



DEFINITION:

A penile prosthesis (PP) is a medical device that is implanted inside the corpora cavernosa of the penis by a surgical procedure, to obtain an erection, simulating the natural erection.

INDICATIONS:

It is an effective solution for organic erectile dysfunction (ED) in patients who do not respond to conservative (non-surgical) therapies.

ED can be caused by several factors: diabetes mellitus, arteriosclerosis, alcoholism, smoking, hypertensive vasculopathy, priapism, Peyronie's disease, epispadias, pelvic fracture, spinal cord injury or pelvic surgery such as prostatectomy, cystectomy or abdominal-perineal resection.

TYPES OF PENILE PROSTHESIS

THREE COMPONENTS	TWO COMPONENTS	MALLEABLE
<p>Hydraulic prosthesis with three components:</p> <ul style="list-style-type: none"> - 2 cylinders - 1 reservoir - 1 pump <ul style="list-style-type: none"> -Better rigidity -Better flaccidity -Natural appearance in flaccidity -Requires manual dexterity 	<p>Hydraulic prosthesis with two components:</p> <ul style="list-style-type: none"> - 2 cylinders - 1 pump-reservoir <ul style="list-style-type: none"> -Avoids the abdominal cavity -Palpable tubes -Requires manual dexterity -Not good simultaneous rigidity and flaccidity 	<p>Prosthesis composed of a flexible spiral core coated with a silicone elastomer</p> <ul style="list-style-type: none"> -Easy insertion -Easy handling -Avoids abdominal cavity -Tubeless -Penis stretched in flaccidity

PATIENT SELECTION

- Motivated patients
- Set realistic expectations
- Penis size **DOES NOT INCREASE**
- Penis sensitivity, ejaculation and sexual desire usually do not change
- Important to inform about potential complications

PP with a hydrophilic coating has the ability to absorb antibiotics chosen by the surgeon, reducing infection rate

SUCCESS RATE: 85-95%
SATISFACTION: 92-97%

TYPES OF APPROACHES

PENOSCROTAL	INFRAPUBIC	SUBCORONAL
<ul style="list-style-type: none"> - < Risk of dorsal nerve injury - Better cavernous exposure - Allows the pump to be attached directly to the scrotum - Blind reservoir insertion 	<ul style="list-style-type: none"> - Faster placement - Direct visualization of reservoir insertion - Increased difficulty in placing the pump - Limited cavernous exposure - Increased risk of sensory nerve damage 	<ul style="list-style-type: none"> - Good exposure of the corpora cavernosa over the entire length of the penis, allowing surgical management of Peyronie's disease plaques

POSTOPERATIVE

- Partially inflated prosthesis 24-48 h to prevent bleeding/haematoma
- Oral broad-spectrum antibiotic cover for 5-7 days
- Tight-fitting underwear with penis in cephalic position
- Keep the wound clean and dry
- Good instruction in handling the inflatable prosthesis at 3-4 weeks after surgery is important

It is **NORMAL** to experience after PP placement:

- Variable pain
- Scrotal ecchymosis
- Swelling
- Haematoma



CONSERVATIVE MANAGEMENT

COMPLICATIONS

INTRAOPERATIVE

- Haematoma 0.2% - 3.6%
- Floppy glans 1% - 5%
- Cavernous perforation 25 - 31%
- Urethral injury 0.1 - 4.0%
- Bladder, vessels, bowel injuries < 0.5%

POSTOPERATIVE

- Infection 1 - 4%
- Erosion/ extrusion 1 - 6%
- Glandular ischemia < 0.5%