



SELF-ADMINISTERED PENILE INJECTIONS TO PRODUCE AN ERECTION

Information about your procedure from
The British Association of Urological Surgeons (BAUS)

This leaflet contains evidence-based information about self-injection of your penis to produce an erection. We have consulted specialist surgeons during its preparation, so that it represents best practice in UK urology. You should use it in addition to any advice already given to you.

To view the online version of this leaflet, type the text below into your web browser:

[http://www.baus.org.uk/_userfiles/pages/files/Patients/Leaflets/Penile injection for erection.pdf](http://www.baus.org.uk/_userfiles/pages/files/Patients/Leaflets/Penile%20injection%20for%20erection.pdf)

Key Points

- Penile injection therapy is used as a second-line treatment for erectile dysfunction (impotence)
- You will be taught the technique so you can inject yourself
- It is also used by doctors in the outpatient clinic to assess abnormalities (e.g. curvature) of penile erection
- Most men respond well to self-injection
- Minor discomfort and bruising are common after self-injection
- Persistent erection (priapism) is rare (less than 2%) but requires a hospital admission for drainage
- Self-injection should be used with caution in men who are taking blood-thinning medications

What does this procedure involve?

Injection of a drug (e.g. alprostadil) into the side of the penis to produce an erection sufficient for sexual intercourse.

What are the alternatives?

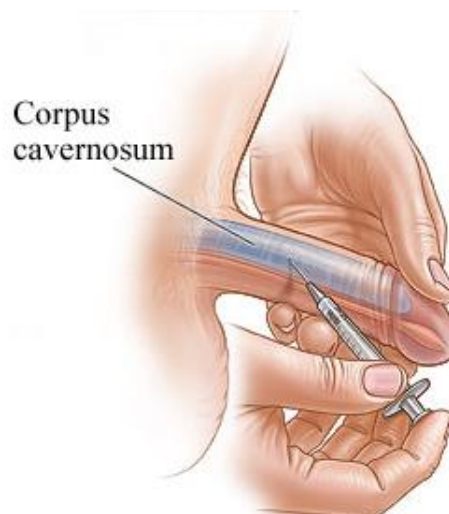
- [PDE-5 inhibitors by mouth](#) – using sildenafil, tadalafil, vardenafil or avanafil
- [Medicated urethral system for erection](#) – using pellets or gel inserted down your urethra (waterpipe)
- [Vacuum erection assistance devices](#)
- [Psychosexual counselling](#)

- [Implantation of penile prostheses](#)

Details of the procedure

Your urologist (or a member of their team) will usually carry out the first injection, to show you how it is done.




First, clean the skin of your penis with a sterile wipe. The drug is given with a very fine needle into the correct part of your penis, as demonstrated to you by a member of the team. The injection should be put into the side (pictured), and not into the top, underside or head (glans) of the penis. The veins beneath the skin should also be avoided.








If you do the injection quickly and accurately, this will reduce any discomfort associated with it.

Are there any after-effects?

The possible after-effects and your risk of getting them are shown below. Some are self-limiting or reversible, but others are not. We have not listed very rare after-effects (occurring in less than 1 in 250 patients) individually. The impact of these after-effects can vary a lot from patient to patient; you should ask your surgeon's advice about the risks and their impact on you as an individual:

After-effect	Risk
Discomfort at the time of injection	 Almost all patients
Bruising under the skin of the penis	 Between 1 in 2 & 1 in 10 patients
Pain inside the penis when your erection develops	 Between 1 in 3 & 1 in 5 patients (20 to 30%)

Scarring and bending of your penis on erection following repeated injections into the same site	 Between 1 in 10 & 1 in 50 patients
Failure of the injection to achieve an erection	 Between 1 in 10 & 1 in 50 patients
Bleeding from the urethra (waterpipe) due to a misplaced injection	 Between 1 in 10 & 1 in 50 patients
Priapism (persistent, painful erection lasting longer than 4 hours) requiring a return to hospital for drainage	 Between 1 in 50 & 1 in 250 patients (less than 2%)
Infection at the injection site (more likely if you are diabetic)	 Between 1 in 50 & 1 in 250 patients

What can I expect after the injection?

It can take up to 15 minutes to get the full effect of the injection and develop an erection. Your first erection using this technique normally lasts for about 45 minutes.

If you get an ache in your penis for a few hours after the injection, but the erection goes down, there is no need to be concerned. This occurs in between 1 in 3 and 1 in 5 men (20 to 30%). If the discomfort becomes severe, you should speak to your GP, urologist or specialist nurse who will advise an alternative medication to use in the future.

If you have an ache in your penis, and it remains rigid for longer than 45 minutes, try simple measures (e.g. masturbation, a cold shower, exercise) to help get the penis down.

If your penis remains rigid for more than 4 hours, you must attend your nearest Emergency Department immediately for treatment. Tell them what injection you have had, and they will know what to do to resolve the problem. Let your GP, urologist or specialist nurse know, and they will advise an alternative medication to use in the future.

It is important to dispose of your needles safely; your local pharmacy can advise you about this.

General information about surgical procedures

Before your procedure

Please tell a member of the medical team if you have:

- an implanted foreign body (stent, joint replacement, pacemaker, heart valve, blood vessel graft);
- a regular prescription for a blood thinning agent (warfarin, aspirin, clopidogrel, rivaroxaban or dabigatran);
- a present or previous MRSA infection; or
- a high risk of variant-CJD (e.g. if you have had a corneal transplant, a neurosurgical dural transplant or human growth hormone treatment).

Questions you may wish to ask

If you wish to learn more about what will happen, you can find a list of suggested questions called "[Having An Operation](#)" on the website of the Royal College of Surgeons of England. You may also wish to ask your surgeon for his/her personal results and experience with this procedure.

Before you go home

We will tell you how the procedure went and you should:

- make sure you understand what has been done;
- ask the surgeon if everything went as planned;
- let the staff know if you have any discomfort;
- ask what you can (and cannot) do at home;
- make sure you know what happens next; and
- ask when you can return to normal activities.

We will give you advice about what to look out for when you get home. Your surgeon or nurse will also give you details of who to contact, and how to contact them, in the event of problems.

Smoking and surgery

If you are only having local injections, stopping smoking will have no effect on this procedure. Smoking can seriously impair your erectile function, and we would advise you to stop smoking completely. For advice on stopping, you can:

- contact your GP;
- access your local [NHS Smoking Help Online](#); or
- ring the free NHS Smoking Helpline on **0800 169 0 169**.

What should I do with this information?

Thank you for taking the trouble to read this information. Please let your urologist (or specialist nurse) know if you would like to have a copy for

your own records. If you wish, the medical or nursing staff can also arrange to file a copy in your hospital notes.

What sources have we used to prepare this leaflet?

This leaflet uses information from consensus panels and other evidence-based sources including:

- the [Department of Health \(England\)](#);
- the [Cochrane Collaboration](#); and
- the [National Institute for Health and Care Excellence \(NICE\)](#).

It also follows style guidelines from:

- the [Royal National Institute for Blind People \(RNIB\)](#);
- the [Information Standard](#);
- the [Patient Information Forum](#); and
- the [Plain English Campaign](#).

Disclaimer

We have made every effort to give accurate information but there may still be errors or omissions in this leaflet. BAUS cannot accept responsibility for any loss from action taken (or not taken) as a result of this information.

PLEASE NOTE

The staff at BAUS are not medically trained, and are unable to answer questions about the information provided in this leaflet. If you do have any questions, you should contact your urologist, specialist nurse or GP.