Penile Prosthesis: Patient Teaching and Perioperative Care

Penile Prosthesis Case Study

Posttest - 1.5 Contact Hours

Posttest Questions
(See posttest instructions on the answer form, page 95)

1. Risks for postoperative infection of a penile prosthesis include:
   a. Small bladder capacity.
   b. History of a radical prostatectomy.
   c. Paraphimosis.
   d. Medication-induced impotence.

2. A patient with long-standing erectile dysfunction that has been refractory to medical management is requesting an evaluation for a three-piece inflatable penile prosthesis. His medical history is significant for severe rheumatoid arthritis. An early step in his evaluation should be:
   a. A complete psychological evaluation.
   b. Demonstration of how the prosthesis works, with a chance to try to operate the device.
   c. Discussion of the use of a vacuum erection device.
   d. Preoperative laboratory work.

3. Preoperative evaluation of a patient planning to receive a penile prosthesis reveals that his wife is unaware that he is planning this surgery. The next step would be:
   a. Refer the patient for counseling, as this may indicate intimacy issues.
   b. Ignore this finding, as it will not impact the outcome of the surgery.
   c. Inquire as to the reason why his wife is unaware that he is planning to undergo elective surgery that is not without risks.
   d. Cancel the remainder of the preoperative evaluation.

4. The patient in the preceding question reports that he is seeking to have the prosthesis implanted to improve his relationship with his girlfriend. The next step would be to:
   a. Cancel the remainder of the preoperative evaluation.
   b. Proceed with the preparations for surgery.
   c. Carefully chart the details of your conversation with the patient.
   d. Inform the surgeon of this finding.

5. Routine preoperative diagnostic testing prior to prosthesis surgery can include all of the following except:
   a. Glycosolated hemoglobin.
   b. Urinalysis.
   c. Thyroid panel.
   d. Complete blood count.

6. If an infected prosthesis must be removed and a second one cannot be immediately reimplanted:
   a. The patient can expect that he will respond to injection therapy to produce an erection.
   b. The patient will not need a second preoperative evaluation with the surgeon.
   c. The patient may not respond to pharmacologic erectogenic agents.
   d. The infection risk with a second prosthesis surgery is unchanged.

7. The advantages of a three-piece prosthesis over a malleable or two-piece device include:
   a. Natural appearance.
   b. Shortest operative time.
   c. Decreased risk of infection.
   d. Less chance of mechanical device problems.

8. A patient comes to a urology clinic requesting an evaluation for a penile prosthesis. He reports that he has done some research on the available devices and requests that only a particular type of prosthesis be implanted.
   a. He should be told that the decision is not his, it will be up to the surgeon.
   b. He should be told that the choice of device is determined by his health insurance company.
   c. He should be supported in his decision and his rationale for choosing the particular device.
   d. He should be referred for a complete psychological evaluation.

9. A patient seen in the urology clinic had a malleable prosthesis placed 6 years ago. Today he complains that he is having some dysuria, his glans is erythematous and very tender, and he occasionally notices a whitish drainage from his urethra. This is suspicious for:
   a. A urinary tract infection.
   b. A sexually transmitted disease.
   c. Erosion of one of the cylinders into the urethra.
   d. An SST deformity.

10. Patients with Peyronie’s disease are at an increased risk of postoperative infection after penile prosthesis surgery.
   a. True
   b. False
11. The immediate benefits of prosthesis salvage surgery include:
   a. Fewer intravenous antibiotics.
   b. Preservation of penile length.
   c. Shorter operative time.
   d. Decreased hospital stay.

12. At his 2-week postoperative visit, a patient states that he is “completely healed” and is anxious to begin using his inflatable prosthesis. What action should be taken?
   a. The patient should be advised to use a water-soluble lubricant.
   b. The patient should be reminded that use of the prosthesis is not recommended until 6 weeks after surgery, as it can reopen the incision and lead to an infection of the entire prosthesis.
   c. The patient should be given permission to trial his prosthesis.
   d. The patient should be reminded that the prosthesis will not deflate on its own.

13. A patient who had penile prosthesis surgery 7 days ago calls the urology clinic with complaints of straining to urinate, some gross hematuria and pain with urination. He should be advised to:
   a. Increase his fluid intake to help flush his bladder.
   b. Take the pain medications he was prescribed as needed.
   c. Return to the urology clinic for evaluation.
   d. Elevate his penis to help relieve his discomfort.

14. A patient who had penile prosthesis surgery 5 days ago calls the urology clinic with complaints of a bruised and swollen scrotum. He denies any difficulty with urination or pain which is not controlled with the pain medication he was prescribed. He should be advised to:
   a. Return to the urology clinic for evaluation.
   b. Use local measures, such as ice and a scrotal roll, to alleviate the swelling.
   c. Start complete bedrest to help decrease the swelling.
   d. Restrict his fluid intake to decrease the swelling.

15. One possible reason why the number of penile prostheses that are implanted is not expected to decline:
   a. More patients are becoming aware that penile prostheses exist.
   b. Pharmacologic erectogenic agents are expected to steadily increase in price.
   c. Larger numbers of men are seeking radical prostatectomies.
   d. ED is becoming a subject that larger numbers of men and providers are discussing.

16. A penile prosthesis is not a treatment option for:
   a. Psychogenic impotence.
   b. Impotence after radical cystoprostatectomy.
   c. Intolerance to penile injection therapy.
   d. Spinal cord injury patients.

17. During his preoperative evaluation, a patient expresses concern that his ability to orgasm and ejaculate will be affected by prosthesis surgery. He should be counseled that:
   a. The surgery will lead to a decrease in the volume of his ejaculate.
   b. He will be unable to reach orgasm as a result of the surgery.
   c. As long as the prosthesis works, these functions will not be affected.
   d. Prosthesis surgery will not affect these functions; whatever degree of function he has prior to the surgery will be preserved.

18. A patient and his partner return to the urology clinic several months after his prosthesis surgery with complaints that the device is not working correctly because there is no firmness to the glans. They should be advised that:
   a. The surgery has a mechanical problem and may need to be replaced.
   b. The surgery resulted in a deformity of the glans.
   c. He may try to correct this by taking sildenafil citrate (Viagra).
   d. This is the expected outcome of the surgery, as the cylinders do not extend into the glans.

19. One reason for the reported high satisfaction rate with the penile prosthesis as a treatment for ED is:
   a. Its reliability.
   b. Its low cost.
   c. The low number of potential complications.
   d. Skill of the surgeon.

20. A patient seen in the urology clinic had a three-piece inflatable prosthesis placed 4 years ago. He now complains that his prosthesis no longer works. On physical examination, this is confirmed. His main option is:
   a. Explanation of the failed prosthesis and reimplantation of a new prosthesis.
   b. Try using sildenafil citrate to see if this causes an erection.
   c. Using a vacuum erection device.
   d. Using penile injection therapy to see if this causes an erection.

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Answer Form

Continuing Education Article

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Penile Prosthesis Case Study

This article is approved by SUNA for 1.5 contact hours of continuing education in nursing.

Check the box next to the correct answer.

1. a. Describe the indications for a penile prosthesis.  
   b. Discuss several preoperative management issues unique to the patient receiving a penile prosthesis.  
   c. Identify the risks of penile prosthesis surgery.  
   d. Discuss the postoperative care for the patient having prosthesis surgery.  
   e. Develop a plan of care for the patient having surgery for a penile prosthesis.  
2. The content was current and relevant.  
3. The content was accurately presented.  
4. The content was covered adequately.  
5. I am more confident of my abilities since completing this material.  
6. The material was new, review for me.  
7. Time required to complete reading assignment and posttest
   a. Less than 1 hour  
   b. 1-2 hours  
   c. 2-3 hours  
   d. 3 hours or more

Posttest Instructions

1. To receive continuing education credit for individual study after reading the article, darken the appropriate box corresponding to the best answer on the answer form (a photocopy of the answer form is acceptable). Each question has only one correct answer. A passing score for this test is 15 correct answers (75%).

2. Complete the information requested on the answer form in the space provided.

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