

ED therapy

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It's hard to argue against an erectile dysfunction treatment that is potentially disease modifying, is noninvasive, and seems to do no harm. The treatment, low-intensity shock wave therapy, has yet to earn the FDA's approval but is widely used in other countries. Early results from ongoing U.S. trials are promising.

A shock wave is a wave of energy that travels faster than the speed of sound. Urologists commonly apply the energy, during shock wave lithotripsy, to break up kidney stones.

But when directed at a scarred penis, the therapy is different.

Focused shock waves used for erectile dysfunction use about one-tenth of the energy of traditional shock wave machines for kidney stones. And rather than break something down, as is the case with stones, shock waves make the penis healthier, according to Ranjith Ramasamy, MD, director of male reproductive urology at the University of Miami.

Related: [Does shock wave therapy have a future in the treatment of ED?](#)

Dr. Burnett "Stay tuned. It's exciting," said Arthur L. Burnett, MD, MBA, professor of urology at Johns Hopkins University School of Medicine, Baltimore. "But it would be good to study it enough to make sure we're providing good care to patients."

ED is extremely prevalent, according to Irwin Goldstein, MD, director of San Diego Sexual Medicine and director of sexual medicine at Alvarado Hospital in San Diego.

"It's ridiculously and horribly bothersome and distressing. It affects mood. It affects ego. It's frustrating to the partner, and the man feels not a man anymore," he said.

For full article, visit: <http://www.urologytimes.com/mens-health/shock-waves-may-change-future-ed-therapy>

While ED causes vary, a common cause, and the focus for shock wave therapy, is when the erectile tissue becomes so scarred that during the process of muscle relaxation, the subtunical space can't close because the tissue is no longer expandable.

Dr. Goldstein "The erectile tissue can't expand against the tunica, thereby closing down the subtunical space, thereby compressing the subtunical venules," Dr. Goldstein said. "Then, during an erection, blood will leave, like air does when there's a nail in a tire."

Symptomatic treatment with phosphodiesterase type-5 (PDE-5) inhibitors has long been the first-line treatment among urologists and other providers since their launch in the late 1990s. If oral agents aren't successful, men have the options of prostaglandin E1 injection therapy, a vacuum erection device, intraurethral suppository treatment, or a penile implant.

Symptomatic treatment often works, but medication leaves a big ED treatment void: disease modification. That's important, Dr. Goldstein says, because pharmacologic treatments can stop working with age, and many men don't want to take medications for the rest of their sexual lives.

"We need ways to get rid of the scar tissue and return muscle back to the patient," Dr. Goldstein said.

It's time physicians recognize that while PDE-5 inhibitors remain a treatment for ED, the medications don't enable a man to be natural and functional with natural erectile ability, according to Dr. Burnett.

"I think [shock wave therapy] does address that. It's almost curative. [If approved,] we can offer something that can heal the penis and maybe allow natural responses," Dr. Burnett said.