

Clinical Outcome/Patient and Partner Satisfaction after Penile Implant Surgery

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After

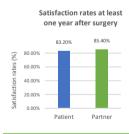
Introduction

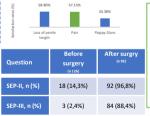
Erectile dysfunction (ED) is a common condition which affects more than half of men between 40 and 70 years of age.

According to EAU Guidelines on male sexual dysfunction implantation of a penile prosthesis is a valid therapeutic option for treatment of ED.

Method

Data were collected of 126 patients with erectile dysfunction who underwent primary implantation of an inflatable penile prostheses during a 5-year period. The surgical approach was either penoscrotal or infrapubic. We classified the patients in five aetiological groups; vasculogenic, post-prostatectomie, pevronies disease, diabetes and others. At least one year after implant surgery a structured telephone interview concerning patient and partner satisfaction was conducted.

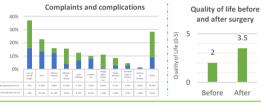




Complications with significant lower satisfaction

Δim

We conducted a retrospective single centre study to analyse the mechanical reliability. complication rate, quality of life and patient satisfaction of the implantation of a penile prosthesis in patients with erectile dysfunction.



Results

Major complications were loss of penile length (18.53%), post-operative pain (11.9%) and altered sensation (8.73%). Mechanical failure occurred in 7.14%. One patient (0.79%) underwent revision surgery for an imminent erosion. In total 15 patients (11.9%) had revision surgery. Floppy glans syndrome was more prevalent in the infrapubic group vs. penoscrotal (p< 0.05). Patient and partner satisfaction rates, were respectively 83.2% and 85.4%. The average time to activation of the prosthesis was 6 weeks and more than 50% had sexual intercourse within 4 weeks after activation, 72.41% had an orgasm during their first sexual intercourse. The average quality of life increased with 30% after surgery. Sexual encounter profile (SEP) questions were positively answered in 14.3% before vs. 96.8% after surgery for SEP II and 2.4% before vs. 88.4% after surgery for SEP III.

Conclusion

We found very high patient and partner satisfaction rates and an increase of the general quality of life. These rates can be negatively influenced by the occurrence of postoperative penile length shortening, pain and floopy glans syndrome. We prefer the penoscrotal approach for insertion because of significant lower floopy glans syndrome. Sexual life can restart after an average of 6 weeks after surgery and the prosthesis has minimal effect on reaching an orgasm.