Semi-Rigid Penile Prosthesis Implantation: Postop Instructions

Diet:
- You may eat and drink whatever you wish. Alcohol consumption in moderation is acceptable.
- Adjust your diet so that you avoid constipation. To this end, you should have Miralax (a stool softener obtained over the counter) upon discharge to home. This should be taken daily for the first six weeks. If your stools become too loose, stop the Miralax. If you do become constipated, you can take mineral oil, magnesium citrate, or milk of magnesia. Each of these can be purchased over the counter from your local drug store.

Activity:
Exercise:
- After your discharge from the hospital, you must avoid heavy lifting and vigorous exercise (sports, jogging, weight lifting) for a total of eight weeks from the day of surgery.
- It will take approximately eight weeks for the incision to reach a sufficient level of healing to allow you to participate in these types of activities. If you engage in strenuous activity before that time, you may disrupt small blood vessels or implant positioning.
- Otherwise, there are no significant restrictions on your activity levels.

Voiding:
- During the first few days after surgery, it may be difficult to urinate due to swelling of the phallus from the implant. This should improve with time. If you ever feel like urination is not possible and your bladder is starting to get very full, please contact your surgeon.
- Many men after phalloplasty are encouraged to milk the phallus to extract the remaining urine in the urethra. However, care must be taken during the 1st 2 months after surgery as milking can sometimes put undue stress on the pubic bone attachments of the implant, weakening it and making it prone to detachment. Therefore, during the milking process, avoid pulling on the phallus and implant; rather, squeeze the urethra by gently pushing underneath as opposed to pulling out on the phallus.

Sitting:
- During the first four weeks after surgery when you are at home do not sit upright (with your feet on the floor) in a firm chair for more than an hour.
- It is best to sit (legs up) in a semi-recumbent position on a reclining chair, soft sofa, or soft chair with a footstool. This accomplishes the two goals of elevating your legs to avoid developing a blood clot in the veins of your legs and it avoids placing weight on the area of surgery while it heals.

Walking:
- **Ambulate multiple times each day (Example: walk total 1 hr per day; four 15 minute walks, six 10 minute walks, etc).** You do not have to go for a long walk each day, but regular short walks will do a tremendous amount to speed your recovery.
- You may walk up and down stairs as needed but take it easy if it hurts and listen to your body.
- No multiple mile walks for the first month. Your energy level may not be back to normal for six weeks so listen to your body and don’t overdo it.

Driving:
- You should not drive while taking pain medications.
- You need to be confident you could move your foot from the gas to the brakes quickly in an emergency situation.

Implant Management:
• The phallus can be heavy with the semi-rigid implant; it is important for the first month postop to keep the phallus supported and elevated so it is not being pulled down by gravity for long periods of time. Nice fitting briefs/boxer briefs/athletic gear will suffice.
• 8 weeks after surgery, resume normal sexual activity

Postoperative Issues

Incision:
• The skin incisions heal very well over a period of two to three weeks. You may feel the knots from the sutures under the incision line.
• You may shower but do not have the water spray directly down on the tape strips. They will begin coming off on their own in about a week and should be fully off in two weeks.
• You may help them come off after two weeks if necessary.
• After showering, gently pat the area dry with a clean towel or use a hair-dryer on the low heat or air setting.

Clots in the legs
• During the first 4-6 weeks after surgery, the major complication that occurs in <1% of men is a clot in a vein deep within your leg, otherwise known as a deep venous thrombosis.
• This can produce pain in your calf or swelling in your ankle or leg.
• The concern regarding these clots is the possibility of them dislodging and traveling to the lungs; this is known as a pulmonary embolism. A pulmonary embolism can occur without swelling in your legs or pain in the calves.
• The symptoms of a pulmonary embolism are shortness of breath, chest pain (especially with deep breathing), the sudden onset of weakness or fainting, or coughing blood.
• **If you develop any of these symptoms or pain/swelling in your legs, you need to return immediately to the hospital for an evaluation. If the diagnosis is made early enough, the treatment is generally effective and easy to administer.
• Walking regularly and keeping your legs elevated when you are sitting are two of the most effective means of helping to prevent a deep venous thrombosis.

Swelling or bruising of the penis and scrotum:
• This is common after your surgery. This will resolve on its own over a couple weeks.
• The only time it is cause for concern is if a hard painful redness develops that might indicate infection.

Pain:
• The incision is generally well tolerated by most patients. This pain is typically controlled with a number of medications. At the time of discharge, you will receive a narcotic-based pain medication (usually Norco). Some patients have pain at the deep pubic region (where the bone anchor sutures are located). This can last anywhere from 1 week to 3 months. It usually resolves with time and improves with each passing week. Pain meds are provided to treat this symptom while it is present. Pain that worsens over time may be indicative of infection and requires urgent evaluation.

Thank you for allowing us to be a part of your care. Be patient with your progress and remember that your recovery will take weeks.

SUMMARY of Medications we may give you after the procedure:
• Norco (strength 325/5) or Percocet (325/5): pain medication; take 1-2 tablets every 6 hrs only as needed
• Side effects*: liver failure (acetaminophen portion) if taken in excess or with Tylenol; constipation
• *Miralax*: stool softener to be taken while on pain medication; mix powder with liquid of your choice and take daily; can be obtained over the counter
• Antibiotic (*Bactrim/cipro*): continue taking twice per day until complete; if there is risk of infection, sometimes you will receive an additional 7-14 day course of an appropriate antibiotic
  • Side effects*: diarrhea, upset stomach, muscle/joint pain
  • Taking yogurt may decrease risk of bacterial flora alteration

Disclaimer
*This is not a complete list of all the side effects that may occur with these meds. Getting side effects are rare, but these are the more common ones for those who do experience side effects. Call office for any fevers, chills, pain not controlled with medication.*