INSERTION OF PENILE IMPLANTS FOR ERECTILE DYSFUNCTION
Procedure Specific Information

What is the evidence base for this information?
This publication includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and evidence-based sources. It is, therefore, a reflection of best urological practice in the UK. It is intended to supplement any advice you may already have been given by your GP or other healthcare professionals. Alternative treatments are outlined below and can be discussed in more detail with your Urologist or Specialist Nurse.

What does the procedure involve?
This procedure involves insertion of prostheses into the penis to allow a patient to achieve erections for sexual intercourse. Penile prostheses are usually reserved for patients who have tried and failed other medical treatments such as tablets, injections, vacuum devices or pellets.

It may also be used in patients with other conditions, in which erections have been affected, such as following priapism (prolonged painful erections) or Peyronie’s disease. The entire device is implanted into the body and is not otherwise visible.

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

What should I expect before the procedure?
You will usually be admitted on the day of your surgery. You will normally receive an appointment for pre-assessment to assess your general fitness, to screen for the carriage of MRSA and to perform some baseline investigations. After admission, 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 or drink for 6 hours before surgery and, immediately before the operation, you may be given a pre-medication by the anaesthetist which will make you dry-mouthed and pleasantly sleepy.
You will be given an injection under the skin of a drug (Clexane), that, along with the help of elasticated stockings provided by the ward, will help prevent thrombosis (clots) in the veins.

Please be sure to inform your surgeon in advance of 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 Warfarin, Aspirin or Clopidogrel (Plavix®)
- a previous or current MRSA infection
- a high risk of variant-CJD (if you have received a corneal transplant, a neurosurgical dural transplant or previous injections of human-derived growth hormone)

At some stage during the admission process, you will be asked to sign the second part of the consent form giving permission for your operation to take place, showing you understand what is to be done and confirming that you wish to proceed. 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.

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**Fact File 1 • The NHS Constitution**

**Same-Sex Accommodation**

As a result of the new NHS constitution, the NHS is committed to providing same-sex accommodation in hospitals by April 2010. This is because feedback from patients has shown that being in mixed-sex accommodation can compromise their privacy. The NHS pledges that:

- sleeping and washing areas for men and women will be provided
- the facilities will be easy to get to and not too far from patients' beds

To help accomplish this, the Department of Health has announced specific measures designed to “all but eliminate mixed-sex accommodation” by 2010. These include:

- more money for improvements in hospital accommodation
- providing help and information to hospital staff, patients and the public
- sending improvement teams to hospitals that need extra support
- introducing measures so that the Department can see how hospitals are progressing
What happens during the procedure?

Either a full general anaesthetic (where you will be asleep throughout the procedure) or a spinal anaesthetic (where you are awake but unable to feel anything from the waist down) will be used. All methods minimise pain; your anaesthetist will explain the pros and cons of each type of anaesthetic to you.

The prosthesis may be either a malleable (self-bending) one or an inflatable one which requires mechanical pump activation. Although not all patients are suitable for both types, this will have been discussed in detail with you before the procedure. The incision is usually made at the junction of the penis and scrotum.

A second incision may be used to insert the balloon reservoir, which is part of the inflatable prosthesis, into the abdomen. Although this can be done through the first incision, your surgeon may feel it safer to perform this through a separate incision, especially if you have had previous abdominal surgery.

What happens immediately after the procedure?

In general terms, you should expect to be told how the procedure went and you should:

- ask if what was planned to be done was achieved
- 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
- ensure that you are clear about what has been done and what is the next move

If an inflatable prosthesis has been used, it may be left in the inflated position overnight to reduce the risk of bleeding but will be deflated before you are discharged home. You may experience discomfort for a few days after the procedure but painkillers will be given to you to take home. Absorbable stitches are normally used which do not require removal.

A catheter may need to be inserted into the bladder for 24-48 hours after the operation to prevent any problems 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 tub drain temporarily (overnight) to prevent any collection of blood at the operation site.

The average hospital stay is 1 day after surgery. When you are discharged, you will be asked not to inflate the prosthesis until an outpatient appointment at 2 weeks where we will teach you inflate and deflate it (this is known as “cycling” the prosthesis). Sexual intercourse is not advisable for at least 6 weeks after the operation.
Are there any side-effects?
Most procedures have a potential for side-effects. You should be reassured that, although all these complications are well-recognised, the majority of patients do not suffer any problems after a urological procedure.

Common (greater than 1 in 10)
- Temporary swelling and bruising of the penis and scrotum lasting several days

Occasional (between 1 in 10 and 1 in 50)
- Significant bleeding or infection requiring further treatment which may include removal of all or part of the prosthesis (2-3%)
- Nerve injury with temporary or permanent numbness of the head of the penis
- Drooping of the glans penis requiring correction
- Mechanical failure requiring revision at a later date. This may involve replacement of all or part of the device and can happen at any stage, from a few months 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 in another site

Hospital-acquired infection
- Colonisation with MRSA (0.9% - 1 in 110)
- Clostridium difficile bowel infection (0.2% - 1 in 500)
- MRSA bloodstream infection (0.08% - 1 in 1250)

The rates for hospital-acquired infection may be greater in high-risk patients e.g. with long-term drainage tubes, after removal of the bladder for cancer, after previous infections, after prolonged hospitalisation or after multiple admissions.

What should I expect when I get home?
By the time of your discharge from hospital, you should:
- be given advice about your recovery at home
- ask when to resume normal activities such as work, exercise, driving, housework and sexual intimacy
- 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)
ensure that you know when you will be told the results of any tests done on tissues or organs which have been removed

It will be at least 14 days before healing occurs and you may return to work when you are comfortable and your GP is satisfied with your progress. You should refrain from sexual intercourse for a minimum of 6 weeks to allow complete healing.

What else should I look out for?
There will be marked swelling of the penis and scrotum after a few days. This may last up to 10 days and will then subside but do not be alarmed because it is expected.

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 be arranged approximately 2 weeks after the operation. You will receive this appointment either whilst you are on the ward or shortly after you get home.

Driving after surgery
It is your responsibility to ensure that you are fit to drive following your surgery. You do not normally need to notify the DVLA unless you have a medical condition that will last for longer than 3 months after your surgery and may affect your ability to drive. You should, however, check with your insurance company before returning to driving. Your doctors will be happy to provide you with advice on request.

Is there any research being carried out in this area?
Before your operation, your surgeon or Specialist Nurse will inform you about any relevant research studies taking place, and, in particular, if any surgically-removed tissue may be stored for future study. If this is the case, you will be asked if you wish to participate and, if you agree, to sign a special form to consent to this.

All surgical procedures, even those not currently the subject of active research, are subjected to rigorous clinical audit so that we can analyse our results and compare them with those of other surgeons. In this way, we can learn how to improve our techniques and our results; this means that our patients will get the best treatment available.

Who can I contact for more help or information?
For further information on the internet, here are some useful sites to explore:

www.rcseng.ac.uk/patient_information/internet_sources
www.patient.co.uk
www.patientinformation.org.uk
www.rcoa.ac.uk (for information about anaesthetics)
www.prodigy.nhs.uk.PILs
www.nhsdirect.nhs.uk
www.besttreatments.co.uk

What should I do with this information?
Thank you for taking the trouble to read this publication. If you wish to sign it and retain a copy for your own records, please do so below.

If you would like a copy of this publication to be filed in your hospital records for future reference, please let your Urologist or Specialist Nurse know. However, if you do agree to proceed with the scheduled procedure, you will be asked to sign a separate consent form which will be filed in your hospital record. You will, if you wish, be provided with a copy of this consent form.

I have read this publication and I accept the information it provides.

Signature................................................ Date............................................ 
How can I get information in alternative formats?
Please ask your local NHS Trust or PALS network if you require this information in other languages, large print, Braille or audio format.

Most hospitals are smoke-free. Smoking increases the severity of some urological conditions and increases the risk of post-operative complications. For advice on quitting, contact your GP or the NHS Smoking Helpline free on 0800 169 0 169

Disclaimer
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Fact File 2 • The NHS Constitution
Patients’ Rights & Responsibilities

The constitution, as a result of extensive discussions with staff and the public, sets out new rights for patients which will help improve their experience within the NHS. These new rights include:

- a right to choice and a right to information that will help them make that choice
- a right to drugs and treatments approved by NICE when it is considered clinically appropriate
- a right to certain services such as an NHS dentist and access to recommended vaccinations
- the right that any official complaint will be properly and efficiently investigated, and that they be told the outcome of the investigations
- the right to compensation and an apology if they have been harmed by poor treatment

The constitution also lists patient responsibilities, including:

- providing accurate information about their health
- taking positive action to keep themselves and their family healthy
- trying to keep appointments
- treating NHS staff and other patients with respect
- following the course of treatment that they are given
- giving feedback, both positive and negative, after treatment