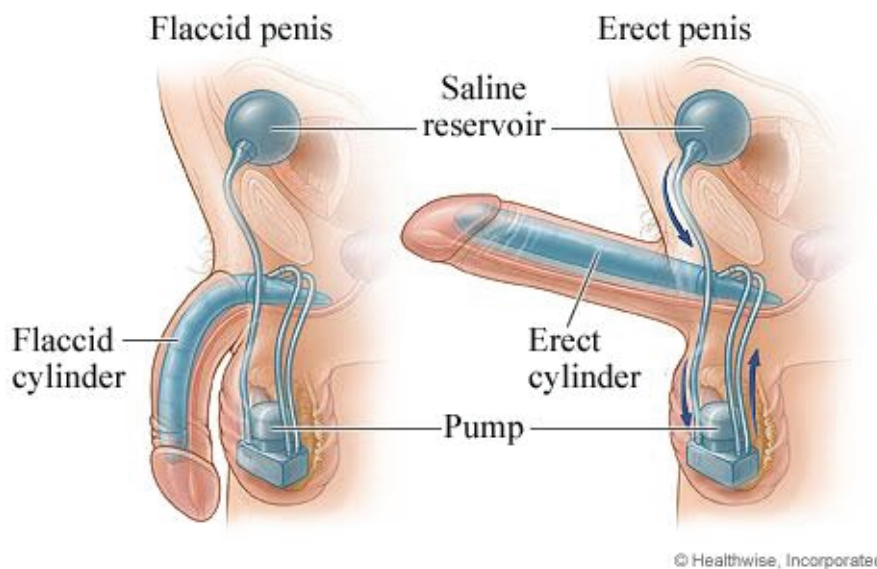




## INSERTION OF PENILE PROSTHESES

### What does the procedure involve?

Insertion of implants (protheses) into your penis to allow erections for sexual intercourse. The entire device is implanted into the body and is not otherwise visible. Penile protheses are usually reserved for patients who failed to respond to other medical treatments. They may also be used in patients with other conditions in which erections have been affected e.g. priapism (prolonged, painful erections) or Peyronie's disease.



### What are the alternatives to this procedure?

Although surgery is reserved for patients who have exhausted other treatments, you should discuss the merits of any treatment you have not tried with your surgeon. You may not be suitable for certain treatments, as a result of specific medical factors.

### What should I expect before the procedure?

You will usually be admitted to hospital on the same day as your surgery. You will normally receive an appointment for a "pre-assessment" to assess your general fitness, to screen you for MRSA and to do some baseline investigations. Once you have been admitted, you will be seen by members of the medical team which may include the consultant, specialist registrar, house officer and your named nurse.

You will be asked not to eat and drink for six hours before surgery. Immediately before the operation, the anaesthetist may give you a pre-medication which will make you dry mouthed and pleasantly sleepy.

You will be given an injection of a drug called Clexane under your skin. Together with elasticated stockings provided by the ward, this will help to prevent venous thrombosis (clots in your legs)



**Please tell your surgeon** (before your surgery) if you have any of the following:

- An artificial heart valve
- A coronary artery stent
- A heart pacemaker or defibrillator
- An artificial joint
- An artificial blood-vessel graft
- A neurosurgical shunt
- Any other implanted foreign body
- A regular prescription for a blood thinning agent such as warfarin, aspirin, clopidogrel (Plavix®), rivaroxaban, prasugrel or dabigatran
- A previous or current MRSA infection
- A high risk of variant-CJD (if you have had a corneal transplant, a neurosurgical dural transplant or injections of human-derived growth hormone).

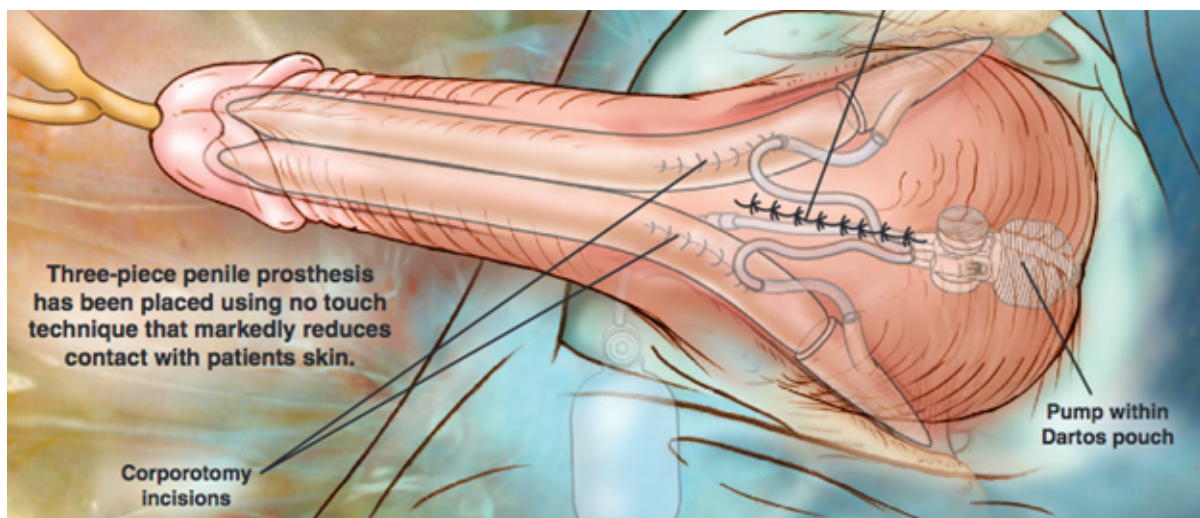
When you are admitted to hospital, you will be asked to sign the second part of your operation consent form giving permission for your operation to take place, showing you understand what is to be done and confirming that you want to go ahead. Make sure that you are given the opportunity to discuss any concerns and to ask any questions you may still have before signing the form.

### What happens during the procedure?

Either a full general anaesthetic (where you are asleep) or a spinal anaesthetic (where you are unable to feel anything from the waist down) will be used. All methods reduce the level of pain afterwards. Your anaesthetist will explain the pros and cons of each type of anaesthetic to you.

The implant may be either bendy (malleable) or inflatable (pictured); the latter requires a mechanical pump. Not all patients are suitable for both types but this will have been discussed in detail with you before the procedure. An incision is usually made at the junction of the penis and scrotum to insert the implants. The surgeon may make a second incision to put the balloon reservoir into the abdomen.

Although this is usually done through the first incision, your surgeon may feel it is safer to do it through a separate incision, especially if you have had previous abdominal surgery.





## What happens immediately after the procedure?

You should be told how the procedure went and you should:

- Ask the surgeon if it went as planned;
- Let the medical staff know if you are in any discomfort
- Ask what you can and cannot do;
- Feel free to ask any questions or discuss any concerns with the ward staff and members of the surgical team; and
- Make sure that you are clear about what has been done and what happens next.

If an inflatable prosthesis has been implanted, we leave it in the inflated position overnight to reduce bleeding, but it will be deflated before you go home. You may experience discomfort for a few days but painkillers will be provided for you to take home. Absorbable stitches are normally used which do not require removal.

A catheter may be inserted into the bladder for 24 to 48 hours after the operation, to prevent any problem with passing urine. Once the catheter has been removed, and you are passing urine normally, you will be able to go home.

Some surgeons use a tube drain temporarily (overnight) to prevent collection of blood at the operation site.

The average hospital stay is 1-3 days after surgery.

You will be asked not to inflate the prosthesis until an outpatient appointment at two weeks. At that stage, we will teach you to inflate and deflate it (this is known "cycling" the prosthesis). It is not advisable to have sex for at least six weeks after the operation.

## Are there any side-effects?

Most procedures have possible side-effects. But, although the complications listed below are well-recognised, most patients do not suffer any problems.

### Common (greater than 1 in 10)

- Temporary swelling and bruising of the penis lasting several days.

### Occasional (between 1 in 10 and 1 in 50)

- Significant bleeding or infection needing further treatment (including removal of all or part of the prosthesis in 2 to 3%).
- Nerve injury with temporary or permanent numbness of the head of the penis.
- Drooping of the glans penis needing correction.
- Mechanical failure needing revision at a later stage; this may involve replacement of all or part of the device and can happen at any stage, from a few month to several years later.
- Self-inflation due to mechanical failure.



**Rare** (less than 1 in 50)

- Injury to the bowel or bladder during insertion of the balloon component within the abdomen.
- Erosion of the prosthesis where a part of the device may break out of its normal position and appear at another site.

### Hospital-acquired infection

- Colonisation with MRSA (0.9% - 1 in 110).
- MRSA bloodstream infection (0.02% - 1 in 5000).
- Clostridium difficile bowel infection (0.01% - 1 in 10,000).

**Please note:** The rates for hospital-acquired infection may be greater in “high-risk” patients. This group includes, for example, patients with long-term drainage tubes, patients who have had their bladder removed due to cancer, patients who have had a long stay in hospital or patients who have been admitted to hospital many times.

### What should I expect when I get home?

When you are discharged from hospital, you should:

- Be given advice about your recovery at home;
- Ask when you can begin normal activities again, such as work, exercise, driving, housework and sex;
- Ask for a contact number if you have any concerns once you return home; • ask when your follow-up will be and who will do this (the hospital or your GP); and
- Be sure that you know when you get the results of any tests done on tissues or organs that have been removed.

When you leave hospital, you will be given a “draft” discharge summary. This contains important information about your stay in hospital and your operation. If you need to call your GP or if you need to go to another hospital, please take this summary with you so the staff can see the details of your treatment. This is important if you need to consult another doctor within a few days of being discharged.

You will get swelling of the penis and scrotum after a few days which may last up to 10 days but will then subside. Do not be alarmed because it is expected.

### What else should I look out for?

If you develop a temperature, increased redness, throbbing or drainage at the site of the operation, please contact your GP.

### Are there any other important points?

A follow-up appointment will generally be arranged at two weeks after the operation. You will receive this appointment either on the ward or shortly after you get home.

### Driving after surgery

It is your responsibility to make sure you are fit to drive following your surgery.