



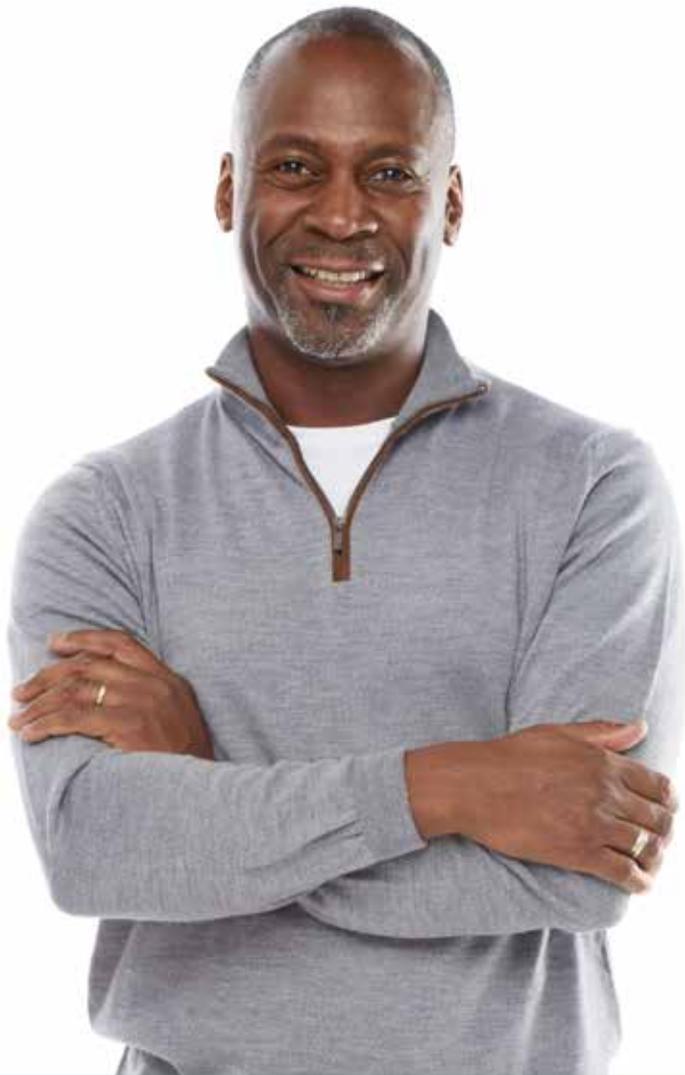
ERECTILE DYSFUNCTION (ED)



A Patient Guide

Inside this guide

Erectile Dysfunction: It's common and treatable	6
Erections and How They Work	8
What is Erectile Dysfunction?	10
Treatment Options	11
Coloplast Penile Implants	12
Frequently Asked Questions	18
Sexual Health Inventory for Men (SHIM)	20
Supporting a Partner with ED	22
Insurance Information	24
Take the Next Step	27



Living with Erectile Dysfunction (ED) is tough. You may think that no one understands how you feel, and no one wants to talk about it.

There are millions of other men who experience ED, and they understand how ED can affect daily life. Our patient educators—real people with ED who found a solution that works for them—are ready to talk about it.

They know when you're struggling with ED, it can feel like you're not yourself. You may feel like your body isn't working right; your whole mood is off. You may feel depressed, resentful and anxious. Not feeling like yourself can consume your every waking thought. Maybe you're afraid to kiss your partner because you don't know what would or wouldn't happen next.

Our patient educators talk to others about their experience with ED. What it's like, what you can expect, and share how they finally got back to feeling like themselves again. They took back their lives from ED, and think you can too.

Let's talk about it.

You can find a solution that works.

Review this guide to learn more and then talk with your doctor and an ED patient educator.

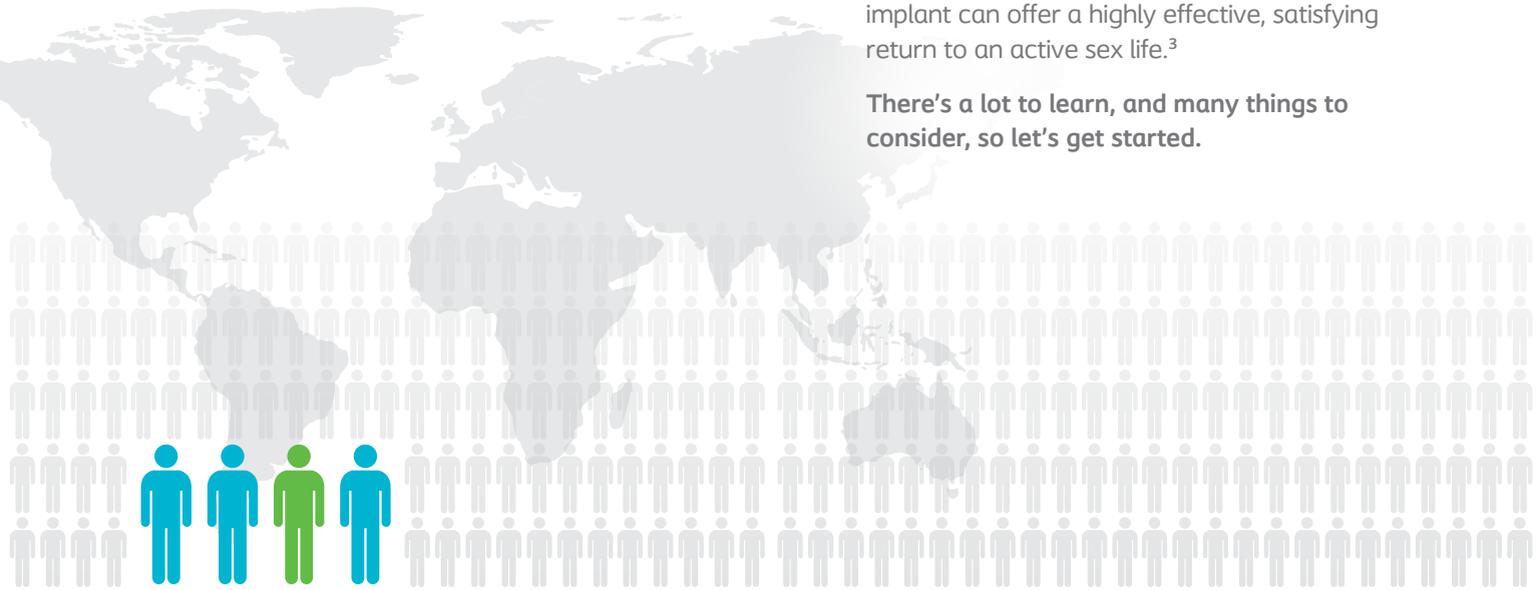
Erectile Dysfunction: It's common and treatable

ED will affect nearly **350 million men** worldwide by 2025, with only around 20% seeking treatment¹.

While ED is common, it's not an inevitable part of aging, and in most cases it can be overcome.²

There are many different treatments, including **pills, injections** and **vacuum pumps**. A highly effective and satisfying solution is a **penile implant**. An implant involves surgery, and your doctor may recommend other options first, but a penile implant can offer a highly effective, satisfying return to an active sex life.³

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



Men
over age 65 experience
some degree of ED ²



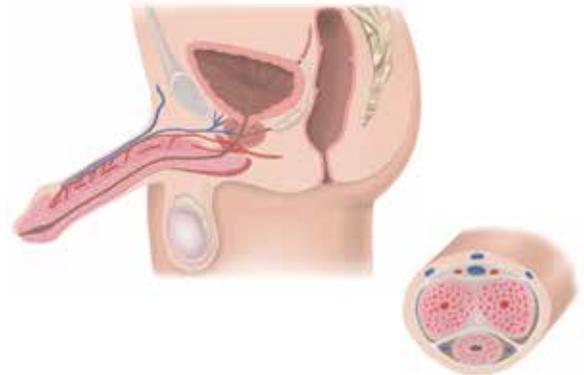
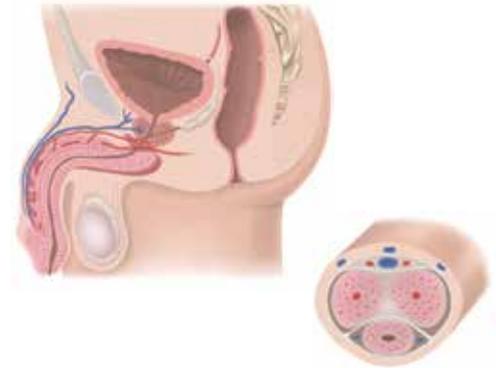
Erections and How They Work

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 your brain doesn't send enough or any signals, when there isn't enough blood flow, or when erectile tissue is damaged.



What is Erectile Dysfunction? ²

ED is the consistent inability to sustain an erection sufficient for sexual intercourse. That can be:

- Not getting an erection at all
- Getting an erection inconsistently
- Getting an erection that doesn't stay hard enough for sex

Causes of ED

For more than 80% of men with ED, it is caused by a physical problem or disorder.⁴ The cause can usually be identified, and proper treatment can help you return to a satisfying sex life.³

Physical causes: ²

- **Injury** (such as brain or spinal cord injury)
- **Disease** (such as diabetes, high blood pressure, hyperlipidemia, cardiovascular disease are risk factors.)
- **Surgery** (such as removal of the prostate gland)
- **Substance use** (such as tobacco, drugs, alcohol, and some medications)

80% of ED is caused by a physical problem or disorder.⁴



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

Treatment Options ²

There are different ways to treat ED. Your doctor can discuss these with you, and help you consider your individual needs, and the benefits and risks of each treatment option.

- **Lifestyle changes** like stopping smoking, losing weight, and eating healthier
- **Oral ED medications** like Viagra®, Cialis® or Levitra®
- **Vacuum** erection devices
- **Injecting medication** directly into the penis
- **Penile implant:** flexible or inflatable
- **Artery Reconstruction**



"I underwent all the processes I thought might help, but nothing helped me. So I said well, I have to do this because it's the only solution I have. And, the only thing I regret is not doing it sooner, because I'm a much happier man after the Coloplast Titan penile implant."

– MARTIN*

Coloplast Penile Implants

A penile implant is a discrete device that is placed into a man's penis and is designed to help him get an erection. Once implanted, it helps put the man back in control of his body, and can be used at any time, unlike other treatment options where there may be a short waiting period for them to be effective. A penile implant is an effective solution for men who are suffering from ED that has not been resolved by other available treatment options.

A penile implant involves a specialized surgical procedure. The majority of men can return home within a day of surgery, and after full recovery, may resume sexual activity after 4-6 weeks.² Your physician will discuss the details of the procedure, your recovery process, and using the implant.

Penile implants have been a safe and effective standard of care for men suffering from ED for many years, and can offer hope and a return to intimacy and a normal life for many men with ED. There are two types of penile implants that Coloplast offers:

- **Titan**[®] inflatable penile implant produces a controllable erection that acts and feels more like a natural one.
- **Genesis**[®] flexible penile implant produces a permanently firm penis and may be appropriate for men with limited hand dexterity.⁵



Patients report a **98% satisfaction rate**⁶ for inflatable penile implants



Both types of penile implants are **totally concealed** in the body, and give a man with ED the ability to have an erection – instantly, whenever the time is right, for however long he and his partner want. It helps put the man back in control and back to a normal life.

Coloplast Titan[®]

Inflatable Penile Implant

The Titan 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)

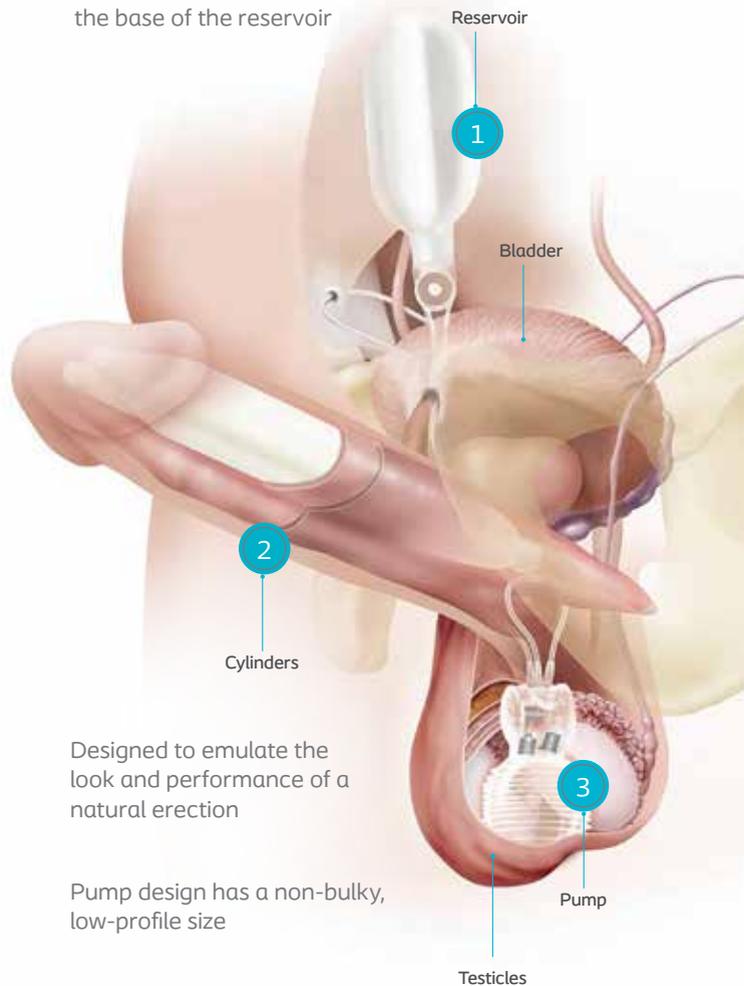
When you squeeze the pump bulb, it moves the fluid from the reservoir into the penile cylinders, creating an erection. When you press the deflate button on the pump, the fluid moves out of the penis and back into the reservoir for a natural looking flaccid state.

Visit TitanInflate.com for a demonstration video.

Titan Features

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

The only IPP with a true lock-out valve located at the base of the reservoir



Designed to emulate the look and performance of a natural erection

Pump design has a non-bulky, low-profile size

"The Coloplast Titan has brought the intimacy and spontaneity back to our love life. It was lost with the pills, pumps, and shots, which all made it too mechanical and more of a chore than an expression of our love for each other."

– RAYMOND*

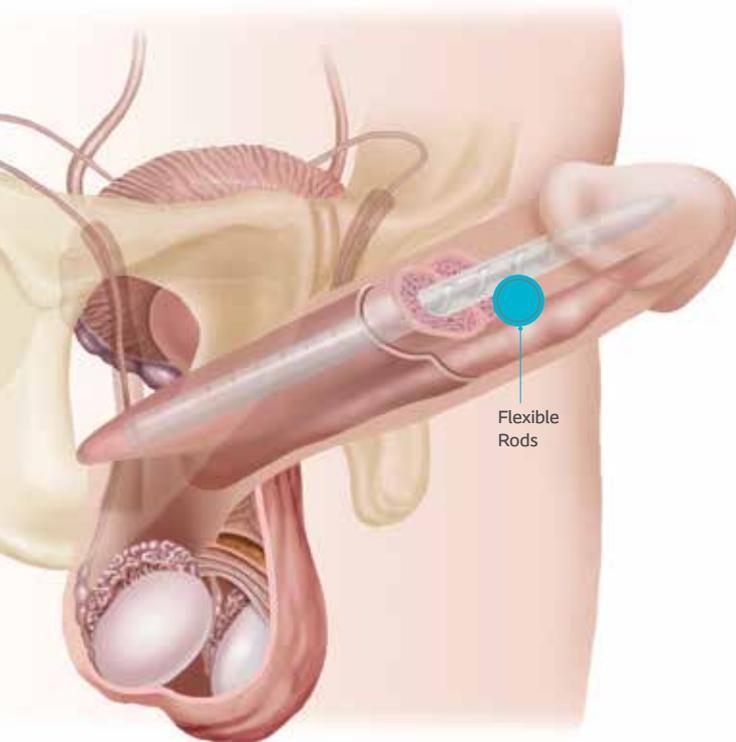
Coloplast Genesis[®]

Flexible Penile Implant

The Genesis is a flexible penile implant that consists of two firm but flexible rods that are placed into the shaft of the penis. There are no other parts to this implant. To have an erection, you simply hold the penis and move it into the desired position. When you are finished, you bend it back down to conceal it.

Genesis Features

- Easy for you or your partner
- Good option for men with limited dexterity⁵
- Because it stays firm when not erect, may be more difficult to conceal in clothing



Important Risk Information

A penile implant requires surgery. Risks of surgery may include but are not limited to complications such as infection, swelling, pain and discomfort. Once implanted, there may be a chance of infection, erosion, product migration or device malfunction which may require additional surgery. Your physician will provide complete risk information for your situation.

Frequently Asked Questions

Q. Can I have an orgasm with a penile implant?

- A. You should be able to have an orgasm with a penile implant if you were able to have one before the implant. Consult your physician about your expected outcome.

Q. What is the recovery time?

- A. Everyone is different and recovery time varies, but typically it's between 4-6 weeks until you can resume sexual activity.² Your physician will determine what you can and can't do during this time. It is important to follow all recommendations from your physician for the best outcome.

Q. Will I lose any length after getting a penile implant?

- A. 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 implant⁷, and it may not be unusual to lose 1-2 centimeters from your original erect length.⁸

Q. Will anyone notice that I have an implant?

- A. The implant is completely placed inside your body. The Titan[®] inflatable penile implant is not visibly noticeable. The penis appears relaxed and normal when in the flaccid state, and it is not obvious by looking at a man that he has an implant. The Genesis[®] flexible rod implant stays firm when not in the erect position, and it may "show" through clothes.

Q. How long does the penile implant last?

- A. A study showed that 60% of initial implants would survive 15 or more years without revision or extraction.⁹

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

- A. Both the Titan and the Genesis give you the ability to have an erection instantly any time you want one. However, the implant surgery makes it impossible to ever have a "latent" or natural erection that's not dependent on the device. Therefore, you should consider carefully whether or not an implant is the right choice for you.

Q. What is the difference between the Genesis and the Titan implants?

- A. Both help give you the ability to have an erection satisfactory for intercourse. The main difference is that the Genesis is a flexible (malleable) implant that consists of two firm but bendable rods that are placed into the shaft of the penis (corpora cavernosa). There are no other parts to this implant. To have an erection, you simply hold the penis and move it into the desired position. When you are finished, you return the penis to its tucked-down position. With the Titan, you inflate the cylinders by squeezing the pump bulb located in your scrotum, and deflate by pressing the release valve to return the fluid from the cylinders into the reservoir.

"I'm able to walk into the room now and be that guy that I always wanted to be, just confident and self-assured and knowing what I want. That has made all the difference for me."

- BRIAN*

Sexual Health Inventory for Men (SHIM) ¹⁰

Over the past 6 months:

1. How do you rate your confidence that you could get and keep an erection?		Very Low 1	Low 2	Moderate 3	High 4	Very High 5
2. When you had erections with sexual stimulation, how often were your erections hard enough for penetration (entering your partner)?	No sexual activity 0	Almost never or never 1	A few times (much less than half the time) 2	Sometimes (about half the time) 3	Most times (much more than half the time) 4	Almost always or always 5
3. During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?	Did not attempt 0	Almost never or never 1	A few times (much less than half the time) 2	Sometimes (about half the time) 3	Most times (much more than half the time) 4	Almost always or always 5
4. During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?	Did not attempt 0	Extremely difficult 1	Very difficult 2	Difficult 3	Slightly difficult 4	Not difficult 5
5. When you attempted sexual intercourse, how often was it satisfactory for you?	Did not attempt 0	Almost never or never 1	A few times (much less than half the time) 2	Sometimes (about half the time) 3	Most times (much more than half the time) 4	Almost always or always 5

Add the numbers corresponding to questions 1-5.
TOTAL: _____

The Sexual Health Inventory for Men further classifies ED severity with the following breakpoints:

1-7 Severe ED 8-11 Moderate ED
12-16 Moderate to Mild ED 17-21 Mild ED

Supporting a Partner with ED

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 realize that the ED is likely caused by a medical problem.

DO your homework.

Many people view ED as a sexual issue, when in fact, it's usually a physical one. Conditions such as diabetes, high cholesterol, or early-stage heart conditions can all contribute to ED.² Even certain medications can bring on ED.² The sooner you realize 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 attacked and withdraw even further.

"After the operation, I noticed a change in my husband in terms of his self-esteem. It's something that's made him feel comfortable and happy; he feels like a different man."

– ANABEL*

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 physician. 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.





Take the Next Step

Discover whether a penile implant is the way for you to restore your sex life.

- 1 • Visit erectile-dysfunction-solutions.uk
- 2 • Take the **Sexual Health Inventory for Men (SHIM)** survey in this brochure, and share it with your doctor.
- 3 • **Set up an appointment** with your doctor to learn more about erectile dysfunction and penile implants and discuss your options.



1. Ayta IA, McKinlay JB, Krane RJ. The likely worldwide increase in erectile dysfunction between 1995 and 2025 and some possible policy consequences. *BJU Int.* 1999 Jul;84(1):50-6
2. Erectile dysfunction. NIH: National Institute of Diabetes and Digestive and Kidney Diseases. <https://www.niddk.nih.gov/health-information/urologic-diseases/erectile-dysfunction>
3. Rajpurkar A, Dhabuwala CB. Comparison of Satisfaction Rates and Erectile Function in Patients Treated with Sildenafil, Intracavernous Prostaglandin E1 and Penile Implant Surgery for Erectile Dysfunction in Urology Practice. *J Urol.* 2003; 170:159-163.
4. Khera M, Goldstein I. Erectile dysfunction. *BMJ Clin Evid.* 2011 Jun 29;2011. pii: 1803.
5. Habous M, Malleable (Semi-Rigid) penile prosthesis. *J Sex Med.* 2015; 12:1984-1988.
6. Garber B.B. "Mentor alpha 1 inflatable penile prosthesis: patient satisfaction and device reliability," *Urology*, 1994, vol. 43, no. 2, pp. 214-217.
7. Savoie M. et al. A Prospective Study Measuring Penile Length in Men Treated with Radical Prostatectomy for Prostate Cancer. *J Urol.* 2003; 169:1462-1464.
8. Deveci S, Martin D, Parker M, Mulhall JP. Penile length alterations following penile prosthesis surgery. *Eur Urol.* 2007 Apr;51(4):1128-31.
9. Wilson, Steven et al. Long-Term Survival of Inflatable Penile Prostheses: Single Surgical Group Experience with 2,384 First-Time Implants Spanning Two Decades. *J. Sex Med.* 2007; 4:1074-1079.
10. Cappelleri JC, Rosen RC. The Sexual Health Inventory for Men (SHIM): a 5-year review of research and clinical experience. *Int J Impot Res.* 2005 Jul-Aug;17(4):307-19.

* Patient Educator has received compensation from Coloplast to provide their testimonial. Each person's situation is unique so your experience may not be the same.

