

A New Algorithm for the Treatment of ED

The following is an up-to-date protocol for the treatment of erectile dysfunction—including the potential regenerative (cellular) therapies of PRP, shock wave therapy, and botulinum neurotoxin.

An Up-to-date ALGORITHM for Managing Erectile Dysfunction

Step 1: Lifestyle and Comorbidity Management

Assess Lifestyle Factors

Begin by addressing modifiable lifestyle factors that contribute to erectile dysfunction. Discuss and encourage the patient to:



Engage in regular exercise



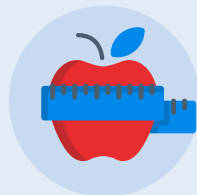
Cease cigarette smoking.



Avoid recreational drugs such as THC.

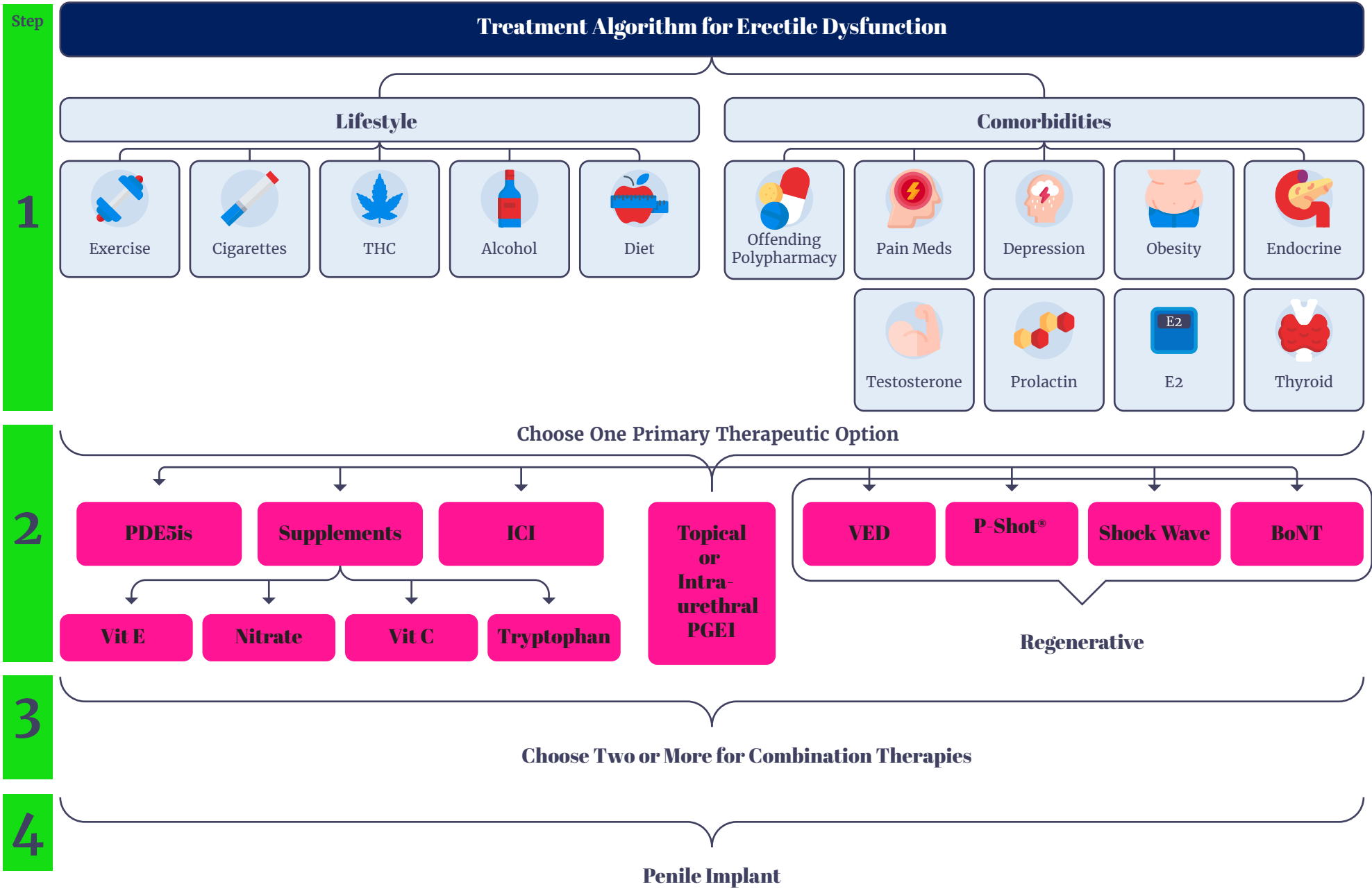


Limit alcohol consumption.



Follow a balanced and healthy diet.







Pain Management:

Assess and treat any chronic pain conditions that may interfere with sexual function.



Depression:

Screen for and manage depressive symptoms, as mental health plays a crucial role in sexual well-being.



Obesity:

Counsel on weight management and its role in improving erectile function.



Endocrine Disorders:

Test and optimize hormone levels, including:

- Testosterone.
- Prolactin.
- Estradiol (E2).
- Thyroid hormones.

Step 2: Choose a Primary Therapeutic Approach

Work collaboratively with the patient to select an initial treatment option that aligns with their preferences, medical history, and severity of erectile dysfunction. Options include:



Phosphodiesterase Type 5 (PDE5) Inhibitors:

Common choices like sildenafil, tadalafil, or vardenafil. Ensure there are no contraindications, such as concurrent nitrate therapy.



Supplements:

Explore supplements like Vitamin E, nitrates, Vitamin C, or tryptophan that may improve erectile function in specific contexts.



Intracavernosal Injections (ICI):

Consider ICI therapy for patients who require stronger interventions or for whom oral PDE5 inhibitors are ineffective.



Topical or Intraurethral Prostaglandin E1 (PGE1):

Use localized treatment methods to induce erections, especially in patients unable to tolerate systemic medications.



Regenerative Therapies:

Offer innovative therapies such as:

● **Vacuum Erection Devices (VED):**

Non-invasive, mechanical intervention to improve blood flow.

● **Priapus Shot® (P-Shot®) Procedure:**

Injection of PRP in a specific way to promote tissue repair, improve blood flow, and enhance erectile function.

● **Shock Wave Therapy:**

Use low-intensity extracorporeal shock waves to stimulate angiogenesis and improve penile blood flow.

● **Neurotoxin Therapy:**

Botulinum neurotoxin (BoNT) may help by improving hemodynamics, triggering neovascularization and neurogenesis, and attenuating the sympathetic nervous system while relatively enhancing the parasympathetic nervous system.

Step 3: Combination Therapies

If monotherapy does not yield satisfactory results, consider combining multiple treatments.



Combine PDE5 inhibitors with regenerative therapies like the **P-Shot® procedure**, shock wave, or BoNT.



Add lifestyle interventions to medical therapies for holistic care.

Step 4: Surgical Intervention

For patients with refractory erectile dysfunction who do not respond to non-surgical options:

References:

- Giuliano, Denys, and Joussain, “Effectiveness and Safety of Intracavernosal IncobotulinumtoxinA (Xeomin® 100 U as an Add-on Therapy to Standard Pharmacological Treatment for Difficult-to-Treat Erectile Dysfunction.”
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- Medrano-Sánchez et al., “Effectiveness of Low-Intensity Extracorporeal Shock Wave Therapy in Erectile Dysfunction.”
- Kalyvianakis and Hatzichristou, “Low-Intensity Shockwave Therapy Improves Hemodynamic Parameters in Patients With Vasculogenic Erectile Dysfunction: A Triplex Ultrasonography-Based Sham-Controlled Trial.”
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- Porter, “Botox.”
- El-Shaer et al., “Intra-Cavernous Injection of BOTOX® (50 and 100 Units for Treatment of Vasculogenic Erectile Dysfunction.”
- Abdelrahman et al., “Safety and Efficacy of Botulinum Neurotoxin in the Treatment of Erectile Dysfunction Refractory to Phosphodiesterase Inhibitors.”
- “Research – Priapus ToxinTM.”
- Mykoniatis et al., “Assessment of Combination Therapies vs Monotherapy for Erectile Dysfunction.”
- Sullivan, Campbell, and Lipshultz, “Combination Therapies for Erectile Dysfunction—A Synergy of Modalities Holds the Key.”
- More at <https://priapusshot.com/research>

Discuss the possibility of penile implant surgery.