

Erectile Dysfunction (ED)

WARWIKI

Patient Information · A common, treatable problem — and a heart-health signal

Erectile dysfunction (ED) is trouble getting or keeping an erection firm enough for satisfying sex, often enough to be a problem. It is very common and becomes more so with age — and it is highly treatable. Because erections depend on healthy blood flow, ED can also be an **early warning sign of heart and blood-vessel disease**, so it is worth evaluating.

What Causes It

Erections need healthy blood vessels, nerves, hormones, and mood working together. ED usually has more than one cause:

- **Blood flow** (the most common) — shares risk factors with heart disease: diabetes, high blood pressure, high cholesterol, smoking, and excess weight.
- **Nerves** — after prostate or pelvic surgery, diabetes, or spinal conditions.
- **Hormones** — low testosterone.
- **Medicines and mood** — some drugs, plus stress, anxiety, depression, or relationship strain.

A Heart-Health Check

Because the penis's small arteries can show trouble first, new ED is a good reason to check blood pressure, blood sugar, and cholesterol — treating these helps your heart **and** your erections.

LEARN THE TERMS

Erectile dysfunction (ED)

Trouble getting or keeping an erection firm enough for sex.

Vascular

Related to blood flow — the most common cause of ED.

PDE5 inhibitor

The first-line ED pills (sildenafil, tadalafil, etc.).

Vacuum device (VED)

A pump that draws blood into the penis to create an erection.

Intracavernosal injection

A self-injection that produces an erection.

Penile implant

A surgical device for ED not helped by other options.

CAN IT BE FIXED? Almost always, yes — ED is one of the most treatable conditions in men's health, with options from pills to devices to surgery. Treatment is a **ladder**: you start simple and step up only if needed, and there is an effective option at every level.

How It's Treated (Step by Step)

- 1 Lifestyle & health** — exercise, weight loss, stopping smoking, and controlling diabetes/blood pressure genuinely improve erections; review any contributing medicines.
- 2 Pills (PDE5 inhibitors)** — the usual first treatment.
- 3 Vacuum device, injections, or a urethral suppository** — effective options if pills aren't enough.
- 4 Testosterone** if low; **counseling** for stress or relationship factors.
- 5 Penile implant** — a reliable surgical option when others don't work. Each option has its own handout.

How It's Evaluated

- A history (including heart risk and medicines) and an exam
- Blood tests — blood sugar, testosterone, cholesterol

Good to Know

- Partner communication and treating mood/anxiety help a lot.
- Beware unproven “supplements” sold online — some contain hidden drugs.

Seek care if you have:

- ED with **chest pain** or breathlessness on exertion — get a heart check
- ED that began **suddenly after an injury** to the pelvis or penis
- With treatments: an erection lasting **over 4 hours** (emergency)

THREE THINGS TO REMEMBER

- 1.** ED is very common and highly treatable, with an effective option at every step from pills to implants.
- 2.** It can be an early sign of heart/blood-vessel disease — an evaluation helps your overall health, and lifestyle changes improve erections.
- 3.** Start the conversation with your team. Seek care for ED with chest pain, or an erection over 4 hours on treatment.