

# Inflatable Penile Prosthesis (IPP)

SUNA Postoperative Care Task Force

## Overview

It is common for men to have erectile dysfunction. You have been offered surgery for an inflatable penile prosthesis (IPP). This is a device that is implanted into your genitals and works when your natural penile erection does not. The 3-piece IPP devices are the most common implanted devices for the treatment of erectile dysfunction in the United States. The surgery can be completed via a variety of ways and can last from 30 to 90 minutes, depending on your health.

## Indications

This is a procedure offered to men when medications for erectile dysfunction do not work. Some men will also choose penile implant surgery as surgical implantation of an IPP is safe and common to treat erectile dysfunction.

Many men have other medical and surgical conditions that can lead to the IPP being a good treatment choice for men. This can include long-standing diabetes, previous prostate, bladder, or pelvic surgery, end stage kidney disease, and significant cardiovascular disease.

There are three common ways that your surgeon may perform this surgery:

- A scrotal incision, through which the surgeon will be able to place the device pieces.
- An infrapubic incision (above your pubic bone), through which the surgeon will be able to place the device pieces.
- An infrapubic incision and a scrotal incision, through which the surgeon will place the device pieces.

## Possible Risks with This Procedure

Penile prosthesis surgery should not be performed if you have an infection anywhere in your body. Complications can include:

- Cylinder erosion – The part in your penis may cause skin breakdown.
- Urethral perforation – The tube where urine comes out may be damaged.
- Hematoma – A collection of blood under the skin.
- Incision separation – The stitches may not hold.
- Device malfunction can occur – It may not work the way it is supposed to.

## What to Expect Before Surgery

- You may need to have lab tests, X-rays, and electrocardiograms (EKGs) completed before your surgery, if ordered by your surgeon.
- You may be asked to attend a preoperative clinic before surgery.
- You must have negative urine cultures before surgery.
- You will need to stop taking blood thinners before your surgery. The length of time depends on the type of blood thinner. Make sure you understand how many days you need to stop before surgery. You will also be instructed when to resume your blood thinner after your surgery.
  - Men taking any type of blood thinner, aspirin, and NSAIDs (non-steroidal anti-inflammatory drugs) may have special instructions or may need to take a different blood thinner instead. The provider that prescribes these medications will be contacted to verify that it is safe for you to be off of them during the time of surgery. Do not stop taking these medications until this is verified.
- If you start any new medications before your surgery, please contact the urology office as soon as possible to discuss whether or not the medication may be taken up to and including the day of the surgery.

### Acknowledgment

We would like to especially thank the following SUNA members for their valuable contributions to these special focus issues. They either acted as a peer reviewer, author of the educational handouts, or both.

Michele Boyd, MSN, RN, NPD-BC  
Lynn Huck, ANP  
Christopher T. Tucci, MS, RN, BC, CURN, NE-BC, FAUNA  
Gwendolyn Hooper, PhD, APRN, CUNP  
Anthony R. Lutz, MSN, NP-C, CUNP  
Margaret (Amy) Hull, DNP WHNP-BC  
Annemarie Dowling-Castronovo, PhD, RN, GNP-BC, ACHPN  
Lais Heideman, RN, CURN  
Susanne A. Quallich, PhD, ANP-BC, NP-C, CUNP, FAUNA, FAANP  
Michelle J. Lajiness, FNP-BC, FAUNA  
Marc M. Crisenbery, MSN, APRN, FNP-BC

*We hope you and all your family members may benefit from these handouts.*

## Postoperative Timeline for Inflatable Penile Prosthesis Same-Day Surgery

Next day after surgery	Return to urology clinic for urinary catheter removal.
48 hours after surgery	Shower and gently clean around the incision area.
7 to 10 days after surgery	Alternate anti-inflammatory medications such as ibuprofen with any remaining pain medication. If you have completed the pain medication, alternate ibuprofen with acetaminophen.
14 days after surgery	First visit, where your provider will ensure you are healing properly. Your provider will discuss any concerns that you have. Do not attempt to operate the device.
6 weeks after surgery	You will be examined to ensure full healing of the surgical site. If you are fully healed, you will be taught how to use the implant, and you can be cleared for sexual activity by your care provider.

### Before Surgery Instructions

- Plan to wear loose clothing and loose underwear on the day of your procedure.
- Do not shave your genitals for two weeks in advance of your scheduled surgery date.
- ***Be aware that after surgery, your penis will be positioned upright against your lower belly for better healing.***

### What to Expect After Surgery

- Most often, this is an outpatient procedure, meaning you do not stay overnight. You may stay overnight in the hospital if there are any concerns after the surgery. You will have a Foley catheter (urinary catheter through the penis) in place. Your catheter will be removed in the clinic on the day after surgery.
- Some men receive a prescription for 7 to 14 days of antibiotics at discharge, depending on their other medical conditions. If you receive antibiotics, please be sure to take all of them. You will also receive instructions for taking antibiotics before your catheter is removed in clinic.
- Your penis will be positioned upright against your lower belly for better healing. There will be a dressing that helps to keep it in place. The upright positioning of the penis may affect how you stand to urinate after surgery.
- Be aware that your implant will also be ***partially inflated*** after surgery. Do not attempt to deflate it. This promotes proper healing and prevents scarring.
- You can expect bruising and scrotal swelling that will start 18 to 24 hours after the surgery, which gradually decreases over the following 1 to 2 weeks. You may also feel tired and worn out from the general anesthesia for several days.
- Once you are home, you may shower. You may wash your incision gently with soap and water and pat dry. A small amount of ointment may be placed at the end of your penis where the catheter comes out for comfort.

- Do not drive any motor vehicle or operate motorized equipment for at least 24 hours after your procedure or while taking narcotic (opioid) pain medications.
- Do not make any complex decisions, sign legal documents, or participate in activities potentially harmful to others, such as cooking, without supervision for at least 24 hours after your procedure.
- Do not drink alcohol for at least 24 hours after the procedure.
- Begin eating food slowly. If you do not feel like eating solids, drink liquids. Nausea or vomiting can commonly occur during this period and are normal unless severe or continue beyond the first day.
- Please limit your activity until your next visit to promote faster healing.
- Please avoid swimming/soaking in any pools, baths, hot tubs, etc., until your initial next visit (usually 14 days after your surgery).
  - Avoid lifting anything greater than 5 pounds. No running. Walking at a normal pace is okay until your second visit after surgery.
  - Do not engage in any activities in the straddle position (bicycle, motorcycle, snow mobile, etc.). These activities are considered high-risk and can damage the IPP components.
- Do not have sex for 6 weeks after surgery and until your IPP has been activated. You may find a water-based lubricant helpful.

### When to Call Your Provider

Call the clinic if you notice any of the following symptoms:

- Fever of more than 101.5 degrees F along with sweats and shivering.
- Severe pain that persists and is not relieved with pain medications.
- Leg pain.
- Nausea that does not resolve after 24 hours.
- Any drainage, redness, or warmth at the incisions.

## Resources

- Burnett, A.L., Nehra, A., Breau, R.H., Culkin, D.J., Faraday, M.M., Hakim, L.S., Heidelbaugh, J., Khara, M., McVary, K.T., Miner, M.M., Nelson, C.J., Sadegh-Nejad, H., Seftel, A.D., & Shindel, A.W. (2018). Erectile dysfunction: AUA guideline. *Journal of Urology*, 200(3), 633-641.
- Carrasquillo, R.J., Munarriz, R.M., & Gross, M.S. (2019). Infection prevention considerations for complex penile prosthesis recipients. *Current Urology Reports*, 20(3), 12.
- Dropkin, B.M., Chisholm, L.P., Dallmer, J.D., Johnsen, N.V., Dmochowski, R.R., Milam, D.F., & Kaufman, M.R. (2020). Penile prosthesis insertion in the era of antibiotic stewardship – Are postoperative antibiotics necessary? *Journal of urology*, 203(3), 611-614.
- Krzastek, S.C., & Smith, R. (2019). An update on the best approaches to prevent complications in penile prosthesis recipients. *Therapeutic Advances in Urology*, 11, 1756287218818076. <https://doi.org/10.1177/1756287218818076>
- Palmisano, F., Boeri, L., Cristini, C., Antonini, G., Spinelli, M.G., Franco, G., Longo, F., Gadda, F., Colombo, F., & Montanari, E. (2018). Comparison of infrapubic vs penoscrotal approaches for 3-piece inflatable penile prosthesis placement: Do we have a winner? *Sexual Medicine Reviews*, 6(4), 631-639.
- Scherzer, N.D., Dick, B., Gabrielson, A.T., Alzweri, L.M., & Hellstrom, W.J.G. (2019). Penile prosthesis complications: Planning, prevention, and decision making. *Sexual Medicine Reviews*, 7(2), 349-359.

---

This material is for educational purposes only and should in no way be taken to be the practice or provision of medical, nursing or professional healthcare advice or services. The information should not be used in place of a visit, call, consultation or advice of your physician, nurse or other health care provider. The information obtained herein is not exhaustive and does not cover all aspects of the specific disease, ailment, physical condition or their treatments. Should you have any health care related questions, please call or see your physician, nurse or other health care provider promptly.

The Society of Urologic Nurses and Associates, Inc. is a professional organization committed to excellence in patient care standards and a continuum of quality care, clinical practice, and research through education of its members, patients, family, and community.