

JUSTIN HOUMAN, MD, FACS

The Erectile Dysfunction Guide

What causes it. How to treat it.
What to ask your doctor.

SECTION 01

What Is Erectile Dysfunction?

Erectile dysfunction (ED) is the inability to get or keep an erection firm enough for sex. It is not a character flaw or a sign of weakness. It is a medical condition with identifiable causes and effective treatments. ED affects men of all ages, and 1 in 4 men diagnosed with ED is under 40. If you are experiencing it, you are not alone and you do not have to just live with it.

1 in 4
ED patients
are under 40

52%
of men 40-70
have some ED

90%+
of cases are
treatable

SECTION 02

The Real Cause: It Starts with Blood Flow

An erection requires healthy blood vessels, nerves, and hormones working together. In the majority of cases, ED is a vascular problem — the blood vessels supplying the penis are not functioning optimally. This is why ED is often an early warning sign of cardiovascular disease. The penis is a barometer of overall vascular health. Men with ED have a significantly higher risk of heart attack and stroke within the following decade if the underlying cause is not addressed.

ED Can Be a Warning Sign

If you are experiencing ED, it is worth getting a full cardiovascular workup. The same processes that restrict blood flow to the penis can affect the heart and brain. Treating ED is not just about sex. It can be lifesaving.

SECTION 03

Common Causes of ED

ED is rarely caused by a single factor. Most cases involve a combination of physical and psychological contributors:

- Cardiovascular disease and poor blood flow
- Diabetes and metabolic syndrome
- Low testosterone or hormonal imbalance
- Obesity and physical inactivity

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- Smoking, alcohol, and certain medications
- Anxiety, depression, stress, and performance pressure
- Pelvic surgery or nerve damage, including after prostate procedures

SECTION 04

Treatment Options: From First Line to Definitive

There is no single treatment for ED. The right approach depends on the underlying cause, your health history, and your goals. Treatments range from lifestyle changes and oral medications to minimally invasive procedures and surgery. The key is finding what works for you.

Treatment	What It Is	Best For
Oral medications (PDE5 inhibitors)	Viagra, Cialis, Levitra — increase blood flow to the penis	Mild to moderate ED
Shockwave therapy	Low-intensity sound waves stimulate new blood vessel growth	Vascular ED, mild to moderate
Testosterone therapy	Restores hormone levels when low T is a contributing factor	ED with confirmed low testosterone
Penile injections	Medication injected directly into the penis for reliable erections	Moderate to severe ED
Penile implant (IPP)	Surgically placed device that enables an erection on demand	Severe ED, failed other treatments
PRP (Platelet-Rich Plasma)	Growth factors from your own blood injected to stimulate tissue repair and blood flow	Mild to moderate ED, regenerative approach
Botox injections	Relaxes smooth muscle in the penis to improve blood flow and erection quality	ED with vascular or muscle tension component

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SECTION 05

Lifestyle Changes That Actually Work

For men with mild to moderate ED, lifestyle changes alone can produce meaningful improvement. These are not substitutes for medical evaluation, but they are powerful complements to any treatment plan:

- Regular aerobic exercise — shown to improve erectile function independent of other treatments
- Weight loss — even modest weight reduction improves ED in overweight men
- Quitting smoking — smoking is one of the most significant modifiable risk factors for ED
- Reducing alcohol consumption — heavy drinking impairs both nerve function and testosterone
- Managing stress, anxiety, and sleep quality

SECTION 06

How ED Is Evaluated

A thorough evaluation should include a detailed medical and sexual history, physical examination, and targeted lab work. Do not accept a prescription for an oral medication without a proper workup. Understanding the root cause leads to better treatment.

- Testosterone and hormonal panel
- Fasting glucose and HbA1c to screen for diabetes
- Lipid panel and cardiovascular risk assessment
- Blood pressure and vascular evaluation
- Nocturnal penile tumescence testing if psychological cause is suspected
- Penile Doppler ultrasound to assess blood flow in complex cases

SECTION 07

Questions to Ask Your Doctor

ED deserves a thorough evaluation, not a quick prescription. Use these questions to make sure you are getting the care you need:

Q: What is causing my ED?

Push for a root cause, not just a symptom management approach. The answer changes your treatment plan significantly.

Q: Should I get a cardiovascular evaluation?

Given the link between ED and heart disease, a cardiovascular workup is often appropriate. Ask specifically about this.

Q: Is my testosterone level a factor?

Low testosterone is both a cause and a consequence of ED. It should always be checked as part of the workup.

Q: What treatment do you recommend first, and why?

Understand the reasoning. A good specialist will explain why a particular treatment fits your specific situation rather than defaulting to the easiest option.

Q: What happens if oral medications do not work?

There is a full spectrum of treatments beyond pills. Make sure your doctor is familiar with shockwave therapy, injections, and implants.

Q: Are there lifestyle changes that could make a meaningful difference for me?

A good clinician will always address modifiable risk factors alongside any medical treatment.

WHY DR. HOUMAN

Why Dr. Houman's Approach Is Different

ED is one of the most undertreated conditions in men's health, often managed with a quick prescription and no real investigation. Dr. Houman takes a fundamentally different approach: finding the cause, not just masking the symptom.

Fellowship-trained subspecialist

Dr. Houman completed fellowship training in male sexual and reproductive health, giving him expertise in the full spectrum of ED treatments that most general urologists do not offer.

Comprehensive root-cause evaluation

Every patient receives a thorough workup including hormonal panel, cardiovascular risk assessment, and targeted testing. ED is treated as the medical condition it is, not a lifestyle inconvenience.

Full treatment spectrum

From oral medications and shockwave therapy to penile injections and implant surgery, Dr. Houman offers every treatment modality and helps each patient find what works for them.

Penile implant expertise

Dr. Houman is a high-volume penile implant surgeon. For men who have not responded to other treatments, an inflatable penile prosthesis can restore function and confidence completely.

Published research

Dr. Houman's research in sexual medicine and male health has been published in leading peer-reviewed journals, including the Journal of the American Medical Association.

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Ready to take the next step?

ED is common, treatable, and nothing to be ashamed of. The right specialist can find the cause and build a plan that works for your life.

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*This guide is intended for educational purposes only and does not constitute medical advice.
Please consult a qualified physician before making any medical decisions.*