



PENILE IMPLANT

Making the Right Choice For You and Your Partner

IMPLANTS FOR ERECTILE PROBLEMS

According to the most comprehensive study of how aging affects men, the Massachusetts Male Aging Study (MMAS), more than half of all men aged 40 to 70 years of age have at least some problems getting an erection. The term “erectile dysfunction,” or ED, is what doctors call erection problems. In times past, the more common term was “impotence.” The term erectile dysfunction refers only to difficulty getting an erection. Many, if not most men with erectile dysfunction still have sexual desires, and most are able to experience orgasms.

HOW DO ERECTIONS WORK?

Erections are complex events. Psychological, neurological (nerve), hormonal, and blood vessel systems must work correctly and be syn-

chronized in order for an erection to occur. When all of these systems are working properly, muscle chambers in the penis relax and fill with blood. An erection is the result. Several diseases and conditions can cause problems with erections, including blood vessel and nerve diseases, alcoholism, and diabetes. Stress, depression, anxiety and other factors can also contribute to the problem. Pelvic operations especially for removal of cancer (prostate, bladder, rectum) may cause severe ED. For these men penile prosthesis may be the best option.

CAN ED BE TREATED?

Several different kinds of treatments are available for ED. In some cases, treatment of the root cause, such as stress or diabetes, helps improve erectile function. You've certainly seen ads on televi-

sion and in magazines for products such as Cialis, Levitra, and Viagra, which are oral, prescription drugs called PDE5-inhibitors. These drugs help some men who have ED. Although many men use these oral medications with great success, some men don't get the help they need. Other men are not good candidates for these drugs because of certain kinds of heart or eye disease. These men need other treatment options. Beyond oral medications for ED, nonsurgical treatment options are: intraurethral suppository, penile self-injection, and vacuum erection device.

PENILE IMPLANTS

For some men, penile implants provide the most effective treatment of ED. Placement of implants requires surgery, so it is classified as an “invasive procedure.” It is an operation that you should discuss carefully with your doctor and surgeon, and your partner, as well.

IMPLANT TYPES

In the United States, two general types of penile implants are available: Bendable (malleable) implants and inflatable implants. Penile implants have no effect on urination or the ability to ejaculate. They affect only erections.



Bendable or malleable implants consist of two plastic rods that are surgically inserted into the corpora cavernosa of the penis. A man who has a bendable implant simply bends his penis up into an erect position when he wants to have intercourse.

Inflatable implants consist of a pair of inflatable cylinders that are surgically inserted into the penis. A pump for the implants is also inserted into the body, usually in the scrotum. When a man wants to get an erection, he squeezes the pump, which moves fluid (usually saline) into the inflatable cylinders. Currently, there are two brands of inflatable implants available in the United States.

Bendable or Malleable Implants

This type of implant consists of two plastic rods that are surgically inserted into the corpora cavernosa of the penis. You can think of the corpora cavernosa as the “erection chambers” of the penis. These are the spaces that normally fill with blood during an erection. A man who has a bendable implant simply bends his penis up into an erect position when he wants to have intercourse. These implants leave the penis rigid (hard) all the time; this raises issues of concealment especially at the beach, in locker rooms, or when wearing tight clothing.

Inflatable Implants

This type of penile implant consists of a pair of inflatable cylinders that

are surgically inserted into the penis. A pump for the implants is also inserted into the scrotum. When a man wants to get an erection, he squeezes the pump, which moves fluid (usually saline) into the inflatable cylinders and makes the penis stiff. The resulting erection has good tensile rigidity—like a blown up bicycle tire. When deflated the penis is collapsed. All implants are sized to fit. They will not make the penis longer, and the doctor will stretch your penis during physical examination to give you an idea of the look of the penis after surgery.

Although penile implants have the advantage of always being present and not requiring advance preparation to have sex, this surgery should only be considered in men who have

failed to respond to oral medications, have bad side effects from oral medications, or can not take oral medications. Prior to recommending an implant your doctor may recommend you try intraurethral suppository, penile injection, or vacuum device. The choice of whether to have an implant and when to have an implant is really up to you and your partner.

Penile sensations remain the same, and you will still have the ability to have an orgasm. Some men complain that the penis is shorter following penile implant; you should discuss your expectations with your surgeon.

MAKE SURE YOU'RE SURE

As mentioned earlier, it is important to discuss all your options for

the treatment of ED before having implants. Spend time talking to your doctor, the surgeon who will do the operation, and your partner.

WHAT TO EXPECT DURING SURGERY

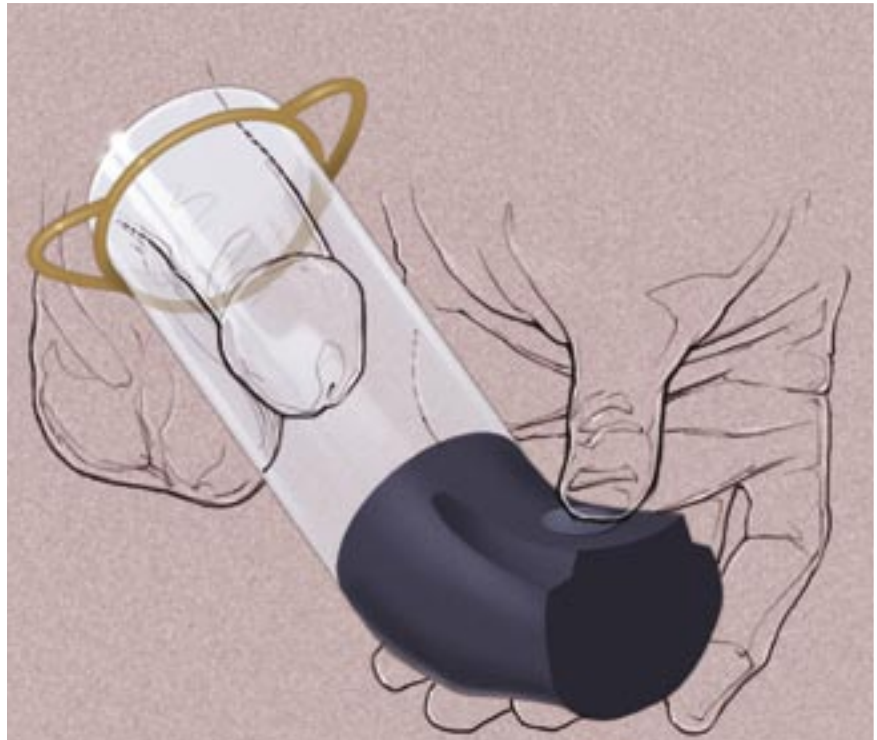
If you decide to have an inflatable or bendable prosthesis inserted, you face the same issues as anyone having surgery there is a risk of bleeding, infection, and inadvertent injury to nearby organs. There are also risks uniquely associated with this type of operation. You should discuss potential complications and their subsequent treatment with your surgeon. Incisions for a penile prosthesis are usually small if you have not had prior operations. Your surgeon will advise you to limit physical activities for several weeks following implant. Your surgeon will also schedule your follow-up visits to check for wound healing and subsequently to activate your implant. Implant activation is generally delayed for several weeks to allow all swelling and tenderness to resolve. Do not engage in sexual activity until your surgeon clears you for sex.

SATISFIED CUSTOMERS

The concept of a penile implant may sound strange to you, but these devices are highly effective. Most men who have implants give them high ratings and report being quite satisfied with how they function. An informed and properly counseled patient knows what to expect and generally is quite satisfied with his result.

POSSIBLE PROBLEMS

Some risk is involved in any surgical procedure, and the insertion of penile implants is no exception. Infection occurs in 1% to 3% and if it occurs, the device may need to be removed. Infection rates may be higher for men with poorly controlled diabetes mellitus, or for men on medications which may thin the blood or delay wound healing. Occasionally, implants have



Vacuum constriction devices are comprised of a plastic cylinder, which fits over the penis, a vacuum pump to cause the erection, and an elastic constriction band that helps maintain the erection. Intercourse must take place promptly after erection is achieved.

mechanical problems. The surgeon can usually repair or replace the implant if this occurs.

OTHER OPTIONS

Ask your doctor about: intraurethral medications, vacuum devices, and penile injection therapies.

Medicated Intraurethral Suppositories (MUSE)

These have been available since the mid 1990's. This type of medication promotes blood flow to the penis but is not nearly as effective as a penile injection or as easy to take as a phosphodiesterase inhibitor tablet (Cialis, Levitra, Viagra). It has very specific side effects and the first treatment is usually administered with instructions in the doctor's office.

Vacuum Constriction Devices

These are comprised of a plastic cylinder, which fits over the

penis, a vacuum pump to cause the erection, and an elastic constriction band that helps maintain the erection. Intercourse must take place promptly after erection is achieved. The penis may get cold or numb. Some men report discomfort when they ejaculate. No prescription is needed for the vacuum constriction devices, so shop around prices may vary considerably. The best devices have a vacuum limiter so that too much negative pressure can not be applied to the penis. After sex always immediately remove the constriction ring as injuries (penile and urethral) have been reported by men who left these on too long.

Penile Injection Therapy

When certain medications are injected into the base of the penis, an erection occurs in 5 to 15 minutes and lasts for up to an hour.

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You must inject yourself every time you want to have sex. Since this is a nonsurgical technique, you can stop any time you want. The most serious side effect is an erection that does not go away. An erection that lasts four hours is considered prolonged and should be treated. An erection that lasts 12 or more hours is known as priapism. Priapism is a true urologic emergency and should be treated immediately;

Since [penile injection therapy] is a nonsurgical technique, you can stop any time you want. The most serious side effect is an erection that does not go away.

therapies include drawing out penile blood with a needle, injecting reversal agents, and surgery. 'Too much of a good thing' can be devastating to your sexual health, so any man having prolonged erections should seek treatment even if it means an embarrassing trip to the emergency room. Penile injections should be taught by an expert familiar with ED. Detailed face to face instructions and test dosing are done in the office for men desiring or needing this type of treatment.

Penial Arterial Revascularization

This procedure is appropriate only for men age 45 years and younger who've had an injury that has blocked blood vessels in the penis. This is a surgical procedure in which the goal is to re-route the damaged blood vessels so that blood flow to the penis is improved. Candidates for this surgery must be free of atherosclerosis. □