



For Appointments Call: 08 8267 1424

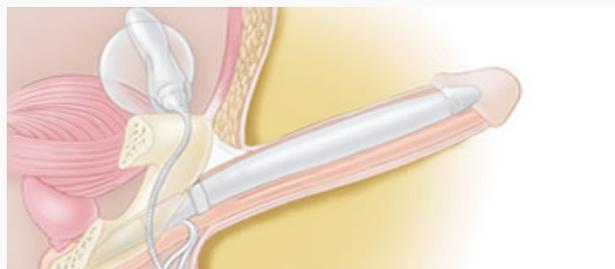
Penile Prosthesis for Erectile Dysfunction

Insertion of a penile prosthesis is a procedure for erectile dysfunction (impotence) that has not responded to other forms of treatment. Although recovery from the operation is generally quite quick, it should be considered major surgery, as it is the last treatment option available.

The device is reasonably complex, and consists of three parts, as shown in the diagram below. Essentially, the device uses fluid to fill two rods, and these give an artificial erection.



The two rods are inserted into the penis, and these are connected to a fluid reservoir (inserted into the lower abdomen), and to a pump (inserted into the scrotum).





By squeezing the pump, fluid is moved from the reservoir to the rods, which lengthen (some devices also expand). When you no longer wish to have an erection, pressing the small button on the pump causes fluid to move from the rods back to the reservoir, and the erection goes away.



What is the erection like?

Although this operation can allow you to regain an active sex life, the erections are not spontaneous, and need to be initiated by you pressing the pump. Also, although most sensation during intercourse comes from the glans (head) of the penis, which is relatively unaffected by the operation, both partners report different sensations than they used to feel when erections were spontaneous. For men, sensation may be reduced, and for women, it is common to report that the penis feels 'cold' during intercourse.

The implant will not make your penis larger.

Potential side effects and complications

All procedures have the potential for side effects. Although these complications are well recognised, the majority of patients do not have problems after a procedure.

Risks of the anaesthetic need to be discussed with the anaesthetist who will be looking after you during the operation, and who will visit you beforehand.

There are specific risks with this surgical procedure, and these will be discussed with you before your procedure. As a guide to complement that one-on-one discussion with your surgeon, these include:

Common

- Pain after the procedure, in the penis, scrotum and wounds. This is usually well controlled.
- Some bruising around the scrotum. This should be minimal.

Rare

- Intra-operative complications, which require halting the procedure, and re-booking for a later date. These

will be discussed with you, but include injury to the urethra, and perforation of the corporal bodies (where the cylinders are put in).

- Early or late infection of any part of the device. Because the device is a foreign body, if it gets infected the whole device will need to be removed and a new one reinserted at a later date.
- Erosion of part of the device through the skin. This normally requires removal of the entire device, as infection is usually present.
- Early or late failure of the device (see figures below for a rough guide)

To give an idea of complication rates, a study of 955 penile prostheses implanted in an Australian Centre showed the following results:

- An intraoperative complication rate up to 3%
- Infection on the prosthesis requiring removal =1%
- 90% of the implanted prostheses still work at 5 years
- 85% of the implanted prostheses still work at 10 years
- 90% of men are satisfied with the outcome, to the point that they would make the same decision

Reference: Chung E, Van CT, Wilson I, Cartmill RA. Penile prosthesis implantation for the treatment for male erectile dysfunction: clinical outcomes and lessons learnt after 955 procedures. World J Urol. 2013 Jun;31(3):591-5.

Disclaimer

This information is intended as an educational guide only, and is here to help you as an additional source of information, along with a consultation from your urologist. The information does not apply to all patients.

Not all potential complications are listed, and you must talk to your urologist about the complications specific to your situation.

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