

Step 3: Prevail

This handout covers the final step of the UroPlan Active Restoration Roadmap and discusses the solutions available to men to restore their quality of life once the recovery period following pelvic surgery is complete. Although many men will recover complete sexual and urinary function with the exercises and therapies listed in Steps 1 and 2, some men may require some extra help to reach their goals, and that's ok! **This is the step that men should educate themselves about as they continue progress through their recovery.** It is our goal for every man enrolled in the UroPlan Active Restoration Roadmap to achieve the quality of life that they deserve.

Please visit www.UroPlanIndy.com to watch our UroPlan videos and for electronic versions of each of these handouts. If you ever have any questions or concerns, please feel free to call the Men's Health Center at (317) 564-5104.

Section 1: Erectile Restoration

How do I know when my recovery period is complete?

This is an important question. The truth is that the length of each man's recovery period following pelvic surgery is unique and depends on multiple factors. This is true for both sexual and urinary/bladder function. For example, in regards to sexual function, a man's recovery is highly dependent on his pre-operative erectile function, the presence or absence of other conditions like diabetes and hypertension, and his anatomy at the time of surgery. The decision to declare a man's recovery period 'complete' and pursue more lasting lifestyle improvements is personalized and the result of a discussion between each man and his healthcare provider. Many men may benefit from diagnostic testing known as a penile duplex ultrasound testing. Men who have good blood flow into the penis shortly after surgery may benefit from more recovery time, but men with too much blood flow out of the penis (a condition known as **venous leak**) typically benefit from earlier intervention. At our Men's Health Center, each man's current status and progress is carefully tracked starting with the 3-month visit following pelvic surgery. A custom plan is developed based on each patient's level of function, rate of recovery, and future goals.

What options do I have to restore my erectile function?

Fortunately, many of the options discussed in Steps 1 and 2 of the UroPlan Active Restoration Roadmap can also be used to achieve erections even after the recovery period is complete.

Men with partial nerve function may be able to use an 'as-needed' dose of sildenafil in addition to their daily tadalafil. Other men can use either injection therapy or the vacuum erection device in combination with a constriction band.

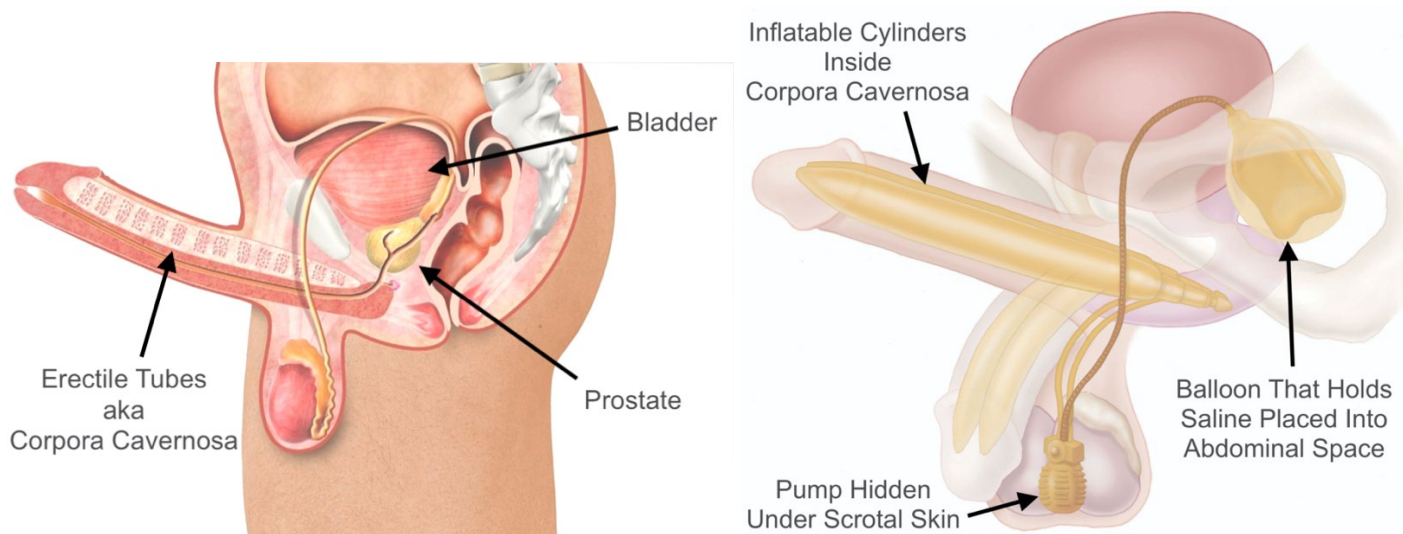
That being said, we recognize that these options may have significant drawbacks for many men. For example, injection therapy can be irritating while both injections and the VED often lack spontaneity. Fortunately, for men that are motivated and desire a definitive cure for their erectile dysfunction, we have a solution in the form of the penile implant.

What is the penile implant?

The penile implant is a safe, invisible, and reliable cure for erectile dysfunction that is placed during a minimally invasive outpatient procedure. In order to best understand the penile implant, it's good to review how erections are supposed to work.

As we mentioned in the Step 1 handout, the male erection is the result of two inflatable tubes that start in the pelvis and extend down the length of the penis. These tubes are known as the corpora cavernosa. When a man is aroused, an electrical signal travels from the brain, through the deep nerves of the pelvis, to the arteries that supply these inflatable tubes. These arteries then expand and allow the rush of blood that provides an erection. At its core, it's a simple hydraulic system.

With the penile implant, a man's natural inflatable tubes (the corpora cavernosa) are reinforced by sliding new inflatable tubes inside them. Then, just as a man's natural inflatable tubes would normally fill with blood, he can squeeze a small pump that's hidden inside the scrotal skin. This action then fills the new cylinders with saline, creating a firm, rigid and reliable erection whenever a man wants that lasts as long as he wants. When sex is complete, a small button press restores the penis to its resting, natural state. Placement of the device is performed through a small, 1.25 inch opening in the skin above the penis. Men go home the same day and most are ready to start having sex again in just 3 weeks!



Does the penile implant affect sensation or orgasm?

In short, no. As men, we tend to think of erections, sensation, orgasm (the pleasurable feeling upon reaching climax), and ejaculation (the fluid that comes out) as the same thing. In reality, each of these things are individual parts of the sexual experience and separate from each other. Think of them as 'different lanes on the same highway'. Although ejaculation is lost as part of prostate removal, sensation and orgasm are still very much preserved. The penile implant restores erections with no negative effects on sensation or orgasm. In fact, many men report better control over their orgasm with the security of knowing they have a reliable erection that can last as long as they want.

Am I candidate for the penile implant? Is it covered by insurance?

Any man whose erectile function isn't what he desires it to be and can tolerate a brief outpatient anesthetic is a candidate for the penile implant. The penile implant can cure any man's erectile dysfunction, including men with nerve damage from surgery and men who have venous leak! Regarding insurance coverage, it's important to remember that the penile implant is a functional surgery to restore what the body is supposed to be capable of naturally and not a cosmetic procedure. Conceptually speaking, it has more in common with a knee replacement than a breast implant.

As a result, the penile implant is covered by Medicare and many commercial insurance companies. Since every man's insurance plan is different, our office always checks with each insurance provider to ensure coverage prior to proceeding. If your insurance plan does not cover the penile implant, we have cash options available.

Although it is always our goal for men to regain their previous erectile function with the strategies outlined in Steps 1 and 2, the penile implant offers security and hope for men going into and recovering from pelvic surgery. Even if a man's erectile function doesn't return to the level he desires, he can rest assured knowing that there is a lasting and reliable solution that can get him 'back in the saddle' with minimal downtime.

Visit www.indymenshealth.com/services/penile-implants/ to learn more.

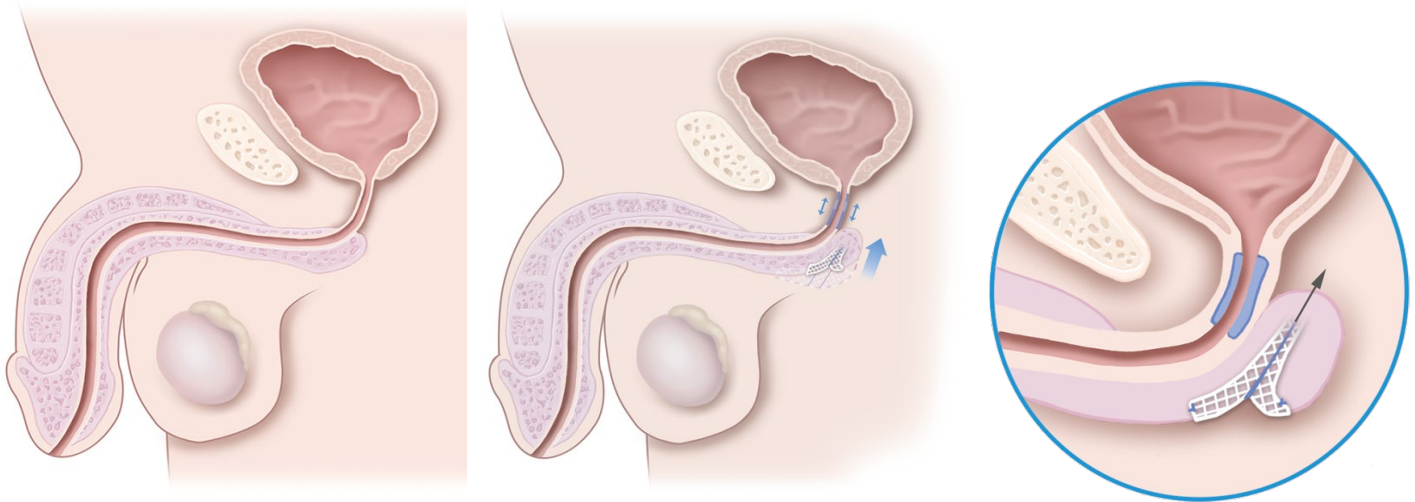
Section 2: Urinary/Bladder Control Restoration

What options do I have to restore my urinary and bladder control?

Although most men will regain control of their urine stream with time and regular pelvic exercise, any degree of persistent urine leakage can be quite bothersome, even if it's only when lifting heavy things or straining. For men who are still struggling with leakage after their recovery period, coping mechanisms such as adult diapers or pads should never have to be accepted as a long-term solution. Fortunately, men have two fantastic and durable options for restoring urinary and bladder control: the male sling and the artificial urinary sphincter (AUS).

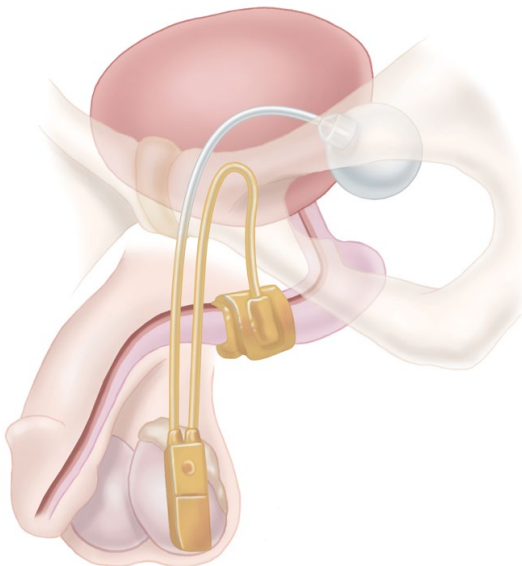
What is a male sling?

The male sling is a thin piece of mesh that is placed to elevate and compress a man's urethra, better known as the tube that urine passes through during urination. By elevating and compressing the urethra, the male sling gives a man's natural sphincter extra 'support' and allows him to control his urine stream with less effort, even if his sphincter muscle isn't as strong as it used to be. This is placed through a hidden opening in the skin behind the scrotum in a minimally invasive, same-day procedure. The male sling has been optimized for men with mild to moderate urinary leakage who can still start and stop their stream while urinating. It is also a fantastic option for men bothered by 'climacturia', which is the leakage of urine with orgasm after prostate removal.



What is an artificial urinary sphincter (AUS)?

The artificial urinary sphincter (also known as an AUS) is an implanted device that's been designed to duplicate what a man's natural sphincter muscle does. A small balloon is wrapped around the urethra where it gently squeezes it shut, preventing unwanted leakage. Then, when a man's bladder is full, he activates a small button hiding under the skin in the scrotum. This relaxes the artificial sphincter and allows him to empty normally. Much like the male sling, the artificial urinary sphincter is a same-day minimally invasive outpatient procedure.



If I ever need extra help controlling my bladder and urine stream, should I choose a male sling or an artificial urinary sphincter?

Both the male sling and the artificial urinary sphincter are excellent devices, but the decision to move forward with one versus the other depends on the type and degree of a man's urinary leakage. Men with mild to moderate leakage who can start and stop their stream, don't leak at night, and have not received radiation typically do best with the male sling. Men who leak more, leak at night, and who have received radiation typically do better with an artificial urinary sphincter. Neither is 'better' or 'best' – they're simply designed with different patients in mind.

Visit www.indymenshealth.com/services/stress-incontinence/ to learn more.

Conclusion

That's everything for Step 3 (Prevail) portion of the UroPlan Active Restoration Roadmap. Our goal with Step 3 is to offer men hope for a quality of life that they can be excited about! Although our objective is always for men to regain their natural erectile and urinary/bladder control with the exercises and therapies in Steps 1 and 2, we want men to know that even if they don't recover to the degree they'd hoped on their own, we can still get them where they want to be!

To learn more about Step 1 (Preserve) and Step 2 (Perform), please refer to those individual handouts or visit our website using the information below. If you ever have any questions or concerns about anything discussed above, please don't hesitate to call us at (317) 564-5104.



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