SMSNA Sexual Medicine Society of North America, Inc.

Penile Prosthesis Information Form

This document is to serve as a supplement to and not to replace the legal informed consent provided by your doctor. The information provided is based upon a survey of the most recent published research on penile prostheses.

The penile prosthesis is a highly successful treatment for erectile dysfunction, with satisfaction rates exceeding 86%. However, all surgical procedures are associated with some degree of risk. Below are listed the potential risks and problems that can occur with insertion of a penile prosthesis (also called an "implant").

1. **Mechanical failure.** The most recent studies report that mechanical failure occurs in 5 to 10% of cases within 10 years. Mechanical failure is usually due to loss of fluid and requires replacement of the implant to restore function.
2. **Infection.** Infection rates are approximately <1-2% for new implants and slightly higher for re-operations. Infection requires removal of the prosthesis. A new implant can be replaced immediately or after a period of healing, depending on circumstances.
3. **Bleeding.** This procedure is not associated with a substantial risk of excessive bleeding, however it must be recognized that unexpected bleeding can occur with all operations, and when severe it may require a blood transfusion. This risk is extremely small for this operation.
4. **Chronic pain or discomfort.** After the recovery period, the vast majority of men experience no unpleasant sensation at all from their penile prosthesis. However, all operations create some risk of long-term pain or discomfort.
5. **Decreased penile length or thickness.** While there is a perception that there is a loss in penile length after penile prosthesis placement, recent studies actual do not find this to be true. There is essentially no significant difference in penile length just prior to and after placement of a penile prosthesis. The reduction of penile length has typically already occurred prior to penile prosthesis placement. Reduced length or thickness occurs most commonly from reduced elasticity of the tissues of the penis over time, atrophy of the penile tissue, scar tissue, prior surgery and weight gain. As a rule, your surgeon will place the largest device that fits properly within the penis.
6. **Reduced sensation (feeling) in the penis.** This is rare. Standard techniques to insert the penile prosthesis avoid the nerves responsible for feeling in the penis.
7. **Change in shape.** The overall shape or configuration of the penis is rarely altered as a result of placement of any type of prosthesis. But unidentified scar tissue may cause curvature, an indentation, or other deformities in the shape of the penis. In addition, when the implant is deflated (soft), it is often possible to feel the material of the implant inside the penis.

8. **Device erosion or migration.** A rare complication is that the device may move out of proper position, may push into the urine passageway (urethra), or may become visible through the skin of the scrotum. These cases require an operation to correct the position of the device, or may require its removal. This problem occurs in <1% of cases.
9. **Injury to the penis, urethra, bladder, intestines, or other internal structures.** These complications are extremely rare, but can occur with any operation in this region of the body, and may lead to loss of tissue, changes in urination or bowel habits, and may require surgical or other treatments.

Please sign below to indicate that you have read this form, understand it, and have had an opportunity to have your questions answered.

Signature: _____ Date: _____

Print Name: _____