

Urology department

Malleable (semi-rigid) penile prosthesis

Why should I have a malleable penile prosthesis?

The insertion of a malleable penile prosthesis is reserved for patients who have tried all other 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.

A malleable penile prosthesis allows patients to have a firm erection so that they can continue having a sex life.

What is a malleable penile prosthesis and how does it work?

A malleable penile prosthesis (or semi-rigid prosthesis) is a medical device which is surgically inserted into the penis. The implant maintains the penis in an erect state. These implants never change in size and are similar in some ways to a pipe cleaner as it can be bent or straightened but will maintain its position. The malleable penile implant is generally kept in a downward position, and then bent into an upward position prior to intercourse (see picture below).

What will a malleable penile prosthesis not do?

It will not provide extra length to the penis or restore length which has been 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 removed to create space for the malleable rods.



Why might I need a circumcision at the same time as my prosthesis?

If you have a foreskin your surgeon may discuss a circumcision with you at the same time as the insertion of your malleable penile prosthesis. If your foreskin is a little tight the prosthesis may make this worse leading to swelling and discomfort that may require a circumcision at a later date. Your surgeon may not be able to guarantee that you do not need a circumcision as the appearance is often very difficult to predict until the time of surgery.

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 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 urethra (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.
- inflatable penile prosthesis (see separate information leaflet about inflatable penile prosthesis).

What are the risks of having a malleable 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.
- **Discomfort:** Many patients will experience minimal discomfort in the first 10-12 hours after surgery as you will receive a local anaesthetic. However once this has worn off there can be some discomfort. As the implant is stretching your penis from the inside it can be quite uncomfortable for up to 6 weeks and the team will ensure that you receive guidance on how to manage this. It is important to be prepared for this and rest. Although rare, some patients experience discomfort that does not settle after 6 weeks. This can be either due to an infection or neurogenic pain (abnormal nerve firing due to the implant). This can be difficult to treat and can mean that your implant is removed.
- **Bleeding/ bruising:** This will settle over time.
- **Altered glans sensation:** The sensation at the head of the penis can change. This can be permanent.
- **Cosmetic dissatisfaction:** It can be difficult to hide malleable penile implants. You might find that the penis is more visible when wearing tight clothing or swimming trunks.
- **Device malfunction:** It is rare for a malleable penile prosthesis to develop a malfunction.
- **Erosion of the device:** Between 1 in 20 and 1 in 50 the prosthesis becomes visible. Erosion of a penile prosthesis will mean that it must be removed.
- **Glans droop or floppy glans:** In around 1 in 10 to 1 in 50 of cases the head of the penis (known as the glans) is unstable causing it to point downwards.
- **Injury to urethra:** In around 1 in 50 to 1 in 250 of cases, this will mean that the prosthesis is not placed at the time of surgery.
- **Anaesthetic issues:** In around 1 in 50 to 1 in 250 of cases. These can include chest infections, pulmonary embolism, stroke, deep vein thrombosis, and heart attacks.

What can I expect before, during and after surgery?

Before 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 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 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 2 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 either in your scrotum just beneath the penis or on the penis itself along the length to allow insertion of the two malleable cylinders.

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.

Your penis will be wrapped up with bandages 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 to help 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.

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 strongly bend the penis until you are seen in clinic and reviewed at 3 weeks by the surgical team. It is best to keep the penis in an upright position (i.e. against your tummy) where possible for the first 2 weeks following surgery. This will allow any swelling to drain away.

What should I do once I am discharged home?

Pain

Following your surgery, you may experience some discomfort. This at times can be quite strong and last up to 6 weeks. This is normal however if you develop redness, a temperature and increasing pain please contact The Christie Hotline on **0161 446 3658**. When at home please take the painkillers provided to you by The Christie pharmacy regularly. Do not exceed the stated dose.

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.

Antibiotics

You will be given 7 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 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.

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 how to manipulate the prosthesis.

We will see you again 6 weeks after your surgery and we will again check you can use the prosthesis. 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

Out of hours, please contact The Christie Hotline on **0161 446 3658**.

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. You should have covering antibiotics if a catheter is inserted in the first 6 weeks of surgery. If in doubt, please ask them to contact the clinical nurse specialist on the surgical team on one of the contact numbers below.

Contacts

Surgical oncology unit – 0161 446 3860

Macmillan urology clinical nurse specialists:

Jane Booker – 0161 446 8018

Steve Booth – 0161 918 2369

Sharon Capper – 0161 446 3856

Helen Johnson – 0161 918 7000

Catherine Pettersen – 0161 918 7328

Further information

Macmillan Cancer Support

This is a national cancer information charity which runs a cancer information service. The cancer support service freephone number is **0808 808 0000** (Monday to Friday, 9am - 8pm). If you are hard of hearing, use the text phone **0808 808 0121**.

If you are a non-English speaker, interpreters are available. You can speak to trained cancer nurses who can give you information on all aspects of cancer and its treatment. Information and advice about benefits is also available www.macmillan.org.uk

Maggie's centres

The centres provide a full programme of practical and emotional support including psychological support, benefits advice, nutrition and headcare workshops, relaxation and stress management.

Maggie's Manchester

Contact Maggie's on **0161 641 4848** or email manchester@maggiescentres.org

Maggie's Oldham

Contact Maggie's on **0161 989 0550** or email oldham@maggiescentres.org

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.

We try to ensure that all our information given to patients is accurate, balanced and based on the most up-to-date scientific evidence. 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