



# Treat Your ED

End your frustration.  
Renew your confidence.  
Feel complete.

Erectile dysfunction

**EDCURE.ORG**  
YOUR ED QUESTIONS ANSWERED

# Find your ED treatment

## What is erectile dysfunction (ED)?

ED is defined as the persistent inability to achieve or maintain an erection that is firm enough to perform sexual intercourse.<sup>1</sup>

## How common is ED?

ED is a common problem and it's important to know you're not alone.

## What causes ED?<sup>1,2</sup>

There's no single cause of ED. There are real physical and psychological reasons for ED.

## Risk factors:<sup>1,3</sup>

- Diabetes
- Cardiovascular disease (high blood pressure, heart disease, dyslipidemia)
- Prostate cancer treatment
- Surgery (prostate, bladder, colon, rectal)
- Medications (blood pressure, antidepressants)
- Lifestyle choices (smoking, excessive alcohol, obesity, lack of exercise)
- Spinal cord injuries
- Hormone problems
- Hypertension

ED is not just a medical issue; it can also deeply affect relationships.<sup>4</sup>

*"The intimacy that we used to have went away. All of a sudden, it was like we were completely separated. There was no connection."*

— Tom

Results from case studies are not necessarily predictive of results in other cases. Results in other cases may vary.



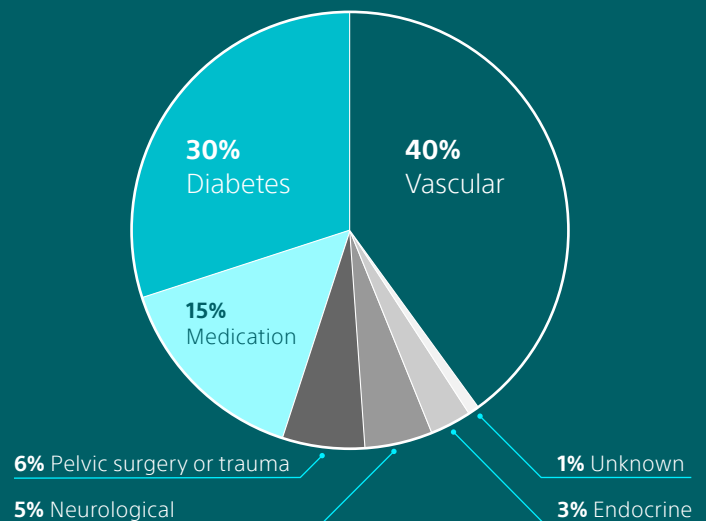
Approximately **1 in 5** American men aged 20 and older suffers from some degree of ED.<sup>5</sup>



One study estimates that by 2025, **322 million men worldwide** will be affected by ED.<sup>6</sup>

It's estimated that more than **half of men** over the age of 40 have some degree of ED.<sup>7</sup>

## Common conditions alongside ED<sup>8</sup>

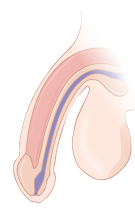


# Erections and how they work<sup>9</sup>

To learn more about ED, it is important to understand how the penis normally works. The erection process includes the following 5 stages:<sup>9</sup>

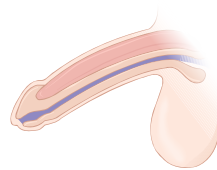


Not an actual patient.



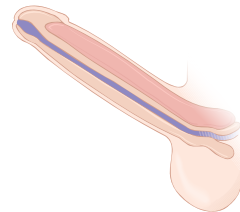
## 1. Initial filling

When you are sexually aroused, nerves signal the penile smooth muscles to relax. This relaxation allows for an increase in blood flow into the two chambers, the corpora bodies, which are located inside the shaft of the penis.



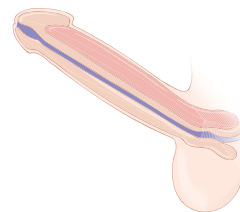
## 2. Partial erection

The arteries relax and open up to let more blood to flow in; at the same time, the veins start to close. Once blood is in the penis, pressure traps it within the corpora cavernosa. Your penis expands and holds the erection.



## 3. Full erection

As blood continues to increase inside the penis, it starts to make the penis stiff and hard, or erect.



## 4. Rigid erection

Maximum rigidity is achieved. The glans, or tip of the penis and the penile shaft enlarge or engorge with blood until the penile veins are forcefully compressed. This traps blood inside the penis to maintain maximum penile rigidity.



## 5. Return to flaccidity

Once a man climaxes or has an orgasm, the nerves send a signal to allow the blood to leave the erect penis. This is called detumescence. The penis returns to a flaccid, non-erect state.

# ED treatment options

Whatever is causing your ED, there is a treatment option that can provide a satisfying solution.

If you try one of the treatment options listed and it doesn't work for you or you aren't completely satisfied, don't be discouraged and give up hope.

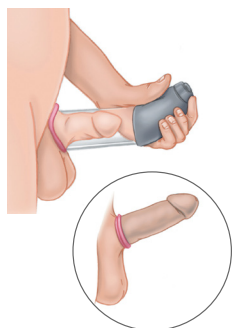
These treatment options have varying degrees of success for each man depending on the cause of the ED. Irreversible vessel or nerve damage may impact the success of some of these treatments. For example, oral medications don't work well for some men who have diabetes.<sup>10</sup> In fact, about 50% of men with ED will stop oral medications due to side effects, cost or because the medications stop working.<sup>11,12</sup>

It's important to know all of your available options and discuss them with your doctor to determine which will be appropriate for you and your lifestyle. An ED specialist will help you find the best treatment for your ED.



## Oral medications<sup>2</sup>

There are a number of prescription medications available that may improve blood flow to the penis. Combined with sexual stimulation, this can produce an erection.



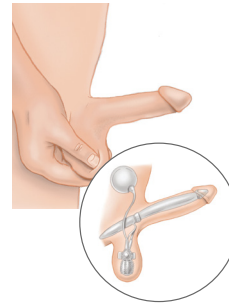
## Vacuum erection devices<sup>2</sup>

A hollow plastic tube is placed over the penis and a pump (hand/battery-powered) is used to create a vacuum that pulls blood into the penis. Once an erection is achieved, an elastic tension ring is placed at the base of the penis to help maintain the erection.

*"I did quite a bit of research on devices and I elected to go with Boston Scientific...it was the only device [AMS 700 LGX] in the marketplace that allowed for expansion in girth and length, which was important to me."*

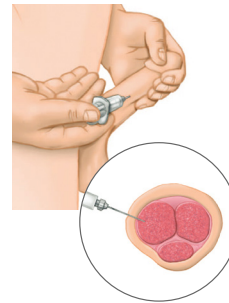
— David

Results from case studies are not necessarily predictive of results in other cases. Results in other cases may vary.



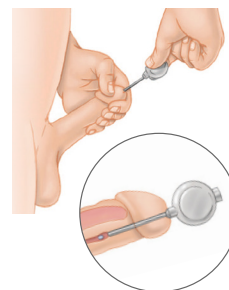
## Penile implants<sup>2</sup>

A device is implanted into the penis that is intended to allow a man with ED to have an erection. The device is entirely contained in the body so no one is able to see and it is controlled by the user to achieve an erection. This treatment is designed to allow for spontaneity and the erection is maintained for as long as the man desires.



## Injections<sup>2</sup>

With injection therapy, a needle is used to inject medication directly into the penis. The medication allows blood to flow into the penis, creating an erection.



## Intraurethral suppositories<sup>2</sup>

An applicator containing a small pellet (suppository) is inserted into the urethra and the pellet is released. The pellet dissolves and increases blood flow to the penis, creating an erection.

# What is a penile implant?

**Boston Scientific's penile implants are designed to be a long-term treatment option for men suffering from ED.<sup>13</sup> A Boston Scientific penile implant can offer concealed support to achieve an erection whenever and wherever desired.<sup>13</sup>**

Of the available Boston Scientific implants, the AMS 700™ Penile Implant is the most popular inflatable prosthesis because it is designed to closely mimic a natural erection, provide rigidity when inflated and a natural, flaccid appearance when deflated.<sup>13</sup>

The implant procedure is usually done on an outpatient basis. An incision is made in the scrotum or above the pubic bone and a urologist inserts all components through this opening. The procedure is performed under anesthesia. It generally takes a few days to return to your regular routine of light activity. Urologists typically instruct men to wait 4 to 6 weeks before using the implant.

A penile implant may provide a long-term treatment option for men who have tried other treatments without success or satisfaction. Compared with other treatment options, the implant provides spontaneity – it allows you to have sex when the mood strikes and the erection can last as long as you want it to last.<sup>13</sup> The implant is discreet and entirely contained inside your body – there are no visible components so it would be difficult for someone to know you had this device.<sup>13</sup>

Penile implants have been in clinical use for over **50 years**<sup>14</sup> with over 500,000 Boston Scientific penile implants sold.<sup>13</sup>

## What advice would you give men living with ED?

*“Talk to your doctors. If your doctors aren't talking to you, you have to talk to them. Do whatever it takes to deal with the issue. You can't ignore it; you can't sweep it under that carpet. You can sweep it under the carpet but you're going to come back and you're going to trip on it.”*

– Kerry

*“I could walk into a locker room and you wouldn't even be able to tell. I look just like everybody else. The implant is all inside my body.”*

– Tom

Results from case studies are not necessarily predictive of results in other cases. Results in other cases may vary.

## Features of a penile implant:

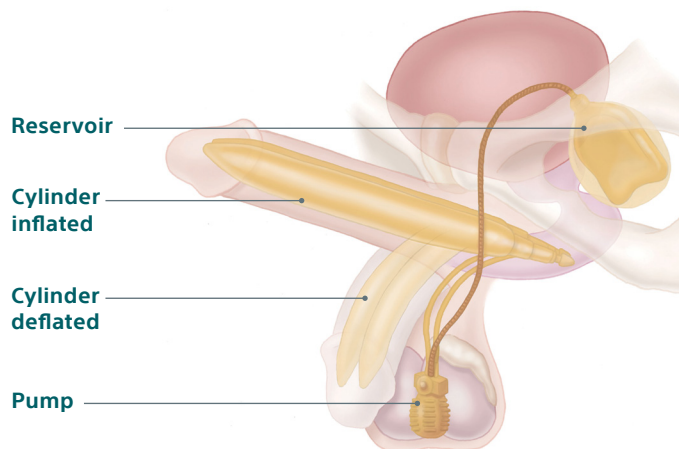
- Designed to be a long-term treatment for ED<sup>13</sup>
- Spontaneous – you can activate the implant when the mood strikes<sup>13</sup>
- Once activated, the erection can last as long as you desire<sup>13</sup>
- Entirely contained inside the body – no one knows you have an implant unless you tell them<sup>13</sup>
- Designed to feel natural during intercourse<sup>13</sup>
- High patient and partner satisfaction with sexual intercourse reported<sup>16</sup>
- Typically does not interfere with ejaculation or orgasm<sup>15,17-19</sup>

## Risks of a penile implant:<sup>13</sup>

- Natural or spontaneous erections as well as other interventional treatment options will no longer be possible
- Infection, in which case the implant may have to be removed
- Pain, which is typically associated with the healing process
- Mechanical failure of the implant
- Device replacement, lifetime of implant is 10 years

# AMS 700™ Three-piece Inflatable Penile Implant

The AMS 700 Implant includes a pair of cylinders implanted in the penis, a pump placed inside the scrotum, and a reservoir of saline placed in the lower abdomen. Squeezing and releasing the pump moves fluid into the cylinders, creating an erection. Deflate the device by pressing the deflate button on the pump. The penis then returns to a soft, flaccid, and natural-looking state.



## Unique features of an AMS 700 Implant

- The only implant on the market offered with antibiotics impregnated into the product, designed to reduce the risk of infection<sup>20-25</sup>
- Available without antibiotics for those with tetracycline allergies<sup>26</sup>

## Pump

- One-touch button designed for deflation and ease of use<sup>13,27</sup>
- Lock-out valve designed to reduce auto-inflation<sup>13</sup>

## Reliability and durability

- The only penile implant on the market with Parylene—proven in published studies to mitigate cylinder fatigue and increase long-term durability<sup>13</sup>
- Designed to be a long-term treatment for ED<sup>13</sup>

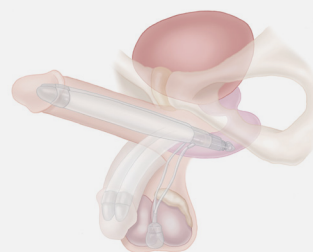
## Boston Scientific offers three types of three-piece implants

AMS 700 LGX™ Penile Implant	AMS 700™ CX Penile Implant	AMS 700™ CXR Penile Implant	
✓	✓	✓	Controlled expansion designed to provide maximum rigidity and optimal girth expansion <sup>13,21</sup>
✓	✓	✓	Engineered to have firm, rigid erection that can last as long as desired <sup>13</sup>
✓	✓	✓	Designed to have natural, flaccid appearance when deflated <sup>13</sup>
		✓	Could provide girth expansion for patients who may require shorter and narrower cylinders <sup>13</sup>
✓*			The only penile implant on the U.S. market with cylinders designed to expand in girth up to 20mm and length of up to 25% <sup>13,21</sup>

\* Cylinders designed to address a common concern men with ED have — loss of penile length<sup>28-30</sup>

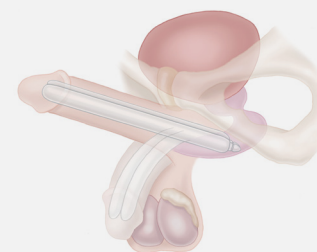
## Additional Boston Scientific implant selections

Please talk to your doctor to determine which implant may be right for you.



### AMS Ambicor™ Penile Implant<sup>13</sup>

- Consists of two cylinders and a pump
- Offers firm, rigid erection without a separate reservoir



### Tactra™ Malleable Penile Implant<sup>13</sup>

- Bendable implant designed for ease of positioning for use and concealment
- Two silicone layers over a Nitinol (nickel titanium) core for rigidity and durability
- Soft, rounded tips for comfort

# Patient satisfaction

**ED can limit your intimacy, affect your self-esteem and impact your most important relationships.<sup>4,7</sup>**

Many studies show that penile implants may offer the satisfying results that so many couples seek. Consult your doctor to determine which type of implant may be best suited for your condition and lifestyle.

*“For me, it’s very exciting. Once he has an ejaculation, the erection is still there. We can be intimate for as long as I want, which is very satisfying for me.”*

— Linda

Results from case studies are not necessarily predictive of results in other cases. Results in other cases may vary.

**In one study of 248 patients:<sup>16</sup>**

**95%** of patients reported satisfaction with sexual intercourse with the AMS 700 Penile Implant

**95%** of patients reported sexual activity with the implant to be very satisfied or satisfied

**In a survey of 78 patients who received an AMS 700 Penile Implant:<sup>31</sup>**

**97%** would recommend a penile implant to a friend



Not an actual patient.

# What does having a penile implant mean to you?



## Regain your confidence

*"I'm concerned about satisfying my partner. And I know that I will be able to do that. [In my experience], there is no ifs, ands or buts about it. It's something that is definitely going to be done. For me it's joy. The penile implant brought back joy and confidence and everything that is normal."*

— Herschel

## Knowing that you can perform

*"It's not just about being able to perform, it's knowing that I can whenever I want. The real positive side of having an implant is you can have an orgasm but the erection doesn't go away. So it's a real plus for your partner because it's still there."*

— Danny



## Get back what you're missing

*"I think that you forget what you're missing. If you put it away, you forget about it and say, 'everything's ok', then you realize, wow, that's what we were missing all that time. It brings you closer."*

— Vilma

## A dependable option

*"When I want to get an erection, it works every time; [for me] it is 100% reliable. No sense of failure and it's going to last as long as I want it to. The little phrase that I use is that the prosthesis took me from 'ED' Erectile Dysfunction to 'EOD,' which is Erection on Demand."*

— Marsha and Graham



## Togetherness and spontaneity

*"If I want to have sex with my wife and we want that time together, we can do it and there isn't an injection involved. There isn't a vacuum canister, the vacuum tube with the bands and all the things that just interfere with the spontaneity of the moment. It's so much like a natural erection that you almost forget that you have an implant after a while. It feels so normal and so regular that I think it's made a big impact."*

— Vilma and Kerry



# Frequently asked questions about penile implants

## Will my penis look different to me or will others notice a penile implant by Boston Scientific?

Once in place, your implant will be completely undetectable. It's fully concealed in the body.<sup>13</sup> No one will know unless you tell them—even in the locker room.

## How long is the recovery time after ED surgery, and when can I have intercourse?

Most men return home within a day of penile implant surgery and are back to all their normal activities within a week, typically able to use their implant around 6 weeks post-surgery.

## How long does an implant last? Will I ever need to replace it?

It is impossible to predict how long a particular implant will function in every patient. As with any medical device, penile implants are subject to wear and mechanical failure over time. A study of patients who received either an AMS 700 CX or an LGX penile implant showed that the 7-year mechanical survival rate is 94%.<sup>32</sup> To prolong the life of your implant, follow the advice of your urologist.

## Are penile implants covered by insurance?

Commercial insurers may cover the diagnosis and medically necessary treatment of ED. Medicare has a national policy for ED, which includes penile implants, although coverage may depend on where you live. Work with your doctor's office and insurance carrier to check coverage levels prior to receiving treatment. There may be financial assistance programs available to help cover out-of-pocket expenses or to help cover the procedure if your private insurance will not cover it.

## References

1. Erectile Dysfunction. National Institute of Diabetes and Digestive and Kidney Diseases. Available at: <http://www.nlm.nih.gov/medlineplus/erectiledysfunction.html>. Accessed June 21, 2023.
2. Erectile Dysfunction (ED). American Urological Association. Available at: <https://www.auanet.org/meetings-and-education/for-medical-students/medical-students-curriculum>. Accessed June 21, 2023.
3. Burnett AL, Nehra A, Breau RH et al. Erectile dysfunction: AUA guideline. *J Urol*. 2018;200:633–641.
4. DiMeo PJ. Psychosocial and relationship issues in men with erectile dysfunction. *Urol Nurs*. 2006;26:442–446.
5. Selvin E, Burnett AL, Platz EA. Prevalence and risk factors for erectile dysfunction in the US. *Am J Med*. 2007;120:151–157.
6. Ayta IA, McKinlay JB, Krane RJ. The likely worldwide increase in erectile dysfunction between 1995 and 2025 and some possible policy consequences. *BJU Int*. 1999; 84:50–56.
7. Feldman HA, Goldstein I, Hatzichristou DG, Krane RJ, McKinlay JB. Impotence and its medical and psychosocial correlates: results of the Massachusetts Male Aging Study. *J Urol*. 1994;151:54–61.
8. Shabsigh R, Lue TF. A Clinician's Guide to ED Management. New York: Haymarket Media Inc. 2006
9. Dean RC, Lue TF. Physiology of penile erection and pathophysiology of erectile dysfunction. *Urol Clin North Am*. 2005;32:379–395.
10. Walsh TJ, Hotaling JM, Smith A, Saigal C, Wessells H. Men with diabetes may require more aggressive treatment for erectile dysfunction. *Int J Impot Res*. 2014;26:112–115.
11. Corona G, Rastrelli G, Burri A, et al. First-generation phosphodiesterase type 5 inhibitors dropout: a comprehensive review and meta-analysis. *Andrology*. 2016;4:1002–1009.
12. Costabile RA, Spevak M, Fishman IJ, et al. Efficacy and safety of transurethral alprostadil in patients with erectile dysfunction following radical prostatectomy. *J Urol*. 1998;160:1325–1328.
13. Data on file with Boston Scientific.
14. Scott FB, Bradley WE, Timm GW. Management of erectile impotence: use of implantable inflatable prosthesis. *Urology*. 1973;2:80–82.
15. Montorsi F, Rigatti P, Carmignani G, et al. AMS three-piece inflatable implants for erectile dysfunction: a long-term multiinstitutional study in 200 consecutive patients. *Eur Urol*. 2000;37:50–55.
16. Otero JR, Cruz CR, Gómez BG, et al. Comparison of the patient and partner satisfaction with 700CX and Titan penile prostheses. *Asian J Androl*. 2017;19:321–325.
17. Levine LA, Becher EF, Bella AJ, et al. Penile Prosthesis Surgery: Current recommendations from the International Consultation on Sexual Medicine. *J Sex Med*. 2016;13:489–518.
18. Coleman E, Listiak A, Braatz G, Lange P. Effects of penile implant surgery on ejaculation and orgasm. *J Sex Marital Ther*. 1985;11:199–205.
19. Bae JH, Song PH, Kim HT, Moon KH. Assessment of erectile and ejaculatory function after penile prosthesis implantation. *Korean J Urol*. 2010;51:202–207.
20. Carson CC III, Mulcahy JJ, Harsch MR. Long-term infection outcomes after original antibiotic impregnated inflatable penile prosthesis implants: up to 7.7 years of follow-up. *J Urol*. 2011;185:614–618.
21. Titan Penile Implants. Coloplast. Available at: <https://iu.coloplast.us/products/titan-penile-implants/>. Accessed January 23, 2023.
22. InflatIQ X. Inflatable Penile Prosthesis Rigicon. Available at: <https://www.rigicon.com/inflatable-penile-prosthesis/>. Accessed January 23, 2023.
23. ZSI 475 Inflatable Penile Implant. Zephyr Surgical Implants. Available at: <https://www.zsimplants.ch/en/products-en/erectile-dysfunction/zsi-475-inflatable-penile-implant>. Accessed January 23, 2023.
24. Mulcahy JJ, Carson CC III. Long-term infection rates in diabetic patients implanted with antibiotic impregnated versus nonimpregnated inflatable penile prostheses: 7-year outcomes. *Eur Urol*. 2011;60:167–172.
25. Nehra A, Carson CC III, Chapin AK, Ginkel AM. Long-term infection outcomes of a 3-piece antibiotic impregnated penile prostheses used in replacement implant surgery. *J Urol*. 2012;188:899–903.
26. AMS 700™ Inflatable Penile Prosthesis Directions for Use. Boston Scientific. 2019.
27. Knoll LD, Henry G, Culkun D, et al. Physician and patient satisfaction with the new AMS 700 momentary squeeze inflatable penile prosthesis. *J Sex Med*. 2009;6:1773–1778.
28. Negro CL, Paradiso M, Rocca A, Bardari F. Implantation of AMS 700 LGX penile prosthesis preserves penile length without the need for penile lengthening procedures. *Asian J Androl*. 2016;18:114–117.
29. Kim KS, Bae WJ, Kim SW, Lee MY. Experience with AMS 700 LGX penile prostheses for preserving penile length in Korea. *BMC Urol*. 2019;19:6.
30. Wallen JJ, Madiraju SK, Wang R, Henry GD. Implementation of length expanding inflatable penile prosthesis is not sufficient to prevent postsurgical penile shortening. *Asian J Androl*. 2018;21:98–100.
31. Bettocchi C, Palumbo F, Spilotros M, et al. Patient and partner satisfaction after AMS inflatable penile prosthesis implant. *J Sex Med*. 2010;7(1 Pt 1):304–309.
32. Enemchukwu EA, Kaufman MR, Whittam BM, Milam DF. Comparative revision rates of inflatable penile prostheses using woven Dacron™ fabric cylinders. *J Urol*. 2013;190:2189–2193.

### **AMS 700™ Inflatable Penile Implant**

Caution: U.S. Federal law restricts this device to sale by or on the order of a physician.

Your doctor is your best source for information on the risks and benefits of the AMS 700™ Inflatable Penile Prosthesis. Talk to your doctor for a complete listing of risks, warnings and important safety information.

The AMS 700™ with Inflatable Penile Prosthesis is intended for use in the treatment of male erectile dysfunction (impotence). Implanting a penile prosthesis will damage or destroy any remaining ability to have a natural erection, as well as make other treatment options (oral medications, vacuum devices or injections) impossible.

Men with diabetes, spinal cord injuries or skin infections may have an increased risk of infection. Implantation may result in penile curvature or scarring. Some AMS 700 devices contain an antibiotic (InhibiZone™ Antibiotic Surface Treatment). The device is not suitable for patients who are allergic to the antibiotics contained within the device (rifampin, minocycline or other tetracyclines) or those who have systemic lupus, these patients should use one of the devices that do not contain InhibiZone antibiotic surface treatment.

Potential risks may include: device malfunction/failure leading to additional surgery, device migration potentially leading to exposure through the tissue, wearing away/loss of tissue (device/tissue erosion) infection, unintended-inflation of the device and pain/soreness. MH-545411-AB

### **AMS Ambicor™ Penile Implant**

Caution: U.S. Federal law restricts this device to sale by or on the order of a physician

Your doctor is your best source for information on the risks and benefits of the AMS Ambicor™ Inflatable Penile Prosthesis. Talk to your doctor for a complete listing of risks, warnings and important safety information.

The AMS Ambicor™ Inflatable Penile Prosthesis is intended for use in the treatment of male erectile dysfunction (impotence). Implanting a penile prosthesis will damage or destroy any remaining ability to have a natural erection, as well as make other treatment options (oral medications, vacuum devices or injections) impossible.

Men with diabetes, spinal cord injuries or skin infections may have an increased risk of infection. Implantation may result in penile curvature or scarring.

Potential risks may include: device malfunction/failure leading to additional surgery, device migration potentially leading to exposure through the tissue, wearing away/loss of tissue (device/tissue erosion) infection, unintended-inflation of the device and pain/soreness. MH-545613-AB

### **Tactra™ Malleable Penile Implant**

Caution: U.S. Federal law restricts this device to sale by or on the order of a physician

Your doctor is your best source for information on the risks and benefits of the Tactra™ Malleable Penile Prosthesis. Talk to your doctor for a complete listing of risks, warnings, and important safety information.

The Tactra™ Malleable Penile Prosthesis is intended for use in the treatment of erectile dysfunction (impotence) in adult males. Implanting a penile prosthesis will damage or destroy any remaining natural ability to have a spontaneous erection, as well as make other treatment options impossible.

Men with diabetes, spinal cord injuries, or skin infections may have an increased risk of infection. Implantation may result in penile shortening, curvature or scarring.

Additional information is provided in Patient Literature, available through your doctor. MH-611821-AA

### **Patient testimonials**

The stories throughout this brochure recount the experiences of people who are using Boston Scientific therapies related to erectile dysfunction. Boston Scientific invited these people to share their stories candidly. As you review them, please bear in mind that the experiences are specific to these particular people. As with all medical treatment, not every response is the same. We recommend you talk to your doctor about what treatment is right for you.

The patients featured in this brochure may have been compensated for their travel and/or time.

Results from case studies are not necessarily predictive of results in other cases. Results in other cases may vary.

There is hope for every man with ED to regain the control, confidence and wholeness to enjoy an active, satisfying sex life.



Visit **EDCure.org** to learn more about treatment options, and talk to your doctor about your next steps.

**Talk to someone who's been there:**

Call us at 1-844-4ED-CURE or email **MHPatientEducation@bsci.com** and we'll connect you with a patient who found a treatment for their ED.

**This material is for informational purposes only and not meant for medical diagnosis. This information does not constitute medical or legal advice, and Boston Scientific makes no representation regarding the medical benefits included in this information. Boston Scientific strongly recommends that you consult with your physician on all matters pertaining to your health.**

**Boston  
Scientific**

Advancing science for life™

Boston Scientific Corporation  
300 Boston Scientific Way  
Marlborough, MA 01752-1234  
[www.BostonScientific.com](http://www.BostonScientific.com)

©2023 Boston Scientific Corporation  
or its affiliates. All rights reserved.

MH-403518-AC OCT 2023

