



PENILE IMPLANTS: **Playing a Role in the Era of Oral Medications**

by LeRoy A. Jones, MD

"Minister's sex implant opens neighbor's garage door," reads the headline on a news clipping that I share during my community health seminars.

That slide always elicits chuckles from the audience. They know better than to believe the tabloids. But beyond the outrageous, few know the first thing about "sex implants" or the inflatable penile prosthesis, as it is termed in the medical field.

Less than one percent of urologists perform more than ten of the surgical implant procedures a year, a fact that leads to a dearth of physicians prepared to train residents in the technique, thus creating a cycle of obscurity for this erectile dysfunction treatment.

Certainly, a penile implant is not as glamorous as Viagra and the other oral ED medications that came to the market almost ten years ago, but even in the era of the little blue pill, the penile implant still plays an important role in the treatment protocol for ED. In fact, the popularity of the device has increased in recent years, largely due to the pills' role in lifting the taboo that patients feel about speaking to their physicians about sexual performance.

Most men who muster the courage to discuss sexual health with their doctors expect to receive samples of the oral medications, and, except for men in whom the pills are specifically contraindicated, this is an appropriate and often effective front-line therapy. However, contrary to the messages prevalent in society, 30 to 40 percent of men do not respond to the pills. These patients tend to be diabetics, those with poor cardiovascular health, men who have had traumatic pelvic or spinal cord injuries, and/or those who have been treated for prostate cancer.

For this group of patients, non-surgical treatments like the vacuum erection device or penile injections may be appropriate. Some patients are pleased with these therapies, which tend to work in almost all men, but others discontinue them, citing their cumbersomeness in the bedroom. For these men, the penile implant is often an effective and satisfying solution.



The inflatable penile prosthesis works by implanting two cylinders in the penis. A pump the size of a marble goes in the scrotum and a saline filled reservoir is placed in the abdomen. The user squeezes the pump to inflate the cylinders with fluid, mimicking the effect blood has when it engorges the penis during an erection. After intercourse, a release mechanism in the pump allows the saline to flow back into the reservoir. When deflated, the device is impossible to detect in the bedroom or locker room.

Implanting the prosthesis is usually a 40 to 50 minute outpatient procedure. All of the components of the device are inserted through a one-inch incision in the scrotum. The infection rate is less than one percent in non-¹diabetics, and the device is mechanically reliable for ten to fifteen years, at which time it can be revised. The costs associated with the procedure are covered by Medicare and many private insurance companies.

Patient and partner satisfaction rates for the penile implant are greater than 96 percent. Moreover, the restoration of a man's sexual health has an immeasurable impact on his quality of life and sense of well being.

LeRoy A. Jones, MD is a board-certified urologist who specializes in male and female sexual medicine. He is recognized internationally by his peers for his pioneering work in the field of sexual medicine, and, in particular, is noted for his expertise in placing penile prostheses. Dr. Jones practices with Urology San Antonio.