Introduction

• The American Urological Association (AUA) defines Erectile Dysfunction (ED) as the consistent or recurrent inability to attain and/or maintain penile erection sufficient for sexual satisfaction (Burnett et al., 2018).

• There are approximately thirty million men in the United States and one hundred fifty million men globally who suffer from ED (Burnett et al., 2018).

• The Sexual Medicine Society of North America states Vasoactive penile injections ICI therapy, introduced in 1982, has become a well-established treatment for ED with a high rate of clinical efficacy (Nelson et al., 2013).

• Often men self-report severe panic and anxiety prior to their training sessions. Anxiety relieving measures such as a proper education prior to procedural appointments, may promote patient compliance, and improved satisfaction rates with injections.

Aims

01 **Decrease** society-related misconceptions of penile injections.

02 **Increase** patients’ perceived preparation toward the use of penile injections using a video education platform.

03 **Decrease** procedural appointments time to 45 minutes in duration.

Methods

Design: Prospective Pre-test/ post-test design method

Setting: An ambulatory men’s sexual medicine health clinic located in a large oncologic academic institution on the east coast.

Sample: Men >/= 18 years of age who have failed to get an erection with PDE5i and never been exposed to ICI

Sample Size: n=58

Ethical Review Approval: FERC approval through JHU and Institution

Purpose

The goal of the injections is to improve quality of life (sexual function) by preventing penile atrophy. The purpose of this quality improvement project was to develop, implement, and evaluate the effects of a video education program on the reduction of pre-procedural anxiety and increased perception of preparation in men undergoing ICI training.

Results

Statistically significant improvement in patient preparedness was noted prior to injection training with the use of a formal video education platform.

Despite lack of statistical significance related to anxiety, time spent face to face with the provider decreased after exposure to the video education.

A practice change from 60 minute visits were reverted into two 30 minute visits which may improve patient satisfaction, increase revenue for the institution, and enhance quality of patient care.

Conclusion