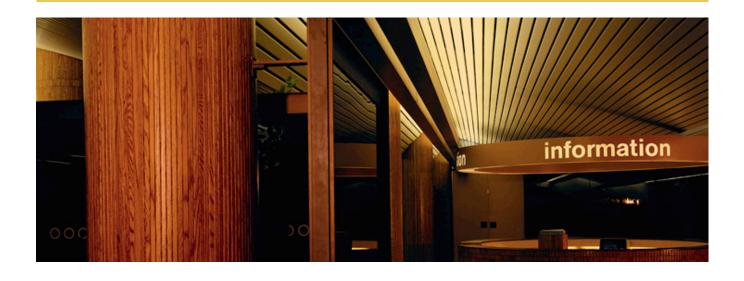
PENILE IMPLANT SURGERY

PATIENT INFORMATION LEAFLET

CHRISTIAN SEIPP MD PHD
CONSULTANT UROLOGICAL SURGEON





Erectile dysfunction– a common problem

EFFECTIVE TREATMENT FOR ERECTILE DYSFUNCTION

Erectile dysfunction (ED) is another name for impotence. It is the persistent inability to achieve and maintain an erection that is firm enough or lasts long enough to have sexual intercourse. ED is a common problem that is often caused by physical conditions, including prostate cancer, diabetes and cardiovascular disease.

If you suffer from erectile dysfunction, you are not alone. ED affects approximately 94 million men worldwide. Erectile difficulties affect men in all age groups. Impotence is frustrating, embarrassing and depressing. It limits your intimacy, affects your self-esteem and impacts on your most important relationships. Ignoring the problem will not help; - with time ED becomes worse and efforts in restoring erectile function will become more difficult.

What are common causes for ED?

Diabetes can cause damage to nerves or blood vessels that control the flow of blood to the penis.

Cardiovascular problems can decrease blood flow to the penis through blocked arteries or leaking veins.

Trauma or Surgery in the prostate, bladder, colon or pelvis can damage nerves and cause ED.

Spinal cord injuries can stop nerve impulses from reaching the penis.

Hormonal problems and medication can interfere with erectile function.

The good news is that ED is treatable. Almost every man with ED can be helped and there is usually more than one treatment option: these range from oral medication (Viagra, Levitra, Cialis) to vacuum erection devices, self-injection treatment, intra-urethral suppositories and penile implant surgery.

In use for more than 30 years, penile prostheses may provide an effective and permanent surgical solution for men who are not satisfied with the results from conventional treatment options.



The Surgery

What happens next?

Once you have taken the decision to undergo treatment for your condition, you will receive an appointment for your surgery. You will need to have a preoperative assessment to check your general health in an attempt to minimize possible complications. Please make sure you inform your surgeon and anesthetist about all medical conditions, previous procedures and allergies and bring a list of all medication you take regularly.

On the day of your surgery

You will be told when to stop eating or drinking in case your procedure will be carried out under general anesthetic. This includes smoking and using chewing gum or sucking sweets. Smoking significantly impairs wound healing and recovery from surgery, - it also causes problems with anesthetics, - it would be advisable to stop smoking at least 6 weeks prior to your procedure.

The greatest concern in implant surgery is the possibility of an infection. We will take every effort to minimize this risk: before coming to hospital take a shower or bath and wash your hair. One hour before you will be taken to theatre, you will take a bath in diluted disinfectant.

In theatre, we will shave the genital area and repeat an extensive disinfection process. In most cases the surgery will be performed through a small incision in the upper part of the scrotum. Once healed, the wound will no longer be visible. Regardless of the type of implant chosen, we will take exact measurements during the procedure to fit a "tailor-made" prosthesis according to every patient's individual anatomical specifications.

The surgery takes on average about one hour. When you wake up in recovery you will notice that your penis is erect. You will have a urinary catheter and a very small drain.

Although a rather delicate area of your body, you should only expect mild postoperative discomfort. You will spend the night after your surgery on one of our wards. The following morning, catheter and drain will be removed. The implant will be deflated and the dressing will be changed. You will be discharged home on a course of oral antibiotics.

After your surgery:

During the first week after your surgery you should rest as much as possible to prevent complications and speed up your recovery. Try not to move around too much and spend most of your time either in bed or the sofa. While lying down move your legs and feet to prevent the development of a thrombosis. Please ensure that you have received a sufficient amount of painkillers and use them – when needed – not exceeding the maximum dose.

Try and keep the wound as clean as possible and change the dressings if and when necessary. You will be able to shower or take a short bath on the fifth day after your surgery, but make sure you use only lukewarm water and take extra care to dry your wound afterwards (if necessary with a hairdryer).

All sutures are dissolvable. You will receive a follow-up appointment in clinic one week after your procedure. A second review will be arranged after six weeks, when you will be shown how to use the implant. Please note that you are not allowed to perform any sexual activity or use the implant within the first six weeks after the surgery.

Please make sure you have got a number to call in case of any complications or unforeseen events.



Benefits and risks of penile implants

Penile prostheses have helped over 300,000 men worldwide to return to an active, satisfying sex life. But like any other surgical procedure, there are both benefits and risks to be considered.

Benefits

- Implants offer a long-term solution to erectile dysfunction
- Provide the ability to have an erection anytime, hence allowing greater spontaneity and have sex when the mood strikes
- Implants enable you to maintain an erection as long as you desire.
- Eliminates the need for costly pills or shots
- Feels natural during intercourse
- Does not interfere with ejaculation or orgasm







Risks

- Will make latent natural or spontaneous erections as well as alternative treatment options impossible
- In case of an infection of the implant the prosthesis will have to be removed
- Implant may cause penis to become shorter, curved or scarred
- May cause lasting pain
- Mechanical failure or dysfunction may occur and may require repair surgery
- Perforation or migration of implant can occur and may require revision surgery or removal of the implant





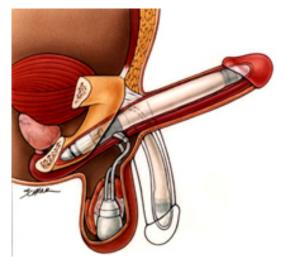
One-piece malleable prostheses are the simplest types of penile implants. The prosthesis consists of a pair of cylinders that are surgically inserted into the penis. The prosthesis is positioned upward for intercourse and can be concealed by bending it downwards.

Advantages:

- Totally concealed in body and easy to use
- Good option for men with limited dexterity
- Generally the simplest surgical procedure
- · Simply bend to conceal

Disadvantages:

- Remains firm when not being used
- Less appropriate for patients requiring cystoscopies



Two-piece inflatable prosthesis

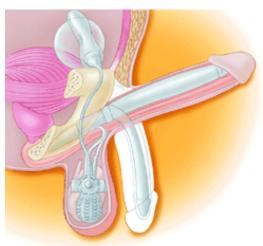
The two-piece inflatable prosthesis consists of a fluid-filled pair of cylinders implanted in the penis and a small pump implanted in the scrotum. To get an erection, you simply squeeze and release the pump several times. When the fluid is pumped into the cylinders, it creates an erection that provides rigidity.

Advantages:

- Totally concealed in body and easy to use
- Simple to use with one step deflation
- Device inflated to provide rigidity and deflated for concealment

Disadvantages:

- Requires some manual dexterity
- Cylinders remain partially filled with fluid when deflated



Three-piece inflatable prosthesis

The three-piece, fluid-filled inflatable prosthesis features a pair of cylinders implanted in the penis, a pump implanted in the scrotum, and a reservoir implanted in the lower abdomen. When the fluid is pumped into the cylinders, it creates an erection that provides rigidity and girth expansion.

Advantages:

- Totally concealed in body
- Like a natural erection
- Device inflated to provide rigidity and deflated for concealment
- Expands in girth and (some devices) in length
- When deflated, the cylinders are soft and flaccid
- Contains special coating to reduce infection and increase durability

Disadvantages:

• Requires some manual dexterity



Christian Seipp MD PhD

Consultant Urological Surgeon
Betsi Cadwaladr University Healthboard
SPIRE Yale Hospital & Nuffield Health The Grosvenor Hospital Cheste
www.christianseipp-urology.com