

Penile Injection Therapy

Performing the Injection.....	2
Medication.....	2
Storing Your Medication.....	2
Preparing the Injection.....	2
Drawing up the Medication from the Vial.....	2
Choosing an Injection Site.....	4
Injecting the Medication.....	4
Erection Scale.....	5
Supplies.....	6
Priapism (Erection That Lasts Too Long).....	7
How to Store and Dispose of Your Home Medical Sharps.....	7
Guide to Adjusting Your Penile Injection Dosing.....	8
Penile Injection Log.....	11

This information will help you learn to inject medication into your penis, called penile injection therapy also called intracavernosal injections. Penile injections can help you achieve an erection if you have erectile dysfunction (ED).

You are to read this short information package cover to cover before your appointment with your health care provider. You will be expected to know the content in this booklet, and you will walk through the injection during your in-office appointment. Your health care provider will be present to answer questions, and optimize your technique.

*Note. This package was adapted and modified from Dr. John Mulhall at Memorial Sloan Kettering Cancer Center.

Performing the Injection

The instructions below will be reviewed with you. The training will require 1 office visit BEFORE you are to perform any home injections. Please be aware that each visit may take up to 1 hour, so you should plan your schedule on the day of your appointment. When you are at home and on your own, use this written information to help you the first few times you perform the injection.

An instruction video can be viewed at: <https://www.youtube.com/user/aboutmenshealth/>

Medication

Most men begin injection therapy with a medication called Trimix, which is a mixture of 3 medications: alprostadil, phentolamine, and papaverine. It works by relaxing the smooth muscle in the penis and opening the blood vessels causing an erection. Your doctor will decide whether Trimix or a different medication is best for you.

Storing Your Medication

Confirm storage guidelines of the medication with the dispensing pharmacy. Generally, you should store the medication in the refrigerator and keep it away from light. This can keep the medication good for up to 90 days. Don't use the medication if it:

- Has particles or is cloudy
- Has expired according to the date on the label

Call your doctor's office when you need a new prescription. UBC Department of Urologic Sciences at the Diamond Center is: (604) 875-5003. You may also email the clinic at clinic@ubcurology.com

Preparing the Injection

1. Prepare a clean surface on which you can place the supplies you will need.
2. Assemble your supplies:
 - Medication Vial
 - Syringe
 - Alcohol Swabs
 - Sharps Container
 - Take the medication out of the refrigerator
 - Wash your hands well with soap and water

Drawing up the Medication from the Vial

1. Take the tab off the vial if you are using it for the first time and throw the tab away. Open an alcohol swab and wipe the rubber stopper on the top of the vial. You must always wipe the rubber stopper with alcohol before you insert the needle to remove any bacteria.
2. Take the syringe out of its package,

3. Remove the cap from the needle (typically orange). Be very careful not to let anything touch the needle. If the needle comes in contact with anything, please throw the needle away in the sharps container and use a new one to reduce your risk of infection.
4. First, pull the plunger of the syringe back past the dose you were told to inject. Next push the plunger back up in the syringe until the top of the black tip is at the dose you were told to inject. Hold the syringe in your hand like you hold a pen or dart. Hold the syringe close to the needle with your thumb, index (first) and middle (second) fingers. This will keep the needle from bending as you insert it into the rubber stopper. Insert the needle through the circle in the center of the rubber stopper on the vial. Push the plunger down and inject the air into the vial (see Figure 1).

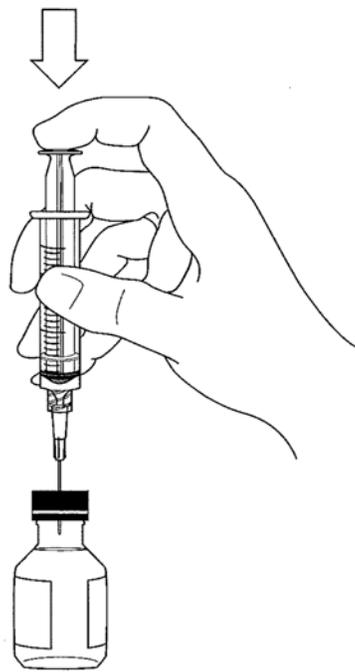
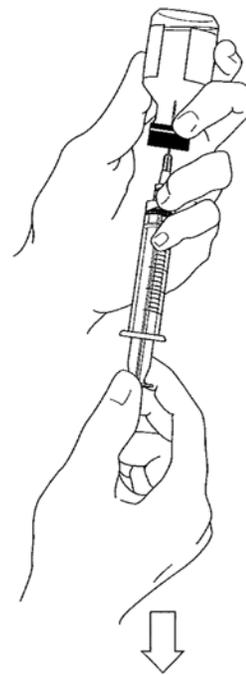


Figure 1:
Injecting air into the vial



**Figure 2: Withdrawing
the medication**

You do this because the medication is stored in a vial that is pressurized. You must replace the amount of medication you remove from the vial with air.

5. Turn the vial and syringe upside down (see Figure 2). Hold the syringe with the hand you use to write with and the vial with your other hand. Be careful not to let go of the vial or the needle will bend. Make sure the tip of the needle is in the medication. Rotate the syringe so you are looking at the numbers and lines on the syringe.
6. Pull the plunger down past the dose prescribed. This will help remove any air bubbles. Slowly push the plunger up to the dose prescribed. Check the amount of medication in the syringe to make sure it is the correct dose.

7. Once again, check for air bubbles. If air bubbles are present, pull more medication into the syringe. They will go to the top. Slowly push the air bubbles and the extra medication back into the vial. Look at the syringe again to make sure that you have the right amount of medication.
8. When you have the correct amount, pull the needle out of the vial. Then place the cap back on the syringe without touching or bending the needle. If you touch or bend the needle, you will need to discard the syringe and start at step 2. When you place the cap back on the needle, make sure you don't push the plunger by accident. This will push the medication into the cap and result in the wrong amount when it's time to inject yourself.

Choosing an Injection Site

You must inject into a specific area of your penis. This is so you do not injure nerves, arteries, or veins. Do not inject straight down on the top or the bottom of the penis. Imagine that the penis is divided in 2 halves. The first half is from the area closest to the body to the middle of the penis. The second half is from the middle of the penis to the head of the penis. You will give the injection right behind the middle line at the 10 o'clock (left side) or the 2 o'clock (right side) position (see Figure 3). To prevent trauma to your penile tissue, always change sides of the penis each time you inject the medication (right side then the left side). Keep a record each time so you do not forget. Do not inject into any vein you can see or feel because it could cause a large bruise on your penis.

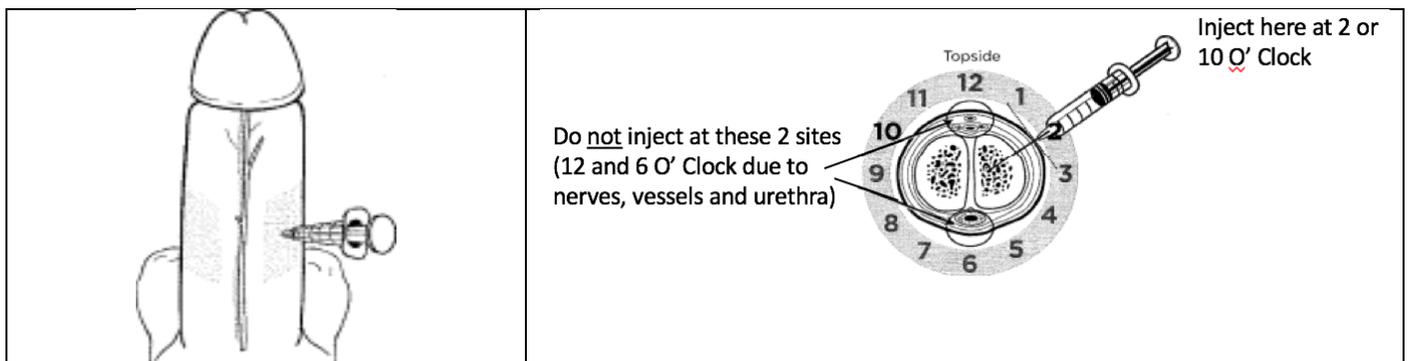


Figure 3: Choosing an injection site

Injecting the Medication

1. Grasp the head of your penis, not the skin. If you are not circumcised, pull your foreskin back before grasping the head of your penis. Pull your penis straight out.
2. Locate the area to be injected (right behind the middle of your penis). Wipe it with an alcohol swab. Let go of the head of your penis and pick up the syringe with 2 hands.
3. Remove the cap covering the needle. Look at the syringe to make sure the dose is correct, and you haven't pushed any medication out by accident. Hold the syringe between your thumb, index and middle fingers like a pen or a dart. **Do not place your index finger or thumb on the plunger until the needle is all the way in the skin.**
4. Once again, grasp the head of your penis and pull it straight out. You must keep tension on your penis; do not twist it since this could lead to injecting the wrong area.

5. Touch the needle to the skin and quickly slide it into the shaft of your penis. The needle must be fully inserted in order to deliver the medication to the correct location. Remember to avoid any veins. Make sure to insert the needle at a slight angle (as shown in Figure 3).
6. Move your finger so that your index (pointer) finger or your thumb can push in the plunger.
7. Quickly push down on the plunger to inject the medication into the shaft of your penis. Be careful not to pull the syringe out as you are injecting the medication.
8. Quickly remove the needle after you have injected all the medication. Pull it straight out. Do not use a twisting or jerking motion because this may cause bruising. Apply pressure for 2 to 3 minutes with your thumb on the injection site and your index finger on the opposite side of your penis. If you are taking a blood thinner or aspirin, hold the pressure for 5 minutes.
9. Place the syringe in the sharps container.

Erection Scale

It usually takes between 2 to 6 injections to find the right dose for an erection firm enough to have sex. It is important that you follow the suggested course of therapy. It will help you safely get the erection you desire in a suitable amount of time. To see how you are responding to the injections, please use the grading scale below. Call your doctor and tell of your responses, and whether you're getting the results you want and in order to determine whether an increase of your dose is necessary.

0	1	2	3	4	5	6	7	8	9	10
↓						↓				↓
No Erection						Erection just firm enough for penetration				100% response

Documenting Your Erection

Inject _____ units of _____ for your first injection while you're at home. Use the erection scale in this guide and record your response below.

- My erection was a _____ on a scale of 0 to 10
- My erection lasted _____ minutes/hours until it became a 5 on the erection scale (no longer penetration hard)

See the table on the last page of this booklet to record your responses.

- **Do not give yourself a second injection on the same day if the first one does not work. You must wait 24 hours.**
- **Do not take any erectile medications by mouth (orally) 18 hours before or after your injection.**

Supplies

- 1 vial (500 units) of medication
- 30 syringes (29 gauge, ½ inch)
- 24 Pseudoephedrine HCl (Sudafed) 30 mg tablets
- Alcohol swabs

Please call your doctor's office when your supplies run low. (604) 875-5003

Important Points

- Do not take more medication than the dose prescribed.
- Do not take more than 1 dose of medication in 24 hours.
- Do not give yourself another injection if the medication does not work. Speak with your doctor if you are not getting the effects that you want.
- You can inject up to 3 times a week as long as there is 24 hours between each injection.
- If you are currently receiving chemotherapy for cancer, you must ask your cancer doctor (oncologist) when you can safely inject.
- Do not take any other medication for ED without speaking to your doctor.
Examples of other ED medications are:
 - Sildenafil (Viagra)
 - Vardenafil (Levitra)
 - Tadalafil (Cialis)
 - Avanafil (Stendra)
- Tell your doctor all the medications you are taking, especially if you are taking medication for:
 - High blood pressure
 - Depression, or classified as an MAO inhibitor such as phenelzine (Nardil)

Priapism (Erection That Lasts Too Long)

Priapism is an erection that lasts too long. Priapism can develop without sexual stimulation and doesn't go away after ejaculation. There is a small risk of having priapism for 4 hours or more after penile injection therapy. When an erection is rigid, no fresh blood flows into the penis. This means the penis is not getting oxygen, which can damage the tissue and lead to permanent erectile dysfunction (ED). The only way to correct this condition is to have a penile implant.

If You Develop Priapism

- **If you have an erection that lasts 2 hours, take 4 (30 mg) tablets of pseudoephedrine HCl (Sudafed).** Do not take extended-release or long-acting tablets, such as Sudafed 12 hour. Ask your pharmacist, doctor, or nurse if you have any questions.
 - If you want to buy the pseudoephedrine HCl (Sudafed) at your local pharmacy, you don't need a prescription to buy this medication, but the boxes are often kept behind the pharmacy counter, so just ask the pharmacist for help.
 - Make sure to have pseudoephedrine HCl (Sudafed) with you as long as you are using the penile injections.
 - If you have problems with your heart, talk with your cardiologist about whether it's safe for you to take pseudoephedrine HCl (Sudafed)
- **If you have an erection that lasts 3 hours (you still have an erection 1 hour after taking the Sudafed), prepare to proceed to your local emergency department.**
- **If you have an erection that lasts 4 hours, this is a medical emergency.** You should treat it with the same urgency as a heart attack. Erections lasting longer than 4 hours can cause permanent damage.

Go to your local emergency room if you live more than 30 minutes away.

Please ask the triage nurse to contact urology, and bring this information package with you.

How to Store and Dispose of Your Home Medical Sharps

This information will teach you how to store and dispose of your home medical sharps safely. Medical sharps include items such as needles, syringes, and lancets.

Storing Your Medical Sharps

- Use an empty plastic container with a screw on cap, such as a laundry detergent bottle.
 - It should be strong enough that needles cannot poke through the sides and it should not be breakable.
 - **Do not store your sharps in glass bottles, soda bottles, milk jugs, aluminum cans, coffee cans, or paper or plastic bags.**

- Clearly label the container “Home Sharps – Not for Recycling.”
- **Keep it away from children and pets.**
- Put the sharps in the container point-first as soon as you use them.
- Do not overfill the container. When it is more than half-full, wrap the cap with strong tape to create a more secure seal and prevent leakage.
- Keep the container separate from trash that will be recycled.
- Medical Sharp containers are also available at your local pharmacies.

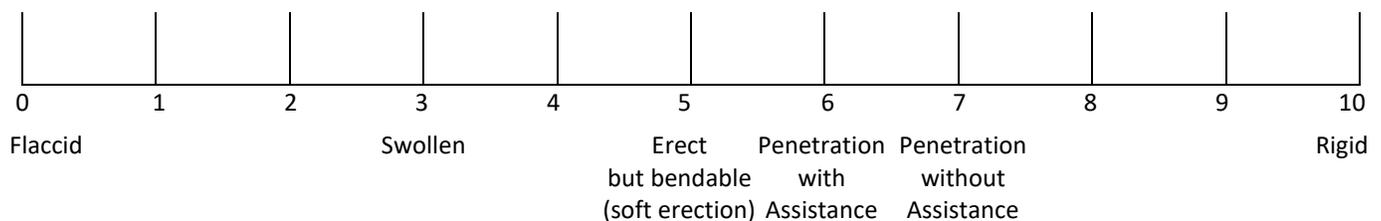
Disposing of Your Medical Sharps

- **Do not put it in with your recyclables. Check with your local department of health for instructions.**
- You can also bring the sealed container to:
 - A local pharmacy
 - Any hospital or your next clinic visit

Guide to Adjusting Your Penile Injection Dosing

You are beginning penile injections. These injections can be very helpful and effective. However, finding the correct dose for you is critical. Our approach is to start with a small dose, then slowly work our way up based upon the ‘*dosing table*’ on the next page to find your effective dose, in a safe fashion. This may take several tries at adjusting the dose to find the best dose for you. Rushing the dose escalation and exceeding the dose increases in this document could put you at risk of priapism, where the erection lasts longer than 4 hours and can damage the muscle in your penis.

Recall our scale of erectile rigidity, this will guide your dosing adjustments:



To use the dosing table, we work from left to right. Following these instructions:

1. To start, in the column “**Your Dose**”, find the range that your dose falls within.
2. Next, move to the ‘**Response (Erectile Rigidity)**’ column. Based upon the erectile rigidity 10-point scale, select the response that is most accurate.
3. Next, move to the ‘**Duration of Erection**’ column, and select the duration that your erection is maintained at the maximal response or above a 6/10 (if your maximal response is stronger than 6/10).
4. Finally, move to the far right column to find the ‘**Suggested Adjustment in Dose**’.

Let's work through an example:

Jon Doe started by injecting 5 units. He developed a 6/10 rigidity erection, but only lasted 10 minutes.

Intra-cavernosal Injection Medication Adjustment Schedule			
Your Dose	Response (Erectile Rigidity)	Duration of Erection	Suggested Adjustment in Dose
1 - 5 Units	≤ 2/10	Irrelevant	Increase by 5 Units
1 - 5 Units	3-5/10	Irrelevant	Increase by 5 Units
1 - 5 Units	6-7/10	≤ 15 minutes	Increase by 2 Units
1 - 5 Units	6-7/10	15-45 minutes	Increase by 1 Unit
1 - 5 Units	6-7/10	45 - 60 minutes	No change
1 - 5 Units	6-7/10	> 60 minutes	Decrease by 1 Unit
1 - 5 Units	> 7/10	≤ 60 minutes	No Change
1 - 5 Units	> 7/10	> 60 minutes	Decrease by 2 Units
6 - 10 Units	≤ 2/10	Irrelevant	Increase by 5 Units
6 - 10 Units	3-5/10	Irrelevant	Increase by 5 Units

Following the columns from left to right, we determine that Jon Doe should increase his dose by 2 units and try again. After adjusting the dose for a future injection, Jon should refer to the dosing table again to make appropriate adjustments. It is best to document the date, dose, response, and duration of each injection in your penile injection log (below), to keep track of your appropriate dosing.

Intra-cavernosal Injection Medication Adjustment Schedule			
Your Dose	Response (Erectile Rigidity)	Duration of Erection	Suggested Adjustment in Dose
1 - 5 Units	≤ 2/10	Irrelevant	Increase by 5 Units
1 - 5 Units	3-5/10	Irrelevant	Increase by 5 Units
1 - 5 Units	6-7/10	≤ 15 minutes	Increase by 2 Units
1 - 5 Units	6-7/10	15-45 minutes	Increase by 1 Unit
1 - 5 Units	6-7/10	45 - 60 minutes	No change
1 - 5 Units	6-7/10	> 60 minutes	Decrease by 1 Unit
1 - 5 Units	> 7/10	≤ 60 minutes	No Change
1 - 5 Units	> 7/10	> 60 minutes	Decrease by 2 Units
6 - 10 Units	≤ 2/10	Irrelevant	Increase by 6 Units
6 - 10 Units	3-5/10	Irrelevant	Increase by 5 Units
6 - 10 Units	6-7/10	≤ 15 minutes	Increase by 2 Units
6 - 10 Units	6-7/10	15-45 minutes	Increase by 1 Unit
6 - 10 Units	6-7/10	45 - 60 minutes	No Change
6 - 10 Units	6-7/10	> 60 minutes	Decrease by 2 Units
6 - 10 Units	> 7/10	≤ 60 minutes	No Change
6 - 10 Units	> 7/10	> 60 minutes	Decrease by 2 Units
11 - 30 Units	≤ 2/10	Irrelevant	Increase by 7 Units
11 - 30 Units	3-5/10	Irrelevant	Increase by 5 Units
11 - 30 Units	6-7/10	≤ 15 minutes	Increase by 2 Units
11 - 30 Units	6-7/10	15-45 minutes	Increase by 2 Units
11 - 30 Units	6-7/10	45 - 60 minutes	No Change

11 – 30 Units	6-7/10	> 60 minutes	Decrease by 2 Units
11 – 30 Units	> 7/10	≤ 60 minutes	No Change
11 – 30 Units	> 7/10	> 60 minutes	Decrease by 2 Units
31 – 50 Units	≤ 2/10	Irrelevant	Increase by 10 Units
31 – 50 Units	3-5/10	Irrelevant	Increase by 5 Units
31 – 50 Units	6-7/10	≤ 15 minutes	Increase by 5 Units
31 – 50 Units	6-7/10	15-45 minutes	Increase by 3 Units
31 – 50 Units	6-7/10	45 – 60 minutes	No Change
31 – 50 Units	6-7/10	> 60 minutes	Decrease by 2 Units
31 – 50 Units	> 7/10	≤ 60 minutes	No Change
31 – 50 Units	> 7/10	> 60 minutes	Decrease by 5 Units
51 – 75 Units	≤ 2/10	Irrelevant	Increase by 25 Units
51 – 75 Units	3-5/10	Irrelevant	Increase by 10 Units
51 – 75 Units	6-7/10	≤ 15 minutes	Increase by 10 Units
51 – 75 Units	6-7/10	15 – 45 minutes	Increase by 7 Units
51 – 75 Units	6-7/10	45 – 60 minutes	No Change
51 – 75 Units	6-7/10	> 60 minutes	No Change
51 – 75 Units	> 7/10	≤ 60 minutes	No Change
51 – 75 Units	> 7/10	> 60 minutes	Decrease by 5 Units
76 – 100 Units	≤ 2/10	Irrelevant	Change to Next Strength Medication
76 – 100 Units	3-5/10	Irrelevant	Change to Next Strength Medication
76 – 100 Units	6-7/10	≤ 15 minutes	Change to Next Strength Medication
76 – 100 Units	6-7/10	15 – 60 minutes	No Change
76 – 100 Units	6-7/10	> 60 minutes	No Change
76 – 100 Units	> 7/10	≤ 60 minutes	No Change
76 – 100 Units	> 7/10	> 60 minutes	Decrease by 5 Units

Please speak with your health care provider for any adjustments you are not certain about.

*Table adapted & modified from Dr. John Mulhall at Memorial Sloan Kettering Cancer Center.

