potomac UROLOGY

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4660 Kenmore Ave, Suite 1120
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2296 Opitz Blvd, Suite 350
Woodbridge, VA 22191

Alok Desai, M.D. Pratik Desai, M.D. Nilay Gandhi, M.D. John Klein M.D. Inderjit Singh M.D.

Penile Prosthesis Post Operative Instructions

DURING YOUR HOSPITALIZATION

• **Hospital Stay**

Some patients are discharged home the same day of the procedure, others remain in the hospital overnight for 23 hour observation.

• **Postoperative pain**

Pain medication can be controlled and delivered by the patient via injection (pain shot) administered by the nursing staff. You may experience some minor soreness and discomfort for which oral pain medication is available.

• **Urinary Catheter**

You can expect to have a urinary catheter draining your bladder (which is placed in the operating room while the patient is asleep) for approximately one day after your procedure. Patients who are discharged home the same day of the procedure will NOT have a catheter.

• **Bulb Drainage**

On the day of your procedure, a drain will be placed. This drain will be removed the day after the procedure either in the hospital or in the office.

MEDICATIONS AFTER DISCHARGE/WHILE AT HOME

• **You will receive ONE prescription upon discharge**:

(1) Oxycodone – take as needed for pain control. This can cause constipation, therefore it is **encouraged** for patients to start taking Ibuprofen or Tylenol once home if tolerated.

• **You may resume any of your usual daily medications upon discharge.**

If you take Aspirin 81mg, then it is ok to restart that upon discharge. If you take Aspirin 325mg, then restart after ONE week. Please restart other blood thinners (Plavix, Coumadin, Lovenox) as per instructions from the prescribing doctor and your surgeon.

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WOUND CARE

• **Remove the dressing AFTER 24 hours.**

Keep the area clean and dry for 48 hours. After 48 hours, you may shower with **NO** direct water contact to the wound for 5 days. After 5 days, hot shower soaks are recommended 3 times a day.

Apply ice to the scrotum for 30 minutes at a time. This should be done at least 3 times a day for 1 week after the procedure to minimize bruising and swelling.

Scrotal support **SHOULD** be used for the first 5 days following your procedure.

THE DAY AFTER your procedure, please begin to gently pull down on the pump mechanism and perform deep tissue massage to the pump area in the scrotum EVERY TIME YOU GO TO URINATE until you follow-up in clinic.

ACTIVITY

• **AVOID vigorous exercise for SIX weeks then slowly increase your activity**.

Taking walks is advised. Prolonged sitting or lying in bed should be avoided. Absolutely no heavy lifting (greater than 20 pounds) or exercising (jogging, swimming, treadmill, biking) for six weeks or until instructed by your doctor. Most patients return to full activity at home on an average of 3 weeks after the procedure. NO sexual activity until cleared by your physician.

FOLLOW-UP APPOINTMENT

You will typically be scheduled for 3 follow-up visits following your procedure:

1) One is 1-2 days after your procedure. This is to ensure you are well and to remove your drain. This is ONLY if you are discharged the SAME DAY.
2) One is at 2 weeks following your procedure to check the incision, make a quick assessment of your progress, and rule out infection.
3) The last appointment is 4-6 weeks following your initial procedure. This visit is to "activate" your device and ensure it works and you know how to use it.

If at **ANY** point you have any questions, please do not hesitate to call at 703-680-2111.

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FREQUENTLY ASKED QUESTIONS

• How long does the penile prosthesis last?

The device lasts for 10-15 years on average, but can last forever without breaking. The device comes with a lifetime warranty for replacement. I am confident that you will not be responsible for any cost related to malfunction or urologist's fee for replacement.

• Will I have normal feeling after the procedure?

Sensation and orgasm will be preserved after insertion of the penile prosthesis.

• Is this done with a local or general anesthetic?

I find it easier to do this procedure with a general anesthetic, although you can have it done with a spinal/epidural anesthetic.

• Since this is a foreign body, is there any risk of an adverse reaction, such as tissue rejection?

The only circumstance where it would need to be removed would be infection. The overall risk of infection is about 3.0%.

• Is circumcision necessary for the IPP procedure?

Circumcision is not necessary prior to IPP procedures. If you would like it done, this would always be staged, so the circumcision done first, then allowed to heal prior to doing the prosthesis placement.

• Are semi-rigid implants an option?

There are several drawbacks associated with the semi-rigid implants. These can result in less optimum erections, and the penis tends to swivel. Penises with rigid implants are never soft, which makes it difficult to conceal. Since this device is not as flexible as an inflatable penile prosthesis, a larger opening on the scrotum is required to place it. Finally, rigid prosthetics have the risk of extruding through the skin several years later, since they are always hard and provide constant pressure on the penis. I prefer to reserve this device for patients who cannot manipulate the pump, either due to severe arthritis, neurological disorder, or revisions where an infection has occurred, so as to serve as a temporary stent to maintain penile length and girth.

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• **Will the pump hinder my physical activity in any way?**

Some caution will be advised since there is a pump in the scrotum. Cycling is generally fine, but you may need to be cautious about maintaining constant pressure on the scrotum. Swimming is not an issue.

• **After the implant is done, will I have normal ejaculation of sperm during sex? Is this affected?**

Erection, orgasm, and ejaculation are three independent functions. Men who are impotent from vascular causes continue to have an orgasm and ejaculation with a soft penis. Therefore, restoring erections with a prosthesis in that individual will result in a patient that continues to have an orgasm and ejaculation. Patients have fathered children with an implant. A patient suffering from ED following radical prostatectomy or radiation therapy loses the ability to have erections and ejaculation. Therefore an implant in that scenario will result in a patient that has an erection and orgasm but no ejaculation.

• **Diabetics are prone to infection and/or long healing processes. Is this a contraindication to a penile prosthesis placement?**

No, many patients undergoing this procedure are diabetics.

• **Is the erection with the implant/penile prosthesis the same as my erections when I was younger or with penile injection?**

The erection with the implant is close to the erection post injection. Some men do notice a slight decrease in penile length after penile implant surgery. The difference is also in the flaccid penis. A penis with an implant will never be as small/short or soft as a penis without an implant. Patient satisfaction with the erection is much higher with implants than with injections.