

Semi-Rigid Penile Implant Postoperative Care Instructions

- ❖ **ACTIVITY:** After your discharge, you must avoid heavy lifting and vigorous exercise (sports, jogging, weight lifting) for a total of 8 weeks from the day of surgery. It will take approximately 8 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. *8 weeks after surgery, you may resume normal sexual activity.*
- ❖ **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.
- ❖ **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 first 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:** Find a position that is comfortable; avoid any strain on the scrotum or phallus when you sit.
- ❖ **WALKING: Ambulate multiple times each day (example: walk total 1 hour 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 over do it.
- ❖ **INCISION/SHOWER/BATHING:** The skin incisions heal very well over a period of 2-3 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.
- ❖ **DIET/NAUSEA/CONSTIPATION:** You may eat and drink whatever you wish. Alcohol consumption in moderation is acceptable. Narcotic pain medication can cause constipation in some patients. Adjust your diet so that you avoid constipation. To this end, you should have Miralax (a stool softener over-the-counter) upon discharge to home. This should be taken daily for the first 6 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; all of these can be purchased at your local drug store.
- ❖ **PAIN AND MEDICATION:** The incision is generally well tolerated by most patients. This pain is typically controlled with a number of medications. At your preoperative appointment, you will receive a narcotic-based pain medication. Some patients have pain at the deep pubic region (when 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. Postoperative pain is a normal postoperative occurrence; please take the medication as prescribed-- do not take NSAIDs or aspirin as this can contribute to postoperative bleeding. You can start NSAIDs or aspirin after your first postoperative visit. The pain medication is to be used as prescribed and is provided to treat pain while it is present. Pain that worsens over time may be indicative of infection and requires urgent evaluation.