# 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 won't 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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