

PATIENT INFORMATION

Inflatable penile prosthesis: procedure-specific information

What is the evidence base for this information?

This leaflet includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and evidence-based sources; it is, therefore, a reflection of best practice in the UK. It is intended to supplement any advice you may already have been given by your GP or other healthcare professionals. Alternative treatments are outlined below and can be discussed in more detail with your Urologist or Specialist Nurse.

What does the procedure involve?

This is a procedure to produce an artificial erection. Surgery will not normally be performed without you having tried all other alternatives first.

What are the alternatives to this procedure?

Observation, drugs, pellets, injection therapy, vacuum pumps

What should I expect before the procedure?

You will usually be admitted on the same day as your surgery. You will normally receive an appointment for pre-assessment, approximately 14 days before your admission, to assess your general fitness, to screen for the carriage of MRSA, to screen for the carriage of MRSA and to perform some baseline investigations. After admission, you will be seen by members of the medical team which may include the Consultant, Specialist Registrar, House Officer and your named nurse.

You will be asked not to eat or drink for 6 hours before surgery and, immediately before the operation, you may be given a pre-medication by the anaesthetist which will make you dry-mouthed and pleasantly sleepy.

You will be given an injection under the skin of a drug (Clexane), that, along with the help of elasticated stockings provided by the ward, will help prevent thrombosis (clots) in the veins.

Please be sure to inform your Urologist in advance of your surgery if you have any of the following:

- an artificial heart valve
- a coronary artery stent
- a heart pacemaker or defibrillator
- an artificial joint

- an artificial blood vessel graft
- a neurosurgical shunt
- any other implanted foreign body
- a prescription for Warfarin, Aspirin or Clopidogrel (Plavix®)
- a previous or current MRSA infection

What happens during the procedure?

Either a full general anaesthetic (where you will be asleep throughout the procedure) or a spinal anaesthetic (where you are awake but unable to feel anything from the waist down) will be used. All methods minimise pain; your anaesthetist will explain the pros and cons of each type of anaesthetic to you.

You will be given an antibiotic to reduce the chance of infection.

The device is made up from three components :

- a pair of two cylinders that fit inside the penile body
- a pump that sits in the scrotal sac
- a fluid filled reservoir that is fitted under the abdominal wall.

None of the device is visible although the penis will feel 'crinkly' when the penis is deflated. In addition you will be able to feel the pump in the scrotal sac.

We can usually insert the whole device through one small incision situated in the midline of your scrotal sac. However if you have had previous major surgery to remove your prostate gland or bladder for cancer you will require second incision on the lower abdominal wall to site the reservoir.

You will have a urinary catheter passed into the bladder whilst you are asleep in order to drain your bladder.

You will have dissolvable stitches.

What happens immediately after the procedure?

When you wake up you will have a urinary catheter and have a partly inflated penis (this is to reduce bruising). You will have a scrotal support fitted.

The following morning the device will be fully deflated And the catheter removed.

You will need a pain killing injection before we can deflate the device that morning.

Once you have passed urine you can return home. You will be sent home with antibiotic tablets for 5 days.

Keep wearing the scrotal support for 2 weeks.

For about 6 weeks we will leave the penis deflated and the reservoir fully inflated. This allows the reservoir to 'bed in' and create enough space to store the fluid required to work the device.

At that stage we will bring you back to outpatients to teach how to work it.

You may experience discomfort and bruising for a few weeks after the procedure but painkillers will be given to you to take home. Absorbable stitches are normally used which do not require removal.

The average hospital stay is 1 night.

Are there any side-effects?

Most procedures have a potential for side-effects. You should be reassured that, although all these complications are well-recognised, the majority of patients do not suffer any problems after a urological procedure.

Please use the check boxes to tick off individual items when you are happy that they have been discussed to your satisfaction:

Common (greater than 1 in 10)

- There may be some apparent shortening of the penis when erect as the device will neither expand nor lengthen like your old erection.
- Possible dissatisfaction with the cosmetic or functional result
- Temporary swelling and bruising of the penis and scrotum lasting several weeks
- Difficulty working the device - especially initially. Pain on working the device – especially initially

Occasional (between 1 in 10 and 1 in 50)

- The hydraulics working the device may fail
- The device may migrate back to produce some drooping of the very end of the head of the penis– a 'concorde' effect
- Spontaneous inflation when sneezing or lifting – uncommon with newer designs that incorporate a 'lock out valve'
- Early infection requiring removal of device
- Infection in the wound or deeper
- Tubing may feel prominent – this usually softens after a period of time

Rare (less than 1 in 50)

- Difficulty inserting device on day. We may be unable to stretch up the cavities inside the penis to a size that allows satisfactory placement of an inflatable device. In such circumstances we may need to fit a non expandable prosthesis - known as a 'malleable prosthesis.
- 'Cross over' of prosthesis. This occurs when the instrument used to dilate up the penile erectile elements make a small hole in the side wall of their capsule leading to poor positioning of the penile prosthesis. When this occurs the procedure must be abandoned for that day. It can later be attempted safely on a later day once the hole has healed.
- The prosthesis can migrate forwards out through the skin after many years
- The prosthesis can migrate out through the skin after many years

Hospital-acquired infection (overall chance of contracting infection during stay at the West Suffolk Hospital (all wards included)

(obtained from West Suffolk Hospital Infection Control Data June 2009)

- MRSA bloodstream infection (0.0000394 cases per bed day occupancy)
- Clostridium difficile bowel infection (0.0004865 cases per bed day occupancy)

(These rates may be greater in high-risk patients e.g. with long-term drainage tubes, after prolonged hospitalisation or after multiple admissions)

What should I expect when I get home?

It will be at least 14 days before healing occurs and you may return to work when you are comfortable enough and your GP is satisfied with your progress. You should refrain from sexual intercourse for a minimum of 4 weeks to allow complete healing

When you leave hospital, you will be given a "draft" discharge summary of your admission. This holds important information about your inpatient stay and your operation. If, in the first few weeks after your discharge, you need to call your GP for any reason or to attend another hospital, please take this summary with you to allow the doctors to see details of your treatment. This is particularly important if you need to consult another doctor within a few days of your discharge.

What else should I look out for?

There can be swelling of the scrotum after a few days. This will last up to 10 days and will then subside but do not be alarmed because this is expected.

If you develop a temperature, increased redness, throbbing or drainage at the site of the operation, please contact us.

Are there any other important points?

A follow-up outpatient appointment will be arranged for you some 4 weeks after the operation when we will activate the device. You will receive this appointment either whilst you are on the ward or shortly after you get home.

Is there any research being carried out in this field?

We are currently closely assessing the outcomes of this operation on an ongoing basis. There is no specific research in this area at the moment but all operative procedures performed in the department are subject to rigorous audit at a monthly Audit & Clinical Governance meeting.

Who can I contact for more help or information?

- Uro-Oncology Nurse Specialist 01284 712735
- Urology Nurse Practitioner for 'haematuria clinic', chemotherapy & BCG therapy 01284 712806
- Urology Nurse Practitioner for prostate (transrectal) ultrasound clinic, erectile dysfunction clinic 01284 713229
- Urology Nurse Practitioner for prostate assessment clinic, self catheterisation clinic 01284 713229

Other contacts

Chaplaincy - Telephone: 01284 713486

What should I do with this form?

Thank you for taking the trouble to read this information sheet. If you wish to sign it and retain a copy for your own records, please do so below.

If you would like a copy of this form to be filed in your hospital records for future reference, please let your Urologist or Specialist Nurse know.

I have read this information sheet and I accept the information it provides.

Signature.....Date.....