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MEDICARE

# *Er**ctaid*<sup>TM</sup>

*COMPACT*

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USER MANUAL

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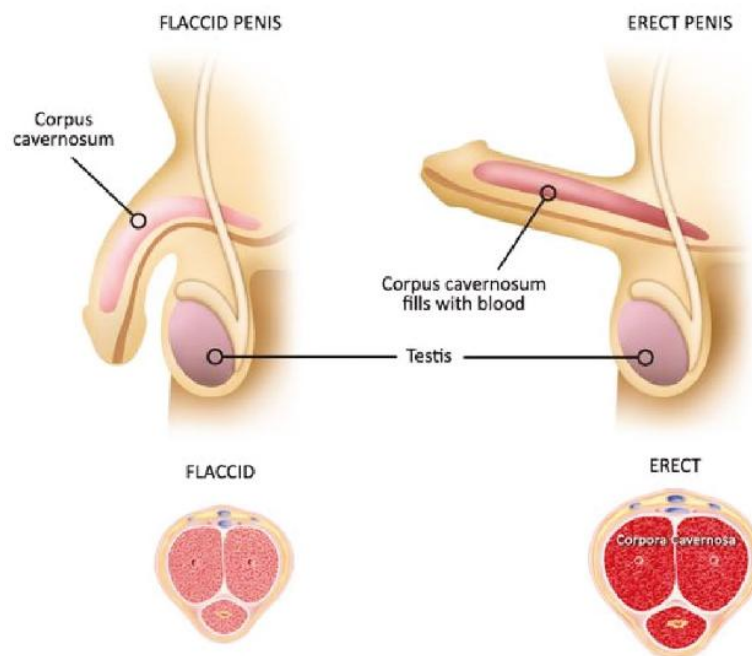
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## HOW TO ERECTION WORK

An erection is the result of increased blood flow into your penis. Blood flow is usually stimulated by either sexual thoughts or direct contact with your penis.

When you are not sexually aroused, your penis is soft and limp. During sexual arousal, nerve messages release chemicals that increase blood flow into the penis. The blood flows into 2 erection chambers made of spongy tissue (the corpus cavernosum) in the penis. The "smooth muscle" in the erection chambers relaxes, which lets blood enter and stay in the chambers. The pressure of the blood in the chambers makes the penis firm, giving you an erection. After you have an orgasm, the blood flows out of the chambers and the erection goes away.



## UNDERSTANDING ERECTILE DYSFUNCTION (ED)

Erectile dysfunction (ED) is the inability to get or keep an erection firm enough to have sexual intercourse. It is also sometimes also referred to as impotence. Occasional ED is not uncommon. Many men experience it during times of stress. However, frequent ED can be a sign of health problems that need treatment. It can also be a sign of emotional or relationship difficulties.

The prevalence of ED increases with age. ED affects only four percent of men in their 50s, but nearly 17 percent of men in their 60s. Furthermore, almost half of all men over the age of 75 will suffer from ED.

Although the risk of ED increases with age, ED is not an inevitable consequence of getting older. It may be more difficult to get an erection as you age, but that does not necessarily mean you will develop ED. In general, the healthier a man is, the better his sexual function.



## WHAT ARE THE SYMPTOMS OF ED?

You may have erectile dysfunction if you regularly have:

Trouble getting an erection

Difficulty maintaining an erection during sexual activities

Reduced interest in sex

Other sexual disorders related to ED include:

Premature ejaculation

Delayed ejaculation

Anorgasmia, which is the inability to achieve orgasm after ample stimulation

You should talk to your doctor if you have any of these symptoms, especially if they've lasted for two or more months. Your doctor can determine if your sexual disorder is caused by an underlying condition that requires treatment.



## WHAT CAUSES ED?

There are many possible causes for ED, and they can include both emotional and physical disorders. Some common causes are:

- Cardiovascular disease
- Diabetes
- Hypertension
- Hyperlipidemia
- Damage from cancer or surgery
- Injuries
- Obesity or being overweight
- Increased age
- Stress
- Anxiety
- Relationship problems
- Drug use
- Alcohol use
- Smoking
- ED can be caused by only one of these factors or several.



## DIABETES AND ED

It is estimated that about 35% to 75% of men with diabetes will experience at least some degree of erectile dysfunction also called ED or impotence during their lifetime. Men with diabetes tend to develop erectile dysfunction 10 to 15 years earlier than men without diabetes. As men with diabetes age, erectile dysfunction becomes even more common. Above the age of 50, the likelihood of having difficulty with an erection occurs in approximately 50% to 60% of men with diabetes. Above age 70, there is about a 95% likelihood of having some difficulty with erectile dysfunction. The causes of erectile dysfunction in men with diabetes are complex and involve impairments in nerve, blood vessel, and muscle function. To get an erection, men need healthy blood vessels, nerves, male hormones, and a desire to be sexually stimulated. Diabetes can damage the blood vessels and nerves that control erection. Therefore, even if you have normal amounts of male hormones and you have the desire to have sex, you still may not be able to achieve a firm erection.



## ED PROBLEMS AND HEART DISEASE

The blood supply to your penis starts in your heart and flows through arteries in the belly to even smaller arteries that branch off to carry blood into the penis. With sexual stimulation, these blood vessels need to rapidly increase blood flow. If these blood vessels are blocked (atherosclerosis) by coronary artery disease, you may not be able to achieve or maintain an erection.

Heart disease and erectile dysfunction can be related. In fact, ED and heart disease are considered two signs of the same disease process. The smaller arteries in the penis are affected by atherosclerosis sooner, perhaps three or more years before they cause heart disease symptoms.

A large international study found that men with ED were more likely to die from heart causes; have a heart attack, stroke or be admitted to the hospital with heart failure than men with no or mild ED. Erectile dysfunction (ED) precedes coronary artery disease (CAD) in almost 70% of cases.

You may reduce your risk of ED by improving your heart health. Healthy lifestyle choices often encourage you to stop smoking, lose weight and increase physical activity.

## HISTORY OF VACUUM THERAPY

In 1874, John King, an American physician, stated that 'when there is impotency with a diminution of the size of the male organ, the glass exhauster should be applied to the part'. What he referred to was simply a vacuum device capable of producing an artificial erection. However, it failed to maintain the erection once the glass exhauster was taken off the penis. It was not until 1917, when a patent was granted to Otto Lederer for his 'surgical device to produce erection with vacuum', that the concept of a 'compression' ring to be used in conjunction with the vacuum device was introduced. Since then, several patents had been granted to modifications, but the credit for the popularization of VTD is generally given to a Georgian entrepreneur, Geddis D Osbon, who developed his 'youth equivalent device' in the 1960s.

It was reported that he personally used the device for more than 20 years without device failure while popularizing and perfecting the device. Commercially marketed Vacuum Therapy Devices (VTD) received the US Food and Drug Administration (FDA) approval in 1982. Despite this, the device faced strong skepticism among the medical community and patients. Instrumental in overcoming these skepticisms and popularizing the device were the early works of Nadig and Witherington in establishing its efficacy and safety profiles.

It was thought to have finally gained acceptance by the medical community with Lue's commentary in the Journal of Urology: 'I recommend a vacuum constriction device to all of my patients (except those with coagulation disorders and sickle cell disease) as the initial medical option'. As more evidence emerged, the American Urological Association ultimately recommended VTD as one of three treatment alternatives for organic ED.

## WHY ERECTAID?

Erectaid uses negative pressure to distend the corporal sinusoids and to increase blood inflow to the penis. In this setting, an external constricting ring is placed at the base of the penis to prevent blood outflow from the corpora cavernosa, and an erection is maintained for sexual intercourse. As a non-invasive, effective, safe, drug-free and cost-effective erectile dysfunction (ED) treatment, VCD was gradually accepted by the urological community and was finally recommended as an alternative for treatment of ED by the American Urological Association in 1996.

Usage begins with placing the correct constriction ring over the open end of the vacuum cylinder. A copious amount of a water-soluble lubricant is then applied to the base of the penis to create a tight seal once the vacuum cylinder is placed over. Negative pressure generated by hand pump is then applied to create an artificial erection. Once the desired state of erection is achieved, the constriction ring is displaced onto the base of the penis to maintain the erect state. Variable constriction rings are available to select for those that are most comfortable and effective. The vacuum cylinders could then be removed and the patient may have intimacy. Patients can become proficient with the device within 5 days or four practice sessions. The time required to achieve an adequate penile erection ranges from 30 s to 7 minutes.



## INDICATIONS

Erectaid can be applied successfully for nearly all etiologies of ED; although its success depends on appropriate instruction and practice. More than 90% of men will experience functional erection with VCD therapy with adequate practice.

It is currently a second-line therapy along with intracavernosal self-injection and intraurethral therapy with vasoactive substances. It is widely believed that VCD therapy is more acceptable among elderly patients with occasional sexual intimacy, as younger patients may show limited acceptance because of its perceived 'unnatural' erection. Chen et al., conversely, reported that VCD therapy remained the preferred treatment option among couples who had achieved satisfactory erections with either VCDs and PDE5I.

Erectaid may also be used in conjunction with other therapies for synergistic effects. It has been reported that VCD therapy could be combined with PDE5I, intracavernosal self-injection, intraurethral therapy, psychotherapy and even penile prosthesis.

## CONTRAINDICATIONS

Contraindications to the use of Erectaid are few and primarily include patients with a tendency for spontaneous priapism or intermittent prolonged erections, and those with severe penile anomalies (either congenital or acquired). There are some relative contraindications, which can be overcome by education and precautionous care, such as cultural taboo, cervical or high-thoracic spinal cord injuries, neurological disease or degenerative joint diseases with poor manual dexterity. Patients with bleeding disorders or those on anticoagulation therapy are considered at high risk to develop petechiae, ecchymosis or hematoma; however, it was shown that the risk did not exceed that of the general population.

## REFERENCES

1. Montague DK, Barada JH, Belker AM, Levine LA, Nadig PW, Roehrborn CG et al. Clinical guidelines panel on erectile dysfunction: summary report on the treatment of organic erectile dysfunction. The American Urological Association. *J Urol* 1996; 156: 2007–2011. King J. Contemporary Treatment of ED. Streight and Douglass: Indianapolis, 1874; 384.
2. Lederer O. Specification of letter patent. US patent No. 1,225,341. May 8 1917.
3. Sell FW. Erector. US patent No. 2,874,698. Feb 24 1959.
4. Wilson FM. Apparatus for obtaining artificial erection. US patent No. 3,744,486. July 10 1973.
5. Osbon GD. Erection aid device. US patent No. 4,378,008. March 29 1983.
6. Lewis RW, Witherington R. External vacuum therapy for erectile dysfunction: use and results. *World J Urol* 1997; 15: 78–82. Nadig PW, Ware JC, Blumoff R. Noninvasive device to produce and maintain erection-like state. *Urology* 1986; 27: 126–131.
7. Witherington R. Vacuum constriction device for management of erectile dysfunction. *J Urol* 1989; 141: 320–322.
8. Lue TF. Editorial comment on Clinical experience of vacuum tumescence enhancement therapy for impotence from *Int J Impot Res* 1990; 1 (suppl 2): 191–196. *J Urol* 1991; 145: 1112.
9. Tan HL. Economic cost of male erectile dysfunction using a decision analytic model: for a hypothetical managed-care plan of 100 000 members. *Pharmacoeconomics* 2000; 17: 77–107.
10. Montague DK, Jarow JP, Broderick GA, Dmochowski RR, Heaton JP, Lue TF et al. Chapter 1: the management of erectile dysfunction: an AUA update. *J Urol* 2005; 174: 230–239.
11. Hakim LS, Kim C, Krongrand A, Nehra A. Intracavernosal injection of prostaglandin E1 versus the vacuum erectile device: a comparative analysis of the early effects on corporeal blood chemistry and blood flow. *J Urol* 1999; 161(suppl 4): 270 (abstract 1045).
12. Chen J, Mabeesh NJ, Greenstein A. Sildenafil versus the vacuum erectile device: patient preference. *J Urol* 2001; 166: 1779–1781.
13. Canguven O, Bailen J, Fredriksson W, Bock D, Burnett AL. Combination of vacuum erection device and PDE5 inhibitors as salvage therapy in PDE5 inhibitor nonresponders with erectile dysfunction. *J Sex Med* 2009; 6: 2561–2567.
14. Marmar JL, DeBenedictis TJ, Praiss DE. The use of a vacuum constrictor device to augment a partial erection following an intracavernous injection. *J Urol* 1988; 140: 975–979.
15. Chen J, Godschalk MF, Katz PG, Mulligan T. Combining intracavernous injection and external vacuum as treatment for erectile dysfunction. *J Urol* 1995; 153: 1476–1477.
16. John H, Lehmann K, Hauri D. Intraurethral prostaglandin improves quality of vacuum erection therapy. *Eur Urol* 1996; 29: 224–226.
17. Segenreich E, Israilov SR, Shmueli J, Servadio C. Vacuum therapy combined with psychotherapy for management of severe erectile dysfunction. *Eur Urol* 1995; 28: 47–50.
18. Korenman SG, Viosca SP. Use of a vacuum tumescence device in the management of impotence in men with a history of penile implant or severe pelvic disease. *J Am Geriatr Soc* 1992; 40: 61–64.
19. Soderdahl DW, Petroski RA, Mode D, Schwartz BF, Thrasher JB. The use of an external vacuum device to augment a penile prosthesis. *Tech Urol* 1997; 3: 100–102.
20. Gandaglia G, Briganti A, Jackson G, et al. A systematic review of the association between erectile dysfunction and cardiovascular disease. *Eur Urol*. 2014 May;65(5):968–78.
21. Bohm M, Baumhäkel M, Teo K, et al. Erectile dysfunction predicts cardiovascular events in high-risk patients receiving Telmisartan, Ramipril, or both: The ongoing Telmisartan alone and in combination with Ramipril global endpoint trial/Telmisartan randomized assessment study in ACE intolerant subjects with cardiovascular disease (ONTARGET/TRANSCEND) trials. *Circulation*. 2010 Mar 30;121(12):1439–46.



## SETTING UP ERECTAID



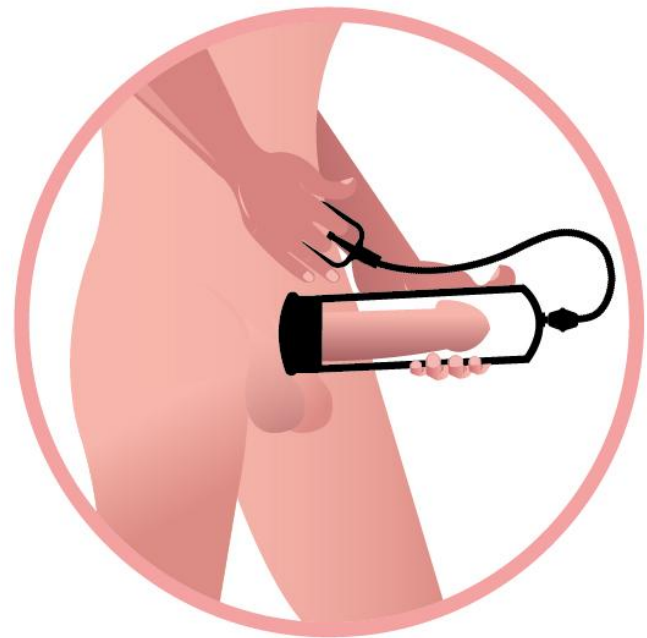
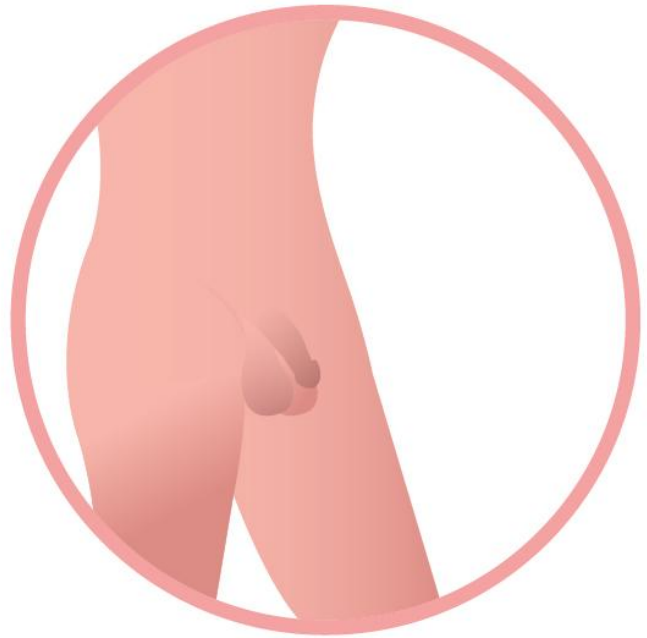
1. One side open Cylinder
2. Rubber Flap
3. Connector
4. Piston
5. Reducer Ring
6. Silicone Ring

## SETTING UP ERECTAID



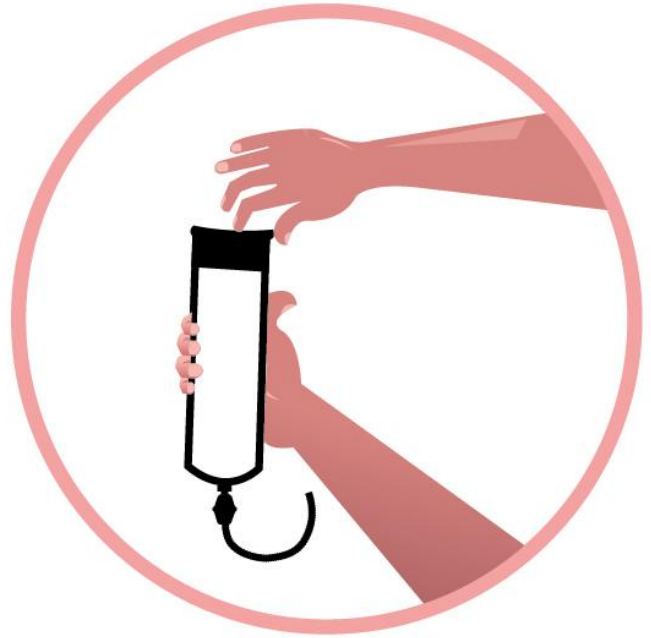
## HOW TO USE

To get familiar with erectaid initially practice with rubber flap as follows  
Apply sufficient quantity of lubricant at the opening of the rubber flap. Hold cylinder with one hand and keep tip of the penis at lubricated entrance of the rubber flap. Start pulling piston with other hand. The mechanism will automatically draw the penis inside the cylinder. Continue the process slowly till you achieve comfortable size as desired. Pull the rubber flap backwards to open the vacuum seal and remove the device. Make yourself comfortable with this process before using the Silicon rings.



## HOW TO USE

Use construction rings if you are not able to maintain the erection achieved by using rubber flap. To use Silicon rings, remove the rubber flap from the base of the cylinder.



Attach reducer to the cylinder by simple pressing. Appropriate sized Silicon ring at the end of reducer.



## HOW TO USE

Fix appropriate size silicon ring at the end of reducer. selection of ring is most important for maintaining erection. Better to start with bigger size ring for beginners

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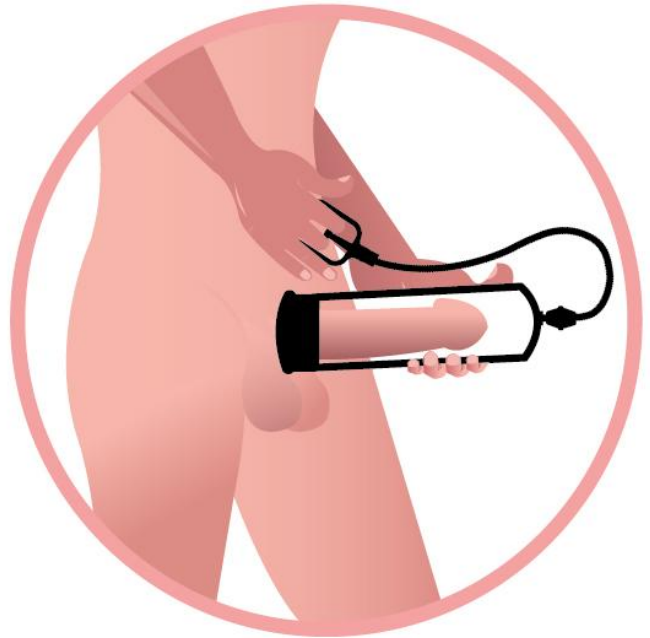
Apply lubricant on to the opening of the ring





## HOW TO USE

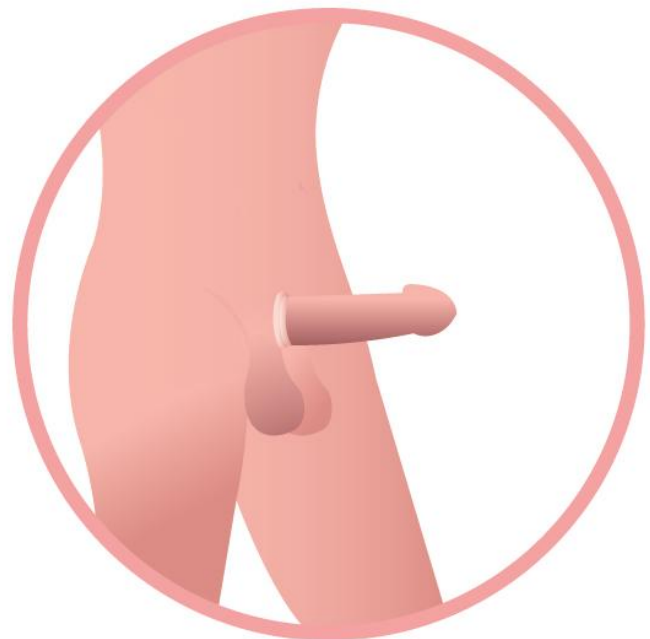
Hold cylinder with one hand and keep tip of the penis at lubricated entrance of the silicon ring. Start pulling piston with other hand. The mechanism will automatically draw the penis inside the cylinder. Continue the process slowly till you achieve comfortable size as desired.



After achieving appropriate erection, detach ring from the cylinder by pulling gently towards the body and keep the ring at the base of the penis for maintaining erection.

If you are not able to maintain erection with selected ring, use one with a lesser inner diameter and repeat the process.

Ensure that pubic hair is not trapped between device and silicon ring causing poor vacuum seal.



*WARNING: - Do not use silicon ring to maintain erection for more than 30 minutes. Remove ring before 30 minutes.*









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