AB039. The application of RigiScan in the diagnosis and treatment of erectile dysfunction

Xiansheng Zhang

Department of Urology, The First Affiliated Hospital of Anhui Medical University, Hefei 230000, China

Abstract: Nocturnal penile tumescence (NPT) was firstly described by Halverson in 1940's and eventually applied in erectile function examination in 1970 for the first time. However, synchronous assessment of nocturnal penile tumescence and rigidity (NPTR) was not available before 1985 until the invention of RigiScan Plus. Unlike other instruments, RigiScan Plus is still the only one which is able to evaluate NPTR so far. Clinicians can distinguish psychogenic from organic erectile dysfunction (ED) employing RigiScan Plus NPTR inspection. Comparing with the international index of erectile function questionnaire (IIEF) scores, RigiScan Plus assessment provides an objective and intuitive way to judge erectile

function. Therefore, it has been widely accepted as a gold standard of ED diagnosis listed in a series guideline of urology and andrology societies, including European Association of Urology (EAU), Chinese Urological Association (CUA), American Urology Association (AUA) and Canadian Urological Association (CAU). Besides NPTR evaluation, RigiScan Plus can be also applied in audio visual sexual stimuli (AVSS), which facilitates daily simple examination for those cases visiting outpatient clinics. Nowadays, RigiScan Plus assessment provides reliable and accurate profiles in various clinical and judicial applications, including ED treatment suggestion, medication or physical therapy evaluation, prediction of prognosis and curative effect in traumatic ED, evaluation of pelvic surgery influence on erectile function, as well as legal and medical authentication.

Keywords: Rigiscan; nocturnal penile tumescence (NPT); erectile dysfunction (ED)

doi: 10.21037/tau.2018.AB039

Cite this abstract as: Zhang X. The application of RigiScan in the diagnosis and treatment of erectile dysfunction. Transl Androl Urol 2018;7(Suppl 5):AB039. doi: 10.21037/tau.2018. AB039