

¿Does it have a solution?

It is important to give the patient all the information possible to inform the patient that he can do a lot to delay or possibly avoid this devastating complication that dramatically affects the quality of life. It is important to mention that it is possible to fix all cases of erectile dysfunction.

For a successful solution it is necessary to look for the best alternative for each case. It is necessary to individualize each patient, not only because of the type or extent of damage but because all alternatives and preferences and fears should be discussed with patient along with his partner.

Today we have a variety of alternatives ranging from drug treatment that can be swallowed or injected in the conventional form, injected in the corpus cavernous of the penis or placed in the outlet pipe of the urine (urethra).

There are devices that produce suction (vacuum) in the penis, which causes an erection and finally some surgical procedures where implants are placed which voluntarily activate to cause and maintain an erection; along with other vascular surgical procedures.

A MALE WITH DIABETES CAN DO ALL THAT IS EXPECTED IN LIFE, HE JUST NEEDS TO FIND THE PATH THAT LEADS TO HEALTH AND WHOLENESS.

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THE PROBLEM OF SEXUAL IMPOTENCE WITH DIABETES



**SUNSET
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THE PROBLEM OF SEXUAL IMPOTENCE WITH DIABETES

What is it?

It is defined as the persistent inability to maintain penile erection which allows satisfactory sexual intercourse.

It is necessary for the disorder to be present repeatedly to be considered a candidate for study and treatment. It is very important to understand the term "Erectile Dysfunction" which has internationally substituted the term "Sexual Impotence".

How frequent is it?

In the general population it is calculated that 10% of men are affected. The results of some surveys demonstrate that 30% complain of unsatisfactory erections and less than 1% of these patients are being professionally treated, many are prone to charlatans from which they get no improvement but also endanger their health.



In who does it present itself?

It can present itself at any age, but it happens more frequently after the age of 40.

The most common cause of Erectile Dysfunction is **Diabetes Type 1 and Type 2**.

It is calculated that it becomes present in 50 to 60% of diabetic men, making it the most frequent complication, even more so than retinopathies and nephropathy. These lesions are the results of the biochemical changes during uncontrolled periods of diabetes, because when this happens a functional damage occurs in the body structure.



Even though the association of diabetes and sexual impotence is very important, we can not stop evaluating other causes which may contribute to this problem.

Like for example: arterial insufficiency, cardiac illnesses, arterial hypertension, epilepsy, Parkinson's, tumors, cerebral vascular disease, chronic renal insufficiency, Alzheimer's among other illnesses.

It is also important to mention that other factors contribute to Erectile dysfunction, for example: the use of drugs such as marijuana, cocaine, alcohol abuse, and constant use of tobacco.

There are medications that can have side effects that cause erectile disorders, therefore each of the medications the patient uses should be evaluated by a medical professional to determine if it somehow contributes to the problem.

How is it Diagnosed?

It is important to see a medical professional to evaluate the problem. In an atmosphere of trust and respect a medical history will be completed, it must include sexual history of sexual habits before the problem occurred and mention of existing sexual habits.

Laboratory Tests are required according to information provided in the medical history. We count on many specialized studies which help evaluate the causes of erectile dysfunction, not all performed in all cases, but the clinical outcome will allow us to select the most suitable.

