# Urologist Visit Kit

FREE BONUS 3 · FROM PILLS TO IMPLANTS BY NELSON VERGEL

Bring this filled in. Men who arrive with a pattern instead of a vague complaint get better care.

## Before the visit: gather two to three weeks of data

- ☐ Morning erections: how often, and how firm
- ☐ Erections during masturbation
- ☐ Erections with a partner
- ☐ Which medication I took, and when
- ☐ My IIEF score: _____
- ☐ A list of every medication and supplement I take, with doses

## Tests to ask about

| Test | Why the book recommends it |
|---|---|
| Blood pressure, measured properly and more than once | ED often comes about three years before a heart attack or stroke. New ED is a cardiovascular screening event. |
| Fasting glucose and HbA1c | Blood sugar directly predicts whether pills will work. |
| Full lipid panel | Part of the cardiovascular check. |
| Morning total and free testosterone, repeated if abnormal; SHBG | Low free testosterone and high SHBG were linked to pill failure. |
| Prolactin, and thyroid (TSH, free T4) if desire is affected | High prolactin suppresses sexual function and can point to a treatable pituitary problem. |
| LH, FSH, hematocrit, PSA | Baseline values from the book's lab worksheet. |
| Coronary artery calcium score, depending on your risk | Can reclassify men at intermediate cardiovascular risk. |
| Penile duplex Doppler, if pills fail | Separates poor arterial inflow from venous leak. |

## Questions to ask

- ☐ Could any of my medications be causing this, and is there an alternative?
- ☐ Did my labs include free testosterone, SHBG and HbA1c?
- ☐ Do you consider my ED a reason to check my heart and blood vessels?
- ☐ If the pills have failed, can we find out why before moving on?
- ☐ If we try injections, will you train me in the clinic and tell me in writing what to do if an erection lasts too long?

### Signs a doctor may be rushing you

No questions about your other medications, sleep, blood sugar or heart health.
Moving straight to a stronger treatment without asking whether the pills got a fair trial.
Starting injections with no in-clinic dose test and no priapism plan.

Educational only, not medical advice. Decisions about treatment belong with you and your clinician.
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## Notes from the appointment

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