JUSTIN HOUMAN MD
MEN'S HEALTH
TOWER UROLOGY

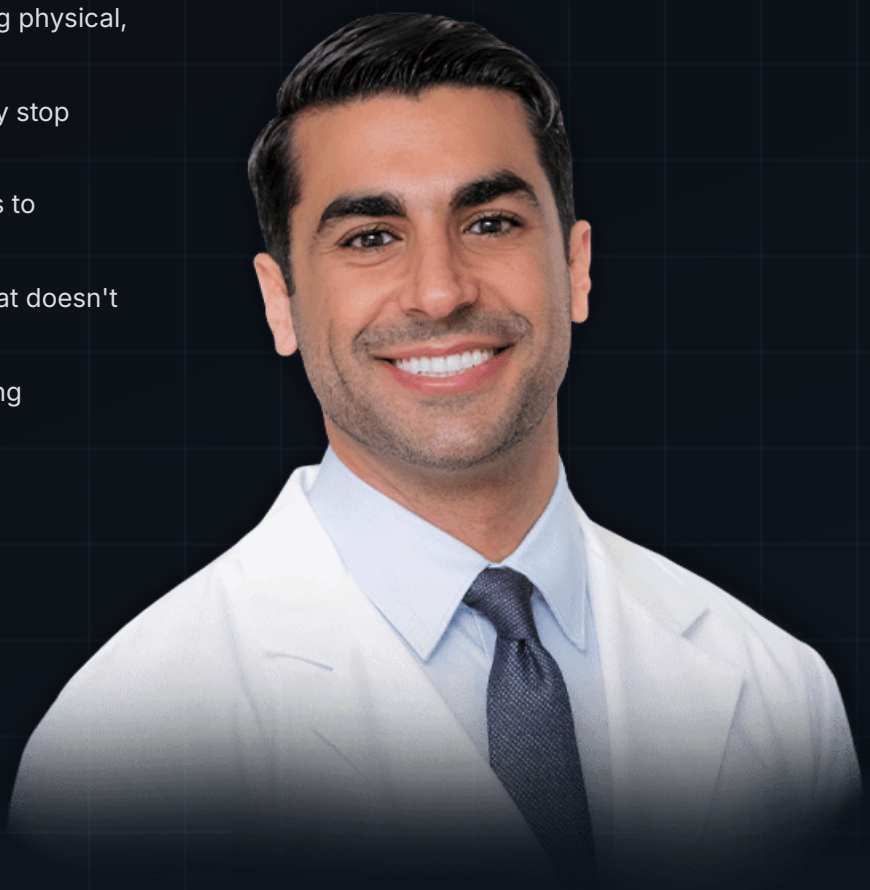
FREE GUIDE

ERECTILE DYSFUNCTION

ED is a check engine light.

The pills do work for a broad majority of men. And when they don't work, don't get frustrated, because we have so many more options available.

- Why ED is often the first sign of something physical, and when it isn't
- Viagra vs Cialis, and what to do when they stop working
- The ladder beyond the pill, from injections to shockwave
- The penile implant: surgery, recovery, what doesn't change
- Peyronie's: when a curve is worth checking



Dr. Justin Houman, MD, FACS

Board-certified men's health urologist

Assistant professor of urology, Cedars-Sinai Medical Center
Tower Urology, Los Angeles

Cedars Sinai

01 START HERE

Erectile dysfunction is something almost all of us are going to experience.

As we age, our erectile function is going to get worse. If you are experiencing any form of erectile dysfunction, the earlier you address it, the better off you will be.

There are so many treatments out there: Viagra, Cialis, Levitra, the injections, and newer things like shockwave therapy and Botox. This guide goes through them in the order I use them, from the right way to take a pill to the penile implant.

02 THE CHECK ENGINE LIGHT

ED is a check engine light for your heart.

I told the New York Post that ED is a check engine light for your heart. Here's what that means. Erectile dysfunction, for most men, is a vascular event. The penile arteries are small, so any damage typically shows up there first. We've shown that it shows up three to five years before any cardiac events, on average.

EARLY WARNING
3 to 5 years
ED shows up about three to five years before any cardiac events, on average.

HEART RISK
44% higher
Men with ED have a 44% higher risk of heart disease.

THE PILLS
60 to 70%
For 60 to 70% of men, the pills work. But they're not for everyone.

It doesn't matter if you're sexually active right now. Your vascular system may be telling you something. If you're experiencing ED in your 30s or 40s, you want to be evaluated, to make sure there's nothing else going on: heart conditions, elevated cholesterol levels, diabetes, blood pressure issues.

> THE SHORT VERSION
> **Erectile dysfunction is kind of the check engine light that comes on no matter what age. Ignoring ED in your 40s is one of the things I never let my patients do.**

03 IF YOU'RE UNDER 35

Strong on your own, not with a partner?

Young guys who are experiencing erectile dysfunction, a lot of times it's contextual. On their own, their erections are nice and strong. But when they're with a partner, trying to get aroused, they have difficulty.

There's a little bit more stress involved. The adrenaline kicks in, which decreases the amount of blood flow, and it becomes this downward cycle. One bad erection leads to two, it leads to 20 bad erections, and it becomes this whole thing. Performance anxiety, especially in young guys, is a real thing.

It depends on age. If a 20 or 30-year-old comes in, we're thinking more performance anxiety, more porn-induced erectile dysfunction. That's the majority of guys in their 20s and 30s. Pornography is hyper-stimulating, in a way that reality never will get close to, and that disconnect throws guys off. As men age, in their 40s, 50s and 60s, hormonal health is a big one, and so are the issues that decrease blood flow to the penis: high cholesterol, diabetes, high blood pressure.

ONLY WITH A PARTNER

Your erections work on your own

If your erections are working great when you're on your own, that doesn't necessarily mean that you have erectile dysfunction.

EVERY CONTEXT

By yourself and with a partner

If you're experiencing erectile dysfunction in every context, no matter when, a lot of times there's something deeper going on.

EITHER WAY, GET EVALUATED

A young man experiencing erectile dysfunction, that's not normal. You should be evaluated. Sometimes it's hormone-based. A lot of times it's psychogenic. Being evaluated early can get you out of that cycle, so you can normalize your sex life again.

I have guys as young as 21 coming in with erectile dysfunction. Not for the penile implant, more for the Viagras and the Cialis. A lot of times I feel like I'm a therapist to these young guys: hormonally everything looks good, blood flow to the penis looks good, but they get in their heads every time. We have a protocol for addressing young guys with ED. Sometimes that includes a sex therapist, or a therapist for generalized anxiety. We try to keep it non-pharmacologic where we can, because SSRIs for anxiety can worsen libido, and they can worsen erectile function.

WATCH ME EXPLAIN IT

ED in your 20s: is something seriously wrong?

Scan with your phone camera, or **tap here** to watch on YouTube.

04 TAKING THE PILLS RIGHT

Viagra versus Cialis comes down to timing.

They really work in the same way. They both bring blood flow to the penis. But given how long each one lasts, they're for different purposes.

I can't tell you how often I see guys come in telling me they've taken Viagra once, twice, and it worked, the third time it didn't, then the next time it worked. Just this inconsistency with it. The key thing about Viagra is it's very digestion dependent.

VIAGRA

An hour or two before, on an empty stomach

A big fatty meal really slows down the absorption, and you don't feel it the same way. I tell patients not to eat anything for a good 30, 45 minutes after you take it. If you've tried it and it didn't work, try it on an empty stomach next time.

CIALIS

The same time every day

Cialis has zero impact when it comes to digestion. Full stomach, empty stomach, it still works in a similar manner, and it can last up to a day and a half. A lot of guys take a low dose, 2.5 or 5 milligrams, every day, at the same time every day, for that continuous effect.

Guys take daily Cialis sometimes for improving blood flow. I generally recommend it for guys starting in their late 30s or 40s. Some older men take it for an enlarged prostate, as it can help with urination as well. Some guys are quite sensitive to Cialis, the heartburn, the lower back pain, so for them we usually do two and a half.

TWO SAFETY RULES FOR EVERY ED PILL

Never take them with nitrates, like nitroglycerin for chest pain. Together they can drop your blood pressure dangerously. **An erection that lasts more than 4 hours is an emergency.** Go to the emergency room.

05 SUPPLEMENTS AND TRENDS

Blue salt? No, it doesn't work.

I know this was a trend on TikTok. The long and short is no, absolutely not. Supplements like L-citrulline and L-arginine are probably the most well studied amino acids in this space, and they can help. But those supplements usually are for guys who have mild erectile dysfunction, who are still able to have erections and maintain them through intercourse. If a guy is really unable to get anything, these supplements aren't going to move the needle a lot for him. That's when you really want to think about pharmaceuticals.

Getting good erections is relatively simple. I sound like a broken record, but eat right, sleep right, exercise and minimize your stress.

06 WHEN THE PILLS STOP WORKING

You're not building tolerance.

A lot of guys, they're on Viagra or Cialis, and for months, sometimes even years, it's working great. But at some point it starts to slowly decline or just stops working. And that's normal.

A common question I get is, am I building tolerance to these medications over time? The answer is no. Biochemically, you never develop any tolerance to these medications. If you feel like it's getting worse, it's just progression of the erectile dysfunction, whether that's blood flow, hormones, or just aging.

Especially with the modern lifestyle, we're not as mobile, we sit, we spend a lot of time indoors. Our hormone levels are off, and we're more likely to have diabetes, high blood pressure, high cholesterol. Over the course of decades, all of these things impact the amount of blood flow that goes into the penis. These medications can do a lot, but they're not going to always work for all men.

07 THE LADDER

The normal pathway.

STEP 1
The pills
Viagra, Cialis. Increase the dose, see if it gets you to a satisfying erection.

STEP 2
Injections
Prostaglandin, trimix, quadmix.

STEP 3
Newer treatments
Shockwave, PRP, Botox for some men, exosomes for some men.

STEP 4
The implant
If you've tried these and none of them have worked.

That's the normal pathway. But let's say you've thought about the injection and there's no way you could ever do the injection yourself. As long as you're giving it thought and you want to skip that step, that's not a problem. Then we can talk about the penile implant.

The injections

Think of it like you're injecting liquid Viagra directly into the penis with a small needle, an insulin needle, at the base of the penis. It makes the blood vessels in the penis dilate, more blood comes in, and you get a stronger erection. We tell patients every other day at most. The one thing to know: the more you inject, the more you can scar up the smooth muscle of the penis, so over anywhere from about 5 to 15 years, depending on how often you use them, the injections can stop working.

Testosterone and the vacuum device

When low testosterone is a factor, restoring healthy levels can improve both desire and function. Testosterone replacement does compromise fertility, so that's something to be mindful of. A vacuum erection device is a non-invasive, drug-free option for many men.

08 SHOCKWAVE, PRP AND BOTOX

There's a middle ground between the pills and surgery.

Most men who are experiencing erectile dysfunction think there's pills, more pills, injections, and then surgery. But we have newer treatments available.

Shockwave therapy

Shockwave is high energy sound waves that penetrate deep into the erectile bodies of the penis, where your erections come from. It creates some micro trauma, and as a result you get new blood vessel growth. New blood vessels means more blood, and more blood means stronger erections. It's six treatments over six weeks.

There's a new review paper out on shockwave therapy. For patients who have mild to moderate erectile dysfunction, the benefit can be felt up to 30 months afterwards. That's pretty durable, almost three years. It's also a great option for any young guy who's trying to preserve his erectile function, preventatively.

ASK BEFORE YOU BOOK: FOCUSED OR RADIAL?

Is shockwave legit for erectile dysfunction? If you're using the correct device. You want to use a focused device, not a radial one. A lot of devices out there use a radial wave. You're wasting time and you're wasting money doing that.

PRP

Platelet-rich plasma

Injections in the penis that help stimulate new growth factors in the erectile bodies, to increase blood flow and new blood vessel growth. It's two injections separated by four weeks.

BOTOX

An add-on to your Cialis

It relaxes the smooth muscle so more blood can flow. It's not going to cure your ED, but if you're taking Cialis on a daily basis, it could lower your dose. For a subset of patients, they come in every three, four months, and they like it.

A note on the newer options: shockwave therapy, PRP, Botox and exosome treatments are currently considered investigational or experimental for erectile dysfunction and are not FDA-approved for this use. I go through the current evidence with you so you can decide whether one is right for you.

WATCH ME EXPLAIN IT

Shockwave, PRP and Botox for ED

Scan with your phone camera, or **tap here** to watch on YouTube.

09 THE PENILE IMPLANT

If you're looking at a penile implant, it's not a failure.

The American Urological Association's erectile dysfunction guidelines say a penile implant is a great option for a patient who has tried other treatment options, whether it's oral medications or injection therapies.

The modern penile implant, the three-piece implant as we call it, has three parts, and all of it is contained inside the body:

1. **Two cylinders.**
   They sit in your erectile bodies, where erections originate. Everything is custom tailored to your size: we measure during the surgery.
2. **The pump.**
   It sits inside the scrotum, between the testicles, underneath the skin. Anytime you want an erection, you squeeze it, sometimes 10, 15, maybe 20 pumps, and saline goes from the reservoir into the cylinders.
3. **The reservoir.**
   It sits deep in the lower abdomen, so you don't see it and you don't feel it. When you're done, you push the release valve and the saline goes back into the reservoir.

It's so well hidden that no one ever is able to see this device. The two main companies are Boston Scientific, which makes the AMS 700, and Coloplast, which makes the Titan. I use the AMS 700 primarily, and my practice is an AMS 700 Center of Excellence. The Titan is also a great device for certain patients.

---

10 WHO IT'S FOR

Anybody who has tried the other options, or at least thought about them.

- **When the pills and injections aren't working,** or you just don't like them. Some guys don't even want to think about the injections. If the pills aren't working, they want to go straight to the implant, and that's okay.
- **After prostate cancer.** A lot of men who had radiation or surgery have severe erectile dysfunction as a side effect, and the pills and injections often just aren't working for them.
- **ED plus Peyronie's disease.** The implant addresses the erectile dysfunction, and with some modeling we do during the surgery, the penis can actually be straightened.
- **Hand strength matters.** You need to be able to squeeze the pump. For men who can't, there's a two-piece device and a semi-rigid one.

Most times when I'm discussing a penile implant, I'm talking to both partners. It takes two to tango, so we have a shared conversation: how important is intercourse to you, and how important is it to your partner?

11 THE SURGERY

About 45 minutes, and you go home the same day.

It's an outpatient procedure. For most men, we're able to get the whole implant in through a single incision. Once we open up the erectile bodies, we precisely measure their length, so the cylinders are custom tailored to your size. Then the pump goes between the testicles and the reservoir into the lower abdomen.

A catheter stays in for one night after the surgery, and a drain for one to two nights. That helps reduce infection and swelling, and most importantly, it helps guys start to activate the device sooner.

12 RECOVERY

NIGHT 1
The worst night
Pain medication for the first few nights. A wrap keeps the swelling down.

DAY 1 TO 2
Everything comes out
The wrap and catheter the next day, the drain after one to two nights.

WEEKS 1 TO 3
Let the body heal
Antibiotics for one to two weeks, some pain medication.

WEEKS 3 TO 4
Activation
The device is ready. We teach you how to cycle it.

Cycling means you pump the device to maximum inflation and let it sit for 20 minutes, twice a day, for the first two to four weeks. If you do that, the recovery is a lot easier: the device gets softer, your hand gets stronger, and your scrotal skin won't be as sensitive.

13 THE MOST COMMON QUESTION

What changes about your sex life?

If anything, the penile implant is going to enhance it. You're going to get stronger, longer lasting erections. No more pills, no more injections, no more worry about getting an erection. You're happier, and your partner's happier as well.

WHAT DOESN'T CHANGE

It has zero impact on sensation. You'll still be able to ejaculate like you were before surgery, and the volume of your ejaculate is going to be the same.

The only thing it impacts is the strength of the erection. We have validated studies done on partners as well as patients, and we see satisfaction rates after the surgery upwards of 98 to 99%, for the patient as well as their partner.

14 THE RISKS, STRAIGHT

Infection is the one none of us ever want to see.

The national average for penile implant infections is anywhere from three to 5%. If you go to someone who does this on a weekly basis, that number is lower. At our practice we do these implants on a weekly basis, and I like to quote our numbers at less than 1%. There's a specific soap I have patients use the night before and two nights before surgery, an antibiotic wash during surgery, and antibiotics before, during and after.

- **Diabetes.** Uncontrolled diabetes makes infection rates go higher. Anytime your hemoglobin A1C is above eight or nine, your risk is higher. Get your blood sugar under control before surgery.
- **Mechanical failure.** The implant lasts anywhere from 10 to 15 years, sometimes longer, sometimes shorter. Guys who use it more, or more aggressively, are on the shorter side. A failure is not the end of the world: we remove it and put a new one in.
- **Revisions.** Infection rates are very low for first timers, and slightly higher with each new implant. Revision success rates are still quite high.

15 COST

Medicare covers the implant.

Because this is a medical device, it can be quite expensive. Medicare covers it. For other insurance, call my office and we can go through whether it's a good option for you, and what your plan does or doesn't cover, before you book anything.

16 CHOOSING A SURGEON

Go to somebody who does this on a regular basis.

Like any other surgery, fewer complications, lower infection rates and higher patient satisfaction all come with a surgeon who does more penile implants. You want to go to a place that does these surgeries on a weekly basis.

WATCH THE FULL WALKTHROUGH

The penile implant: surgery, recovery, risks, cost and sex after

About 13 minutes, with the device in my hands. Scan, or **tap here** to watch on YouTube.

17 PEYRONIE'S DISEASE

A curve that's new, or changing.

Almost every penis has a curve to it. A slight bend that you've had your whole life is usually just the way you're built. Peyronie's disease is a scar: a piece of collagen, a plaque on the walls of the erectile bodies. It can cause a significant change in the curvature of the erection, and sometimes in the erection quality. What we define as Peyronie's disease is a curve that's either new or it's changing, making erections painful, making intercourse painful. It can cause shortening of the penis, and even narrowing.

There's the acute phase, the early stage, where things are changing, and the chronic phase, where things have settled out. About 10% to 15% of men have some degree of Peyronie's disease. If it's bothering you, we have great solutions for this: Xiaflex injections, the only FDA-approved medication for Peyronie's (my practice is an Endo Xiaflex Center of Excellence), traction devices, and surgery for a stable, severe curve. With ED as well, the penile implant can address both.

18 THE FIRST VISIT

What I look at.

- [ ] **Every context, or only with a partner?** It changes what we're looking for.
- [ ] **Hormones.** Testosterone is a big one, especially as men age.
- [ ] **Blood flow.** Cholesterol, blood sugar and A1C, blood pressure, any heart history.
- [ ] **Medications, alcohol and tobacco.** Each can contribute.
- [ ] **A curve, or pain with erections.** That's a Peyronie's conversation.

19 QUESTIONS TO ASK

1. **For shockwave: is it a focused device, or a radial one?**
   If it's radial, you're wasting time and money.
2. **For an implant: how often do you do them?**
   You want a place that does them on a weekly basis.
3. **What's my A1C?**
   Above eight or nine raises your infection risk with an implant.
4. **Am I taking my pill the right way?**
   Viagra on an empty stomach; Cialis at the same time every day.

ABOUT WHO WROTE THIS

I'm Dr. Justin Houman.

I'm a board-certified men's health urologist and assistant professor of urology at Cedars-Sinai Medical Center in Los Angeles. I practice at Tower Urology.

When I was in residency, very few urologists specialized in men's health. Men's health is really three buckets: sexual health, fertility health and hormonal health. These are the things that bring men to the doctor for the first time. Men won't tell you when they have high blood pressure, but they'll tell you when they can't get an erection.

A typical urology visit is no more than ten minutes. Patients are meant to be pushed through, not dug into to figure out what is actually going on. My practice is different. I like to figure out what the cause is, so it has better long-term outcomes. Being at Tower Urology at Cedars-Sinai, I have the background of an academic medical center, but with my own practice inside it I'm not on a corporate clock.

TRAINING

Fellowship-trained microsurgeon

Board-certified urologist with fellowship training in male reproductive medicine and microsurgery.

VOLUME

1,000+ varicocelectomies, 800+ implants

Microsurgery for fertility, pain and sexual health is a big part of my practice.

RECOGNITION

Super Doctors® Rising Stars℠

Selected for inclusion in 2027 Southern California Super Doctors® Rising Stars℠, Urology.

DESIGNATIONS

Centers of Excellence

Endo Xiaflex Center of Excellence (Peyronie's) and Boston Scientific AMS 700 Center of Excellence (penile implants).

VISITS IN PERSON OR BY VIDEO

You don't have to live in Los Angeles.

Telehealth is how a lot of my patients actually start. The first visit for a lot of patients, especially patients who are outside of Los Angeles, is a video call from home. We go through your symptoms, your history, and any labs or imaging you've had. Sometimes patients send those in beforehand. A lot of patients come to me for second opinions on results from other urologists, and we figure out what's missing, what hasn't been done. Many times an exam needs to be done in person before figuring out the next steps.

YOUR NEXT STEP

The earlier you address it, the better off you'll be.

There are so many treatments out there. Our goal is to educate you on all the treatment options available and see what's right for you. We take patients locally, we take patients nationwide, and we even have some patients who come internationally.

REQUEST A VISIT

Book online

Scan, or tap here.
houmanmd.com/contact

CALL MY OFFICE

310-854-7822

Monday to Friday, 8:30am to 5pm
Tower Urology at Cedars-Sinai

Not in Los Angeles? If distance is what's stopping you from coming to see me, a video visit is a great alternative.

BEFORE YOU BOOK

I see patients Wednesday through Friday, and new-patient openings are limited each week.

One practical note so there are no surprises: I'm in-network with Medicare. Other insurance is out-of-network, and my office provides a superbill you can submit to your plan for reimbursement. My team will walk you through costs before you book anything.

JUSTIN HOUMAN MD
MEN'S HEALTH
TOWER UROLOGY

Tower Urology at Cedars-Sinai
8635 W 3rd St, Suite 1W, Los Angeles, CA 90048
houmanmd.com · Instagram @justin.houman.md · YouTube HoumanMD

This guide is for education only and is not medical advice. Reading it does not create a doctor-patient relationship. Every patient is different; talk with a qualified physician before making medical decisions.