

## **Intracavernosal Injection - Self-Injection Information**

### **Important Information**

#### **How do I store the vials?**

Medication must be kept refrigerated in order to maintain effectiveness. When your medication arrives you will notice a 'use by date' on the vial which is approx. 2 months from the date it is made. Please be aware that this date is due to regulatory requirements, however, the medicine lasts for 6 months if kept refrigerated. It can also be frozen if travelling.

#### **How often can I use the medication?**

You may use the medication no more than every second day. If you are really keen, once in 24 hours is acceptable but DO NOT inject more than once in 24 hours.

#### **Can I inject the same place each time?**

You must alternate sides each time you inject to minimise pain and scarring.

#### **Where is the best place to inject?**

The medication may be given along the shaft of the penis but never in the head/glans of the penis, we will show you this. Do not inject the medication into the exact same place each time. Incorrect technique may result in a partial or no erection. It does not cause any harm. If the response is still less than expected, email your practitioner for advice or contact [admin@rshealth.com.au](mailto:admin@rshealth.com.au) to make an appointment to discuss and adjust the dosage and technique of the injection.

#### **How long should an erection last?**

The goal is to induce an erection lasting 30-60 minutes. The erection should never last more than two hours. If it does, it is called a priapism. If this occurs, follow the priapism instructions you were provided.

If once you have followed these instructions and your erection still does not go, you must call your practitioner or attend the hospital emergency department. Once the immediate problem has been dealt with, make a follow up appointment with your practitioner.

At this appointment there will probably be a change in the dose of your medication to prevent this from reoccurring. Communication is required between you and your practitioner to find the proper dose that works best for you.

Every person is individual and as such the dose needs to be titrated for you individually.

### **What dose should I use?**

It is critical that you follow instructions on dosing to prevent problems. You will be instructed how to inject and how much to use. Please do not alter the dose of your medication without first consulting your practitioner.

### **I am noticing a curve or bend that wasn't there before. What is it?**

If you notice curvature of the penis, please call and schedule a follow up appointment immediately. Be sure to keep follow up appointments. We want to determine the effectiveness as well as examine for curvature or other issues that can arise.

### **Intracavernosal potential side effects**

Your practitioner has discussed the treatment options for erectile dysfunction that includes PDE5 inhibitors (Viagra (Sildenafil), Levitra (Vardenafil) and Cialis (Tadalafil)), Vacuum Erection Devices (VED), intracavernosal injection therapy, as well as penile prosthesis placement. We want to be certain that you understand the risks of any and all treatments you may choose so you have made an informed consent.

Intracavernosal injection therapy involves the use of either Papaverine, Phentolamine, Prostaglandin E1, AVP, Atropine or a combination of these medications. This medication is injected directly into the side of the penis called the corpora cavernosum using a sterile syringe (typically an insulin syringe with an ultra-fine needle) and an alcohol swab.

Since it is injected directly into the side of the penis, the potential side effects are typically local and mild. They include:

- Some pain/discomfort at the injection site.
- Potential infection if sterile technique is not used.
- Scarring, which can appear as a “lump” or curvature if you inject in the same location time after time.
- A prolonged erection (priapism) that could cause irreversible damage if not treated and permanent loss of erections in the future.
- A small bruise if you inject through/into a vein on the superficial aspect of the penile skin. This usually goes away within a few days.

To reduce these potential side effects:

- Wash your hands before beginning the injection technique.
- Disinfect the rubber stopper on the medication vial with alcohol before placing the needle into the vial to draw out the medication.
- Use a new syringe for each injection.
- Stretch the penis out completely before injecting the medication.
- After injecting the medication, apply pressure to the injection site for 30 seconds.
- Alternate sides of the injection. If you inject the right side now, use the left side for the following injection. This will hopefully alleviate the possibility of curvature and scarring if this is done.
- Do not use the medication more than once a day.
- At weekly intervals, palpate the penis to detect potential scarring. If you notice this, stop the injections and please make an appointment to review.
- Be sure you have a follow up appointment and please keep this appointment.

## **Technique of Intracavernosal Injection**

### **Patient instructions**

Self-injection of vasoactive drugs has been used for many years. It is a safe and effective treatment, but the following instructions should be followed carefully and should complement the demonstration you should have received from your practitioner.

### **Preparing the dose**

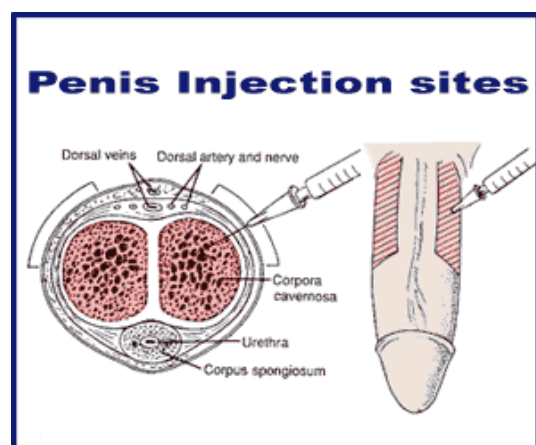
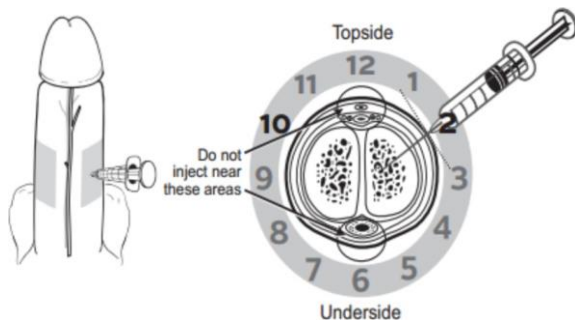
You are advised to prepare the syringe during the day in good light and wearing reading glasses (if required).

- Wash hands
- Assemble the bottle of medication, syringe with attached needle, and the alcohol-impregnated swab. The bottle should be stored in the fridge.
- Check the bottle label to ensure that the drug is correct and that it has not passed the expiry date.
- Clean the rubber cap of the bottle with the swab.
- Push the needle carefully through the rubber cap holding the bottle steady with the other hand. Invert the bottle. Pull downwards on the plunger with the thumb and middle finger, pushing up on the “wings” with your index finger.
- Draw down to 20 units greater than your dose, then slowly push the plunger back in to reach the desired dose. Be careful to keep the syringe upright. In this way, any air bubbles will be returned to the bottle.
- Remove the needle, being careful not to touch it as it is sterile. If not being used immediately, carefully replace the orange cap and return the loaded syringe to the fridge until required.

**Your dose is at the \_\_\_\_\_ unit mark.**

- With your non-dominant hand, peel back the foreskin if you have one. Grasp the glans (head) of the penis between the thumb and fingers. Make sure your thumb is on the top of the penis and gently pull the penis out straight.
- Clean the side of the penis with the alcohol swab and place the used swab on your thigh.
- Hold the syringe like a dart and line it up to enter the penis as shown. In one swift movement, insert the needle into the penis up to its entire length. Alternatively use the auto injector as instructed.
- Push the plunger down to deliver the prescribed dose of medication. If there is any difficulty depressing the plunger, remove the needle and change the injection site.
- Withdraw the needle completely and replace the swab over the puncture hole, applying pressure. With the other hand, make a 'clamp' with the finger and thumb and clamp the root of the penis. Maintain this position for one full minute.
- Replace the needle sheath and keep the syringe/needle to dispose of safely. They are single use and should be disposed of in a 'sharps container'.

The erection should develop over the next 10-20 minutes and will be encouraged by foreplay.



- Vary the site and side of the injection to avoid scarring.
- Don't inject more than one dose in any 24hrs.
- If in doubt, ring for clarification.

### **Priapism (Prolonged Erection)**

Priapism is an abnormal erection where the penis remains continuously erect. It can occur at any age and may be the result of treatments taken or injected for the treatment of erectile dysfunction, trauma or blood disorders. It can be a result of blockage of the drainage veins, or rarely as a result of an abnormal connection from the arterial system known as a fistula. This can cause high pressure filling of the penis. 'Sludging' of the blood within the penis can cause permanent damage to the tissues that are starved of oxygen.

The most common cause of priapism is the use of penile injection treatment. This usually occurs as a result of too high a dose being given, but some individuals are very sensitive to the drugs used and the first few doses are the most unpredictable.

It is not a priapism if you have a semi erection for more than 2 hours. The erection that is a problem is one that lasts 2 hours and is ROCK hard 100%.

If an erection remains ROCK hard, is painful and has lasted longer than two hours you must follow these instructions:

- **Avoid** any further sexual stimulation.
- **Empty** the bladder.
- Take **2 x 60mg tablets of pseudoephedrine** (eg Sudafed)
- **30 minutes after taking the tablets, exercise** by walking up and down stairs, brisk walking for 15-30 minutes.
- If the erection has still not subsided, **take a hot shower** and then place a **cold/ice pack** over the penile shaft.
- If erection **remains ROCK hard for one hour after completing these steps, then repeat step 1 to 5.**

If despite following the above instructions the erection has failed to subside and been present for **4 hours**, then **contact our practitioners on:**

**Melissa – 0429 397 173**

**Kate – 0456 751 708**

If you have any difficulty contacting any of the above practitioners, then you **MUST attend the Emergency Department** at one of the major hospitals.

## Consent for Intracavernosal Injection Therapy

I have reviewed the risks/benefits and potential complications involved in this treatment option with my practitioner. I understand this treatment involves use of one or more injectable vasodilators (Papaverine, Phentolamine and/or Prostaglandin E1) injected into my penis using a syringe and sterile technique. I will be taught to self-administer this medication. The goal is to achieve an erection adequate for sexual relations. I realise this will hopefully improve the erections but will not treat the underlying etiology of this problem.

I have discussed other treatment options available including PDE5 inhibitors (Viagra (Sildenafil), Levitra (Vardenafil) and Cialis (Tadalafil)), Vacuum Erection Device (VED), penile implantation as well as other options including sex therapy and counselling.

If I develop a priapism (prolonged erection >2hrs) I will contact my practitioner for further instructions/treatment.

I understand that intracavernosal injection therapy has the goal of improving my present erections.

I have had the opportunity to ask questions about my condition and this treatment option and understand the risks, benefits, potential complications as well as alternatives that exist. I have received explanations and would like to proceed with this treatment.

---

Patient signature

---

Patient name (Print)

---

Patient DOB

---

Name of practitioner

---

Date