Introduction
Erectile dysfunction have been largely neglected by the community due to lack of public awareness. Many patients suffered in silence. However, even for those who do seek medical care there are no additional recourses or designated clinic for this group of patients so they would be triaged to the routine queue with average waiting time of around one year. As a result many patients default their consultation. In view of this phenomenon, a men’s health clinic was set up in October 2015 to provide assessments, investigations, counseling and education to help this group of patient.

Objectives
To evaluate the treatment outcomes and effectiveness of the men’s health clinic.

Methodology
All patients attended the clinic from October 2015 to October 2016 were recruited and the outcomes were analyzed. Etiology of erectile dysfunction & life style modification education are given. They filled in a standard symptom scores assessment (IIEF5, EHS) & penile arterial flow doppler ultrasound was documented. If there are no contraindications, three months of PDE5 inhibitor is prescribed. For those patients with poor outcomes, patient can choose second-line treatments with cavernosal extracorporeal shockwave therapy (ESWT) whose involves five weekly sessions or intracavernosal injection therapy (ICI). If second-line treatment failed, patient can choose implantation of penile prostheses (IPP).

Result
During the study period, 169 male patients were recruited into the study. Their ages were between 24-82 (mean 57.7). The average duration of erectile dysfunction was 45 months. 63 patients (37.2%) had significant improvement of erection after PDE5 inhibitor. 106 patient failed first-line treatment, 86 patient choose ESWT. Four weeks after ESWT, the average IIEF5 score improved by 53.6% (11 to 16.9) (p < .05), the average EHS score improved by 45% (2 to 2.9) (p < .05). At twelve weeks after ESWT, the improvement in IIEF5 score maintained at 38.1% (11 to 15.2) (p < .05). 11 patients were treated with ICI. 63.6% (7 patients) were able to complete sexual intercourse.
Nine patients (5.3%) failed 2nd line treatments and proceeded for surgical intervention.

Conclusion:
The establishment of the men’s health clinic is considered to be highly successful. Since the initiation of this clinic, the waiting time was significantly shortened from 1 year to 12 weeks. As the appointment time is much shorter, only a small number (6%) of patients defaulted their consultation. The results are also very promising, 37.2% of patients showed significant improvement in their symptoms after initial treatment and education, and for those who failed first-line treatment, 94.8% showed significant improvement with second line treatment and finally only 5.3% of patients would require surgical treatment. The men’s health clinic can provide a highly effective and efficient treatment for patient with erectile dysfunction.