

Patient Information

PENILE PROSTHESIS (IMPLANT) SURGERY

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Implantation of a penile prosthesis is one of the options available for the treatment of erectile dysfunction, whatever the cause, and is, in many ways, the best option.

The structure of the penis, if you think of it his way , consists of three hollow tubes running along the length of the shaft, surrounded by loose tissue, nerves and skin

One of these tubes , the urethra, runs along the bottom of the penis and brings urine from the bladder out through the end of the penis.

The other two tubes, running side by side on the top of the penis, are constructed much like a car tyre with an thick outer tube and an inner tube.

The erection is created by the two inner tubes filling with blood and pushing against the outer tubes, just like a tyre when it is inflated with air.

If this mechanism doesn't work, the man has erectile dysfunction.

Penile prosthesis or **penile implant surgery** is the **placement of prosthetic inner tubes within the penis** to mimic the inflation process and create an erection.

Penile implants were first used in the 1960s, and have changed and advanced a lot since then. Different types of prostheses have been developed, and there have been many changes and advancements over the years.

Many hundreds of thousands of men throughout the world have been successfully treated with a penile implant.

They are **mechanically reliable**, with 95% still working well after 10 years. 98% of patients reported that their prosthetic **erection was good or excellent.**

More than 94% of their partners report being very satisfied with the penile implant.

In the same survey, 88% of men with implants said they would recommend the same treatment to other patients.

There are several types of penile prostheses.

These include the semirigid, or malleable implant, the inflatable implant, a self-contained inflatable implant., and some linked metal or heat sensitive metal implants.

By far the most widely used around the world, and with the most followup data and therefore the best for for virtually all men, is the **Three-piece inflatable penile prosthesis**, which gives the best results and virtually returns the penis to a “normal” state.

3 - PIECE INFLATABLE PENILE PROSTHESES

Inflatable prostheses are the most natural and best of the implants.

These are soft- paired inner tubes made of silicone or bioflex, which are inert plastic materials. The inner tubes are surgically inserted inside the natural tubes within the penis; much like an inner tube might be placed in a car tyre.

A car tyre with an inner tube still looks and works like a car tyre, and a penis with “inner tubes” in it (penile implant) still looks and works like a penis.

When a man wants an erection, the implant inner tubes are filled with a saline solution that comes from a small reservoir placed under the muscles of the abdomen., or in the pelvis near the bladder. A small pump, placed inside the scrotum, between the testicles, is used to transfer the fluid from the reservoir to the penile cylinders or inner tubes to cause the erection. This pump can easily be felt through the skin of the scrotal sac, and takes around 10 - 15 pumps (or 20 -30 seconds) to give a fully inflated hard erection.

The more fluid that is pumped into the inner tubes, the firmer and larger the erection. When the erection is no longer desired, a small valve on the pump in the scrotum is pressed and the fluid returns to the reservoir leaving the penis soft and pliable. The whole implant device is inside the body and not noticeable by anyone else.

The major advantages of inflatable penile implants are a more natural erection with total patient control, both in the amount of fluid that is put into the penis, as well as the time the erection is desired.

The erection will last indefinitely until the patient transfers the fluid back into the reservoir, effectively better than a “real” erection as it will stay inflated after ejaculation until the deflation valve is pressed.

The penis will look normal when it is inflated and when it is deflated, although it will never be as flaccid as it was before a penile implant was inserted. Some patients notice the “folds” in the deflated implant, but these are quite normal.

Nobody else would be able to tell you have a penile implant in place by looking at you, dressed or undressed.

Sensation, ejaculation and orgasm are all able to take place normally with a penile implant.

ADVANTAGES OF IMPLANTS

Implants are effective in treating erectile dysfunction in almost almost every case, and for almost all causes of erection failure.

Even patients who are not helped by Viagra or self-injection techniques can be treated with an implant. They are the most spontaneous of the treatments for erectile dysfunction and essentially get the penis back to something like a normal state again.

They provide excellent penile firmness and other aspects of sex, like ejaculation and orgasm, continue to occur as they did before.

There is a 94% or more success and satisfaction rate when both partners are informed of the nature and limitations of the prosthesis.

Prostheses require no further treatment after implantation, and there is no external equipment that might have negative connotations to the partner.

No medicines or injections are needed, there is nothing to carry around with you as the implant is permanently inside the body and once the prosthesis is placed and functioning, there is nothing further to do apart from use the device as you require.

Modern prostheses are very reliable and the chance of mechanical failure is very low, in the range of only 5% by 10 years.

DISADVANTAGE OF IMPLANTS

Once an implant has been placed, natural erections can no longer occur. If the prostheses were to be removed then normal erections will not return.

There is a small chance of infection (less than 0.5%, in standard cases, using my surgical techniques) which would require removal of the prosthesis, although in many of these cases a new implant can be successfully re- inserted after the removal of the infected implant.

Diabetics have a higher risk of infection, as does revision surgery and complex reconstructions involving an implant plus grafting etc.

Some patients can develop surgical complications or anaesthetic complications, but these are very uncommon.

Very occasionally patients will notice numbness at the head of their penis, or intercourse can be uncomfortable.

A very rare complication can be poor blood supply to the glans of the penis, resulting in necrosis and even loss of the glans, if not treated urgently.

Because the erection is no longer caused by increased blood flow to the penis, but rather the pumping up of the penile cylinders, the head of the penis is not part of that process and this glans softness may be bothersome to some patients.

Most patients do, however, get some engorgement of the head of the penis with stimulation, but some do not.

Perhaps about 10% of men complain that the penis is shorter than before, and it really probably represents the fact that the penis has already lost length in most men before implantation, because of what has been done to you beforehand, because of scarring, or the fact that erectile dysfunction itself causes the penis to lose elasticity and size. The longer it has been since you had a normal erection, generally the more penile length you will have lost. "If you don't use it, you lose it"

No treatment can restore the penis to its "best ever" length, and the shortening issue has not been a problem in our patients when they are informed correctly and understand the reality of the situation. Dr. Love always uses a strategy of chemical engorgement of the penis at the time of the operation, and then "oversizing" implants to get the best result, but despite that some patients will lose slight length with this form of surgery.

The stretched length of your flaccid penis is a good guide to the erect length that can be achieved by penile implant surgery.

For men where penile length loss seems to be a significant issue, Dr Love can consider combining penile implant surgery with a more complex penile "length and girth restoration" reconstruction procedure.

With the multiple parts of a 3 – piece implant, there is a small chance of mechanical failure that might require revision or repair. The companies manufacturing implants do have insurance policies to cover part or all of the costs of the prosthesis replacement, should it ever be required, but not the surgical or hospital fees.

COSTS

Private medical insurance policies will cover the cost of prostheses in Australia, they are regarded as "proper" surgery, not cosmetic. The implant itself, that is the parts implanted into the body, are nearly \$11,000, and are fully covered.

Patients who are considering prosthesis should be aware that the other types of therapy for erection problems available, including vacuum devices and self-injection therapy and oral medication, are not subsidised by Medicare, so penile implants are the only subsidised treatment for erectile dysfunction in Australia.

Hospital costs, including operating theatre fees and accommodation costs, will also be covered by private health funds, sometimes with an "excess" depending on the policy.

Dr Love charges medical fees consistent with his expertise, as the most experienced implant surgeon in Australia with the best published results, and that will include an out-of-pocket cost, as not all health funds will cover the full medical cost of the procedure and aftercare. Our staff can discuss these out-of-pocket costs with you.

As the highest-volume penile implant surgeon in Australia, and in the top 25 implant surgeons in the world, and with more than 30 years experience in this surgery, Dr Love has done some 2000 or more of these procedures, and treats patients from all over Australia and, indeed, international patients.

SURGICAL APPROACH

Dr Love's **standard technique**, for initial implants, is based on the "Minimally-Invasive Penile Implant" developed by Dr Paul Perito, from Florida, whom Dr Love collaborates with both in Australia and the USA.

This involves a 3 cm horizontal incision on the lower abdomen, just above the penis, as the only incision required. All components of the implant are able to be placed via that incision.

Dr Love, has further improved on Dr Perito's original technique by developing a "Minimally-Invasive No-Touch" approach, (MINT surgical technique) whereby the implant device and associated instruments never touches the patient's skin and the implant is only handled once by Dr Love as it is inserted, thereby reducing the chances of infection. This technique has reduced infection rates to very low levels and has been published in international medical journals, and presented at international conferences where it has been well received.

Our current infection rate with this technique is significantly less than 0.5% for non-diabetic patients.

Sometimes an implant will be inserted via an incision in the scrotum, if there are particular circumstances that require that approach, or an incision around the head of the penis, which Dr. Love uses if complex penile straightening or lengthening is required at the same time

Patients remain in hospital for one night after surgery, sometimes 2 nights if more complex surgery has been done.

Most are quite uncomfortable for 10 - 14 days after surgery but, when seen at 4 weeks after the operation, the majority are comfortable enough to be able to inflate and deflate the device. Many patients can commence sexual activity at that time, although some take 6 - 8 weeks to become completely comfortable.

Video answers for all your questions can be found on the 'Questions and Ask' sections of Dr Love's website - www.drlove.com.au

OTHER TYPES OF IMPLANT

SEMIRIGID (MALLEABLE) PROSTHESES

Semirigid, or malleable implants are paired silicone-covered bendable rods, with a wire centre core to make them stay in the direction to which they are bent. The semirigid prosthesis allows the penis to be rigid enough for penetration, but the malleable rods allow it to be bent enough to allow concealment in a curved position.

It is the simplest of all prostheses and has the least chance of mechanical failure. It is also the simplest to place, and easier to use if the patient has problems with hand function.

The major limitations include the fact that the penis is always semi-erect. Even with the bendability, concealment is a potential problem when wearing some types of clothing.

Another disadvantage is that the prosthesis does not inflate so the erection achieved is only from the size and rigidity of the prosthesis.

Dr Love will use these in certain circumstances, possibly, for instance, as the first stage of major lengthening reconstruction surgery, or where there are other medical reasons for suggesting this type of implant.

SELF CONTAINED (2-PIECE) INFLATABLE PROSTHESES

These devices have only a small reservoir of fluid, so the difference between inflated and deflated position, and rigidity, is not much. Dr Love rarely implants 2-piece inflatable devices as he does not feel they give the patient either a satisfactory flaccid or erect penis, and are an inferior result to a 3-piece device

METAL IMPLANTS

Prosthesis based on linked metal pieces, encased in a plastic coating are really, in Dr Love's opinion, just another version of semi-rigid implant and offer no advantage. Indeed sometimes the links break.

Metal implants that change their bendability based on temperature changes, with an external control unit, are an interesting experimental device, not available for implantation at this stage.

SUMMARY

Surgical implantation of an inflatable penile prosthesis is associated with excellent long-term outcomes, including reliable mechanical function, very low infection rates, low risk of complications, spontaneity in sexual activity and excellent patient / partner satisfaction.

Dr Love is the most experienced implant surgeon in Australia, and does large numbers of implants every year. His surgical techniques are innovative and of world standard, and we believe this surgery to be the “gold standard” when it comes to treating erectile dysfunction , when other treatments are not suitable or don't work.

Despite Dr Love's expertise and experience, a specific result or outcome cannot be guaranteed for any particular patient, nor can the patient satisfaction be assured, but we can offer excellent outcomes benchmarked against the best world standards.

Please take the opportunity to read more about implants, or to ask any questions that may not have been covered by this handout.

Dr Love, or his specialist nurse, or the international doctors working with us, are available to answer questions you may have.