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**