

The role of low-intensity shock wave therapy on erectile dysfunction

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Objective: To evaluate the role of low-intensity shock wave therapy (LiSWT) on erectile dysfunction (ED).

Materials & methods: We prospectively analyzed all patients who underwent LiSWT, from June 2016 to October 2017. Erectile function was assessed before and 6 weeks and 3 months after treatment with the International Index of Erectile Function (IIEF-5) and with penile doppler duplex ultrasound.

Results: 20 patients were enrolled. Median age was 62.5 years (27-73). Twelve patients (60%) had arteriogenic ED, four patients (20%) arteriogenic and venous leak ED, three patients (15%) post-radical prostatectomy ED and one patient (5%) venous leak ED. Median IIEF-5 score before LiSWT was 13.5 (Q1=10; Q3=15), median IIEF-5 at 6 weeks after LiSWT was 15.5 (Q1=11; Q3=20.5) (p 0.00), at 3 months was 16.5 (Q1=9.5; Q3=21.8) (p 0.05) with 14 (70%) and 8 patients (66.7%) presenting IIEF-5 improvement at 6 weeks and 3 months respectively. Median peak systolic velocity (PSV) pre-LiSWT was 27.7 cm/s (Q1=20.4; Q3=29.6), post-LiSWT 39.3 cm/s (Q1=24.3; Q3=48.1) (p 0.06) with 8 patients (66.7%) presenting improvement after LiSWT. Patients with arteriogenic DE presented the most significant improvement (91.7%) at 6 weeks after LiSWT (p 0.01)

Conclusion: LiSWT is a non-invasive therapy that has the potential to cure ED, presenting good functional outcomes specially in arteriogenic ED.

Disclosure:

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