

Urology department

Inflatable penile prosthesis

This leaflet explores the details around inflatable penile prostheses including:

- Why should I have an inflatable penile prosthesis?
- What is an inflatable penile prosthesis and how does it work?
- What will an inflatable penile prosthesis not do?
- What other options do I have?
- What are the risks of having an inflatable penile prosthesis inserted?
- What can I expect before, during and after your surgery?
- What should I do once I am discharged home?
- Who can I ring if I have any problems?
- Where can I find out more information regarding penile prosthesis?

Why should I have an inflatable penile prosthesis?

The insertion of an inflatable penile prosthesis is reserved for patients who have tried all other options (see 'What are the alternative options?') to regain their erections but they have not worked or have found them unacceptable. It is also used in patients with Peyronie's disease, priapism and incontinence. An inflatable penile prosthesis allows patients to have a firm erection so that they can continue having a sex life.

What is an inflatable penile prosthesis and how does it work?

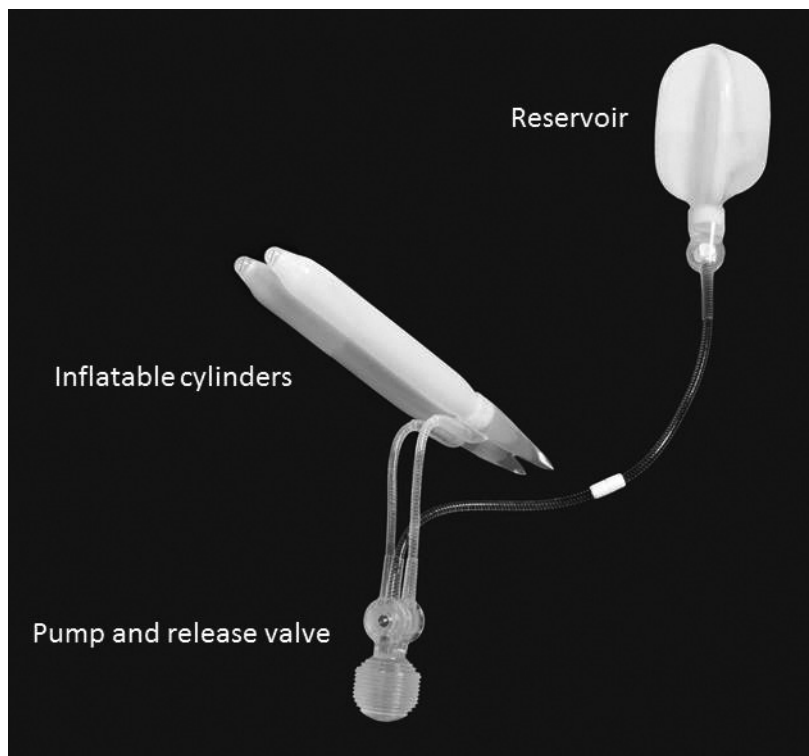
An inflatable penile prosthesis (or penile implant) is a medical device which is surgically inserted into the penis, scrotum and tummy often through one or two small incisions.

It has:

- **Two inflatable cylinders** which are placed in the penis. These are empty when an erection is not needed so that the penis is floppy, but fill with fluid when required to give a firm erection.
- **A reservoir** which is often placed in the tummy but can be placed under the muscles in your tummy. This holds the fluid when the cylinders in the penis are deflated.
- **A pump and release valve** which are placed in the scrotum. This allows the fluid to be moved from the reservoir into the two inflatable cylinders when a firm erection is needed and back into the reservoir when it is not.



Implant diagram



What will an inflatable penile prosthesis not do?

It will not provide extra length to the penis or restore length loss through prolonged erectile dysfunction or after radical prostatectomy. Unlike the vacuum device, urethral pellets, penis injections and creams, a penile prosthesis will not provide swelling to the penile tissues. The procedure is non-reversible as the erectile tissue is destroyed when spaces are created for the inflatable cylinders.

What other options do I have?

This surgical procedure is usually reserved for patients who have tried other treatments but failed to get adequate results. However, you should discuss the possible merits of any treatments you have not have tried with your surgeon. These include:

- **Tablets by mouth** – drugs (e.g. Sildenafil, Tadalafil, Vardenafil, Avanafil).
- **Penile injections** (e.g. Caverject, Invicorp).
- **Urethral pellets** (e.g. MUSE) which are placed down the water pipe.
- **Topical Creams** (e.g. Vitaros).
- **Vacuum erection assistance device** – an external appliance that sucks blood into your penis and keeps it rigid using tight ring that is placed around the base of the penis to prevent blood escaping.

What are the risks of having an inflatable penile prosthesis inserted?

All patients who undergo surgery have a risk of developing a complication; although the majority of patients do not suffer from any issues. However, the complications include:

- **Infection** The risk of infection is approximately 1 in 100, however in certain circumstances such as diabetes, or where the prosthesis has had to be replaced this can be higher (1 in 10). Infection of a penile prosthesis will mean that it must be removed.
- **Bleeding/ bruising** This will settle over time.
- **Altered glans sensation** when the sensation at the head of the penis changes. This can be permanent.
- **Cosmetic dissatisfaction** Sometimes particularly if you are thin or the scrotum is tight, the tubing can become visible or you might be able to feel the reservoir. You may also find that you can feel the edges of the inflatable cylinders in your penis, especially if they bend over.

- **Device malfunction** 1 in 20 patients will experience a malfunction in the device within 10 years. This can include auto-inflation where the penile cylinders fill when not required and may need surgery to correct.
- **Erosion of the device** 1 in 20 to 1 in 50. Where the prosthesis becomes visible. Erosion of a penile prosthesis will mean that it must be removed.
- **Glans droop or floppy glans** 1 in 10 to 1 in 50. The head of the penis (known as the glans) is unstable causing it to point downwards.
- **Injury to urethra, bowel, or bladder** 1 in 50 to 1 in 250. This will mean that the prosthesis is not placed at the time of surgery.
- **Anaesthetic issues** 1 in 50 to 1 in 250. This can include chest infections, pulmonary embolism, stroke, deep vein thrombosis, and heart attacks.

What can I expect before, during and after your surgery?

Before surgery

About two weeks before the operation, we will ask you to attend the hospital for “pre-op clerking”. This is where a nurse practitioner or doctor will check that you are prepared for the operation. The visit will include blood tests along with an examination of the chest, heart and abdomen. They will ask you questions about your general health, other previous illnesses and any medication or tablets you are taking. There will be an opportunity for you to ask questions or raise concerns at this time. The pre-assessment nurses will take a urine specimen to ensure that you do not have a urinary tract infection and they will also take some swabs from your nose, mouth and groin. This is to ensure that you are free from infection prior to your surgery. If you are found to have an infection your surgery may be delayed until this is completely treated.

If you are diabetic it is important to get your diabetes as well-controlled as possible to reduce the risk of infections and aid with your recovery.

Before the operation we will ask you to stop eating and drinking (about 4-6 hours beforehand). This includes chewing gum. You may drink water up to two hours before the operation.

You will be admitted on the day of the operation when you will meet some of the staff who will be looking after you during your stay in hospital. The ward staff will familiarise you with the routine of the ward and show you where the facilities are.

You will be asked to shower in a special antibiotic wash prior to your surgery to help reduce the number of bacteria in the area of your operation.

During the surgery

The anaesthetist will give you a general or spinal anaesthetic. If you have a general anaesthetic, you will be asleep during the procedure. In a spinal anaesthetic, medication is injected into the lower half of the back so that you are numb throughout the course of the operation.

Your scrotum and the surrounding area will be shaved and a cut made in your scrotum just beneath the penis to allow insertion of the two inflatable cylinders and the pump. The reservoir may be inserted through the same cut if you have not had any previous surgery in your tummy. If you have had surgery on your tummy in the past or groin hernia repairs, then a second cut may be made in the lower part of your tummy to inset the reservoir safely.

A catheter (plastic tube) will be placed in the water passage to drain urine from the bladder so that you will not need to go to the toilet immediately after the surgery.

A drain will be inserted just to the side of your penis which will prevent any blood pooling in the wound.

Your penis will be wrapped up with bandages and left with the inflatable cylinders filled to help reduce any bleeding.

After your surgery

When you come out of theatre you will be taken to the recovery area. The staff will monitor you to make sure your condition is stable then you will be ready to go back to the ward. When you get back to the ward you will be able to eat and drink.

Painkillers will be offered to you on a regular basis as it is important that you feel as comfortable as possible after the operation. You will be able to get up and move around the ward as soon as you feel comfortable.

The next day the team will come and review you on the ward round between 8:00am and 9:00am to ensure that you have no immediate issues. At that time the dressings, and catheter may be removed, and the penile prosthesis partially deflated by one of the team. The drain may then be removed later that day assuming that there is little fluid coming out of it. The deflation of your prosthesis may be uncomfortable but we will give you some painkillers prior to this to help minimise the discomfort.

The majority of patients stay for one night. However, if there are any concerns we may ask you to stay longer to ensure your safety and success of your operation.

On discharge you will be asked not to inflate the prosthesis until you are shown how to do so and reviewed in clinic three weeks after your operation.

What should I do once I am discharged home?

Pain

Following your surgery you may experience some discomfort. When at home please take the painkillers provided to you by the hospital pharmacy regularly. Do not exceed the stated dose. You should notice that the pain seems to settle after the first 3-7 days after the surgery, although you may still get some mild discomfort up to three weeks after surgery.

Supportive underwear may help with any discomfort by preventing the penis from moving around too much.

Wound care

Please try and keep your wound as clean and dry as possible.

You can shower the day after surgery in the evening but advise that you do not soak for long periods until the wound is completely healed. Try and avoid getting soap on the wound which can cause some irritation, however it is important to keep the head of the penis and under the foreskin clean.

If the wound gets wet, dry it carefully by patting it with gauze but do not rub.

Please do not touch the wound with your hands unless they have been thoroughly washed.

Seven days after the surgery we would encourage you to start familiarising yourself with the pump in your scrotum (with clean hands). Use the key ring model that you have been provided with prior to the operation to help you understand where the pump and release button lie in your scrotum. You can also start to pull the pump into a position that suits you on a daily basis. Remember though not to inflate or deflate the prosthesis until you are seen in clinic at 2-3 weeks after your surgery.

Antibiotics

You will be given seven days of antibiotics to take home following your operation to reduce the risk of infections. Please take the antibiotics for the entire time prescribed and avoid missing any doses.

Stitches

All the stitches used in your operation are dissolvable and do not need removing. They can take up to 6-8 weeks to completely dissolve.

Work

You will need approximately two weeks off work, although if your job involves working in dirty environments or manual handling you may wish to take longer (up to six weeks) to reduce the risk of any complications. We will provide you with a sick certificate if required. Please note you can self-certify for the first week.

Try to avoid any heavy lifting for at least 2 weeks (or longer if a second cut was made to insert your reservoir).

Outpatient appointments

You will be seen in clinic 2-3 weeks after your surgery, when you will be examined to see if your wounds have healed and the prosthesis is working well. We will demonstrate to you how to inflate and deflate the prosthesis. Before you leave this appointment you must be happy to operate the prosthesis. We will then ask you to inflate and deflate it twice daily for 15 minutes at a time but not use it for intercourse. Remember to give a single squeeze to the pump after you have deflated it to keep the valve working well.

We will see you again six weeks after your surgery and we will again check your technique. At this point we may advise you that you can start using the prosthesis for intercourse.

What to look out for

Please contact your clinical nurse specialist or your medical team using the contact details provided below if you experience any of the following:

- persistent bleeding from the wound site
- pain which is not controlled by the painkillers prescribed or is getting worse
- a fever of 100°F (38°C) or higher
- swelling, redness and/or discharge from the wound
- if the prosthesis automatically inflates.

Out of hours, please contact your GP or nearest accident and emergency (A&E) department.

If you see another doctor or nurse and they examine your genitalia, it is important that you tell them that you have prosthesis, particularly if they are considering inserting a catheter. If in doubt, please ask them to contact the clinical nurse specialist on the surgical team on one of the contact numbers on page 6.

Who can I ring if I have any problems?

Administration Queries Only		
Mr Parnham secretary		0161 446 3358
Mr Sangar secretary		0161 446 3363
Medical Queries		
Penile prosthesis support nurses 8:00am – 4:00pm	Steven Booth	0161 446 2369
	Helen Johnson	0161 446 7000
Macmillan urology clinical nurse specialists 8:00am – 4:00pm	Jane Booker	0161 446 8018
	Sharon Capper	0161 446 3856
	Catherine Petterson	0161 918 7328
The Christie switchboard Ask for surgical registrar on-call (out of hours only)	0161 446 3000	
The Christie Hotline (out of hours only)	0161 446 4073	
Surgical oncology ward	0161 446 3860	

Where can I find out more information regarding penile prosthesis?

Below are a list of websites and videos that you might find helpful when considering penile prosthesis surgery:

- <http://patients.uroweb.org/>
- www.baus.org.uk/
- www.coloplast.co.uk/surgical-urology/patient/men/erectile-dysfunction/

Glossary

Catheter

A hollow flexible tube to insert or drain fluids from the body. In urology, catheters are generally used to drain urine from the bladder.

Drain

A tube which is placed into the wound which allows fluid including blood to escape and prevent build up in the tissues.

Erectile dysfunction

The inability to get or keep an erection.

Erection

An erection is a when the penis becomes firmer, engorged and enlarged.

Glans

The rounded part forming the end of the penis.

Incontinence

The accidental escape of urine from the bladder.

Penis

A reproductive organ in men which also carries urine out of the body.

Peyronie's disease

Penis problem caused by scar tissue, called plaque that forms inside the penis. It can result in a bent, rather than straight, erect penis.

Priapism

A persistent and painful erection of the penis.

Radical prostatectomy

A surgical procedure commonly performed robotically, in which the entire prostate is removed.

Scrotum

A pouch of skin containing the testicles.

Urethra

The urethra is the tube that allows urine to pass out of the body. In men, it's a long tube that runs through the penis. It also carries semen in men.

Urinary tract infection

A urinary tract infection is an infection in any part of the urinary system: the kidneys, ureters, bladder, or urethra.

Vacuum device

An external pump with a band on it that a man with erectile dysfunction can use to get and maintain an erection.

If you need information in a different format, such as easy read, large print, BSL, braille, email, SMS text or other communication support, please tell your ward or clinic nurse.

The Christie is committed to producing high quality, evidence based information for patients. Our patient information adheres to the principles and quality statements of the Information Standard. If you would like to have details about the sources used please contact **the-christie.patient.information@nhs.net**

For information and advice visit the cancer information centres at Withington, Oldham, Salford or Macclesfield. Opening times can vary, please check before making a special journey.



Contact The Christie Hotline for
urgent support and specialist advice
The Christie Hotline: 0161 446 3658
Open 24 hours a day, 7 days a week