

Porterbrook Clinic

Sheffield Care Trust

General Information

Assessment and Treatment for Male Erectile Disorder (MED)

Information about our service

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The Porterbrook clinic is part of Sheffield Care Trust.

Formerly the Marital and Sexual Difficulties Clinic, it was established in 1974. It has become a Regional Centre of Excellence, both for the treatment of patients and for the specialist training it offers staff and clinical students. We run an MSc. and PGDip in Sexual and Relationship Psychotherapy.

Staff

The Clinic operates as a multi-disciplinary team with staff from a range of professions, all with additional training and expertise in the field of sexual dysfunction and relationship therapy. It combines a strong medical input with skilled psychotherapy and counselling.

The Porterbrook Clinic has recently benefited from an increase in professional staff who constitute the core staff team. Most of the members have full accreditation status of the British Association for Sexual and Relationship Therapy (BASRT). It has also taken delivery of state-of-the-art equipment to enhance the diagnostic capability within the clinic. Particularly for patients presenting with male erectile disorder (e.g. RigiScan, MIDUS Ultrasound, NEVA, DIR and GSA).

Shared Care Protocol for ED sufferers in Sheffield

A separate leaflet is available which outlines the city-wide Shared Care Protocol for the management of erectile dysfunction. This has been endorsed by Sheffield Health, all departments involved in secondary care management of ED and by primary care representations.

A Service for Male Erectile Disorder

We offer a full treatment range to patients with MED including specialist psychotherapy tailored to the needs of the individual or couple. This typically involves brief sessions (4-10) of relationship and/or sexual therapy, usually conducted by staff within the Clinic. We also offer, where appropriate, medication, instruction in intra cavernous injection, demonstration and short loan of vacuum constriction devices and other options which may become available as a result of research projects. We now offer patients assessment using the RigiScan Plus® device which has been advocated by leading scientists in the field of sexuality, including John Bancroft (former Director of Kinsey Institute, USA), as the most useful of the diagnostic techniques available when assessing patients with MED. The device

allows measurement of erectile arousal and rigidity during laboratory and/or nocturnal (home) conditions.

We also incorporate urine and blood investigations, Doppler ultrasound (MIDUS) and where necessary, have the Ferti-care vibratory equipment to complement our diagnostic and treatment capacity.

In appropriate cases, further vascular studies and referral to an andrologist for a surgical opinion can be advised to the initial referrer.

Additional investigations include NEVA, DIR and GSA (see separate leaflets).

The Clinic has established itself as one of the prominent UK centres for research into human sexuality and patients referred to the clinic will, on occasion, be offered the opportunity to participate in such work, subject to their consent and approval by the local research ethics committees.

Waiting Times

At present, we contact all patients referred to our clinic within a week. Upon response from them that they wish to proceed with an assessment, we can usually offer them an initial assessment within 4-12 weeks.

Referrals

If you would like to discuss a specific clinical problem before making a written referral, you may contact the lead clinical nurse Ruth Hallam Jones, who will be happy to offer initial advice over the telephone.

A Confidential Service

Discretion is an important aspect of our service. We understand the particularly sensitive nature of problems which bring people to us. The only person we would communicate the assessment and treatment to is the GP and when relevant, the health professional who had made the initial referral unless we have permission to do otherwise.

Confidentiality is offered to all patients attending the clinic, however, in line with all National Health Services, our legal duty, as defined in The Children Act (1989), is to report to Social Services any evidence we receive of a child at risk of abuse.

