

Artificial Urinary Sphincter Prosthesis Expectations:

- Minimal to no change in sensation
- For some, control pump is difficult to squeeze without good hand strength

Artificial Urinary Sphincter Risks:

- Damage to nearby structures during surgery
- Infection – 2-3%
- Malfunction
 - 50% functional at 10 years
- Device erosion into the urethra

Penile Prosthesis Expectations:

- Head of penis is separate and will not enlarge
- Implant will not make the penis longer than the current stretched length
 - The stretched flaccid (soft) length is what one can expect the length to be
- Penis will stay extended when soft (no classic “shrinkage” in cold water)
- Minimal to no change in sensation
- The incision is away from penile skin
- For some, control pump is difficult to squeeze without good hand strength
- Change in shape: The penis will be more oval than round due to the lack of urethral expansion with arousal

Penile Prosthesis Risks:

- Infection – 2-3%
- Malfunction
 - 75% functional at 10 years
 - 50% functional at 20 years
- Device erosion – Do not leave device inflated full-time
- Damage to nearby structures

Pre-Prosthesis Surgery:

- Preoperative medication instructions
- Consent
- Urine culture

Post-Prosthesis Surgery:

- Will need ride home (taxi or Uber is not allowed)
- Drain for 3 days (to be removed at home)
 - Below is the link to an instructional video on removing the drain
 - <http://tiny.cc/yxtszz> - Removing a JP Drain
- Tight underwear
 - Compression shorts usually more comfortable than jock strap
- Mummy wrap remains in place for 24 hours
- 2 dots/bruises on head of penis is normal
- Bruising around the incision as well as of penis, scrotum, pubic area, and upper thighs is normal immediately after surgery and should resolve in a few weeks
- Avoid heavy lifting (greater than 15 lbs) or deep squats/lunges for 6 weeks after surgery
- No strenuous activity for 6 weeks after surgery
- Avoid submerging in water (baths, pools) for at least 2 weeks. Showering is okay