A Guide To
Replacement of a Penile Prosthesis

You have elected to have a replacement of penile prosthesis. The primary purpose of a penile implant is to help you achieve an erection for sexual intercourse.

This booklet is aimed at helping you understand your surgery, what will happen in the hospital, and what you can expect when you go home. You should talk to your surgeon or a member of your healthcare team any time you have questions or concerns.
Replacement of a Penile Prosthesis

Things to Consider:

Tell your physician what medications or substances give you allergies, such as, latex, anesthesia, morphine, codeine, penicillin, and seafood.

Generally, patients taking “blood thinners,” such as Coumadin (Warfarin) and aspirin, should discontinue their blood thinner 1 week before any medical procedure. Patients taking Plavix (Clopidogrel), however, will need to stop 10 days prior to procedure. (Refer to full list of blood thinning medications supplied)

One Week Before Surgery

Discontinue aspirin and do not take over-the-counter pain relievers or non-steroidal anti-inflammatory drugs. This includes Advil (ibuprofen), Aleve, Motrin, etc. The only over-the-counter pain reliever that is alright to take is Tylenol (acetaminophen), and this can be taken until the day before surgery. You should also stop blood thinners, such as, Coumadin. Your doctor will advise you when it is appropriate to restart. (Ask to see list of blood thinning medications)

Pre-Registration Appointment

You will have a pre-registration appointment at the hospital. Please make sure that you make this appointment and bring the paperwork that the surgery scheduler gives you.

One Day Prior To Surgery

On the night before surgery, do not eat or drink after midnight. Also, you may want to arrange in advance who will drive you home.

The Day of Surgery

Please arrive at the hospital or The Surgery Center at the time instructed by our surgical schedule unless the hospital or The Surgery Center informs you of another time. Remember not to eat or drink anything. If you have questions regarding certain medications, please ask the anesthesiologist at registration. Your surgery will be done under spinal anesthesia or general anesthesia. This will be determined the day of surgery by the anesthesiologist. When you are having an implant revision or replacement, you will most likely be discharged the day of your surgery.

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Visit us on Facebook!
If you have any questions prior to surgery, please contact our surgery scheduler at (706) 324-7700.

After Surgery

The following are common after this type of surgery:

- Pain, swelling, and/or bruising of the scrotum and penis
- Mild drainage at surgical site

After surgery you should drink plenty of fluids and have a healthy diet. Swelling of the genital area will be lessened if ice is applied for the first 48-72 hours following the surgery. After that, mild heat should be applied to promote healing. Whenever you are up and about, the scrotal support should be worn. Otherwise, swelling and pain will increase.

During the first week following surgery, you should spend most of the time off your feet, with the scrotum elevated and with ice or heat applied according to the previous mentioned time frame. After 1 week, you may increase your activities as tolerated. If swelling and pain worsen, you are probably overexerting yourself. Sexual activity must be avoided for at least 4 weeks.

Post-Operative Follow Up

Post-operative follow up is usually 1 week after surgery. At that time, the implant will be fully deflated (it is left partially inflated after the surgery). Please call the office to make this appointment if an appointment was not given to you.

Discharge Medication

Antibiotic – Take this medication to prevent infection as instructed.
Pain Medication – Take this medication to control post-op pain as needed. You should stop taking narcotic pain medication within 1-2 weeks, and then use an anti-inflammatory, such as, ibuprofen.

Please notify us at 706-324-7700 if any of the following occur

1. Heavy bleeding
2. High fever (generally above 102°F)
3. Severe nausea or vomiting
4. Leg pain or leg swelling
5. Shortness of breath or chest pain
6. Severe pain, swelling, redness, or heat at the surgical site

This information is simply a guideline for most patients. As with anything in medicine, your case may vary or need to be individualized. We will be happy to answer any questions and assist with your perioperative care.

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Blood Thinning Medications

If you are taking any of the following medications, please review the instructions below for use of these medications prior to your procedure. You may use Tylenol or other brands that contain acetaminophen prior to the procedure if needed.

<table>
<thead>
<tr>
<th>Medication Name</th>
<th>Length of Time Medication Stopped Prior to Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plavix (Clopidogrel)</td>
<td>14 days but must consult ordering physician</td>
</tr>
<tr>
<td>Coumadin (Warfarin)</td>
<td>7 days but must consult ordering physician</td>
</tr>
<tr>
<td>Pletal (Cilostazol)</td>
<td>5-7 days</td>
</tr>
<tr>
<td>Dipyridamole (Persantine)</td>
<td>5 days</td>
</tr>
<tr>
<td>Pradaxa</td>
<td>1-2 days</td>
</tr>
</tbody>
</table>

The following are elective for urgent cases:
- Aspirin 7 days
- Ticlid (Ticlopidine) 5-7 days
- Percodan 5-7 days
- Alka-Seltzer 5-7 days
- Empirin 5-7 days
- Bufferin 5-7 days
- Ascription 5-7 days
- Ibuprofen, Motrin, Advil 5-7 days
- Nuprin 5-7 days
- Naproxen (Naprosyn) 5-7 days
- Sulindac, Clinoril 5-7 days
- Piroxicam, Feldene 5-7 days
- Aleve 5-7 days
- Indomethacin (Indocin) 5-7 days
- Diclofenac, Voltaren 5-7 days