

Urology department

Infrapubic inflatable 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 other options do I have?'**) to regain their erections, but they have failed, or treatments have been unacceptable. It is also used in patients with Peyronie's disease, and priapism.

An inflatable penile prosthesis allows patients to have a firm erection so that they can continue having a sex life. It will not usually interfere with your ability to orgasm or pass urine.

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

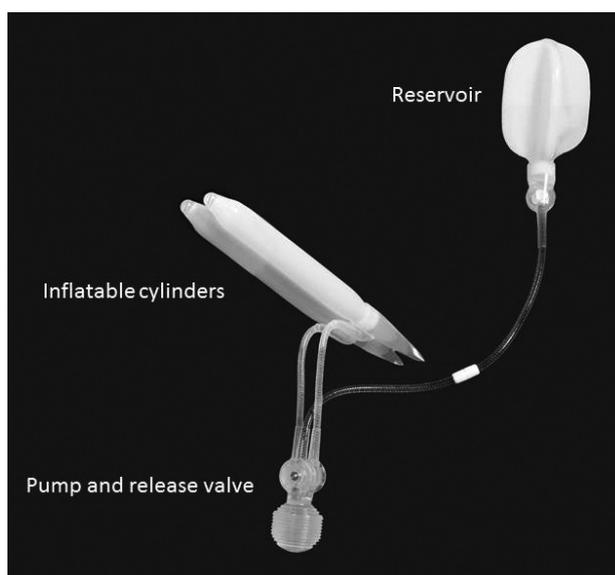
An inflatable penile prosthesis (or penile implant) is a medical device which is surgically inserted into the penis, scrotum and tummy often through 1 or 2 small incisions.

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 soft but will fill with fluid when required to give a firm erection (see figure 1).

A reservoir which is placed inside the tummy and 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.



What an inflatable penile prosthesis will not do

It will not provide extra length to the penis or restore length lost 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. However, if needed the prosthesis can be removed, but other medication will not work after removal.

What is the infrapubic technique and what are the advantages?

In the United Kingdom most penile prosthesis are placed through a traditional incision in the scrotum at the base of the penis, known as a penoscrotal approach. The Christie team are one of the pioneers in the United Kingdom of a technique developed in the United States called the infrapubic technique. The infrapubic technique moves this incision to just above the penis [See figure 2] which has a number of potential advantages:

- Shorter operative time
- Reduced pain
- Earlier mobilisation
- Earlier return to sexual function
- No catheter required
- No heavy dressings required
- Reduced antibiotic requirement
- (Potential to be daycase)

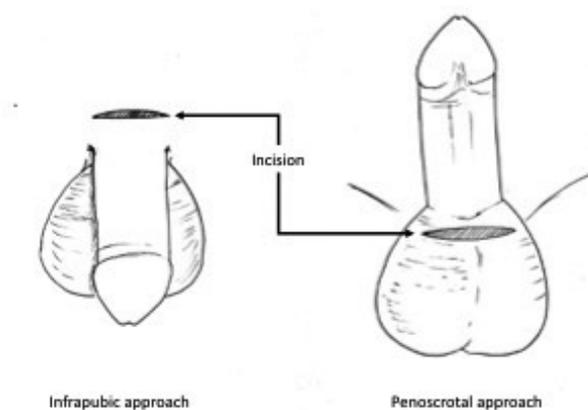


Figure 1 Comparison of incisions for infrapubic and penoscrotal approaches

Agreeing to treatment

The surgeon will have explained the operation and why you need it. The information in this booklet is a permanent record of what has been explained. We advise you to read this information sheet before you sign the consent form which states that you are prepared to go ahead with an infrapubic inflatable penile prosthesis.

It is important that you have tried and tested other treatment options before you decide on a prosthesis, this includes the use of injection therapy.

Consent to treatment

We will ask you to sign a consent form agreeing to accept the treatment that you are being offered. The basis of this agreement is that you have had The Christie's written description of the proposed treatment and that you have been given an opportunity to ask any questions and discuss any concerns. You are entitled to request a second opinion from another doctor who specialises in treatment of this condition. You can ask your own consultant or your GP to refer you.

Your consent may be withdrawn at any time before or during treatment. If you decide to withdraw your consent, then a member of your treating team will discuss the possible alternatives with you.

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

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

Common side effects (more than 1 in 10)

- **Bleeding/ bruising** - This will settle over time. 1 in 5 patients will experience significant bruising that extends onto the lower tummy and upper legs. This will resolve over 2 to 3 weeks.
- **Pain/discomfort** - You will be given a local anaesthetic block during your surgery which should mean that you wake up pain free. You might find however over the following days you get discomfort from your scrotum and this can usually be managed with simple painkillers such as paracetamol.

Uncommon side effects (less than 1 in 10)

- **Device malfunction** - 1 in 20 patients will experience a malfunction in the device within 10 years. The average life span of the implant is 12 years. It does not need to be replaced as long as it keeps working. This can include auto-inflation where the penile cylinders fill when not required and may need surgery to correct. This usually requires repeat surgery.
- **Glans droop or floppy glans** - The head of the penis (known as the glans) is unstable causing it to point downwards. This can be corrected either by medications or further surgery if problematic.

Rare side effects (less than 1 in 100)

- **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.
- **Haematoma** - A haematoma is a collection of blood. This can cause discomfort and might require repeat surgery in some circumstances.
- **Altered glans sensation** - When the sensation at the head of the penis changes. This can be permanent. This may affect your sexual function.
- **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. The reservoir can move out of position making it more visible or uncomfortable (reservoir herniation).
- **Erosion of the device** - Where the prosthesis becomes visible through the skin. Erosion of a penile prosthesis will mean that it must be removed.
- **Injury to urethra, bowel, bladder or blood vessels during surgery** - This will mean that the prosthesis may not be placed at the time of surgery.
- **Anaesthetic issues** - These can include chest infections, pulmonary embolism, stroke, deep vein thrombosis, and heart attacks.

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 benefits of any treatments you have not tried with your surgeon. These include:

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

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

Before surgery

Prior to agreeing to surgery we insist you go through a counselling session with our specialist nursing team. This is essential in ensuring you get the best outcome and that you are fully aware of the implications of the surgery.

About 2 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 help with your recovery. Sometimes if control is poor we may not undertake your surgery.

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 antiseptic wash the day prior to your surgery and also on the day to help reduce the number of bacteria in the area of your operation. You will also need to start the oral antibiotics provided the day before your surgery.

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 small incision (approximately 3-5cm) made just above your penis to allow insertion of the two inflatable cylinders and the pump (see diagram). The reservoir will 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 it is still possible to insert the implant through the same incision although in some circumstances a second cut may be made in the lower part of your tummy to insert the reservoir safely.

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

The implant will be left partially inflated after the surgery and you will have sandbag placed on the incision site to reduce any bleeding or bruising. This will be removed after a couple of hours.

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 ward staff will offer you an ice pack to be placed on your wound when convenient.

You will be given antibiotics only whilst you are in hospital. You will not need any to take home.

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. The drain may then be removed later that day assuming that there is little fluid coming out of it.

The majority of patients stay for 1 night. However, if there are any concerns, we may ask you to stay longer to ensure your safety and the success of your operation.

On discharge you will be asked not to inflate the prosthesis until you are shown how to do so.

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 Christie pharmacy. 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 3 weeks after surgery.

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

Wound care

When at home you should place an ice pack wrapped in a towel on your scrotum when sitting. Do not place the ice pack directly on your scrotum without a towel.

Be aware that 1 in 5 patients will experience significant bruising that extends onto the legs and tummy. This is normal and no further action is required and will settle after 2 weeks

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

You can shower 2 days after surgery in the evening but you are advised not to 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.

Please do not pick or scratch at the wound or any stitches. They are all dissolvable and will disappear with time.

Device care (Important)

At day 5 after your surgery we strongly encourage you to firmly pull down on the pump in your scrotum **every time** you go to the toilet. This is essential to ensure that the pump lies in a good position and the success of your operation. **It is your responsibility to do this.** You should also massage around the pump to help the healing process.

You should also 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.

Antibiotics

You will not routinely require any antibiotics when you go home.

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 2 weeks off work, although if your job involves working in dirty environments or manual handling you may wish to take longer (up to 6 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).

Driving

You will not be able to drive for at least 2 weeks. We would advise you to contact your car insurance company for further guidance however as a general rule you will not be able to drive until you can confidently perform an emergency stop.

Flying and holidays

You will not be able to fly for 6 weeks after your surgery as your risk of deep vein thrombosis (blood clot in a vessel in the leg) is higher.

You should also contact your travel insurance company and inform them of your diagnosis and current treatment plan. Please note that this is likely to increase your insurance premium.

Outpatient appointments

You will be seen in clinic one week after your surgery, when you will be examined to see if your wounds have healed and the prosthesis is working well. We will guide you after this on your follow up and when you can start using the implant for sex. Most can expect to start using the implant for sex at 4 to 6 weeks after surgery.

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 7.

Who can I ring if I have any problems?

Administration queries only		
Mr Parnham Secretary	Susan Burke	0161 446 3358
Prof. Sangar Secretary	Michelle Rose	0161 446 3363
Medical queries		
Penile prosthesis support nurses	Steven Booth	0161 918 2369
	Helen Johnson	0161 918 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 Hotline		0161 446 3658
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
- <https://www/erectile-dysfunction-solutions.uk>
- <https://www.edtreatments.com/home.html>

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 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 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 **patient.information@christie.nhs.uk**

For information and advice visit the cancer information centres at Withington, Oldham or Salford. 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