

TACHE PHARMACY AND MEDICAL SUPPLIES

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Prostaglandin E1 / Papaverine Injection

+/- Phentolamine +/- Atropine

Patient Information

Use:

This medication is used to treat certain causes of Erectile Dysfunction. It should begin to work within 5-20 minutes, and its effects should last about 1 hour.

Precautions:

- Follow the dosage regimen your doctor prescribed. Do not use higher doses than recommended.
- Wait a minimum of 24 hours between injections.
- Do not use more than 3 times per week.
- Keep your medication in the light-protective vial provided.
- If the medication becomes cloudy or changes in appearance, throw it away.

Do Not Use This Medication If You Have:

- Hypersensitivity or allergy to any component of this formulation.
- Conditions predisposing you to priapism (a painful erection lasting 4 hours or more):
 - sickle cell anemia, multiple myeloma, or leukemia.
- Anatomical deformation of the penis or with penile implants.
- Been told by your physician that sexual activity is inadvisable or contraindicated.

Possible Side Effects:

- Penile pain
- Headache
- Dizziness
- Injection site bruising/bleeding/scar tissue formation
- Prolonged erection

Storage Directions:

Temperature	Alprostadil Combinations	Bimix
Refrigerator (4°C - 8°C)	About 6 months	About 6 months
Room temperature	Deteriorate in 24 hours	60 days
38°C (100°F)	Deteriorate in one (1) hour	

Warnings:

If you experience an erection lasting more than 2 hours, you may take 2 x Pseudoephedrine 60mg by mouth once and apply ice wrapped in a towel on the penis or taking a cold shower (If you have hypertension please check with your physician if you are able to take pseudoephedrine). If your erection does not go away within 1 hour take 1 x Pseudoephedrine 60mg tablet.

If the erection still persists after 20 minutes or if you were unable to take Pseudoephedrine do the following exercise:

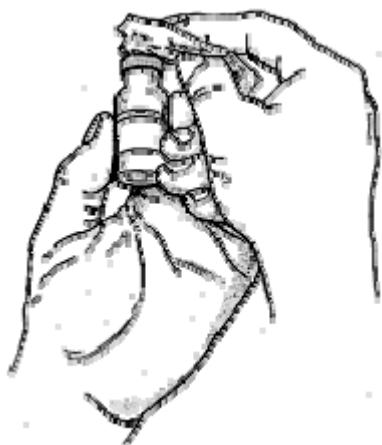
Place one foot on a step and stand up and down as quickly as possible on the same leg until the muscles get tired and you are unable to continue. Then place the other foot on the step and repeat. Continue alternating legs until you feel that the erection is getting softer. If you feel your heart rate is too high or feel short of breath, stop and rest. Resume once you are breathing more comfortably. Continue exercises for 10 – 15 minutes. Rest and repeat for another 10 – 15 minutes if the first try is unsuccessful.

If after 4 hours the erection has not gone down, contact your physician or go to the emergency room immediately. If you experience lumps, swelling, tenderness, or curving of the erect penis, contact your physician.

Detumescence Protocols

1. Aspirate 40 to 60 mL blood from either left or right corpora using a vacutainer and holder for drawing blood. Patient will often detumescere while blood is being aspirated. Apply ice for 20 minutes post aspiration if erection persists. If the first procedure is unsuccessful, try Procedure 2.
2. Put patient in supine position. Dilute 10 mg phenylephrine into 20 mL distilled water for injection (0.05%). With an insulin syringe, inject 0.1 to 0.2 mL (50-100 µg) into the *corpora* every 2 to 5 minutes until the detumescence occurs. The occasional patient may experience transient bradycardia and hypertension when given phenylephrine injections; therefore, monitor the patient's blood pressure and pulse every 10 minutes. Patients at risk include those with cardiac arrhythmias and diabetes. Refer to the prescribing information for phenylephrine before use. **Do not give phenylephrine to patients on monoamine oxidase (MAO) inhibitors.** When phenylephrine is used within the first 12 hours of erection, the majority of patients will respond. If Procedure 2 is unsuccessful, try Procedure 3.
3. If the above measures fail to detumescere the patient, a urologist should be consulted as soon as possible, especially if the erection has been present for many hours. If priapism is not treated immediately, penile tissue damage and/or permanent loss of potency may result.

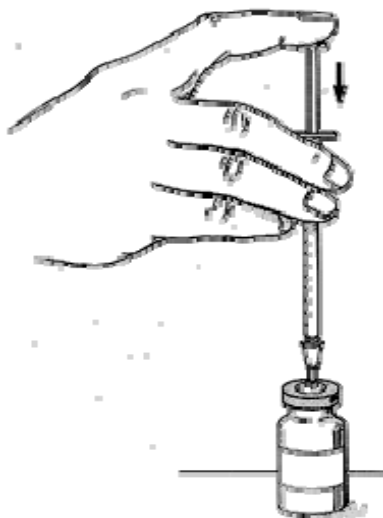
Directions for Use:



1. Gather the materials you will need and place them on a table near the chair or bed where you will be sitting down: your medication vial, syringes, and alcohol swabs.

2. Wash hands with soap and water and then dry.

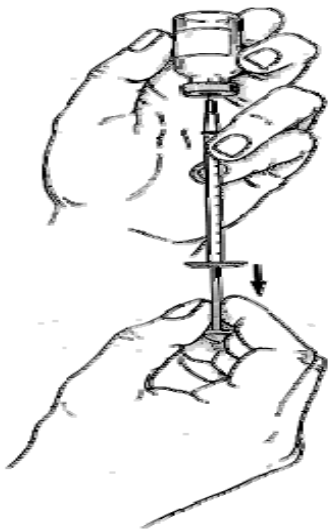
3. Open the alcohol swab and wipe the top of the vial.
Allow the top to air dry.



4. Remove the protective cover from the needle.

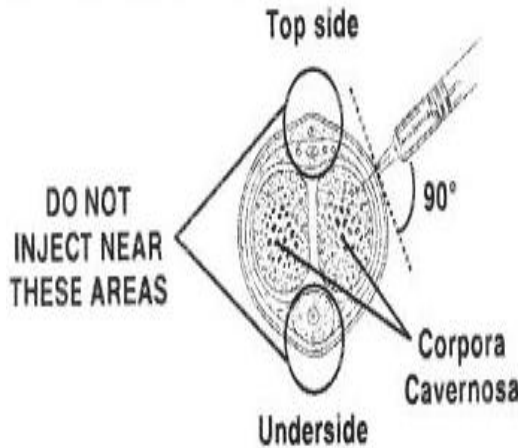
5. While holding the syringe horizontally, pull the needle cover straight off and put it on the table.

6. Draw up an amount of air into the syringe equal to the amount of medication you will be drawing up. Insert the needle straight down into the rubber stopper of the vial and push in the air.



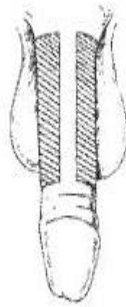
7. Turn the bottle and syringe upside down. Draw up the recommended dosage into the syringe. Tap the syringe gently and push the plunger to remove air bubbles.

8. Place the bottle and syringe right side up on the table. Gently remove the syringe from the vial and recap the needle.



E. Cross-section of penis

Injection sites
(shaded areas)



D. Top view of penis

9. You should be sitting upright or slightly reclined when performing the injection. You will be injecting this medication into the *corpora cavernosa*, the spongy tissue on the sides of the penis.

10. Choose an injection site on the side of the shaft of the penis (shaded area shown in the picture), in the first one-half area closest to the base of the penis.

AVOID VISIBLE BLOOD VESSELS.

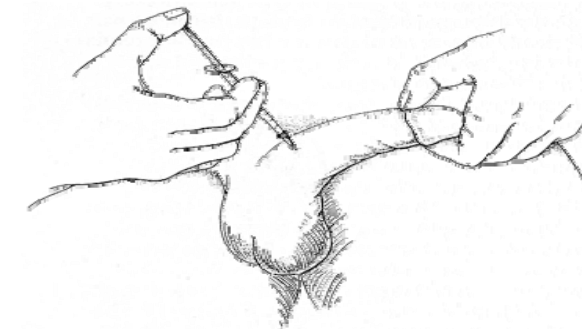
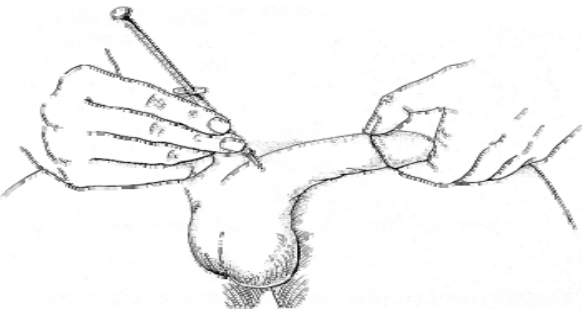
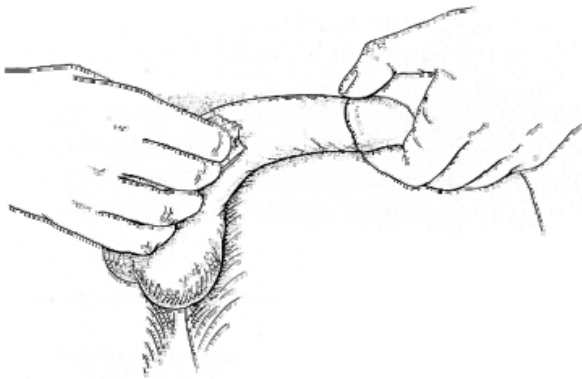
11. Holding the head of your penis, stretch it lengthwise along your thigh so that you can clearly see the injection site.

12. Clean the injection site with a new alcohol swab.

13. Remove the cover from the needle. Position the penis firmly against your thigh to keep it from moving during the injection.

14. Hold the syringe between your thumb and index finger. Using a steady motion, push needle straight into the selected site until the metal part is almost entirely in the penis.

15. With a steady motion, push down on the plunger so that the entire volume of solution is slowly injected. Grasp the syringe barrel and pull the needle out of your penis.



16. Press firmly on the injection site for 2 – 5 minutes to prevent bruising or bleeding. Then, with the thumb and fingers, make 10 – 15 milking strokes away from the base of the penis. This spreads the medication throughout the erectile tissue. Continue massaging the site for 2 – 3 minutes.

17. Place the used syringe in a sharps container for disposal. Do not reuse the syringe.

18. Start foreplay. The penis should become erect in 5 – 15 minutes.

*****Remember: Alternate the side of the penis and vary the injection site with each use.*****

Trouble Shooting

Problem	Solution
Bruising	<ul style="list-style-type: none">• Apply firm pressure at injection site for at least 2 minutes. The longer and harder you apply pressure on the injection site, the less likely you will bruise.• After injecting, do not excessively wipe the injection site with the alcohol swab as the alcohol may dissolve the blood clot making bruising more likely.• After injecting, thoroughly massage the penis to evenly distribute the medication.
Thickening of the penis	<ul style="list-style-type: none">• Alternate the injection site by using each side of the penis and also using different areas along the penis on a regular basis.
Pain upon injecting	<ul style="list-style-type: none">• If it hurts as you press down the plunger, stop immediately. Pull the needle out and re-inject the remaining medication at a different site (Do not top up more medication)• If there is pain again, then there may be a problem with your technique. This usually means the needle has not penetrated entirely into the erectile chamber.• Try injecting closer to the base of the penis (by the body)
Air bubbles	<ul style="list-style-type: none">• No damage will occur even if several small bubbles are present. This may cause a varied response if too many bubbles are present• In withdrawing the medication, draw medication well past the required amount. With the syringe tip pointing to the ceiling tap on the syringe as this will force the air to the top. Press down on the plunger to send contents back into vial. Draw required amount.

Dosing Guidelines

1. Starting dose is:
 - a. Radical prostatectomy <2 years, age < 55 years & no history of ED
→ use 5 units
 - b. Radical prostatectomy > 2 years, history of ED and/or age \geq 55 years
→ use 10 units
 - c. Radical prostatectomy > 2 years, history of ED and/or age \geq 65 years
→ use 20 units
2. Next dose:
 - a. If erection is 5-6/10 (almost firm enough for penetration) then increase by 2.5 units unless your physician gives you different directions.
 - b. If erection is 0-4/10 then increase by 5 units unless your physician gives you different directions.
3. If using an injection that contains alprostadil (prostaglandin E) and pain is present after injecting, this may subside with subsequent dosing. If you continue to use this and the pain is not subsiding or getting worse then we need to get you a different combination.
4. Continue increasing by 5 units if your erection is 0-4/10 but once you get to 30 units start increasing this by 10 units unless your physician gives you different directions.
5. Remember if you get an erection that is 5-6/10 (almost firm enough for penetration), and your dose is under 27.5 units then increase by 2.5 units. However if your dose is 30 units or higher then increase by 5 units unless your physician gives you different directions.
6. If your erection starts to lessen after having the injection for 2 – 3 months, follow the above dosing guideline till the end of the expiry date on the vial. When you get a new vial, **use the volume you had before you started to increase your dose.**

	1 < 30 Units	30 Units or more
Erection 5-6/10 (Almost hard enough to penetrate the vagina)	2.5	5
Erection 0-4/10 (Not hard enough to penetrate the vagina)	5	10

**ICE
OR
GEL PACK**

BARRIERE (1 inch thick)
(plastic grocery bag)

**Injection with zip lock
Sandwich bag**