

**Clinical Guideline:** Andrology Site: FPH

* Confirm ED (not premature ejaculation)
* Psychological: sudden, situational, morning erections
* Absolute or intermittent
* Previous abdominal/pelvic/prostate surgery
* Diabetic
* Use of nitrates for heart disease
* Neurological disorder
* Potential cardiac risk factors / symptoms

History

* Trial of PDE5 inhibitors for at least 6 occasions and try all three tablets if one doesn’t work
* ?Trial of testosterone replacement therapy if low and /or symptomatic e.g. Low is <8nmol/L,  10-12 equivocal, >12 nmol/L normal
* Sustanon 25g intramuscular injection fortnightly x 3.If good response then testogel or Nebido. Likely to need PDE5 inhibitor in addition

Advice and Treatment

**Consider referral if:**

* Failure of medical treatment, either 1st line or testosterone replacement

Referral Guidelines – red flag signs

* Urine dipstick for sugar
* Lipids, glucose +/- HBA1C & testosterone on an early morning blood sample
* PSA
* If on testosterone check PSA and haematocrit every 6/12

Investigation

* Check foreskin and testicles
* ? Peripheral pulses

Examination

General Information