

Penile Rehabilitation



A Woman's Touch
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Introduction

Health problems like diabetes, heart disease and cancer can hurt a person's ability to achieve a penile erection. This booklet outlines a program called **Penile Rehabilitation (PR)** which uses medications, devices and techniques to help restore erectile function. Use of these techniques promotes recovery of natural, spontaneous erections. This book outlines techniques that can improve your specific situation.

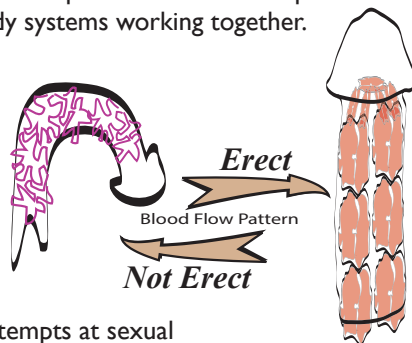
How Do Erections Happen?

Understanding the mechanics of how the penis works will help you choose which techniques are best for your specific situation. Sexual arousal is a response to stimulation produced by different mind and body systems working together.

In a healthy person:

- nerves
- blood vessels
- biochemistry
- low inflammation

work together to create a penile erection. The loss of function of any part of the system means that attempts at sexual arousal—and erection—may be unsuccessful. Successful erections require:



Intact physical structures: The stretchy caverns (erectile tissue) inside the penis are unique structures. Blood normally goes in—and out—of the penis without causing an erection. But there are also specialized caverns which swell with blood flow triggered by sexual touch and arousal. It is the stretch, tension and blood flow that makes a penis hard and erect. All of the following parts have to be healthy, flexible, and free from inflammation or scarring in order to create a firm erection.

1. Helicine arteries. Small curled blood vessels that relax during sexual arousal and let oxygenated blood into the caverns.

2. Stretchy caverns.

Stretchy sacs fill with blood, like a latex balloon. When filled they push and put pressure on other structures like the tunica.

3. Cartilaginous

Tunica. The tunica is a flexible shell made of cartilage which surrounds the caverns. When blood pushes on the stretchy caverns, they put pressure on the flexible tunica causing it to expand.

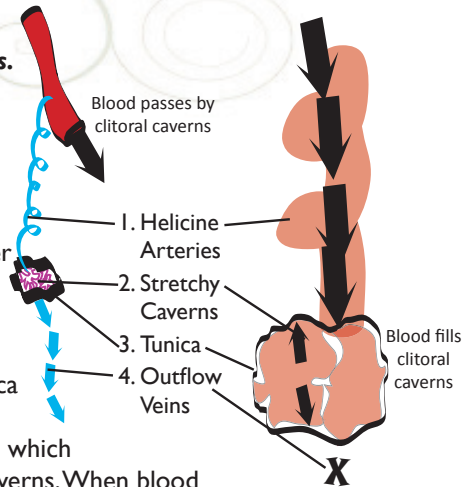
4. Outflow Veins. Outflow veins play an important role in holding blood during erections, and releasing blood when the penis is not erect. During an erection, the **tunica** pushes the outflow veins closed which helps keep an erection hard. But when blood pressure declines (as often happens after orgasm) the blood escapes out the veins. This causes the erection to deflate.

Specific biochemistry: Small curled blood vessels leading to the stretchy caverns relax in response to a chemical called **nitric oxide**. This relaxation allows blood to flow into the penis. Nitric oxide can be produced either by a) stimulation of **nerves** of the pelvic plexus, or b) in the walls of the cavernous **blood vessels** when they are stretched and massaged.

Low overall body inflammation:

- 1. Nitric oxide** is a sensitive chemical that our bodies produce. Nitric Oxide doesn't work properly when we eat junk food. Really.
- 2. Exercise.** Nitric Oxide works best when we get daily exercise. Eating a healthy diet and walking every day supports sexual arousal, helping nitric oxide do its work.
- 3. Sleep Quality.** It's important to get restful deep sleep every night. During the dreaming phase of sleep, nerves activate swelling of the penis approximately 4-6 times per night. Exchanges of oxygenated blood for non-oxygenated blood within the genitals is critical to maintaining sexual function.

Why Morning Erections are Important. The final swelling of the penis each night results in the "morning erection" that many men wake up with. Morning erections are therefore good indicators that all physical systems and structures are functioning properly. If someone is trying to regain function, the presence of even intermittent morning erections is a healthy sign of basic function.



Why Do Erections Stop Happening?

Erectile dysfunction (ED) is the inability to develop or maintain a penile erection sufficient for sexual penetration. It's fairly common, occurring in 21-46% of all adult men. Common causes of ED include metabolic dysfunction or physical trauma.

Metabolic disorders—Heart and blood vessel disease, metabolic syndrome, and diabetes are the *most common* causes of ED. The inability to get reliable erections is an early sign that something isn't working right, and is often a man's first warning that he is at risk for a heart attack within 3-5 years.

Surgical Trauma—Another common cause of ED is anything that damages, stretches, or cuts the pelvic plexus nerves deep in the pelvis. This commonly happens during **surgical or radiation treatment for prostate, colon, or rectal cancer**. Prostate cancer therapies *cause* ED (radiation therapy 43%; radical prostatectomy 58%) because the therapies damage nerves, blood vessels and/or cavernous components. Minimally-invasive surgical approaches reduce complications right after surgery but still cause some post-surgical ED.

Some Men Have Both Metabolic ED & Surgical Trauma—It's common for men with cancer to have *pre-surgical* metabolic ED. Men who had trouble getting erections *before* the surgery often have more difficulty *recovering* function after surgery. The underlying conditions leading to erectile dysfunction also impair recovery from surgery.

Erectile Dysfunction from Metabolic Disorders

Penile erections are accurate indicators of overall health. Sexual health requires the peak performance of cardiorespiratory and metabolic fitness. All portions of a man's erectile system are sensitive to metabolic disorders linked to the Western diet & lifestyle. Eating a diet high in refined carbohydrates and low in healthy oils and proteins, plus limited voluntary exercise, is a very dangerous combination for sexual health.

Thirty-eight to 78% of people who have had a heart attack experience ED after the heart attack. Individuals who have a low residual exercise tolerance may be further restricted from sexual activity all together.

As common as metabolic disturbances and heart disease are, many men aren't aware of the effects of their daily choices.

Men with metabolic dysfunction need to go one step further. If your health status continues to include poor blood sugar control, high carbohydrate food choices and a lack of routine exercise, etc., you may not be able to benefit from this PR program to its fullest. For example, the medications like Viagra may not be available to you because your impaired health prevents their use. If you have intermittent ED your health is already less than you deserve.

Use the techniques in this booklet the same way that someone with surgical trauma would. If you have intermittent ED, your genitals are being deprived of critical blood flow.

Some other tips to consider:

1. **Sleep apnea.** Because dreaming is a time when the body sends healing blood to the genitals, people who don't

sleep well also have low genital blood flow and hormonal imbalances, particularly men older than 65yrs. Using a CPAP machine has been shown to reverse some of these changes.

2. **HbA1c.** This number measures how well your body reacts to your diet. Higher is worse and lower is healthier. Eating a low carbohydrate diet improves erectile function.
3. **Regular Exercise.** Even if your HbA1c level is high, physical activity has been shown to have a protective effect against erectile dysfunction.

Erectile Dysfunction after Prostate Cancer Therapy

Whether a surgeon performs nerve sparing (unilateral or bilateral), robotic, radical, or minimally invasive surgery, nerves surrounding the prostate, rectum, and bladder will be unable to function as they did before surgery at least for a time.

Arousal Nerves. The delicate nerves that carry sexual arousal information between the lower spine and the genitals is called the *Pelvic Plexus*. The web-like Pelvic Plexus curves *around* the prostate, colon, rectum, and bladder. Anything that damages the Pelvic Plexus can damage sexual arousal capacity. Surgery can cut or stretch the Pelvic Plexus.

Neuropraxia. Stretched nerves become stunned and can't work properly. Although they may be whole and in place, they cannot function *until they recover*. Though some men's nerves may recover from neuropraxia soon after surgery, the recovery process may take up to three years for others.

Scar Formation. During the time that the nerves stop working, oxygen-rich blood stops flowing to the clitoral caverns inside the penis and scarring can occur. Scarring (also called fibrosis) happens because cells need blood flow to survive. When cells die, the body replaces the cells with scar tissue. This is important for two reasons:

1. Since erections are dependent on the flexibility of the tunica, scar formation can **prevent** erections from **forming**. Even if the nerves return to full function and blood begins to flow into the penis, this new scar formation prevents the important stretch function of the tunica and prevents swelling of the penis.
2. Scarring also can disable the **ability to hold** an erection. Because the stretchy tunica plays a role in pressing hard against the outflow veins, a scarred tunica can't expand enough to press hard. When someone loses an erection unexpectedly or suddenly, **venous leak** may have occurred.

Recovery. A key feature of the *Penile Rehabilitation* program is to keep blood flowing to the nerves and the tunica so that daily oxygen exchange happens. This keeps the tissues healthy while waiting for nerve recovery and allows for spontaneous erections if nerve function recovers. We can't know **when** nerve recovery will occur, so it's worth it to manually and chemically assist blood flow to the penis as soon as possible after the surgery/injury *and for a whole three years after* surgery. Data shows that the longer you provide assistance and perform PR, the more successful your erectile function can be.

First experience after Pelvic Surgery

Surgery has a negative, time-limited effect on men's penises that all men need to be aware of. A man goes into surgery with the penis length and function he is used to. When he wakes up after surgery, he will see the urinary catheter that has been placed inside his penis, which helps drain urine and keeps the passage from the bladder to the penis open. This catheter also *artificially* stretches the length of his penis.

The stretchy clitoral caverns inside the penis won't get any oxygen-filled blood after the surgery. Unavoidable nerve stretching and lack of oxygen will cause the penis to shrink, and when the catheter is pulled out (often right before hospital discharge), the penis may appear to be only **half** of its previous length. Shocking as that is, a man with excellent underlying function may recover his pre-surgical size, length and regular morning and on-demand sexual erections within days or weeks.

Most people experience more extensive nerve shock (neuropraxia). In this case, waiting and hoping will not get erectile function back. Working to restore erectile size and function becomes an important part of a post-surgical recovery.

Goals of Penile Rehabilitation

Penile Rehabilitation (PR) is the process of regaining erectile function, erectile length and girth, and hardness. The main goals of PR are to:

- Increase daily **oxygen exchange** to the penis
- Maintain **length and girth** of the penis so that full erection size and hardness are possible once the nerves have recovered

Consistent daily blood flow bathes the erectile nerves and blood vessels with oxygenated blood, keeping tissue healthy and preventing scarring of the clitoral body inside the penis.

1. If your health care providers feel you are healthy enough to take them, medications should begin **immediately** after returning home from surgery.
2. Try to begin the physical components of PR as soon as you feel physically comfortable enough to touch your penis, or at least within 1 month after surgery.
3. There may be discomfort as internal scars heal; if any part of the process is uncomfortable at first, wait a few days before starting or restarting your program. However, if there is pain with PR, **stop and consult your health care provider**.

Time is Function. The **sooner** PR begins the **more likely the success** in recovering natural erections. Men who had surgery within the last three years will still benefit from PR, particularly if they occasionally have soft morning erections.

Studies show that doing **PR in the first 6 months** is critical for maintaining length and girth of the penis. Even if natural erections return later, the length and hardness are less optimal if there is a delay in making blood flow routinely to the penis (by medication or Vacuum Erection Devices (VED)).

PR can also create erections hard enough for sexual penetration by using VED and a erection ring even when the nerves have been permanently damaged.

Techniques of Penile Rehabilitation

Penile Rehabilitation is a group of specific techniques that can help recover sexual health capacity. Studies show that it helps anyone with intermittent ED, whether that's from metabolic disease or surgical trauma.

There are seven possible therapies used to help men regain erectile function after prostate cancer surgery. Since clinical studies show that combining different healing techniques increases the chance of success, we recommend using the following four techniques together:

1. A low nightly dose of PDE5i medication (like Viagra)
2. Gentle stretching and massage of the penis
3. Use of a VED 2-3x daily
4. Pelvic Floor Muscle Exercises

Three additional techniques require the supervision of a medically-trained urologist: prosthetic implants, MUSE-medicated urethral system for erections, and Intercavernosal Injections (ICI) into the clitoral caverns of the penis. Because of the possible risks and side-effects you should discuss them with a urologist.

What about Testosterone? Testosterone influences erectile function. Currently, medical guidance based on large studies suggest that **only** people with a condition called "hypogonadism" have their testosterone replaced therapeutically.

Recently some providers have prescribed a combined program of supplemental testosterone with PDE5i's. But the risks can be high particularly for those over 65 or with other conditions often found in people with erectile dysfunction. Discuss your specific situation with your health care provider.

Technique #1: Use a nightly dose of PDE5i medications

Phosphodiesterase-5 Inhibitor (PDE5i) medications (like Viagra) are not just for on-demand sexual activity but should be used daily to maintain blood flow when recovering function. Studies show that it **does not matter which** medication is used (avanafil, sildenafil, tadalafil, vardenafil), as **all** significantly improve sexual penetration capacity in men with metabolic ED or surgical/traumatic ED. PDE5i's assist with natural nitric oxide biochemistry to enhance blood flow and erections.

In this case, small **nightly** doses are significantly more likely to help deliver oxygenated blood to the inside of the penis while you dream, moving your recovery forward. Some men notice that nightly low dose use helps them recover spontaneous functional erections.

The preferred daily medications are:

- Sildenafil (brand name: Viagra) begin at 25 mg per day at bedtime
- Tadalafil (brand name: Cialis) begin at 5 mg per day at bedtime

You should slowly work your way up to the maximum recommended dose for either medication but always start at the lowest dose to reduce any side effects you may experience.

If the side effects of the higher dose become uncomfortable, resume the original low dose. Ask your health provider about whether you should continue if you experience serious side effects. Since most health insurance plans do not cover **daily** doses of PDE5i's, ask your health care provider to write your prescription in the highest available dose, and split the pills to cover daily dosing.

These medications should be taken right before bed on an empty stomach to encourage natural penile swelling during sleep. If you wake up with soft morning erections this is a sign that the rehabilitation is working. This may not happen right after surgery but is a good sign if it does.

PDE5i medication will not guarantee preservation of girth and length. Scars may develop before erections begin to happen regularly on their own. Only **Vacuum Erection Devices** (p. 10) will preserve girth and length, so they should be used in combination with PDE5i medications if possible.

Technique #2: Gentle stretching and penis massage

Stretch activates the vessels that bring blood into the penis, and massage decreases the risk that your penis will become unused to, or uncomfortable with, sexual touch. Achieving erection is not the goal but a soft erection at the base of the penis is a positive sign.

The massage should be pleasurable, not painful. Using the following steps, your massage should take about 10 minutes per day:

- Select a personal lubricant. A lubricant should make massage more comfortable, and offer a balance between slide and friction.
- Hold the tip of the penis with one hand. Use your other hand to gently squeeze and massage the shaft toward the body (removing blood from the penis).
- Then, gently stroke and stretch the penis away from the body (allowing blood to flow back in). Some urologists recommend gently squeezing all parts of the penis up and down the length of the shaft, from all directions.
- Note: *Do not* sharply bend the penis—this could cause injury.

This massage should be gentle and comfortable. If you can, consciously focus on any massage motions that feel good, without making a hard erection your goal. Most men's penises will remain soft during the massage. Remember that recovery takes time.

Technique #3: Vacuum Erection Device (VED)

Vacuum Erection Devices are used to gently draw/vacuum blood into the penis and then allow it to flow out again. VED therapy has a very high rate of consumer satisfaction (92%), and most importantly, is the **only** therapy that preserves both the **length** and the **girth** of the clitoral caverns inside of the penis. The vacuum stretches the tunica while flowing/pumping blood in—and out—of the penis. Some tips:

Easy There! Stretching the penis as far as it will go (or holding a maximal stretch for too long) can **reverse** the benefits of

vacuum pumping. New blood stops flowing in with sustained high pressure.

Two Conditions? Men who have metabolic ED respond well to vacuum therapy alone, but may have even better responses if they can also take a daily dose of PDE5i medication one hour before using their VED.

Prevent the possibility of a testicle being drawn into the vacuum chamber by using a pump with a soft adaptive sleeve at the end of the vacuum tube.

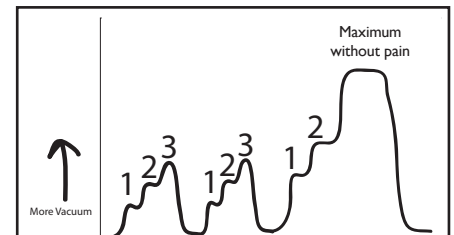
Remember, when using a VED for *Penile Rehabilitation* you are not trying to create an erection. Vacuum pressure stretches the tunica inside the penis so that it doesn't "forget" how elastic it can be with full erections.

1. Before pumping: perform the self-massage and gentle stretching of the penis. Pumping draws fresh (oxygenated arterial) and stale (desaturated venous) blood into the penis, so the color of the penis will be bluer or darker than a spontaneous erection. This is OK since the new blood:

- adds more oxygen than was there before
- exchanges inflammatory fluids from the pre-pumped blood
- stretches the clitoral tunic sheath and maintains its flexibility

2. Just Long Enough. It is normal to see your penis turn a slight blue color, but don't hold the blood in too long. When the pump vacuum is released, follow with the self-massage technique to coax the blood back out.

3. No Ring! PR VED **therapy** should be done **without** the use of an erection ring.



Pump 3 Release (takes about 5-10 minutes):

1. Lubricate penis and gently perform a self-massage
2. Insert penis into chamber, then press the chamber against the body to create a vacuum seal
3. Slowly **pump** 3 times. **Release** the vacuum and count to 5 (one-banana, two-banana, three-banana, etc...)
4. Slowly **pump** 3 times. Again, **release** the vacuum and count to 5
5. This time, slowly **pump** up until you reach the maximal comfortable vacuum level **without pain**
6. At your current maximum level, **HOLD** and count to 5.
7. Fully **release** vacuum, then take a deep breath
8. Remove the penis, then hold the tip and **massage** from tip to base, gently squeezing blood out of the penis.
9. Repeat this whole pumping sequence: 2 low peaks, 1 large peak, release

Repeat morning and night, or 3 times per day as time allows.

Technique #4: Pelvic floor muscle exercise

As a whole, the pelvic floor is a sling of muscles anchored to the bones of the pelvis and tailbone. Two specific muscles surround and anchor the base of the penis to the pelvis. Strong muscular contractions press hard against the **outflow veins** and help **hold** blood in the penis during erections. Therefore, exercising these muscles strengthens them and can increase maintenance of **firmer** erections. As a side benefit, these muscles also pulse with orgasm, so orgasms feel stronger.

Pelvic Floor Therapists developed exercises specifically to help men restore erectile function by strengthening their pelvic floor muscles. Consistency helps. It's fine to miss a day or a session—just get back to the routine when you can.

To locate the correct muscles, stand and look down at the penis. See if you can make the base of your penis move down and in by contracting your muscles. Sometimes it helps to feel the muscles by placing your hand against your perineum (spot between scrotum and anus), or by pretending to stop the flow of urine. If the penis moves up and down, then you are contracting the correct muscles. Your health care provider or a physical therapist can help you locate the muscles if you have trouble on your own.

To begin these exercises, find a comfortable reclining position. Then:

1. Contract the muscles as firmly as you can and hold for a count of 5.
2. Release the contraction.
3. Take a deep belly breath and completely relax the muscles.
4. Repeat the contract-hold-relax-breathe cycle 5 times each session.

Do your exercises 3 times in the morning, and 3 times in the evening.

The relaxation portion of these exercises is as important as the contraction portion for two reasons. First, relaxation with a big deep breath allows blood to flow into the muscles, restoring oxygen and moving out any exercise-produced waste fluids. Second, muscle strengthening is most effective when the muscles are both strong and flexible, not tight and cramped. A deep belly breath allows you to completely relax the muscles.

Once your penis can **visibly move** when performing these exercises in a reclining position, try them while sitting, then standing, for three repetitions in each position in the morning and in the evening. You can also contract these muscles after urinating, to help strengthen the muscles that stop urine leakage. While walking, hold these muscles at half-strength for 10 steps, then relax for 10 steps, remembering to breathe during the session.

Intimacy & Pleasure

Many men who have had pelvic surgery or radiation are able to enjoy pleasure and orgasm without ever having an erection. This is important to remember, as many men enjoy intimate activities **without any erection at all**. Other men choose to facilitate an erection by taking PDE5i medication before sexual activity, and/or to use a VED and an erection ring to create an erection sufficient for penetration.

Full-dose PDE5i for On Demand Erections

1. Sildenafil 25 - 75 mg on an empty stomach 2 hours before activity, or
2. Tadalafil 5 - 10mg on an empty stomach 1 hour prior to activity.

Dosage: If you already take a PDE5i daily and want to try for a full erection with medication, you can take an additional dose. For example, if you take sildenafil 25 mg by mouth every night, you can take an additional dose of 75mg—bringing you up to the maximum dose of 100mg per day—2 hours before you are going to be intimate. (With tadalafil, you can take another 5mg dose 1 hour before sexual activity.) Work up to a maximal dose. Higher doses may be more effective, but you will have more chance of headache, stomach upset or other side effects. Ask your health care provider for recommendations.

Communication: On-demand medication requires more planning and communication with your partner(s) since you need to take it *before* the heat of the moment. This doesn't have to be uncomfortable or awkward—try and find a way to talk with your partner about the medication, and use it as a way to heighten the anticipation of sex. Let your partner know in advance and help them feel included. Consider it fun foreplay (“I’ll take my medication, I’ll give you an erotic massage, and then we’ll explore other possibilities...”).

On-demand VED with Erection Ring

Vacuum erection devices (pumps) help create erections, even if a person does not have spontaneous nerve function. In other words, VEDs work even if your nerves will not bring blood into the penis by themselves, or if PDE5i medication isn't suitable for your health condition. You can use a **VED with—or instead of—medication**.

If you are using VED therapy to achieve an erection sufficient for sexual penetration, you'll need to place an adjustable erection ring at the base of the penis before you pump (see p. 16 for examples). When you have pumped the vacuum to your maximal comfortable penis size, tighten the ring to hold in the blood. The ring can be worn for up to 20 minutes, and it helps the erection stay firm by preventing blood from leaving the penis.

To use VED therapy for on-demand erections:

1. Warm a sexual lubricant that is compatible with the ring's material in a warm-water bath or wrap the bottle in an electric heating pad.
2. Lubricate the penis, then gently stretch and massage.
3. Slip the erection ring over the opening of the pump's chamber, or put an adjustable ring loosely around the base of the penis before inserting into the VED chamber.
4. Insert penis into chamber and adjust chamber against body to create vacuum seal.
5. Pump either straight to maximum vacuum, or Pump 3 and hold (p. 11).
6. If you use an erection ring: when at maximal comfortable (pain-free) vacuum, slip the ring from chamber to the base of the penis, then release vacuum from chamber. This represents the beginning of the 20 minutes of ring use.
7. Proceed with intimacy using warmed lubricant as needed.
8. Remove ring within 20 minutes, to allow new oxygenated blood to reach the clitoral caverns.

Note:

- After 20 minutes of use, the oxygen will be removed from the trapped blood in the penis, and without blood circulation some men notice that the penis becomes temporarily cold and discolored. If this is uncomfortable, you can warm your personal lubricant in a hot water bath, or remove the erection/cock ring and let blood re-circulate.
- Don't use an erection ring for longer than 20 minutes, since lower oxygen levels may scar the inside of the penis. Scarring is worsened if a ring is used longer than 30 minutes.
- For men who can ejaculate, an erection ring may block semen release and cause pain during ejaculation or retrograde ejaculation. If this happens, choose an adjustable ring and loosen or remove it prior to ejaculation.
- Men who do not ejaculate (due to removal of the prostate) may find that a tighter ring is suitable since it prevents involuntary urine loss during sexual activity.

Alternatives to Spontaneous Penile Erections

What if three years have passed since my surgery? What if I know that the nerves going to my penis are not going to work?

Sometimes the function of nerves that control erection of the penis is lost, either from a very extensive surgery, or a combination of other factors. If you do not have soft morning erections three years after the surgery then you may no longer have spontaneous erections.

If you and/or your partner(s) decide that penetration is an important part of your intimacy, there are a variety of options. In addition to VEDs, erection rings, and medication, there are a variety of tools and accessories that men can use to help maintain a desirable level of sexual intimacy. These include special sleeves that fit over a non-erect penis, harness and dildo combinations designed for men to wear, and vibrating toys. Additional therapies are available that you can discuss with your urologist.

Yes, it's an adjustment. Some men choose technology to meet their needs because the effort is worth it to them and their partners. Others feel it isn't worth the bother. It's a decision that only you can make.

For men who lose spontaneous erectile function after surgery, these tools can help you continue to create hard erections, and learn to pleasure yourself and/or your partner(s). If you work with these techniques for three years and are unable to regain spontaneous function, you also know that you've done what you can for your health, and can discuss further options with your health care provider. For additional support and resources, men recovering from cancer can join their local Man to Man Prostate Cancer support group; contact the American Cancer Society by calling 1-800-227-2345 or visiting www.cancer.org, and locate a group near you.

Conclusion

Combining the techniques outlined in this booklet can help you rehabilitate your erectile function after pelvic surgery. Regular blood flow to the penis is important, even (and especially) when erections aren't happening like they used to. Sadly, many men lose spontaneous erectile capacity after pelvic surgery because they didn't know how to support their erectile function during the healing process.

Although rehabilitation takes time and patience, many men do recover nerve and erectile function after pelvic surgery. Pleasure for you and/or your partner(s) does not depend on your ability to create spontaneous erections. Intimacy is yours to define.

Products for Sexual Wellness and Pleasure

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Basic Erection Pump

Sometimes simpler is better. The *Basic Erection Pump* features a simple squeeze pump, a see-through chamber, and a hole in the side of the chamber to release vacuum pressure. This allows men to concentrate on the experience of the vacuum and sensation instead of messing with a bunch of gadgets & gizmos. Easy to use with two hands, the *Basic Erection Pump* is very affordable, too. Color: Translucent shaft, black pump. Chamber Size: 8" x 2" (w).

500019 Basic Erection Pump.....\$24.95



Lasso Buddy Ring

Our most recommended erection ring. Easily adjustable silicone erection rings are a good choice for anyone who uses a VED, or who wants to quickly loosen or remove the ring before ejaculation. An easy-to-use plastic press release quickly allows for tightening or loosening. Adjustable loop accommodates penis shaft size up to 2.5". Do not use with silicone lubricant. (Two are shown in picture: one open and one closed.) Choose color: Black or Blue.

500118 Lasso Buddy.....\$15.95



Wide Pump

This pump has a much wider barrel, ergonomic pump handle, a see-through chamber, and a vacuum-release button on the tubing. The pump requires some finger strength, so this is not a good choice for those with hand mobility concerns. Color: Clear gray chamber with black pump. Chamber Size: 9" x 3" (w).

500024 Wide Pump.....\$34.95



Relaxed Fit Ring

Because of its stretchy comfort, the *Relaxed Fit Elastomer Erection Ring* has become a store favorite because it is discreet while providing a strong grip. Best for ejaculatory men. Inside unstretched dimension = 7/8". Color: Clear or Purple.

500053 Relaxed Fit Ring.....\$13.50



Powerhouse Pump

The *Powerhouse Pump* is our most recommended pump for **PR**. Offers all the same control features, vacuum strength, and quick pressure release as expensive medical pumps at an affordable price. Quiet motor. Rechargeable with USB adapter charge cord, and sleeve end included. Color: Clear shaft with black top. Chamber Size: 10" x 2 7/8" (w).

500025 Powerhouse Pump.....\$87.95



Snug Elastomer Ring

Sturdy but secure elastomer ring and a good choice for **non-ejaculatory** men who want to prevent urinary incontinence during intercourse. Use a water-based lubricant. Assorted Colors.

500222 Snug Elastomer Ring.....\$9.95



Ultra-Quiet Pump

The *Ultra-Quiet Pump* has higher ranges of vacuum pull. Ideal for those using a pump for **on-demand** use only. (For PR, drawing in blood more slowly is more effective.) Quiet motor with push button function. Rechargeable with USB adapter charge cord. No base sleeve included. Color: Clear shaft with white top. Chamber Size: 10" x 2 7/8" (w).

500026 Ultra Quiet Pump.....\$95.95



Lasso Vibe ER

An adjustable lasso ring, which allows precise sizing, combines with vibration adding sensation for the wearer and/or against a partner's genitals during penetration. *Lasso Vibrator* adjusts to accommodate penis sizes up to 2.75". Waterproof vibrator has 10 functions; turn it off by holding the button down for 3 seconds. Material: Silicone sleeve, plastic vibrator. Color: Black or Black/Red. Batteries: 3 micro (included). Do not use with silicone lubricant.

500233 Lasso Vibe ER.....\$21.95



Thick Pump Sleeve

This simple, flexible, sleeve is made to fit onto the end of a vacuum pump shaft to create a more cushioned and snug, comfortable fit. Keeps testicles from drawing into pump. Great replacement sleeve for any pump, but ideal for Ultra-Quiet Pump. Lubricate opening before inserting penis. Color: Clear. Material: Elastomer. Size: 2 1/2" in diameter x 2 1/4".

500142 Thick Pump Sleeve.....\$15.95



This booklet includes a partial listing of products related to Penile Rehabilitation that are available through A Woman's Touch. Because of supply variability, call for up-to-date product information, pricing and availability. If the same product is no longer available, we'll do our best to recommend similar products.

References

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