

PATIENT EDUCATION GUIDE

Erectile Dysfunction: Facts and Treatments

A urologist's guide to causes, treatments, and the lifestyle factors behind ED

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INSIDE THIS GUIDE

A Note Before You Begin

ED is one of the most common — and most under-treated — medical conditions affecting men. This guide is written for men in Coral Springs and across South Florida who want a clear, private explanation of what causes ED, what the full range of treatments looks like in 2026, and why the choice of provider matters as much as the choice of treatment. It is written by a board-certified urologist, not a marketing team.

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1. What Is Erectile Dysfunction?

Erectile dysfunction (ED) is the consistent difficulty in achieving or maintaining an erection firm enough for satisfying sexual activity. The clinical definition emphasizes the word consistent: occasional difficulty getting or keeping an erection is normal and happens to nearly every man at some point. Persistent or recurring difficulty — over weeks or months — is what qualifies as ED and warrants medical evaluation.

How an erection actually works

A normal erection requires four systems to work together: the brain and nerves (signaling), the blood vessels (delivering blood to the erectile tissue), the hormones (testosterone in particular), and the psychological state. If any one of these is impaired, the system can fail. This is why effective ED treatment starts with finding WHICH system is the problem — not just prescribing the same pill to everyone.

How common is ED?

Age Group	Men Affected by Some Degree of ED
Men in their 40s	~40%
Men in their 50s	~50%
Men in their 60s	~60%
Men 70 and older	~70%

You are not alone — and you are not at the back of the line

Roughly 30 million men in the United States are affected by ED. By age 40, around 40% of men experience some degree of it. By age 70, that figure is closer to 70%. And yet fewer than 1 in 4 men with ED ever seek treatment. If you are reading this, you are already ahead of most.

2. What Causes ED?

ED has many possible causes, and most cases involve more than one at a time. Identifying the actual driver — not just the symptom — is the difference between a one-size-fits-all prescription and a treatment plan that actually works.

Physical (vascular) causes

- Atherosclerosis (hardened arteries) — the same process that narrows coronary arteries affects the penile arteries, often years earlier
- Diabetes — men with diabetes are about 3× more likely to develop ED than non-diabetic men
- High blood pressure — damages arterial walls; some BP medications also contribute to ED as a side effect
- High cholesterol and metabolic syndrome
- Obesity — associated with low testosterone, insulin resistance, and vascular damage
- Low testosterone (hypogonadism) — common in men over 45 and a frequently overlooked driver of ED

Neurological causes

Nerve damage from spinal cord injury, multiple sclerosis, Parkinson's disease, or pelvic surgery — particularly radical prostatectomy — can disrupt the signaling required for erections. Men who have had prostate surgery should discuss penile rehabilitation with a urologist promptly; early intervention significantly improves long-term outcomes.

Psychological causes

Performance anxiety is both a cause of ED and an amplifier of it. A single difficult experience can create anticipatory anxiety that makes subsequent attempts harder — a self-reinforcing cycle. Depression and relationship stress contribute independently. Psychological ED is especially common in younger men and almost always responds well to treatment.

Medication-induced ED

Over 200 medications list ED as a potential side effect. Common culprits include thiazide diuretics, beta-blockers, SSRIs, and antiandrogens. A urologist can review your medication list and coordinate with your prescribing physician on appropriate substitutions when one of them is contributing.

3. ED as a Health Warning Sign

This is one of the most important — and least talked about — facts in modern urology: erectile dysfunction frequently precedes cardiovascular disease by 3 to 5 years.

The penile arteries are approximately 1-2 mm in diameter — among the smallest in the body. When atherosclerosis begins narrowing blood vessels throughout the body, the smallest ones show symptoms first. By the time ED becomes noticeable, the same process may already be affecting larger vessels in the heart or brain — without any other symptoms yet. A landmark study in the *Journal of the American College of Cardiology* found that men with ED and no

known cardiovascular disease had significantly elevated risk for cardiac events within 2 to 5 years.

The 'canary in the coal mine'

An ED evaluation at a urologist's office is not just about improving sexual function. For men over 40, it is also one of the earliest practical screens for cardiovascular disease. Dr. Lief coordinates with cardiologists and primary care physicians when an ED workup reveals underlying vascular concerns — an integrated approach that single-service men's health clinics typically do not provide.

When ED should be evaluated promptly

- ED that develops suddenly or worsens quickly
- ED in a man under 40, especially with no obvious psychological cause
- ED accompanied by chest pain, shortness of breath, leg swelling, or unexplained fatigue
- ED accompanied by significant urinary symptoms (possible BPH overlap)
- ED accompanied by low energy, low libido, mood changes, or muscle loss (possible low testosterone)
- ED that began after starting a new medication

4. Lifestyle Factors That Affect ED

ED is rarely caused by a single thing. For many men, day-to-day lifestyle factors are doing as much damage as any specific medical condition — and addressing them can meaningfully improve erectile function, often in combination with medical treatment. Below are the lifestyle factors most strongly tied to ED in clinical research. Treat this as a private checklist; check any that apply, and bring them up at your consultation.

Day-to-day habits and exposures

- ☐ I smoke cigarettes, vape nicotine, or use other tobacco products
- ☐ I drink more than 7-14 alcoholic drinks per week
- ☐ I have a sedentary job and exercise fewer than 2-3 times per week
- ☐ My waist measurement is over 40 inches
- ☐ I rarely sleep more than 6 hours per night
- ☐ I have been diagnosed with — or suspect — sleep apnea
- ☐ I'm under significant work or relationship stress most of the time

- ☐ I use recreational drugs (including marijuana) regularly
- ☐ I eat a diet heavy in processed foods and low in vegetables
- ☐ I'm carrying 20+ extra pounds and have gained weight in recent years

What actually moves the needle

The lifestyle changes with the strongest evidence for improving erectile function are, in order: quitting smoking, regular aerobic exercise (especially walking, cycling, or swimming most days), weight loss in men carrying excess weight, treating sleep apnea, and reducing alcohol intake. None of these replace medical treatment when ED is established — but they amplify the results of every treatment on the ladder.

5. The Complete ED Treatment Ladder

Effective ED care is not one-size-fits-all. At Lief Urology, every treatment plan starts with finding the actual cause — then matches it to the lowest-intensity tier that's likely to work. Most local men's health clinics offer one or two of the options below. Lief Urology offers all six.

Tier	Treatment	How It Works
1	Oral medications (PDE5 inhibitors)	Viagra (sildenafil), Cialis (tadalafil), Levitra, Staxyn, Stendra. Relax smooth muscle and improve blood flow. Daily Cialis treats both ED and BPH at once. Custom compounded formulas also available.
2	Penile injection therapy (Trimix / Super Trimix)	Self-administered injection at the base of the penis 5-15 minutes before activity. Highly effective when pills don't work or aren't tolerated. Dr. Lief personally trains each patient on technique.
3	Low-Intensity Shockwave Therapy (LiSWT — focused, not radial)	Focused acoustic waves stimulate new blood vessel growth (neoangiogenesis) in penile tissue. In-office, no anesthesia, ~20-minute

Tier	Treatment	How It Works
		sessions. Treats the underlying vascular cause of ED.
4	PRP / PRI Therapy (Platelet-Rich Plasma)	Uses the patient's own blood, processed to concentrate platelets and growth factors. Injected into penile tissue to support natural regeneration. Strongest evidence in combination with LiSWT.
5	Combination protocols	LiSWT + PRP, LiSWT + Emsella (pelvic floor strengthening), and customized multi-modal plans for men whose ED has more than one underlying driver.
6	Surgical options (penile implant)	Reserved for men who have not responded to other treatments. Provides a permanent, on-demand solution with high satisfaction rates when other tiers have been exhausted.

Daily Cialis: the BPH + ED two-in-one

Roughly 40% of men with BPH (enlarged prostate) also have some degree of ED, and many BPH medications can make ED worse. Low-dose daily Cialis (tadalafil 5 mg) is FDA-approved for both conditions at once — and is often covered by insurance for men with the dual diagnosis. For the right patient, it's one of the most efficient prescriptions in urology.

6. LiSWT vs. Radial Wave Therapy — A Critical Distinction

This is one of the most important — and least discussed — topics in ED treatment today. Most patients do not realize that not all 'shockwave therapy' is the same, and the difference is not a minor technical detail. It determines whether the treatment can produce the clinical results published in peer-reviewed urology journals.

Medical-grade Low-Intensity Shockwave Therapy (LiSWT)

True LiSWT delivers FOCUSED acoustic waves at precisely calibrated low-energy levels into the penile tissue. These waves penetrate deeply into the corpus cavernosum — the erectile tissue — where they mechanically stimulate endothelial cells, activate growth factors, and trigger angiogenesis (the formation of new blood vessels). The clinical evidence base now includes over 30 peer-reviewed studies, with the most robust data published in the Journal of Sexual Medicine and European Urology. Lief Urology uses medical-grade LiSWT equipment — the same class of technology used in those clinical studies.

Radial Wave Therapy (a different device sold as 'shockwave')

Radial wave therapy — sometimes marketed as acoustic wave therapy — uses devices that disperse acoustic energy in a spreading, radial pattern rather than focusing it. They are far less expensive than true LiSWT machines and are widely used in men's health clinics, med spas, and even some chiropractic offices. They are NOT the same modality as LiSWT, and they have not demonstrated the same clinical outcomes. The Cleveland Clinic explicitly distinguishes the two technologies in its patient guidance.

What to ask before any shockwave treatment

Before starting any shockwave treatment for ED — at any practice, anywhere — ask one question: What specific device do you use, and is it focused LiSWT or radial wave? If the answer is 'radial,' 'acoustic wave,' or a vague brand name without a clear answer, that is your information. The price will reflect the device, and so will the result.

7. Urologist vs. Men's Health Clinic

Men's health clinics have proliferated across South Florida. They are convenient and direct-to-consumer, and for very mild ED in an otherwise healthy young man they may be an adequate starting point. For most men — particularly men over 45, men with diabetes or cardiovascular risk factors, men whose ED has been progressing, or men who haven't responded to oral medications — a board-certified urologist is the appropriate specialist.

What's Compared	Board-Certified Urologist	Typical Men's Health Clinic
Provider	Board-certified urologist; 5+ years surgical urology residency; FACS	Often nurse practitioner or PA; supervising physician may not be a urologist
Diagnostic workup	Full evaluation: history, exam, hormone panel, vascular assessment, identification of underlying cause	Symptom intake; limited or no underlying cause workup

What's Compared	Board-Certified Urologist	Typical Men's Health Clinic
Shockwave device	Medical-grade FOCUSED LiSWT — the technology used in published clinical trials	Often RADIAL WAVE (acoustic wave) devices marketed as 'shockwave'; not the same modality
Treatment options offered	Full ladder: oral, injection, LiSWT, PRP, combination, surgical referral	Typically one or two options — oral medications and one shockwave device
Related conditions managed	Low T, BPH, Peyronie's, post-prostatectomy ED, fertility — under one physician	ED only; referred out for related conditions
Cardiovascular screening	Integrated — ED is recognized as an early warning sign of heart disease	Generally not part of the visit

The single biggest difference

A men's health clinic can TREAT ED. A board-certified urologist can diagnose what is causing it, treat the cause as well as the symptom, and manage the related conditions — Low T, BPH, Peyronie's disease, post-prostatectomy issues — that often travel with it. That's the difference between a transactional prescription and actual medical care.

8. What to Expect at Your First Consultation

The first visit is private, conversational, and unhurried. Dr. Lief has been having these conversations with men in Coral Springs for 35+ years; he has heard every question and concern. Patients who speak Spanish are welcome to do so — Dr. Lief is bilingual.

Step 1 — Confidential conversation

A complete review of your symptoms, their duration, and any related concerns: urinary symptoms (possible BPH), fatigue or low libido (possible low testosterone), recent medication changes, and your medical and surgical history. No judgment, no script.

Step 2 — Focused physical exam

A targeted exam that helps identify visible or palpable issues — Peyronie's plaques, testicular changes, or signs of vascular disease. The exam typically takes only a few minutes.

Step 3 — Diagnostic testing as needed

Blood work may be ordered to check testosterone, blood sugar, cholesterol, thyroid, PSA, and other markers. For some patients, additional diagnostics such as penile duplex Doppler ultrasound or nocturnal tumescence testing are warranted to clarify the cause.

Step 4 — Personalized treatment plan

Based on your evaluation, Dr. Lief reviews which treatments on the ladder are most appropriate for your specific situation — the expected results, the timeline, the cost ranges, and what your insurance is likely to cover. You leave with a plan, not a prescription pad.

9. Frequently Asked Questions

Q. Can ED be cured?

A. It depends on the cause. Psychological ED, medication-induced ED, and ED driven by a reversible condition (poorly controlled diabetes, low testosterone, sleep apnea) can often be fully resolved. Vascular ED can usually be very effectively treated even when the underlying vascular disease is permanent.

Q. Should I see a urologist or my primary care doctor for ED?

A. Both are reasonable starting points, but the workup is fundamentally different. A urologist can identify whether ED is vascular, hormonal, neurological, or psychological and recommend targeted treatment across the full ladder — not just prescribe a pill and wait.

Q. How effective is shockwave therapy?

A. Published clinical studies show that roughly 70-75% of men with vasculogenic (blood-flow-related) ED experience meaningful improvement from medical-grade LiSWT. A 2025 meta-analysis of 12 randomized controlled trials found significant improvement in erectile function scores compared to sham treatment, with benefits lasting up to two years.

Q. Is shockwave therapy FDA-approved for ED?

A. LiSWT devices have FDA clearance as Class II medical devices, but the use for ED specifically is currently considered off-label. The American Urological Association classifies LiSWT as an emerging therapy with a growing evidence base; many academic urology centers now offer it.

Q. Does insurance cover ED treatment?

A. Oral medications are often covered. Penile injections are usually covered when indicated. LiSWT and PRP are typically considered elective and are out-of-pocket. The office verifies your specific coverage before scheduling.

Q. How long do shockwave therapy results last?

A. Clinical studies show benefits typically lasting 1-2 years from a course of 6 sessions. Maintenance sessions and lifestyle factors influence how long results last in individual patients.

Q. Are ED consultations confidential?

A. Absolutely. Every ED consultation at Lief Urology is fully confidential. Nothing is shared with anyone outside your care team without your written authorization.

Q. What happens if oral medications stop working?

A. It is common for PDE5 inhibitors to become less effective over time, especially when an underlying vascular cause is progressing. Dr. Lief evaluates the cause, often shifts to injection therapy or LiSWT to address the underlying issue, and discusses combination protocols when appropriate.

Schedule a Consultation

If anything in this guide describes your experience, the next step is straightforward: a confidential, comprehensive consultation with Dr. Lief. The office accepts Medicare and most major insurance plans.

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