) Place the syringe/needle at a right angle into the bottle/rubber stopper.
- 5) Hold the vial upside down and inject the air into the vial.
- 6) Pull back the plunger on the syringe slowly to the dose you are to inject.
- 7) Remove the syringe from the vial.
- 8) Holding the syringe with the needle facing up in the air, tap the syringe to get any air towards the top of the syringe towards the needle. Now, push out any excess air from the syringe.
- 9) Wipe off the penis where you are planning to inject with the alcohol swab.
- 10) Hold the head of the penis with your “non injecting hand” and stretch the penis out fully.
- 11) Place the syringe/needle into the corpora cavernosum as pictured below. Once you are sure you are in the corpora, inject the medicine slowly. The medication should be injected between the 2-3 o'clock position on one side and the 9-10 o'clock position for the other side.

- 12) Remove the needle and apply pressure for 30 seconds. Then, massage the penis from the base to the tip approximately 5-10 times.
- 13) The penis should become erect (with the assistance of foreplay) in 5-20 minutes.



Intracavernosal Injection Disclosure:

Your urologist has discussed the treatment options for erectile dysfunction that include PDE5 inhibitors (Viagra, Levitra and Cialis), Vacuum Erection Devices (VED), Intracavernosal injection therapy, intraurethral suppositories (MUSE) as well as penile prosthesis placement. We want to be certain that you understand the risks of any and all treatments you may choose so you have made an informed consent.

Intracavernosal injection therapy involves the use of either Papaverine, Phentolamine, Prostaglandin E1 or a combination of these medications.

This medication is injected directly into the side of the penis called the corpora cavernosum using a sterile syringe (typically an insulin syringe with an ultra-fine needle) and alcohol swab.

Since it is injected directly into the side of the penis, the **potential side effects** are typically local and mild. They include:

- Some pain/discomfort at the injection site.
- Potential infection if sterile technique is not used.
- Scarring, which can appear as a “lump” or curvature if you inject in the same location time after time.
- A prolonged erection (priapism) that could cause irreversible damage and permanent loss of erections in the future.

- A “black and blue” bruise if you inject through/into a vein on the superficial aspect of the penile skin. This usually goes away within a few days.

To reduce these potential side effects:

- Wash your hands before beginning the injection technique.
- Disinfect the rubber stopper on the medication vial with alcohol before placing the needle into the vial to draw out the medication.
- Use a new syringe for each injection.
- Stretch the penis out completely before injecting the medication.
- After injecting the medication, apply pressure to the injection site for 30 seconds. Then, massage/milk the penis from the base to the tip ten times.
- Alternate sides of the injection. If you inject the right side now, use the left side for the following injection. This will hopefully alleviate the possibility of curvature and scarring if this is done.
- Do not use the medication more than every other day.
- Do not increase your dose without first discussing with your urologist.
- At weekly intervals, palpate the penis to detect potential scarring. If you notice this, stop the injections and please make an appointment to review with your treating urologist.
- Be sure you have a follow up appointment and please keep this appointment.

Instructions in case of a priapism

What is a priapism?

- This is an erection lasting more than two hours. One can have pain and permanent damage (such as scarring, curvature and loss of erectile function) if left untreated.

What should be done if this occurs:

- Take 120mg of Sudafed, wait and wait for 30 minutes. If the erection does not go down, take another 60mg of Sudafed and wait for another 30 minutes (do not do this if on antihypertensives).
- Try a cold compress around the phallus and gently squeeze to see if this will help.
- Try walking or jogging for 15 minutes to see if this helps.
- If these maneuvers do not work, call your urologist immediately.
- A urologist is always on call and available 24 hours a day. Call our main office number to get hold of your urologist or the urologist on call.
- If this occurs, the urologist will typically have you come to the office or the emergency room if it is after hours to perform a procedure to relieve the erection. It often entails drawing out blood from the penis and/or injecting medication into the side of the penis, similar to the injection used to assist in the erection.

Consent for Intracavernosal Injection Therapy

I have reviewed with my urologist the risks/benefits and potential complications involved in this treatment option. I understand this treatment involves use of one or more injectable vasodilators (Papaverine, Phentolamine and/or Prostaglandin E1) injected into my penis using a syringe and sterile technique. I will be taught to self administer this medication. The goal is to achieve an erection adequate for sexual relations. I realize this will hopefully improve the erections but will not treat the underlying etiology of this problem.

I have discussed other treatment options available including PDE5 inhibitors (Viagra, Levitra and Cialis), Vacuum Erection Device (VED), intraurethral suppository (MUSE), penile implantation as well as other options including sex therapy and counseling.

If I develop a priapism (prolonged erection >2 hours) I will contact my treating urologist and/or his office for further instructions/treatment.

If the erection is only a partial erection, I will contact my treating urologist to adjust/modify the dosage.

I understand that intracavernosal injection therapy has the goal of improving my present erections.

I have had the opportunity to ask questions about my condition and this treatment option and understand the risks, benefits, potential complications as well as alternatives that exist. I have received satisfactory explanations and would like to proceed with this treatment.

Patient's signature

Date