



Men's Sexual Health


Patient Information

CLINICS
Pollock

No-Scalpel No-Needle Vasectomy
Circumcision For All Ages
Penile Frenulectomy
Erectile Dysfunction
Peyronie's Disease
Premature Ejaculation
Testosterone Assessment
Penile Enlargement
Delayed Ejaculation
Hair Restoration

Pollock^{CLINICS}

*Minds that innovate. Hands that heal. Hearts that care.
No matter what your needs are, we're in this together.*



Thank you for your interest in Pollock Clinics Men's Sexual Health Program. This booklet provides general information about our treatment options. It also includes instructions for patients on post-treatment recovery.

Please read everything with care.

* **IMPORTANT** : If your doctor gives you different post-treatment care instructions than what has been provided in this booklet, please follow the specific directions you receive from your doctor.

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Welcome

At Pollock Clinics, our mission is to strive to uphold the highest international standards of male medical care while treating our patients with compassion, dignity, and respect.

For over 25 years, we have been a trusted provider of procedures in Men's Sexual Health. Our team has delivered quality care to over 70,000 males of all ages in circumcision, vasectomy and penile frenulectomy.

We are proud to now offer new and effective treatment options to support men's sexual health and performance – including both erectile dysfunction treatments and sexual performance enhancement.

Studies show 50% of men over 40 years of age experience some form of erectile difficulty. In addition, we often see men in their 30s and 40s who complain that their erections are just not what they used to be, or that weaker erections that are compromising their sexual enjoyment.

Sexual wellness is essential to your health and happiness now and should continue to be as you age. Many scientific studies have shown the numerous benefits of a healthy and active love-life which include living longer, greater well-being and a happier and longer lasting relationship with your partner.

This booklet endeavours to provide patients with information that they may need to make an informed decision about their treatment options.

Pollock Clinics Men's Sexual Health Team

Dr. Neil Pollock, MD

Dr. Pollock is the founder of Pollock Clinics.

In 2018, Dr. Pollock recognized a need in the Lower Mainland for additional effective treatment options to address the common concerns with sexual performance and erectile dysfunction. After significant research was conducted, Pollock Clinics introduced their new Men's Sexual Health Program.

Numerous articles have been written about Dr. Pollock in local and national publications and he is an invited guest lecturer and surgical instructor at many hospitals and conferences in Vancouver and throughout the world, including Haiti, Turkey, China, Rwanda, and the US.

Dr. Pollock is a Clinical Instructor with the University of British Columbia Faculty of Medicine. He enjoys teaching medical students and visiting physicians, who travel from around the world to Vancouver to work specifically with him to learn his unique and highly respected surgical techniques.

Tom Foster, MSW, RSW, RCC, Certified Sex Therapist

Tom Foster is a sex therapist with over 35 years of experience. He has worked extensively with issues related to sexuality, relationship conflict (and growth), as well as dispute resolution.

Tom focuses on applying a strength-based approach to working with individuals, couples, and families. He is particularly effective in helping clients manage the strong emotions that can play a significant role in achieving a constructive outcome. Tom applies emotional regulation and mindfulness principles and has extensive training and experience in working with those addressing mood and substance use concerns.

Tom Foster has a BA from the University of Alberta, a Masters in Social Work (MSW) from the University of Toronto. Tom completed the Sex Therapy Training Program at the Program in Human Sexuality, University of Minnesota Medical School. Following his training in Minneapolis he continued to work at the Program in Human Sexuality for several years. Tom has worked for decades in both the employee and family assistance field as well as in his private practice.

Tom Foster's Philosophy

Tom feels that gaining a perspective on what it is we are being challenged by is key; however, stepping back and getting wise to the problem can seem almost impossible. With perspective we can develop more effective strategies for meeting individual goals. There are many different means to gain the perspective we need to thrive. Counselling is one way we can help our patients.

Mr. Foster bases his sex therapy practice on these ideas:

- Therapy can only occur when the client feels respected.
- Therapy is talking about things we don't ordinarily talk about, or talking about the things we do talk about in a different kind of way.
- Safety and risk are different sides of the same coin; in therapy we need to create safety in order to take risk.
- Individuals, couples, and families can benefit greatly by learning about and employing constructive dispute resolution strategies.
- When we become polarized with either a problem or another person, we often develop beliefs about the problem or the other person that fail to take into account the full range of interests.
- Being aware of the messages that our body gives us is the first step in emotional savvy.



Getting Started ED Treatment & Sexual Performance Enhancement

What Is Erectile Dysfunction?

Erectile Dysfunction (ED) is a medical condition where a man is consistently unable to achieve and maintain an erection that allows for satisfactory sexual function.

When a man becomes aroused, the brain releases a neurochemical to increase the size of blood vessels carrying blood to the penis and reduce the size of the vessels that carry it out.

Two compartments that run the length of the penis, called corpora cavernosa, become flush with blood that is trapped in the shaft. This causes the penis to stiffen and become erect.

If blood flow to the penis is inhibited or the blood vessels are clogged or constricted, erection cannot be achieved or maintained. This is one of the primary causes of erectile dysfunction. ED is potentially a treatable medical condition and is not related to masculinity or sexual prowess. Men who have ED symptoms should consult with a doctor.

Pollock Clinics offers rapid access to the latest innovative ED treatments at our clinics serving greater Vancouver and all of BC.

What Drives Men's Sexual Performance?

Studies show that 50% of men over 40 years of age experience some form of erectile difficulty. In addition, we often see men in their 30s and 40s who complain that their erections are just not what they used to be, or that weaker erections that are compromising their sexual enjoyment.

This may be a natural part of aging, but there are treatments available that can help rejuvenate the penis and improve the quality of their erections for this age group as well.

At Pollock Clinics our treatments are minimally invasive, virtually painless, drug free and natural, and can provide help for men to achieve greater sexual satisfaction with bigger, harder, larger or longer lasting erections. No doctor's referral is needed.

Risk Factors for ED

Aging is a key contributor in the development of erectile dysfunction.

- Vascular causes account for up to 70% of cases of erectile dysfunction
- High cholesterol and the buildup of arterial plaque over time cause blood vessels to narrow, lessening the capability of your circulatory system
- Risk of heart disease and diabetes also increase with age which can cause or worsen erectile dysfunction
- Men's testosterone levels naturally decline at a rate of 1% a year, starting in a man's thirties

Lifestyle choices and health conditions which can also contribute include:

- Smoking
- Obesity
- Sedentary lifestyle
- Poor diet and blood sugar control
- Chronic alcohol/substance abuse

Men with healthier lifestyles – no tobacco, less sitting, more exercise, and who maintain a healthy weight – typically have a lower risk of erectile dysfunction than other men in the same age group.

Symptoms of Erectile Dysfunction Leading to Reduced Sexual Performance

Symptoms of ED can include:

- Erections are hard to get
- Erections are less rigid
- Erections are not satisfactory for penetration
- Erections cannot be maintained during sexual activity or until the man's orgasm is reached
- Erections cannot be achieved at all

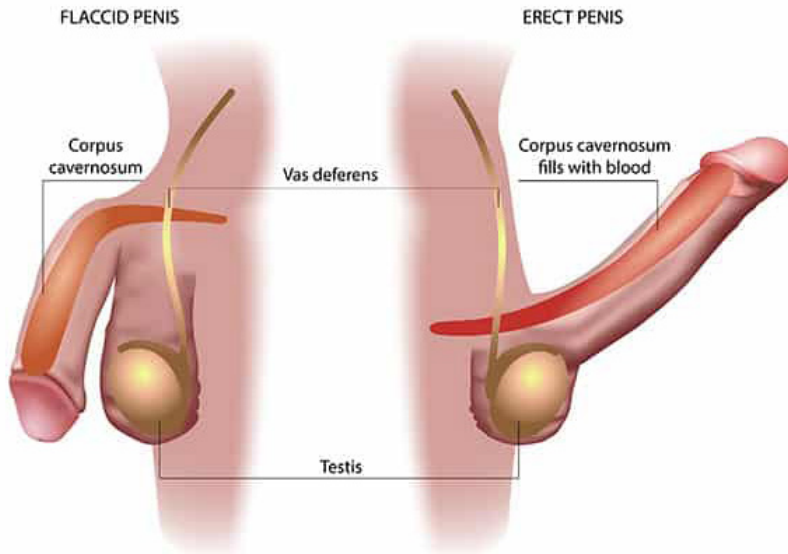
Men with ED can lose confidence in their sexual ability and their overall sense of self-worth can be negatively affected.

Erectile dysfunction can have a devastating psychological impact for individuals and couples.

Causes of Erectile Dysfunction

In most cases, erectile dysfunction occurs when blood flow to the penis is inhibited either by cardiovascular problems or poor nerve signalling. Healthy arousal engorges the penile tubes (corpora cavernosum) with arterial blood causing it to stiffen and become erect. The engorged corpora occlude the venous outflow of blood, creating a rigid or full erection. Erection dysfunction occurs when there is either poor influx of arterial blood or efflux of venous blood (venous leak).

While both psychological and biological factors can cause erectile dysfunction, in reality the mind and body work together in sexual arousal, so most men have both factors in varying proportions.



Psychological Causes of ED

Men who suffer from clinical depression, anxiety, chronic stress, or who are experiencing challenges in their relationship with their partner, may have erectile difficulties. Some of the medications that treat depression can also contribute to the problem. The inability to perform sexually can cause further anxiety and depression, creating a downward spiral.

Biological Causes of ED

Health conditions or lifestyle choices that affect blood circulation, structural anomalies in the penis, certain neurological conditions, hormonal deficiencies, and medication side effects, can all contribute to erectile dysfunction. The chart below lays out examples of potential biological reasons for a man's erectile dysfunction.

| Circulation | Nervous System | Structural | Some Medications |
|-----------------|-----------------------------|---------------------------------|--|
| Atherosclerosis | Parkinson's Disease | Peyronie's Disease | High blood pressure |
| Diabetes | Multiple Sclerosis | Injury or Trauma to the penis | For anxiety, depression & other psychiatric conditions |
| Stroke | Prostate or Bladder Surgery | Past issues w/ Priapism* | Antidepressants |
| | | *prolonged erections over 4 hrs | Antihistamines |

Shockwave Therapy

Shockwave Therapy is an innovative medical treatment that uses low intensity acoustic sound waves in an attempt to address the vascular cause of erectile difficulty, and not just its symptoms. For over 50 years, shockwave therapy has been used to treat everything from kidney stones to joint pain, and now, erectile dysfunction. It is a safe and natural procedure which does not involve the use of pharmaceuticals, mechanical pumps, injections or surgical implants.

For many men who have been unsuccessful with other sexual performance treatments or who have health conditions that limit their options, shockwave therapy could be a viable option.

Shockwave therapy is currently considered an investigational treatment modality for ED according to 2018 erectile dysfunction guideline by American Urological Association.

Potential Benefits and Risks of Shockwave Therapy

There are numerous scientific studies that show shockwave therapy can potentially improve local revascularization of the penis. The aim is to trigger regeneration of blood vessels in the penile shaft to support stronger, longer, and more satisfying erections.

Shockwave therapy is generally a painless treatment that can potentially help men regain sexual desire and satisfaction. For men with health conditions that prohibit using pills, it is a welcome opportunity to address erectile dysfunction without major risk. Health conditions typically increase as we age, but shockwave therapy can be offered as a treatment for men of any age.

The potential benefits of shockwave therapy include:

- Improving the quality of erections, making them stronger, longer lasting, firmer, and more satisfying
- Enhancement of penile sensation
- Increased penile girth and length
- Shortened time that it takes to get erect again after sex
- A low-risk treatment which is generally painless and non-invasive
- No known extra major risk to men with complicated health conditions

Regarding risks for this treatment, based on the available data, there is minimal evidence to support the risks of major side effects occurring with shockwave therapy.

What to Expect During Treatment and Post-Treatment Care

Treatment is delivered with the shockwave wand which that directs the energy waves to the penile shaft.

All assessments and treatments are conducted in a discreet and professional manner – we respect your privacy.

Patients are asked to remove their clothing below the waist. Our doctor or technician will move a wand over the base and shaft of the penis, focusing energy waves on the arteries in the corpora cavernosa.

Patients usually do not experience significant pain or discomfort during the treatment. Some may feel tingling afterwards – like you might after your hand or foot falls asleep.

Shockwave therapy takes under half an hour, making the appointment easy to schedule. There is no downtime or recovery period and you can return to sexual activity immediately.

Platelet-Rich Plasma Treatments (PRP Shot)

PRP therapy improves sexual performance in men by promoting regeneration of nerves and blood vessels thus increasing the amount of blood flow to the penis. In particular, this procedure is designed with the goal to help those who feel their performance has declined due to issues such as diabetes, metabolic syndrome, cardiovascular disease, or nerve damage, or other issues related to aging.

While the PRP Shot is a new regenerative treatment option for erectile dysfunction, platelet-rich plasma therapy has for many years been a successful treatment modality in orthopedics, plastic surgery, and sports medicine.

There is promising scientific data that shows the potential ability of PRP in promoting more effective erections.

The practice of platelet rich plasma therapy is currently considered an experimental treatment modality for ED according to 2018 Erectile Dysfunction guideline by American Urological Association.

The PRP procedure involves harvesting and re-injecting one's own plasma, which has rejuvenating qualities, into the penis. The treatment is a virtually painless procedure. Except for a slight pinch with the initial freezing, you should not feel any pain with the PRP injections. Platelet-rich plasma, separated from the blood through a centrifuge, contains many factors essential for cell survival, including nutrients, vitamins, hormones, electrolytes, growth factors such as IGF and HGF and proteins.

Pre-treatment considerations :

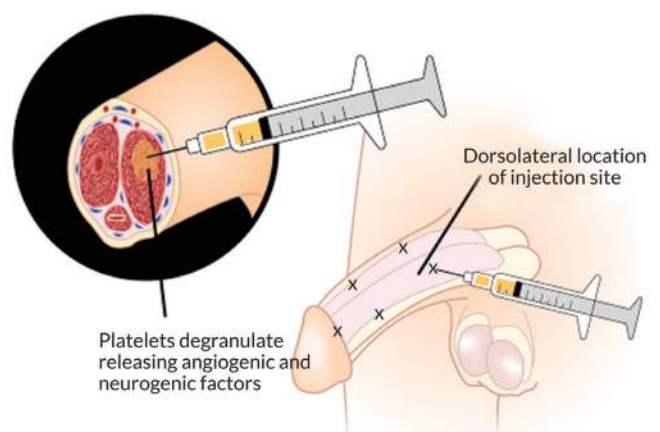
- No one who has a history of bleeding disorders may have this procedure.
- Please avoid the use of anti-inflammatory medications (such as aspirin, ibuprofen or Advil) 1 week before treatment and continue for 6 weeks post treatment.
- Other therapy programs should be used before and after PRP treatments in order to enhance the results (Examples: Viagra, Cialis, sex therapy, shockwave therapy, a vacuum erection device (VED), and testosterone therapy).

Potential Benefits of Platelet Rich Plasma Injection

Improving the quality of erections, making them stronger, longer lasting, firmer, and more satisfying

- Enhancement of penile sensation
- Increased penile girth and length
- Shortened time that it takes to get erect again after sex

Platelet rich plasma injection is also a convenient treatment, which can be performed separately or together with shockwave therapy, in under 60 minutes. There is no need to take the day off of work and there is very little down time.



Possible Side Effects and Risks

- Edema (swelling) of the injection site
- Ecchymosis (bruising) around the injection site
- Penile sensitivity, pain or discomfort may persist for a few days
- Bumps on penile tissue

For any of the above, if your symptoms intensify we should be notified right away by calling our office or Dr Pollock's emergency line. A cool compress placed on the area provides comfort. The treated area should be cared for delicately.

- Rare side-effects include: Infection (signs of an infection can be fever, purulent discharge (pus), severe redness, swelling in the area, and skin that is hot to the touch), Priapism (a condition that causes persistent and painful erections for more than 4 hours that would require immediate medical intervention at Emergency), and Peyronie's disease (the development of fibrous scar tissue inside the penis that causes curved, painful erections). Should any of these symptoms occur, the patient will need to seek immediate medical attention.
- Even though risks and complications occur infrequently, there are always risks of unforeseen complications and risks that may need medical or surgical treatments in a timely fashion.
- Allergic reactions are uncommon from the treatment. Some persons have localized reactions to topical preparations. Systemic reactions are rare.

What to Expect During Treatment and Post-Treatment Care

Treatment Procedure

When you arrive, our staff will take you to an examination room to draw your blood. Patients will wait in the room while we process the plasma. The entire process will take roughly 60 minutes.

Patients will remove their clothing below the waist and lie on the table in preparation for the injections.

The doctor will use a local anaesthetic and once the area is frozen, the doctor injects the PRP along the shaft and the glans of the penis.

The injections take about 5 minutes and the procedure is complete.

Post Treatment Care

Patients will be provided with a vacuum erection device (VED) at the end of the PRP therapy session and they will be shown how to use it to achieve proper pressure. Patients are instructed to use the VED twice a day for 10 minutes each time, for 45 days post PRP therapy.

Patients are advised to apply a cool compress to the area 3-4 times a day for 48 to 72 hours post PRP therapy. We highly recommend avoiding sexual activity, swimming, hot tubs, biking, or any other activities that cause discomfort for 48-72 hours post PRP therapy.

Please avoid the use of anti-inflammatory medications (such as aspirin, ibuprofen or Advil) 1 week before treatment and continue for 6 weeks post treatment.

Although good results are expected, there is no guarantee or warranty expressed or implied on the results that may be obtained. Patients are also advised to contact Dr. Pollock at our emergency number, 604-644-5775, if they are otherwise concerned.

Supporting research on Platelet-Rich Plasma Therapy for ED

Journal of Sexual Medicine: Efficacy of autologous platelet-rich plasma for the treatment of erectile dysfunction - <https://www.pollockclinics.com/wp-content/uploads/2019/12/6-pollock-jl-sex-med-2018-the-efficacy-of-platelet-rich-plasma.pdf>

Investigative and Clinical Urology: Safety and feasibility of platelet rich fibrin matrix injections for treatment of common urologic conditions - <https://www.pollockclinics.com/wp-content/uploads/2019/12/3-invest-clin-urol-Matz.pdf>

Journal of Sexual Medicine: Combined Treatment of Injecting Platelet Rich Plasma With Vacuum Pump for Penile Enlargement - <https://www.pollockclinics.com/wp-content/uploads/2019/12/1-ABSTRACT-pollock-jl-sex-med-2017-combined-treatment.pdf>

Trimix Program

Trimix is an injectable prescription medication used to treat erectile dysfunction.

The active ingredients in the three-drug mixture are alprostadil, papaverine, and phentolamine.

Trimix causes an increase in blood flow to the penis thereby allowing an erection to occur.

Within minutes of injection, Trimix generally provides an erection that lasts for about an hour, once the appropriate effective dose has been established.

The vasoactive medication is administered via self-injection into the penis and usually takes effect within about 5-15 minutes, unlike pills such as Cialis, Viagra, and Levitra which can take an hour or longer to take effect.

Men will be able to easily inject themselves at home prior to sexual activity after participating in our simple training program.

Who Can Use Trimix?

Trimix can be used alongside other ED treatments for short term results.

The Pollock Clinics Trimix program is open to first time patients as well as men already pursuing other treatments for erectile dysfunction.

Trimix injections do not conflict with PRP or Shockwave treatment programs, so men are free to use Trimix for a reliable erection even as they pursue other, long-lasting, treatment options.

For some men, Trimix injections are a good long-term solution.

For others Trimix may be a temporary method to permit intimacy.

Penile injection with Trimix is a well-tolerated and effective way for men with erectile dysfunction to obtain an erection.

Men with erectile dysfunction have been using injection therapy (Trimix and similar products) for over 20 years.

Penile Injection Benefits

Trimix injections offer an easy-to-use immediate solution to erectile dysfunction.

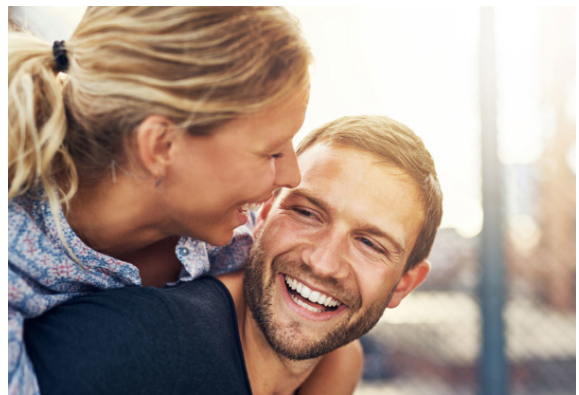
The benefits include minimal systemic side-effects and the ability to get reliable one-hour erections within minutes.

Unlike pills, Trimix acts locally directly on the penis to increase blood flow and create an erection.

Oral medications, on the other hand, act on the larger systems of the body, including the cardiovascular system where bothersome side effects from pills can often occur, including dizziness, flushing, increased heart rate, and headache.

The penile injection is done using a tiny needle that causes minimal discomfort. Most men quickly grow comfortable with the self-injection process, and the Pollock Clinics Trimix program includes self-injection training and support.

Using Trimix injections does not preclude other ED treatments, so men can use self-injection as needed without worry of significant side-effects or conflicts with other therapies.



The Pollock Clinics Trimix Program

The Pollock Clinics Trimix program includes a comprehensive initial assessment and examination, plus follow up sessions at our clinic, as needed to provide you with all the support required to teach you how to comfortably self-administer an effective dosage.

Assessment & Dosage Calibration

The right dosage of Trimix will depend on your specific history with ED, and your sensitivity to the medication. Our doctor will review your case and start by administering the smallest dosage that is likely to be effective. The process includes:

- Review of your medical history
- Initial dosage calibration
- Administration of initial injection
- Assessment of results and dosage adjustment

Self Injection Training

You will be injecting Trimix at home prior to intimacy, so learning to use a syringe safely and effectively, without anxiety, is an important component of the program. Support includes:

- Hands on training over three clinic sessions
- Practice in administering Trimix correctly into the corpora cavernosa
- Timing of injections
- Safe and sterile Trimix injection and storage procedures
- Correct frequency of Trimix use

Trimix FAQ

Is Trimix effective for all men?

Trimix is generally effective for 90% of men suffering from erectile dysfunction. In most cases, the Trimix injection results in a hard and lasting erection. The doctor will prescribe a small starting dosage and increase the dosage if necessary.

How fast does Trimix work?

Trimix usually works very quickly after injection. While Trimix usually takes 5-15 minutes to achieve maximum effect, some users report an erection after just seconds. If you do not get an erection within 20 minutes do not inject more Trimix. It is likely that your dosage needs to be adjusted, but you should always wait at least 24 hours before using Trimix again. The first dosage of Trimix is usually kept low to avoid Priapism (prolonged erection).

Can Trimix have side effects?

Some men experience pain or bruising, while others experience none. Other potential side effects include a temporary swelling of the penis skin, transitory pain, bleeding at the injection site, formation of fibrous tissue at the injection site and prolonged erection (priapism). Priapism is a manageable but potentially serious complication. The program includes detailed instructions for managing priapism.

Is a prescription required for Trimix?

Yes, Trimix is a prescription drug. As part of the Pollock Clinics Trimix program our doctor will prescribe Trimix after your assessment visit (if appropriate).

Botox for Erectile Dysfunction

What is Botox?

Botulinum toxin (Botox) is a neuro-toxin protein produced by the bacterium *Clostridium Botulinum*. It works by temporarily blocking nerve signals that cause muscle contraction. As a result, the injected muscle will relax and no longer contract.

Botox is used for both therapeutic and aesthetic treatments. In cosmetics, Botox is used to temporarily improve the appearance of facial lines and wrinkles and rejuvenate facial features. The safety and efficacy of Botox is also well established in the treatment of medical conditions such as overactive bladder, chronic migraine, and hyperhidrosis (abnormally excessive sweating).

Botox for ED

Published studies have demonstrated the effectiveness and safety of Botox in the treatment of Erectile Dysfunction (ED). Botox works by relaxing the penile smooth muscles in the shaft, leading to increased arterial blood flow and stronger, longer-lasting erections.

Botox could be especially effective in those who do not respond well to pharmacological agents such as PDE5Is (Viagra/Cialis) and higher dose Trimix injections. Once Botox is injected, the effects would last approximately 4 months.

What to Expect During the Treatment?

The skin will be sterilized, and a rubber band will be placed at the base of the penis. The Botox vial will then be diluted with Normal Saline and injected into 2-4 different points along the penile shaft.

You will be asked to massage the area for 5 minutes post-injection to spread the Botox throughout the penis. The rubber band will remain in place for an additional 20 minutes and should be removed before you leave the clinic.

Like most treatments, Botox has potential side effects. Although minimal, side effects may include bruising, redness, and swelling at the injection site. More serious side effects are possible, but rare.

Sex Therapy

Sex therapy helps individuals and couples to talk about and resolve sexual issues and in turn have greater sexual pleasure. Through the process of sex therapy clients develop personal awareness and effective communication skills regarding their sexual needs and interests.

Sex therapy provides a method for deconstructing the problem and identifying the route to a process-based solution. We help clients to identify their real time state of emotional regulation and to use this awareness in developing a range of focusing skills. Through counselling, clients gain a much better appreciation for the emotional, psychological and relational forces that influence their process of sexual expression.

Couples benefit from communication skill development and enhanced problem solving and conflict resolution. Through the process of sex therapy, both individuals and couples benefit from a greater sense of compassion for themselves and each other. Clients become much clearer about their necessary conditions for great sex.

How Does Therapy Support ED Treatment?

Sex Therapy can help a person, or couple, overcome a variety of sexual difficulties and challenges. Sex therapy is often helpful in the treatment of erectile dysfunction, even when physical factors are the principal cause.

Sexual issues are multi-dimensional; arising out of biological, psychological, behavioral and social factors. Counselling can optimize the efficacy of medical interventions for sexual disorders.

Sexual difficulties, no matter what the cause, can strain your relationship. Frequently, a man with erectile problems experiences performance anxiety, which makes him reluctant to initiate sexual contact. His partner may perceive this as rejection, which could trigger feelings of frustration and resentment. Sex therapy, with our experienced, certified sex therapist, can help a couple overcome these feelings and re-establish intimacy.

Benefits of Sex Therapy

Sex therapy can help with a variety of goals, including:

- Achieving a healthy sexual life
- Treating erectile dysfunction
- Reducing anxiety associated with sexual activity
- Learning new skills and healthier ways of approaching sex
- Feeling in control of one's sexuality
- Regaining confidence
- Treating premature ejaculation
- Learning concrete strategies for managing uncomfortable thoughts and emotions
- Reducing harmful behaviours that are impacting sex
- Concerns about sexual desire



For more information about sex therapy, please contact Tom Foster at tfoster@pollockclinics.com, or call us to schedule a consultation.

Peyronie's Disease Program

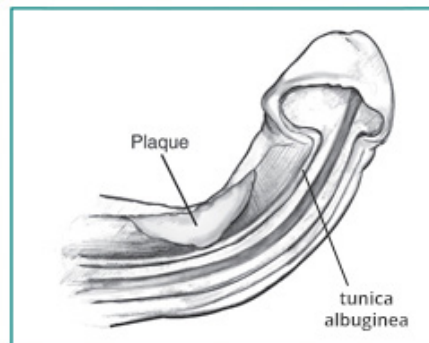
What is Peyronie's Disease?

Peyronie's disease is an acquired penile deformity (curvature) due to scar tissue in the penile shaft. This can cause penile pain and discomfort, can reduce or diminish the quality of erections, can complicate sexual intercourse, and can cause significant psychological burden for affected men and their sexual partners.

Peyronie's disease is characterized by the development of fibrotic plaque in a man's penis that leads to a constellation of potential symptoms including penile curvature, deformity, shortening, pain, and erectile dysfunction.

Peyronie's disease can be found in up to 8.9% of men, most often occurring among men in their 50's to 60's but may occur in men of all ages. Peyronie's is different than congenital penile curvature, as the latter is present since the time of birth, where Peyronie's is acquired later in life. Some men will have penile pain associated with the onset of symptoms. Curvatures can range in severity from a slight bend to significant curves greater than 90 degrees.

Peyronie's disease can be very distressing to both the man and their partner. In fact, among men completing depression questionnaires, nearly 50% meet the threshold for clinically meaningful depression, and just over 50% of men report relationship stress because of their Peyronie's disease. Studies have also found that men with Peyronie's often feel isolated and have difficulties communicating their symptoms to health care professionals. It is important to let the doctor know if you are feeling depressed so that a referral can be made to a mental health expert.



What Is the Natural History of Peyronie's Disease?

Peyronie's disease is variable among men. Based upon studies in the literature, we know that over the course of 1-year complete resolution of penile pain occurs in nearly 90% of men. With respect to penile curvature, only 12% of men will report improvement over 1 year if left untreated, while 21-40% will report no change in symptoms and 48-76% will report worsening curvature. Unfortunately, physicians' abilities to predict those men who will improve or worsen is limited based upon available data.

What Causes Peyronie's Disease?

The underlying cause for Peyronie's is not known and is under investigation in doctor's labs around the world. What is known, is that the cells present (i.e. fibroblasts) in the structural lining (i.e. tunica albuginea) of the erectile chambers (i.e. corpora cavernosa) function irregularly and produce abnormal amounts of collagen and fibrin leading to plaque formation. Normally, when the penis changes from a soft/ flaccid state, to an erect state, a series of neurochemical reactions occur that result in more blood entering the penis than leaves. For this to occur, the smooth muscle in the penis must relax and expand, as does the tunica albuginea (lining of these erectile chambers). However, the lining that has a Peyronie's Plaque cannot stretch and expand like the remaining normal penis; thus, as the erection expands in length, the non-expanding plaque causes that section to be shorter than the opposite side resulting in a curve. Similarly, as the penis expands in girth with an erection, the plaque fails to expand and stretch and may result in an indentation, narrowing or tapering. Peyronie's may also lead to erectile dysfunction by preventing normal relaxation and trapping of blood in the penile chambers (i.e. corpora cavernosa) at the site of Peyronie's plaque.



Associated Conditions

Some conditions have an association with Peyronie's, through either a personal history or family history. These include: Dupuytren's contractures, Ledderhose disease, and tympanic sclerosis.

Making the Diagnosis

In most cases, based upon history and physical examination the doctor will be able to make the diagnosis. When the penis is flaccid, one may be able to palpate the 'plaque' or site of fibrosis on the penis; however, curvature to one's penis and deformities can only accurately be assessed when the penis is erect. If one is interested in pursuing treatment (i.e. the curve is both bothersome to you and functionally impairing), then the doctor will perform a penile curvature assessment where he will induce an erection with medication and perform a very detailed assessment of the abnormalities.

What are Treatment Options?

There are a number of treatment options. Some work well for some men but not for others. Starting a non-surgical treatment as soon as possible is a good idea, as well as combining several treatments.

The sooner you start your treatment, the more options you have and the better results you are likely to get. The aim of most treatments is to stop the disease progressing further, maintain or improve sexual function, relieve any penile pain and to straighten the bend as much as possible.

Many modalities have been tested in Peyronie's disease and have found to be effective. These include intralesional therapies (penile injections), oral therapies, topical therapies, penile traction devices, low-intensity acoustic shockwave, and surgical procedures.

Treatments offered through Pollock Clinics include:

Shockwave Therapy (using our distinctive shockwave head specialized for Peyronie's)

Low Intensity Shock Wave Therapy (LiSWT) has been shown to be an effective treatment modality for relieving the pain associated with Peyronie's disease as well as vasculogenic erectile dysfunction.

The actual mechanism of LiSWT for Peyronie's disease is not fully understood. However, electron microscopy studies have demonstrated actual histological changes within the Peyronie's plaque following LiSWT.

Additional studies also reported an improvement in penile curvature by more than 15° in 33% of men who received LiSWT with a corresponding decrease in penile plaque hardness in 60%. LiSWT is believed to reduce the pain associated with Peyronie's disease and to improve the quality of erection by promoting the generation of new and stronger blood vessels at the level of the penile shaft.

The Canadian Urological Association 2018 guideline states that "contemporary guidelines have clearly demarcated ESWT's role in Peyronie's disease management and the Committee concurs with this approach, supporting ESWT for potential penile pain improvement."

Topical Verapamil

Verapamil gel, a topical version of the drug, has also been effective in eliminating pain upon erection, decreasing the size of plaque, decreasing curvature, and improving erection quality in patients with Peyronie's disease.

It is a prescription compounded medication that is applied directly to the skin. Verapamil belongs to the class of medications known as calcium channel blockers. The gel has been designed to carry the verapamil through the skin and deliver it to the Peyronie's plaque. The proprietary formula allows for minimal absorption into the blood, while maximizing the concentration of verapamil in the plaque and surrounding tissue.

Trimix Injections After Shockwave Therapy

Trimix is an injectable prescription medication used to treat erectile dysfunction. The active ingredients in the three-drug mixture are alprostadil, papaverine, and phentolamine. Trimix causes an increase in blood flow to the penis, and in some men may help to potentiate other treatment modalities offered.

Oral Medications

Oral medications that may be useful in the treatment of Peyronie's disease include:

Pentoxifylline

Pentoxifylline belongs to a group of drugs which improve peripheral blood flow and thus enhance peripheral tissue oxygenation. This medication also has strong antioxidant, anti-inflammatory effects. Additionally, Pentoxifylline has fibrinogen-reducing

properties which can help decrease the Peyronie's plaque and prevent advancement when in the acute stage. It can be taken orally, and also may be administered as an intralesional injection.

Coenzyme Q10

Coenzyme Q10 is an antioxidant and anti-inflammatory medicine. Coenzyme Q10 supplementation may lead the decrease of plaque volume and penile curvature and improved erectile function in patients with early chronic Peyronie's disease.

PDE-5 Inhibitors (i.e. Cialis)

PDE-5 inhibitors, often prescribed for erectile dysfunction, are sometimes beneficial for patients in the early stages of Peyronie's disease. In a study of Peyronie's' patients the drug was associated with decreased pain on erection and degree of penile curvature, and improved erectile function.

Vitamin E

The proposed action of vitamin E for Peyronie's is through its ability to scavenge free radicals. Many clinicians consider this inexpensive, virtually side effect-free drug a reasonable treatment to offer patients awaiting stabilization of disease.

Penile Intralesional Injections

PRP Shots

Platelet rich plasma injection is a simple and near painless procedure which uses platelet rich plasma (PRP) drawn from your own blood.

Platelets possess a variety of growth factors and substances with reparative and healing properties. There is promising scientific data that shows the potential ability and safety of PRP therapy in improving the health and functioning of erectile tissue and potentially mitigating Peyronie's disease.

Pentoxifylline

Pentoxifylline belongs to a group of drugs which improve peripheral blood flow and thus enhance peripheral tissue oxygenation. It can be used as an intralesional injection, as well as in oral form.

This medication also has strong antioxidant, anti-inflammatory effects. Additionally, Pentoxifylline has fibrinogen-reducing properties which can help decrease the Peyronie's plaque and prevent advancement when in the acute stage.

Botox

Although the mechanism of action of Botox in the treatment of Peyronie's is unclear, it is hypothesized that Botox affects the proliferation of fibroblasts, which are cells that play a major role in the pathophysiology of Peyronie's. Researchers have reported a significant decrease in plaque size curvature, and pain following a single intralesional injection of Botox.

Mechanical Techniques

Penile vacuum therapy and penile traction techniques may provide some benefit to treatment in combination with above therapies. These techniques are thought to stretch and lengthen the shortened Peyronie's plaques leading to re-organization of the scar fibres. We may employ the Restorex Traction Device and/or a vacuum erection device (VED).

Surgical Therapies

For men that are not candidates for other forms of therapy and are both psychologically and functionally bothered by their Peyronie's Disease, surgery may be an option. This may include different techniques depending upon the nature of the curve, deformity, and baseline erectile function. The doctor will discuss these if they are appropriate but generally include:

- Penile plication – shortening the 'long side of the penis' opposite the curve.
- Penile plaque excision and grafting – the scar tissue is cut and stretched, and a graft is sewn in place.
- Penile implant device that replaces the erectile tissue and helps to straighten the penis (typically reserved for men with significant curvature and erectile dysfunction).

Lifestyle Modifications

Patients should do everything they can to improve their vascular and aerobic health. Exercise is very important as is good diet, maintaining a healthy.

Lifestyle changes may allow a man to achieve an erection more easily, allowing him to continue having sex, even when he has Peyronie's disease. Some of the potential lifestyle changes a man can try include:

- Quitting smoking
- Exercising regularly
- Reducing the consumption of alcohol
- Eliminating the use of illegal drugs

A man may also want to undergo counselling to help with stress, anxiety, or depression. Understand that these lifestyle changes may not affect Peyronie's disease. Changes of this kind are intended to improve the ability to have sexual intercourse without worrying about ED symptoms.

Premature Ejaculation Program

What is Premature Ejaculation (PE)?

Premature Ejaculation (PE), also referred to as early or rapid ejaculation, is defined by the International Society for Sexual Medicine (ISSM) as a male sexual dysfunction characterized by ejaculation which always or nearly always occurs prior to or within about one minute of penetration, and the inability to delay ejaculation on all or nearly all penetrations. It often causes significant anxiety and frustration for the couple and can lead to avoidance of sexual intimacy.

Premature ejaculation (PE) is uncontrolled ejaculation either before or shortly after sexual penetration. It happens with minimal sexual stimulation and before the person wishes. It may result in unsatisfactory sex for both partners.



Premature ejaculation is traditionally categorized into either Lifelong PE or Acquired PE. Patients with lifelong PE could never achieve a normal ejaculatory experience, often ejaculating in less than 1 minute. In the case of acquired PE, there is usually a contributory factor such as performance anxiety that causes rapid ejaculation in otherwise healthy individual. Patients with acquired PE may experience an ejaculatory time of less than 3 minutes. While premature ejaculation is more common in younger men, it can happen at any age.

PE is by far one of the most common forms of sexual dysfunction affecting as many as 1 in 4 adult men in Canada, according to the survey conducted by Canadian Male Sexual Health Council in 2009 (1). Still, many experts believe that PE is probably under-diagnosed as many men find it difficult to openly discuss it with their care providers.

Diagnosis of Premature Ejaculation

Having an orgasm too soon is not always cause for concern. However, clinical diagnosis is made when a man exhibits the following symptoms:

- Ejaculation occurs too quickly, often in the first few minutes of intercourse, or in other sexual situations, even during masturbation.
- Inability to delay ejaculation most of the time.
- Feelings of anxiety, or avoidance of sexual intimacy as a result.

Both psychological and biological factors can play a role in premature ejaculation. Although many men feel embarrassed talking about it, premature ejaculation is a common and treatable condition.

Causes of Premature Ejaculation

The exact cause of premature ejaculation is still uncertain however, many believe that Lifelong PE is believed to be a result of penile hypersensitivity, while acquired PE is often caused by a complex neurochemical and psychological disturbance (2). In addition, there are some speculations that PE may also be affected by genetic, ethnic, and cultural factors for which further scientific evidence is required.

Premature ejaculation involves a complex interaction of psychological and biological factors.

Psychological Causes

Psychological factors that might play a role include:

- Early sexual experiences
- Sexual abuse
- Poor body image
- Depression
- Worrying about premature ejaculation
- Guilty feelings that increase your tendency to rush through sexual encounters
- Relationship problems between you and your current partner
- Anxiety related to sexual performance or other issues.

Biological Causes of Premature Ejaculation

A number of biological factors might contribute to premature ejaculation, including:

- Frenulum Breve – a tight band of tissue connecting the glans (head of the penis) to the shaft of the penis on its underside. When the frenulum is tight or short this is called a frenulum breve.
- Abnormal hormone levels
- Abnormal levels of brain chemicals called neurotransmitters
- Inflammation and infection of the prostate or urethra
- Inherited traits
- Erectile dysfunction

Consequences of Premature Ejaculation

Premature ejaculation can cause problems in your personal life, including:

- Stress and relationship problems – A common complication of premature ejaculation is relationship stress.
- Fertility problems – Premature ejaculation can occasionally make fertilization difficult for couples who are trying to have a baby if ejaculation doesn't occur intravaginally.
- Erectile Dysfunction - studies have also shown that up to 30% of men with premature ejaculation also have difficulties getting or maintaining an erection (3).

Treatment Options for Premature Ejaculation at Pollock Clinics

At Pollock Clinics, an individualized treatment plan will be determined for each patient after a thorough medical examination and consultation and with consideration of patient's goals, values and preferences.

At Pollock Clinics, we offer a wide variety of treatment options. Our aim is to provide a biopsychosocial multidisciplinary treatment plan for premature ejaculation including psychosexual and behavioural therapy through our certified sex therapist, a variety of topical and oral medications, as well as the surgical option of penile frenulectomy as indicated for some patients.

There are variety of pharmacological and non-pharmacological treatment options for premature ejaculation with varying degrees of effectiveness and potential side effects. Traditionally, topical anesthetics such as Lidocaine/prilocaine combination applied to penis can be used to treat PE by reducing penile sensitivity; however, the side effects such as genital numbness and irritation for the patient and his partner can be quite a bothersome if the topical medication is not applied and administered properly.

Oral medications such as Selective Serotonin Reuptake Inhibitors (SSRIs) which are used to treat depression and anxiety have been shown effective in prolonging the ejaculatory time. Some experts also suggest a trial of Phosphodiesterase-5 inhibitors (such as Viagra, Cialis or Levitra) to help with PE especially in men who also suffer from erectile dysfunction.

Other medications such as Tramadol (opioid medication) and older generation antidepressants (such as Clomipramine) have also been suggested but may in some people be associated with a more significant side effect profile.

Behavioural and psychosexual therapies have also been proven effective in delaying ejaculation especially in men with acquired PE. There are surgical options as well i.e. penile frenulectomy. All of these options are available through our Premature Ejaculation Program. Other proposed alternative treatments such as acupuncture, herbal medicine, yoga, etc. will certainly require further investigation for their efficacy.

Penile Frenulectomy for Premature Ejaculation

Premature ejaculation is one of the most common male sexual dysfunctions reported. Some studies report that a short frenulum is found in up to 43% of individuals affected by premature ejaculation. It is thought that the frenulum plays an important role in penile erection and when frenulum tension exceeds a certain limit, orgasm and ejaculation may be accelerated. When the frenulum is lengthened, penile tension and sensitivity may be decreased.

Penile frenulectomy and frenuloplasty are procedures that can alleviate the pain associated with a tight band of tissue connecting the glans (head of the penis) to the shaft of the penis on its underside. When the frenulum is tight or short this is called a frenulum breve.

A tight frenulum can exist in both circumcised and uncircumcised men and can create a restriction that is susceptible to micro-trauma, causing bleeding, painful erections, and in some cases, the common sexual dysfunction of premature ejaculation.

The procedure involves the removal of the restricting tissue for increased range of motion in the penile skin and enhanced sexual enjoyment.

At Pollock Clinics in Vancouver, the procedure (done in under 20 minutes) is performed using a long-acting local anesthetic and has a brief recovery period.

Penile frenulectomy has been shown to be effective in some but not in all cases of premature ejaculation.

Platelet Rich Plasma (PRP) and/or Trimix Injections

Scientific studies have demonstrated that both PRP and Trimix injections can be a valuable add on for patients with treatment-resistant Premature Ejaculation. PRP injection is a low-risk and near painless procedure which involves harvesting and re-injecting one's own plasma. The plasma is processed, then injected along the shaft and glans of the penis.

Trimix is an injectable prescription medication used to treat conditions such as Erectile Dysfunction and treatment-resistant Premature Ejaculation. The active ingredients of Trimix are papaverine, phentolamine, and prostaglandin. These ingredients work by relaxing the smooth muscle and opening the blood vessels in your penis, causing an erection.

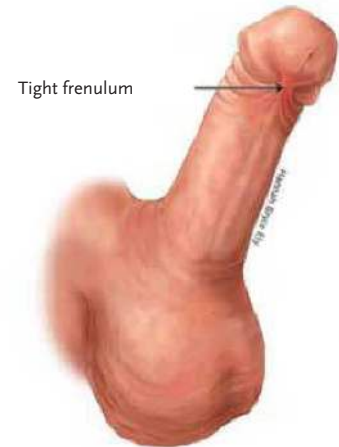
Sex Therapy for Premature Ejaculation

Sex therapy can help a man or couple overcome a variety of sexual difficulties and challenges.

Sex therapy is often helpful in the treatment of erectile dysfunction and premature ejaculation, even when physical factors are the principal cause.

Sexual difficulties, no matter what the cause, can strain your relationship. Frequently, a man with erectile problems experiences performance anxiety, which makes him reluctant to initiate sexual contact. His partner may perceive this as rejection, which could trigger feelings of frustration and resentment.

Sex therapy, with our experienced, certified sex therapist, can help a couple overcome these feelings and re-establish intimacy.



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Penile Enlargement

Natural penis enlargement can be possible with platelet rich plasma (PRP) therapy.

No surgery is necessary, and no fillers are used.

Platelet-Rich Plasma (PRP) for Penile Enlargement

Penile injection of PRP promotes penile enlargement and can intended improve overall sexual performance in men by promoting regeneration of nerves and blood vessels thus increasing the amount of blood flow to the penis.

The PRP procedure involves harvesting and re-injecting one's own plasma, which has rejuvenating qualities, into the penis. The treatment is a virtually painless procedure. Except for a slight pinch with the initial freezing, you should not feel any pain with the PRP injections.



Platelet-Rich Plasma, separated from the blood through a centrifuge, contains many factors essential for cell survival, including nutrients, vitamins, hormones, electrolytes, growth factors such as IGF and HGF and proteins.

There is promising scientific data that shows the potential ability of PRP in promoting bigger and more effective erections. The practice of injecting platelet rich plasma (PRP) is also currently considered an experimental treatment modality for erectile dysfunction according to 2018 Erectile Dysfunction guideline by American Urological Association.

Our Program

Our complete protocol for penile enlargement includes five treatment sessions. This protocol has been demonstrated to produce meaningful increases in penis size in a study documented in the Journal of Sexual Medicine.

While the PRP Shot is a new treatment option for both penis enlargement and erectile dysfunction, Platelet-Rich Plasma therapy has for many years been a successful treatment modality in orthopedics, plastic surgery, and sports medicine.

Platelet Rich Fibrin Matrix (PRFM)

At Pollock Clinics we enhance the potential results by conversion of the client's PRP to platelet rich fibrin matrix (PRFM) – which has been found to reduce early wash out and prolong the presence of healing factors in the injected area. This is accomplished through the addition of calcium chloride to the PRP just before injection.

Potential Benefits of PRP Injection

In addition to the potential for penis growth there are additional expected benefits for male sexual performance and satisfaction to be gained from the penile PRP therapy offered at Pollock Clinics:

- Improving the quality of erections, making them stronger, longer lasting, firmer, and more satisfying.
- Enhancement of penile sensation.
- May also contribute to a shortened time that it takes to get erect again after sex.
- A low risk treatment which is virtually painless and minimally invasive.
- No known extra major risk to men with complicated health conditions.
- Improved confidence.
- Enhanced sexual satisfaction.

The Treatment Process

Clinical Process

When you arrive, our staff will take you to an examination room to draw your blood.

Patients will wait in the room while we process the plasma.

Patients will remove their clothing below the waist and lie on the table in preparation for the injections.

The doctor will use a local anaesthetic and once the area is frozen, the doctor injects the PRP along the shaft and the glans of the penis. The injections take about 5 minutes and the procedure is complete.

Your platelet rich plasma injection can be performed in under 60 minutes. There is no need to take the day off work and there is very little down time.

Post-Treatment Steps

Patients will be provided with a vacuum erection device (VED) at the end of the PRP therapy session and they will be shown how to use it to achieve proper pressure. Patients are instructed to use the VED twice a day for 10 minutes each time for 30 days post PRP therapy.

Patients are advised to apply a cool compress to the area 3-4 times a day for 48 - 72 hours post PRP therapy.

We recommend avoiding sexual activity, swimming, hot tubs, biking, or any other activities that may cause discomfort for 24 - 48 hours post PRP therapy. Patients are also advised to contact our emergency number if they are otherwise concerned.

Contraindications and Risks

Contraindications

There are few potential contra-indications for the use of PRP for penis enlargement:

- Bleeding disorders (please discuss with the doctor if this applies to you).
- If you previously suffered from herpes simplex sores or human papillomavirus (HPV) warts, there is a slight risk that this treatment could contribute to reactivation due to the body's natural response to stress in that area. Please consult with our doctor before proceeding.

Risks

Potential risks include:

- Penile pain and discomfort can occur and persist for a few days. Swelling or bleeding of the injection sites is possible.
A cool compress can provide comfort.
- Infection. Signs of an infection can be fever, purulent discharge (pus), severe redness, swelling in the area, and skin that is hot to touch.
- Priapism (a condition that causes persistent and painful erections for more than 4 hours that would require immediate medical intervention at Emergency).
- Peyronie's disease (the development of fibrous scar tissue inside the penis that causes curved, painful erections).

Botox Injections

Scientific articles have shown the efficacy of Botox in the treatment of penile retraction and augmentation of flaccid penile length. After one injection, 70% of men reported a subjective decrease in penile retraction, as well as improved flaccid penile length.

What to Expect During the Treatment

The skin will be sterilized and a rubber band will be placed at the base of the penis. The Botox vial will then be diluted with Normal Saline and injected into 2-4 different points along the penile shaft. You will be asked to massage the area for 5 minutes post-injection to spread the Botox throughout the penis. The rubber band will remain in place for an additional 20 minutes and should be removed before you leave the clinic. Like most treatments, Botox has potential side effects. Although minimal, side effects may include bruising, redness, and swelling at the injection site. More serious side effects are possible, but rare.

Delayed Ejaculation Program

What is Delayed Ejaculation?

Delayed ejaculation (DE) is a condition where it takes an extended period of sexual stimulation for men to reach sexual climax and ejaculate.

Some men with DE are unable to ejaculate at all.

Delayed ejaculation can be temporary or a lifelong problem.

Possible causes of DE include certain chronic health conditions, surgeries and medications, and treatment for it depends on the underlying cause.

It's normal for men to have delayed ejaculation from time to time and it is only a problem if it's ongoing or causes stress for you or your partner.

A physical exam and medical history are needed to be able to recommend treatment for delayed ejaculation, and Pollock Clinic is a good place to start.

Symptoms of Delayed Climax

Some men with delayed ejaculation need 30 minutes or more of sexual stimulation to have an orgasm and ejaculate. Some men can only ejaculate with manual or oral stimulation. Other men might not be able to ejaculate at all (anejaculation).

But, there's no specific time that indicates a diagnosis of DE. Instead, you are probably experiencing it if the delay is causing distress or frustration, or if you have to stop sexual activity due to fatigue, physical irritation, loss of erection or a request from your partner.

Often, men might have difficulty reaching orgasm during sexual intercourse or other sexual activities with a partner. Some men can ejaculate only when masturbating.

Treatment is important because delayed ejaculation can cause:

- Diminished sexual pleasure for you and your partner.
- Stress or anxiety about sexual performance.
- Marital or relationship problems due to an unsatisfactory sex life.
- Inability to get your partner pregnant (male infertility).

Delayed ejaculation is divided into the following types based on symptoms:

Lifelong vs. acquired DE

With lifelong delayed ejaculation, the problem is present from the time of sexual maturity and is very different from a problem that develops later in life. Acquired delayed ejaculation occurs after a period of normal sexual functioning.

Generalized vs. situational DE

Generalized delayed ejaculation isn't limited to certain sex partners or certain kinds of stimulation. A generalized problem in which DE occurs in all sexual situations. Situational delayed ejaculation occurs only under certain circumstances or with certain partners.

These categories help in diagnosing an underlying cause and determining what might be the most effective treatment.

Delayed Ejaculation Causes

DE can result from medications, certain chronic health conditions and surgeries. Or it might be caused by substance misuse or a mental health concern, such as depression, anxiety or stress. In many cases, it is due to a combination of physical and psychological concerns.

Medications and Substances Causing DE

- Some antidepressants.
- Certain high blood pressure medications.
- Certain diuretics.
- Some antipsychotic medications.
- Some anti-seizure medications.
- Alcohol — particularly drinking too much (excessive alcohol use or alcoholism), especially if you're a long-term heavy drinker.

Biological Causes

- Certain birth defects impacting the male reproductive system.
- Injury to the pelvic nerves that control orgasm.
- Certain infections, such as a urinary tract infection.
- Prostate surgery, such as transurethral resection of the prostate or prostate removal.
- Neurological diseases, such as diabetic neuropathy, stroke or nerve damage to the spinal cord.
- Hormone-related conditions, such as low thyroid hormone level (hypothyroidism) or low testosterone level (hypogonadism).
- Retrograde ejaculation, a condition in which the semen goes backward into the bladder rather than out of the penis.
- Older age — as men age, it's normal for ejaculation to take longer.
- Medical conditions, such as diabetes or multiple sclerosis.

Psychological Causes

- Depression, anxiety or other mental health conditions.
- Relationship problems due to stress, poor communication with your partner or other concerns.
- Anxiety about performance.
- Poor body image.
- Cultural or religious taboos.
- Differences between the reality of sex with a partner and sexual fantasies.

Treatment Options for Delayed Ejaculation at Pollock Clinics

Delayed ejaculation is a potentially treatable condition and is not related to masculinity or sexual prowess.

A better erection can help make the overall treatment for delayed ejaculation more effective.

DE treatment options include:

- Shockwave therapy
- PRP Therapy
- Sex Therapy

Additional Therapies

- Oral Medication: If you're taking medication that might be causing delayed ejaculation, reducing the dose of a medication or switching medications might fix the problem. Sometimes, adding medication might help. There aren't any drugs that have been specifically approved for the treatment of delayed ejaculation.
- Penile Vacuum Therapy: Penile vacuum therapy and penile traction techniques may provide some benefit to treatment. We may employ the Restorex Traction Device and/or a vacuum erection device (VED).

Penile Lichen Sclerosus Program

We offer treatment for male genital lichen sclerosus for boys and men. This common penile skin condition is also known as balanitis xerotica obliterans, or BXO.

Penile lichen sclerosus is a skin condition usually seen in uncircumcised men and boys.

It may appear as a scaly patch on the foreskin and can cause the skin to look cracked and feel sore. Lichen sclerosus is the most common cause of an acquired tight foreskin.

Despite the tendency to affect genital skin, BXO is not an infection – the disease is not contagious, so sexual partners cannot pick it up. Rarely, BXO can be hereditary.

Platelet rich plasma injection and circumcision are the primary treatment methods we employ, as well as other options, including topical steroids as appropriate.

What is Male Genital Lichen Sclerosus?

Penile lichen sclerosus, also known as balanitis xerotica obliterans (BXO), is a skin condition (fibrosis) that can cause disease and scarring of the penile foreskin, glans, and urethra. This can lead to phimosis and stenosis (narrowing) of the urethra.

Symptoms of Lichen Sclerosus (BXO)

Men and boys with penile lichen sclerosus may have phimosis, an inability to retract the foreskin. The foreskin may harden and become inflexible, and the same can occur with the skin of the glans.

Men may also have trouble with urination, either because of severe phimosis or stenosis – a narrowing of the urethra. In some cases, the foreskin can adhere to the head of the penis due to chronic inflammation.

Lichen sclerosus can be asymptomatic but is usually itchy. Other symptoms include:

- A burning sensation
- Bleeding
- Fissuring
- Painful urination
- Painful erections
- Painful sexual intercourse
- Poor urinary stream (dribbling or spraying)

Early manifestations of lichen sclerosus may be more subtle, including discoloration of the skin, red or purple spots, and visible capillaries under the skin.

Causes of Lichen Sclerosus

Lichen sclerosus is poorly recognised; reported figures likely underestimate the prevalence of this disease.

Lichen sclerosus can occur at any age, but it commonly peaks in childhood and again when men are in their forties and fifties. In studies of foreskins removed for phimosis, a majority are found to have lichen sclerosus.

The exact causes of lichen sclerosus are unknown. It is usually seen in uncircumcised men. Chronic infection and inflammation are suspected contributing factors. Obesity, anatomical abnormalities (such as hypospadias), and trauma (surgery, piercings) may also be factors. Lichen sclerosus does not occur in men who were circumcised at birth.



Lichen sclerosis on the penis may be due the long-term effect of occlusion of urine causing irritation and inflammation on the glans and prepuce.

It is not a sexually transmitted disease and is not transmitted to sexual partners of patients.

Risks of Penile Lichen Sclerosis

Men with penile lichen sclerosis are at higher risk of developing penile cancer. In addition, the progression of the disease may result in urethral strictures, inability to urinate, and bladder and kidney damage.

While a circumcision is a treatment option for many patients it may not necessarily be curative on its own because the disease can reappear on the glans, urinary meatus, and urethra, and that is why circumcision and PRP treatment are often employed together.

Circumcision alone is an effective option for patients who have phimosis.

The most common complications of lichen sclerosis include:

- Phimosis, due to adhesion of the prepuce to the glans.
- Paraphimosis, in which retraction leads to constriction of the penis shaft and atrophy of the glans.
- Urinary retention.
- Urethral stenosis and altered flow.
- Retrograde damage to the bladder and kidneys.

In the longer term, lichen sclerosis has been associated with penile cancer. Cancer may be more likely if lichen sclerosis does not receive treatment and there is ongoing active disease. One third to one half of all penile cancer is associated with lichen sclerosis with an incidence rate ranging from 0 – 12.5%.

PRP Treatment

Treatment options for male genital lichen sclerosis include:

- Platelet rich plasma (PRP) injections
- Circumcision
- Topical corticosteroids

PRP therapy and circumcision are the primary treatment methods offered for penile lichen sclerosis at our clinic.

How PRP Treatment Works

Platelet rich plasma injection is a simple and near painless procedure which uses platelet rich plasma (PRP) drawn from your own blood to treat penile lichen sclerosis. The injection of platelet-rich plasma stimulates regeneration of blood vessels, nerves, and tissues.

Blood platelets possess a variety of growth factors and substances with reparative and healing properties. There is promising scientific data that shows the potential ability and safety of PRP therapy in improving the health and functioning of penile tissue.

PRP therapy is a well-tolerated procedure that usually has no impact on your medications or health conditions.

The PRP Procedure

The platelet rich plasma injection is created from the patient's own blood.

The blood goes through a proprietary process to separate the platelets into a concentrated plasma – Platelet Rich Plasma. These platelets are used for the PRP injection.

PRP therapy involves administering a series of superficial injections of tiny drops of platelet-rich plasma into the affected area. Once it enters the soft tissue, the platelet-rich plasma triggers the release of growth factors. These growth factors naturally stimulate the dermis of the skin. One of the growth factors (among the 20-plus currently known to researchers) found in platelet-rich plasma is vascular endothelial growth factor (VEGF).

The penile injection delivers several different growth factors which stimulate the cells, collagen, and blood vessels to rejuvenate tissue.

FAQ

Who is a candidate for PRP therapy to treat male genital lichen sclerosis?

PRP therapy is a suitable treatment option for boys and men with a mild or moderate case of penile lichen sclerosis.

How does platelet-rich plasma (PRP) therapy work?

Platelet-rich plasma (PRP) therapy is an innovative and promising treatment that represents a major advance in regenerative medicine.

The therapy follows a standard procedure which consists of taking a blood sample from the patient and centrifuging the vial to isolate the platelet-rich plasma from the blood. When injected into the patient, the platelets, growth factors and other chemicals found in high concentration in the platelet-rich plasma allow the body to heal, repair or reject various tissues. Platelet-rich plasma has a powerful ability to regenerate tissue.

What are the potential risks and complications of penile PRP injections?

A temporary skin reaction at the site of the injections can sometimes occur. The PRP injection is derived from your own blood, so the risk of a negative reaction is minimal.

How long does PRP therapy to treat male genital lichen sclerosis last?

Generally, the patient attends five treatment sessions, with two to four intervening weeks between each session. Each treatment session lasts about 45 to 60 minutes.

How long does it take to notice benefits to skin health?

You may begin to see results in three months. However, the primary benefits usually show up six months after the injections. These include improvements in skin quality and skin density.

Learn More About Penile Frenulectomy

Tight Frenulum - A Cause of Penile Pain and Bleeding During Sex

The frenulum of the penis is a band of tissue located underneath the penis. When the frenulum is tight or short, this can result in tension on the frenulum during erections, which can rip and tear during vigorous activities such as sex, causing pain and bleeding which in turn causes many men to lose their erections.

A Tight Frenulum May Cause Premature Ejaculation

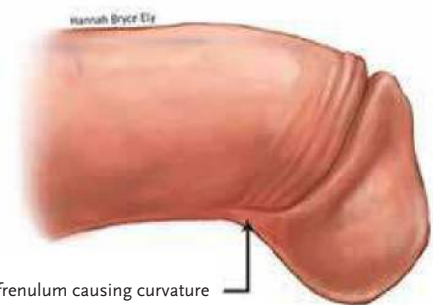
Premature ejaculation is uncontrolled ejaculation either before or shortly after sexual penetration. It may result in unsatisfactory sex for both partners. It is one of the most common forms of male sexual dysfunction.

Some studies report that a short frenulum is found in up to 43% of individuals affected by premature ejaculation. It is thought that the frenulum plays an important role in penile erection and when frenulum tension exceeds a certain limit, orgasm and ejaculation may be accelerated. When the frenulum is lengthened, penile tension and sensitivity may be decreased. Penile frenulectomy has been shown to be effective in some but not in all cases of premature ejaculation.

What is the Treatment for a Short Frenulum?

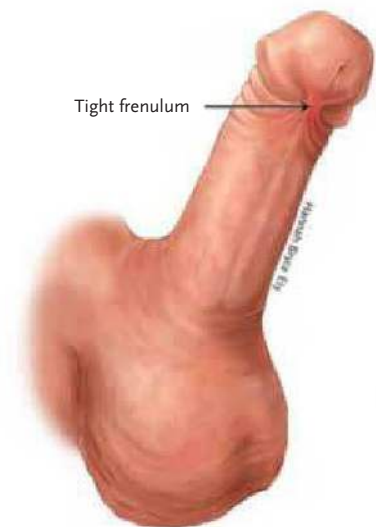
A frenulectomy is a technique that treats this condition by removing the tight restriction, allowing increased penile skin range of motion.

Regardless of your anatomy, our goal is to provide the optimal aesthetic and functional result. With Dr. Pollock's technique, there is minimal down time and complete healing usually occurs within 6 weeks. Procedures are performed under long lasting local anaesthetic.



Tight frenulum causing curvature with erections

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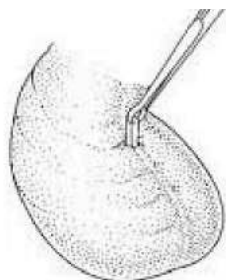
Learn More About No-Scalpel No-Needle Vasectomy

What Is a Vasectomy?

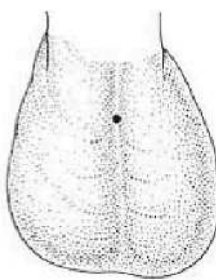
The testicles produce sperm that travel through a tube called the vas deferens. The vas deferens (or “vas”) continues to travel through the prostate before joining with the vas on the other side to become the urethra, which exits through the penis. The goal in a vasectomy is to block the right and left vas. After vasectomy, you will ejaculate semen without sperm. A man cannot make his partner pregnant without sperm!

What Is a No-Scalpel No-Needle Vasectomy?

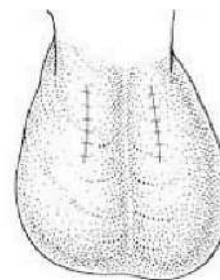
No-scalpel no-needle vasectomy is different from a conventional vasectomy in the way that the doctor gets to the tubes, not in the way he blocks them. With the no-needle method, the doctor makes one tiny puncture with a special instrument. The same instrument is used to gently stretch the opening so the tubes can be reached. Through this tiny opening both tubes are temporarily lifted out and then blocked, using heat cauterization.



No-Scalpel Vasectomy : Pulling out one of the two vas tubes



No-Scalpel Vasectomy : No stitches are needed to close the tiny opening



Conventional Vasectomy: Two moderate incisions stitched closed

When Is The Right Time For Vasectomy?

It is best to get a vasectomy when you and your partner are sure that you are happy with the number of children you have. If you have a child under six months of age, you might want to consider waiting because of “Sudden Infant Death Syndrome (SIDS)” (a condition where a child can die after a few months of life for no apparent reason). This might possibly affect the timing of your plans for vasectomy.



Learn More About Circumcision for Men & Boys

There are a number of reasons why older boys, teens, and men may have a circumcision procedure. Some require circumcision as a cure for conditions like phimosis (an overly tight foreskin) while others choose circumcision for cosmetic and personal reasons.

We are also often asked; “Am I too old to get circumcised?” and the answer is almost invariably “no”. Men and youth of all ages can have the surgery in our clinic. The most common age range for adult circumcision is 20 – 40 years old, but the procedure is regularly performed on a larger age range as requested for medical and personal reasons. The medical team at Pollock Clinics is experienced and offer expertise at circumcising boys and men of all ages.

The Circumcision Process - Two Methods

Our team and our internal procedures are optimized to deliver the quality care to boys and men requiring circumcision.

We perform two methods of circumcision at Pollock Clinics – Mogen clamp circumcision using the Pollock Technique™ and Shang Ring circumcision. With either method, you will receive detailed written instructions for post-surgery care as well as one-on-one consult with the doctor. Healing times are relatively the same. We are here to assist you with finding out which procedure might suit you best.

Our team is available after surgery as required to answer your questions and to react quickly should there ever be any problems.

Pollock Technique™ Circumcision

This method uses combination of our local anesthetic, quick surgical technique with the Mogen clamp and use of skin glue. With the introduction of our skin glue closure method, we have been able to obtain an improved cosmetic outcome without the typical multiple suture track marks in the mucosa and skin. In addition, glue closure is 10 times as quick compared to traditional circumcision.

Shang Ring Circumcision

This method was developed in China through the backing of the Bill and Melinda Gates Foundation with the hopes that it will reduce HIV/AIDS. Shang Ring circumcision involves minimal pain, minimal bleeding, no stitching, and minimal time away from work. Our doctors have travelled to China to train in this technique and are the first Canadian doctors to offer this in North America. The Shang Ring stays on the penis for 7 days before it is removed.



Learn More About Infant Circumcision

What Is Circumcision?

Circumcision is a simple procedure in which the foreskin that sheathes the head of the penis is removed. Since the foreskin traps bacteria and other infectious agents, its removal may improve genital hygiene and reduce risk of disease over the lifetime of the boy and his future sexual partners.

Benefits of Infant Circumcision

In 2012, the American Academy of Pediatrics issued a statement that the health benefits of circumcision outweighed the risks. The Canadian Pediatrics Society acknowledges the potential benefits of circumcision but stops short of recommending routine circumcision for newborns.

Circumcision for your son is a personal decision that you must make with your partner after weighing the benefits and risks, and often involves religious or cultural preferences as well.

What Is the Ideal Age for Circumcision?

The ideal age for infant circumcision is within the first two weeks of life, and at our clinic, we provide circumcision for males of all ages including babies, older children, adolescents, and adults.

Pollock Technique™ Circumcision

The Pollock Technique™ used by Pollock Clinics is based on the Mogen technique. This technique is known for its quickness and safety, and our circumcision doctors use extensive pain control methods. This ensures that your son will feel little or no pain at all.

The objective of the Pollock Technique™ is to minimize stress on the infant and family via maximum pain control and a quick and simple procedure.

Do I Need a Physician Referral in Order to Book an Appointment?

No. If you are booking for your son, it is a parental decision, and we only require consent from both parents to proceed. You can book online directly or give us a call with your questions.



Learn More About Circumcision Revision

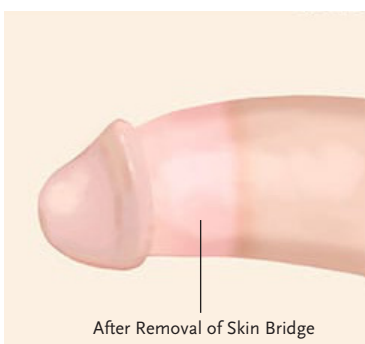
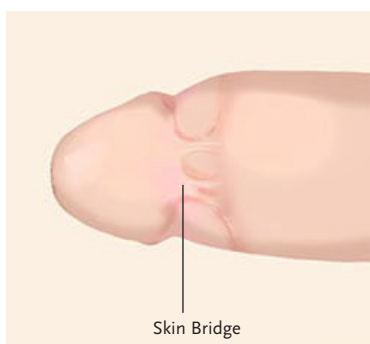
What Is Circumcision Revision?

Circumcision revision is an uncommon but sometimes necessary procedure. It refers to a second surgical procedure performed due to unsatisfactory results with the original circumcision. Our doctors often get requests to provide a second opinion for a patient who had a circumcision as an infant child or adult, and who is unhappy with his cosmetic result.

Why Is a Circumcision Revision Needed?

A circumcision revision might be necessary for several reasons. The most common reason is when a “penile skin bridge” develops. This is when the shaft of the penis becomes attached to the penis head through a band or bands of tissue (see figure below). A patient may determine that his skin bridge is a problem for cosmetic reasons or because the band of tissue that developed causes irritation or discomfort when it pulls on the head of the penis – especially during sexual activity.

These patients are happy to find out that skin bridges, as well as other sub optimal cosmetic results including excess foreskin present after circumcision, can often be fixed. Physicians do not recommend waiting if a circumcision revision is needed. The problem will not resolve itself and may become worse.



Pollock^{CLINICS}

No-Scalpel No-Needle Vasectomy
Circumcision For All Ages
Penile Frenulectomy
Erectile Dysfunction
Peyronie's Disease
Premature Ejaculation
Testosterone Assessment
Penile Enlargement
Delayed Ejaculation
Hair Restoration

*Thank you for your interest in Pollock
Clinics Men's Sexual Health Program.*

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