

ERECTILE DYSFUNCTION – INTRACAVERNOSAL INJECTION - CONSENT

I _____ have been informed about the various treatment options for erectile dysfunction including PDE5 inhibitors and a Vacuum erection device. I have discussed the aetiology of erectile dysfunction and sexual re-navigation with my Urology Nurse.

I understand the risks associated with intracavernosal injections and have been provided sufficient education and written literature on intracavernosal injections.

I understand the potential side effects of intracavernosal injections and in the event of a priapism, I understand the management plan.

Name _____ Signed _____ Date _____