

# E. Charles Osterberg MD

RECONSTRUCTIVE UROLOGY

## **About Your Penile Implant Surgery**

This information explains the benefits, risks, and possible complications of penile implants. Please read this information carefully before you decide if you want a penile implant. If you have any questions, talk with your doctor.

What is a penile implant used for?

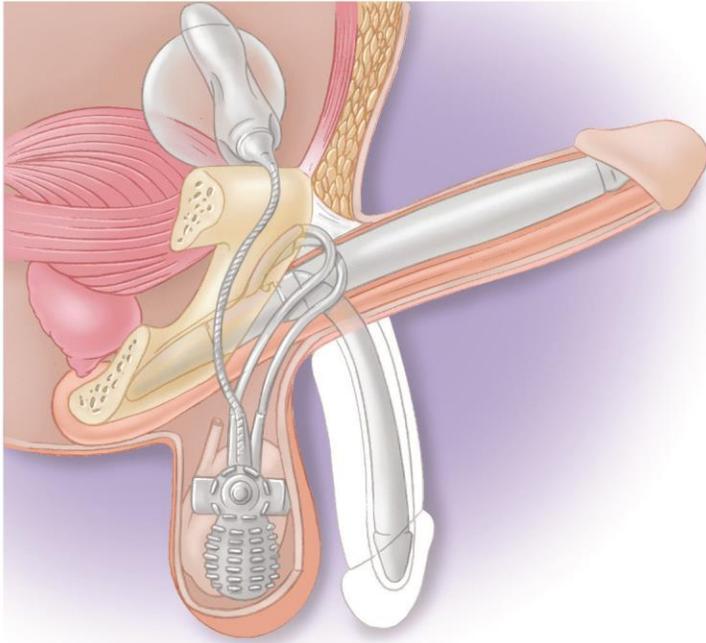
A penile implant is used to treat impotence (not able to have or keep an erection) in men. This is also called erectile dysfunction (ED).

Implants are used in men who have not responded to other treatments for ED. Other treatments include pills, suppositories, injections, and vacuum devices. Implants are also used in men who have responded to these treatments, but who don't like the side effects.

Implants do not increase the length of the penis.

### **How the Internal Penile Prosthesis Pump Works During Sexual Activity**

When a man is sexually aroused, all he has to do is squeeze the pump between the thumb and index finger, and an erection occurs. The penis looks and feels so normal (because of our minimally invasive surgical scrotal technique) that many patients report that even after sexual activity, a new partner could not tell that an Prosthesis Pump was present. Our surgical approach allows us to hide all of the components of the pump into the scrotal sac and the incision is concealed by the midline raphe of the scrotal skin.



### **How is the Penile Pump Placed?**

The complete Prosthesis Pump is placed through a very small minimally invasive opening, usually an inch long, in the scrotal sac. This is a breakthrough when compared to previous techniques, which made much larger openings that required longer and a more painful healing process. The skin on the penis itself is never opened so that there are no visible scars. This provides the patient with the best cosmetic outcome and concealment of the scar when compared to all other surgical approaches.



What are the benefits of having a penile implant?

- It makes the penis rigid. Patients usually get an erection within 30 seconds after starting to pump the device.
- It doesn't require taking pills or injecting medication.

What are the risks of having a penile implant?

- The implant must be put in during surgery. Every surgery has some risks and your doctor will discuss these with you.
- The surgery is irreversible. This means that if the implant needs to be removed or you no longer want the implant, no other treatments for ED will work for you.
- The implant can cause some complications. Although they are not common, they can happen. The complications can include:
  - Infection. This happens in 1 to 3 out of 100 patients who have a first-time implant. Infection is more common if the surgery needs to be repeated. If the implant gets infected, it will need to be removed. Infections usually occur within the first 8 weeks after surgery, but they may occur up to 1 year after the surgery.
  - The device breaks down early. This occurs in about 2 out of every 100 patients who have an implant. The pump or cylinders can stop working in the early months following surgery. If this happens, the device will need to be replaced.

- A new surgery is needed. About 15 to 20 out of every 100 patients who have an implant will need to have a new surgery within the first 10 years. This is because of wear and tear on the device.
- Autoinflation. The device may inflate by itself. It usually needs some exertion for this to happen. We take great care during surgery to prevent this from happening. However, in some cases, it may happen despite our best efforts. This is more likely to happen in people who are overweight or who have had surgery for prostate cancer.
- Scrotal hematoma. This is swelling and bruising of the scrotum, lower abdomen, and inner thighs. Blood can collect and cause a lot of swelling. Your healthcare team will put on a scrotal support (similar to a jockstrap) after your surgery to help prevent this from happening.
- Other less common complications include:
  - Erosion, which is when the implant comes through the skin. This is more likely to happen if you have had an infection. The implant will need to be removed.
  - Migration, which is when the implant moves out of place. This may require another surgery.

What should I expect after surgery?

- Most people will be able to leave the hospital a few hours after surgery or may stay overnight. However, you will have to take at least 7 days off of work to recover.
- You will most likely have pain and swelling for about 2 weeks after surgery.
- You cannot masturbate or engage in any sexual activity for 4 to 6 weeks after surgery. This includes vaginal, oral, and anal sex.
- It may take more than 6 months for your penis to feel normal again.
- There should be no change in the quality of your ejaculation or orgasm.

## **Before Your Procedure**

Ask about your medications

You may need to stop taking some of your medication before your procedure. We have included some common examples below.

- If you take medication to thin your blood, such as to treat blood clots or to prevent a heart attack or stroke, ask the doctor who prescribes it for you when to stop taking it. Some examples are aspirin, warfarin (Coumadin<sup>®</sup>), dalteparin (Fragmin<sup>®</sup>), heparin, tinzaparin (Innohep<sup>®</sup>), enoxaparin (Lovenox<sup>®</sup>), clopidogrel (Plavix<sup>®</sup>), cilostazol (Pletal<sup>®</sup>), dabigatran (Pradaxa<sup>®</sup>), and apixaban (Eliquis<sup>®</sup>).

Tell your doctor or nurse what medications you are taking, including prescription medications, patches, creams, herbal supplements, and over-the-counter medications.

Tell your doctor or nurse if you have had an allergic reaction to contrast media in the past.

Arrange for someone to take you home

You must have someone 18 years or older take you home after your procedure. If you don't have anyone, call one of the agencies below. They will provide someone to accompany you home, however there is usually a charge for this service and you will also need to provide transportation.

10 days before your procedure

If you take vitamin E, stop taking it 10 days before your procedure, because it can cause bleeding.

7 days before your procedure

If you take aspirin, ask your doctor if you should continue. Aspirin and medications that contain aspirin can cause bleeding.

2 days before your procedure

Stop taking nonsteroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen (e.g., Advil<sup>®</sup>, Motrin<sup>®</sup>) and naproxen (e.g., Aleve<sup>®</sup>). These medications can cause bleeding.

The Day Before Your Procedure

Note the time of your appointment

A clerk from the Admitting Office will call you after 2:00 PM the day before your procedure. He or she will tell you what time you should arrive at the hospital for your procedure. If you are scheduled for your procedure on a Monday, you will be called on the Friday before.



**Do not eat solid foods after midnight.**

The Day of Your Procedure

Between midnight and up until 2 hours before your scheduled arrival time, you may drink a total of 12 ounces of clear liquids (see Figure 3).



Figure 3. 12 ounces of clear liquid

Examples of clear liquids include:

- Clear broth, bouillon, or consommé (no particles of dried food or seasonings)
- Gelatin, such as Jell-O®
- Clear fruit juices (no pulp), such as white cranberry, white grape, or apple
- Soda, such as 7-Up®, Sprite®, ginger ale, seltzer, or Gatorade®
- Coffee or tea, without milk or cream



**Starting 2 hours before your scheduled arrival time, do not eat or drink anything. This includes water, hard candy, and gum.**

Things to remember

- Take a shower with soap and water. You can brush your teeth and rinse your mouth.
- Do not put on any lotion, cream, deodorant, makeup, powder, or perfume.
- Do not wear any metal objects. Remove all jewelry, including body piercings.
- Leave valuables, such as credit cards, jewelry, or your checkbook, at home.
- Bring only the money you may need for a newspaper, bus, taxi, or parking.

What to expect

Your nurse will start an intravenous (IV) line in your vein to give you anesthesia (medication to make you sleep).

## **AFTER Your Procedure**

1) When making your travel reservations, do not plan to travel for at least 72 hours following surgery.

- 2) Plan for two full days of bed rest following surgery.
- 3) Remove Scrotal Support after 48 Hours
- 4) NO LIFTING items heavier than 1 gallon of milk for 2 weeks following surgery.
- 5) You may spend 23 hours in the hospital.
- 6) You will need to apply ice packs several times a day in 20 minute intervals for the first 4-5 days following surgery. Re-using frozen bags of peas or corn is helpful.
- 7) You will need to change your dressing and keep the surgical site clean and dry. Keep covered with a CLEAN dressing until the staples are removed, or until you are allowed to wet the incision (5-7 days following surgery).
- 8) Your stitches will all dissolve.
- 9) Do NOT shower for the first 48 hours following surgery. No direct water contact for 5-7 days following surgery.
- 10) On the 5th day after surgery, you'll begin a three-times a day routine of hot water in the shower directly to your penis followed by 20 minutes of ice packs. NO BATHS.
- 11) Narcotic pain medications may cause constipation. Increase your water intake and consumption of fiber for relief. If your bowels don't move within three days after surgery, you should start an OTC stool softener.
- 12) You may also experience difficulty urinating or find your stream is not of its usual strength. This is because of the inflammation in your penis and it will return to normal in time.
- 13) PULL PUMP DOWN in the scrotum several times a day after the 5<sup>th</sup> postoperative day. You will likely experience some soreness and swelling, but this is an important part of the rehabilitation. Attempt to find the deflate tabs every time.
- 14) NO SEXUAL CONTACT IS PERMITTED UNTIL 6 WEEKS AFTER SURGERY.