

Erectile Dysfunction (ED)

Understanding your options

What is ED?

Erectile dysfunction means difficulty getting or keeping an erection firm enough for satisfactory sexual activity. It is very common, especially with age.

Erections depend on blood flow, healthy nerves, hormone levels, sexual stimulation, and overall health. ED may be related to diabetes, high blood pressure, obesity, vascular disease, smoking history, low testosterone, prostate cancer treatment, pelvic surgery, stress, anxiety, depression, or medication side effects.

Why primary care evaluation matters

ED is not just a penis problem. Because penile blood vessels are small, ED can sometimes be an early sign of cardiovascular disease.

We commonly want to check:

- Hemoglobin A1c or diabetes screening
- Cholesterol and blood pressure
- Medication review
- Cardiovascular risk assessment
- Testosterone testing when symptoms suggest low testosterone

What treatment can and cannot do

Most ED treatments help create a better erection when you use the treatment. They do not always cure the underlying cause.

Exercise, weight loss, better diabetes control, quitting smoking, limiting alcohol, and blood pressure control may help some men, but these are not a guaranteed or immediate cure.

Step 1: ED pills

The usual first treatment is a PDE-5 inhibitor, such as sildenafil (Viagra) or tadalafil (Cialis). These improve blood flow to the penis. Sexual stimulation is still required.

Common approaches include sildenafil as needed, tadalafil as needed, daily low-dose tadalafil, or selected use of daily tadalafil with an as-needed booster dose if prescribed and tolerated.

Important safety warning

Do not take ED pills if you take nitrates such as nitroglycerin or isosorbide, or recreational poppers. Combining these can cause a dangerous drop in blood pressure.

Tell your clinician if you have chest pain, recent heart attack, unstable heart disease, significant low blood pressure, or if you are unsure whether sexual activity is safe for you.

If pills are not enough

Next options may include a vacuum erection device, penile injection therapy, intraurethral medication, or inflatable penile prosthesis surgery.

Shockwave therapy, PRP, stem cells, or other regenerative ED treatments are often cash-pay and are not a guaranteed cure. We do not routinely offer shockwave penis therapy at Baytown.

Educational handout only. Follow your clinician's specific instructions. Seek emergency care for an erection lasting 4 hours or longer.

How much will ED treatment cost?

Important pricing note

Costs vary depending on insurance, pharmacy, dose, medication, shipping, supplies, and whether the treatment is covered. Many ED treatments are cash-pay or out-of-pocket.

The pricing below is based on sample patient-pay pricing provided to our office. It is not a quote. Actual prices may change.

ED pills

Medication	Example strength	Example patient-pay price
Sildenafil	20 mg tablet	about \$0.75 each
Sildenafil	100 mg tablet	about \$1.00 each
Tadalafil	5 mg tablet	about \$1.00 each
Tadalafil	20 mg tablet	about \$1.30 each
Tadalafil	5 mg lozenge	about \$2.00 each
Tadalafil	20 mg lozenge	about \$7.50 each
Vardenafil	12 mg lozenge	about \$5.90 each

Penile injection and related medications

Medication	Example supply	Example patient-pay price
PGE1 / alprostadil	5 mL vial	about \$95
Bimix	5 mL vial	about \$85
Trimix #5	5 mL vial	about \$90
Other Trimix strengths	5 mL vial	about \$90-\$125
Intraurethral gel	1 mL syringe	about \$25 each
Phenylephrine rescue medication	10 mL vial	about \$35
Pseudoephedrine	30 mg tablet	about \$0.60 each

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Cost details and injection pathway

Why vial cost is not cost per use

The number of doses in a vial depends on your prescribed dose. A low dose may make one vial last longer. A higher dose uses more medication per injection.

There may also be costs for syringes, alcohol pads, shipping, cold-pack delivery, or other supplies.

Device and surgery costs

Vacuum erection devices are usually purchased out-of-pocket through online retailers or medical device companies. Prices vary widely.

A penile prosthesis is surgery. Coverage depends on insurance benefits, deductible, and diagnosis.

Common pathway used in our office

When injection therapy is appropriate, our usual starting pathway is commonly Trimix #5, depending on your history, exam, prior medications, and clinician preference. The first injection trial is done separately in the office with teaching.

Penile injection therapy: what to expect

This is not done at the first consultation

At the initial ED consultation, we review your history, prior treatments, medication safety, and whether injection therapy is appropriate. The medication must be ordered, received, and then tested at a separate teaching visit.

Typical process: sample or starting medication is ordered; you return for a separate nurse practitioner teaching visit; a supervised trial dose is performed in the office; you are taught dosing, injection location, storage, disposal, and the safety plan. Do not use penile injection medication before your teaching visit.

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Penile injection therapy: safety overview

General teaching overview

During teaching, you will be shown how to:

- Wash your hands and keep the area clean
- Prepare the syringe and medication correctly
- Avoid visible veins
- Inject into the side of the penis, not the top or bottom
- Apply pressure afterward to reduce bleeding or bruising
- Store medication correctly, usually refrigerated
- Dispose of needles safely

Important rules

- Use only the dose prescribed
- Do not increase your dose without instructions
- Do not use more than one injection in 24 hours unless instructed
- Do not combine injections with Viagra, Cialis, Levitra, or other ED medications unless your clinician specifically tells you it is safe
- Call the office if the result is too weak, too strong, painful, or inconsistent

Risks of penile injections

Risks include:

- Penile pain
- Bruising or bleeding
- Infection
- Scar tissue or curvature
- Inadequate erection
- Erection that lasts too long, called priapism

Priapism safety plan

Priapism means an erection that lasts too long. It can permanently damage erectile tissue if not treated.

If the erection lasts more than 2 hours, begin the plan provided at your teaching visit. If instructed and safe for you, this may include pseudoephedrine.

If the erection lasts 4 hours or longer, go to the emergency room immediately. Do not wait overnight.

When injections are not enough

If pills, vacuum devices, and injections do not work well enough, or if the process is too difficult or inconvenient, we may discuss an inflatable penile prosthesis. This surgically implanted device creates rigidity for intercourse and requires a separate counseling visit to review expectations, risks, benefits, and insurance coverage.

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