Penile erection is initiated by various mechanisms. In brief, the neural stimulation for erection originates from the S2-4 nerve roots. A complex reaction involving the penis is a hydraulic response. Selective catheterization of the internal pudendal arteries (IPA) allows for definitive diagnosis and planning of treatment strategies, whether a revascularization procedure, an endovascular stent, or a penile implant.

**EVALUATION OF ED**

A detailed medical evaluation is important to determine the probable cause of ED. All patients with ED should initially be evaluated with a detailed history and physical exam. Medical risk factors for ED include coronary artery disease, obesity, diabetes, hypertension, smoking, and hypercholesterolemia. Erectile dysfunction can be the sentinel symptom of previously undiagnosed medical conditions. The International Index of Erectile Function (IIEF) Questionnaire has been used as a screening tool and for post-interventional follow-up of ED patients.

Vasculogenic ED is either arterial or veno-occlusive. A combination of the two is crucial during the angiographic exam, with action occurring in 5-7 minutes after injection. The IPA is then selectively catheterized using a micro-catheter so that the best angiographic imaging of the cavernosal artery is accomplished during the 5-7 minute window post injection and may require a series of angiograms.

**SOURCES**

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