VHA PROSTHETIC CLINCIAL MANAGEMENT PROGRAM (PCMP)

CLINICAL PRACTICE RECOMMENDATIONS
VACUUM ERECTION DEVICES (VED) FOR ERECTILE DYSFUNCTION

I. Background

VHA's Prosthetic and Sensory Aids Service Strategic Healthcare Group was directed by the Under Secretary for Health to establish a Prosthetic Clinical Management Program (PCMP). The objectives are to coordinate the development of guidelines for prosthetic prescription practices and contracting opportunities to assure technology uniformity and ease of access to prosthetic prescriptions and patient care that will lead to valid outcome measures and analysis for research purposes.

A work group with input from selected clinicians with expertise in erectile dysfunction (ED) convened to recommend a clinical practice recommendation regarding selection of VED's for veterans with erectile dysfunction.

II. Policy

The purpose of the clinical practice recommendations is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective prescribing.

III. Clinical Practice Recommendations/Medical Criteria

A. Patients must meet diagnostic criteria for ED with ICD-9 codes 607.84 or 302.72

AND

B. Patients must have been evaluated by urology or sexual dysfunction clinics including examinations to rule out proximal aortic disease, undetected/untreated or uncontrolled diabetes mellitus.

AND

C. Suitable patients for VED include those ineligible for oral medical therapy such as sildenafil, which includes patients who are

receiving nitrate medications and patients with severe coronary artery disease.

IV. Recommendations

VED are a practical and cost effective treatment for men unwilling or unable to use pharmacological therapy or who decline surgical intervention. While a variety of commercially available devices exist, the work group all agreed that the most important aspect in the decision to recommend one device over another was the availability of patient education and post-treatment follow-up by qualified personnel. Device characteristics should include one-handed manual operation and a relief valve. In cases were upper extremity disability is present, a battery-operated device may be prescribed.

V. Applicable Literature

A. VED devices fill the void for many patients with erectile dysfunction and constitute an important option prior to surgical intervention.
DePalma RG: Decision Making in Vascular Surgery, Edited by Cronenwett JL and Rutherford, RB. Philadelphia, WB Saunders Co, 2001: pp 346-349.

B. Studies have reported an increase in spontaneous erections and improved blood flow.
Turner et al: Twelve month comparison of two treatments for erectile dysfunction: self-injection vs. external vacuum devices. Urology 1992: 39: 139-144.

C. Combined and adjunctive use of VED can also be effective, e.g. use of VED in combination with injection of vasoactive agents, fibrosis of penile tissue, inoperable vascular disease, and failed prostheses.
Donatucci, Craig F: Vacuum Erection Devices, in Male Sexual Function, Totowa, NJ, Humana, Ed John J Mulcahy 2000: pp 2253- 262.

Signed
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