Patients’ Pain Expectation versus Actual Pain Experience During Intracavernosal Injection for Treatment of ED

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INTRODUCTION

- ED - Difficulty obtaining or maintaining an erection firm enough for intercourse
- Approximately 30 million men with ED complaints
- ICI common 2nd line treatment for refractory ED
- Pain is prevalent issue associated with ICI

OBJECTIVES

- Hypothesized patients overestimate pain associated with anticipated ICI
- Assess and document comparative pain ratings before and after ICI
- Improve our education and preparation for future patients on the treatment of ICI

METHODS

Participants: Any male over 18 regardless of diagnoses, with refractory ED, that has been prescribed DDUS with ICI

Exclusion: Patients previously or currently using ICI; patients that expressed currently getting other injectable medications (testosterone, insulin etc.); or denies fear or pain associated with needles

Trimix average dose administered 0.1cc-0.35cc

Utilized Wong-Baker FACES Pain Rating Scale
1) 1st pain assessment PRIOR to Trimix injection during office Duplex Doppler Ultrasound (DDUS)
2) 2nd pain assessment AFTER Trimix injection

RESULTS

- May 2020 – August 2021
- Total of 68 patients included
- Average age 60.6 (range 31 – 86 years)
- Diagnoses
  - Prostate Cancer with ED 38%
    - RALP 88%, Proton 7%, 3% Active Surveillance
  - Isolated ED 31%
  - BPH with ED 14%
  - Peyronie’s with ED 12%
  - Venous leak phenomenon 3%
  - MS with ED 1%
- Pre-Injection Pain average 5 (range 2-10)
- Post Injection Pain average 1.6 (range 0-4)
- Only 1 patient rated actual pain higher than expected pain
- 44% of patients continue ICI
- 56% are no longer using ICI
- Only 2 patients discontinued ICI due pain complaints associated with injection

CONCLUSIONS

- Patients’ expected pain from penile injection therapy is consistently higher in comparison to actual pain post injection
- Although a large percentage of our study patients have discontinued ICI, only 5% of those were for reported pain reasons
- Able to better educate and counsel patients about ICI and give some reassurance that pain is not frequently reported