# PENILE PROSTHESIS COUNSELLING

Patient's Name:	
Referring Consultant:	
Hospital No:	
Consultant:	
Cause of / risk factors for ED:	
ED management to date:	
IIEF & EDITS:	
PMH incl. LUTs, abdominal surgery:	
BMI & Waist Circumference:	SPL:
Circumcised: Yes / No	
Medication incl. anticoagulants:	

Good manual dexterity: Yes / No

#### Implant types demonstrated:

Malleable implants and inflatable incl. Genesis, Titan Touch, AMS 700, Ambicor

# **Risks discussed:**

Infection, erosion, bleeding, auto-inflation, glans droop, urethral injury, altered glans sensitivity, glans necrosis, average lifespan of inflatable devices = 10 yrs

# Discussed what an implant will do:

Essentially it is internal scaffolding providing rigidity and maintenance of erection

# Discussed what an implant will not do:

Implants WILL NOT provide extra length to penis and WILL NOT restore length lost through prolonged erectile dysfunction/ Peyronie's disease.

Unlike the vacuum device and intraurethral/intracavernosal alprostadil/ Invicorp, a penile prosthesis WILL NOT provide engorgement to the penile tissues.

## Discussed irreversible change to erectile tissue:

Corporal tissue is damaged / destroyed when spaces are created for placement of the cylinders/ malleable rods, so surgery is considered an end-stage procedure.

## Discussed pre-operative requirements and post-operative care:

Must attend PAC, must have negative MSU, discuss LOS, time off work, pain & follow up

## Added to waiting list: YES / NO

Deferred for medical reasons / patient wishes to consider options / further OPA / speak to another patient.

# Agreed to data collection - audit and prosthesis audit: YES / NO

#### All points have been discussed today

Signatures:	CNP	
	Patient	
	Date	

NB: Patient advised that all penile prosthesis cases are discussed at a dedicated meeting to confirm suitability for prosthesis surgery

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