

ME AND MY OPERATION: Hidden pump that could give a man his sex life back

By Angela Epstein For The Daily Mail, www.dailymail.co.uk
April 25th, 2016



David had surgery to remove the prostate and felt very sore and tired for a couple of weeks

About half of men aged from 40 to 70 will experience some degree of erectile dysfunction. David Storton, 57, a restaurant manager who lives with his wife in Dorset, suffered problems after prostate cancer treatment and has since undergone surgery to restore sexual function, as he tells ANGELA EPSTEIN.
THE PATIENT

Having always enjoyed good health, eight years ago I had blood in my urine every time I went to the loo.

My GP reassured me it was likely to be an infection and gave me antibiotics, but the problem continued.

A few weeks later, I went back to my GP, who suggested it might be a prostate

problem - though there was no suggestion it was anything serious since I was only 49 and had no family history of cancer.

I had a blood test to check for prostate specific antigen, a protein produced by the prostate gland. If you have raised levels it could mean you have an infection or even cancer.

To my enormous relief, my results were normal.

But since the bleeding continued, I was referred to hospital for a rectal examination. I still didn't think it could be anything serious - I was fit, slim and didn't smoke or drink. So I was pole-axed when I was told I had prostate cancer. The good news was that the cancer was contained within the prostate gland, so my specialist said I could be treated with radiotherapy or surgery to remove the prostate.

The other option was to wait to see what happened, as prostate cancer can be slow growing. I decided on surgery, as I'd then know for sure that the cancer had gone.

I was warned that I might suffer temporary incontinence and there was also the risk of erection problems, but I feared the cancer more, so I felt it was worth it. And anyway, I was still young and told myself it was unlikely that I would suffer. My wife of 25 years agreed that, above all, the most important thing was to know the cancer had been removed.

I had the surgery on July 13, 2008, and for a couple of weeks I felt very sore and tired, so sex wasn't a concern. As for incontinence, I was never really troubled by it.



But he found himself unable to get an erection when he was ready to become intimate with his wife again

After my three-month check-up I felt ready to become intimate with my wife again, but I found myself unable to get an erection.

What's more, though I could feel sensation, my penis felt constantly cold and

painful, as if there wasn't enough blood getting through.

My consultant said this often happened and we tried a series of treatments, such as Viagra - a drug that increases blood flow to the penis. Unfortunately, this didn't make any difference.

I was then given Caverject, a drug that's injected directly into the side of the penis, where it is supposed to dilate the arteries and allow blood to flow in.

I also tried the medication as a suppository into the opening at the tip of the penis. As well as having no effect, both options were incredibly painful.

After several months of this, I started to feel angry - and emasculated. I wanted that part of my life to return to normal. I'm ashamed to say I wasn't the easiest person to live with - I felt moody and annoyed all the time.

Even though I'd been warned this might occur, I didn't expect it to happen to me.

My wife and I had always enjoyed an active sex life and I wasn't prepared for this part of our marriage to be over - even though she was patient and supportive.

In despair, I scoured the internet for some miracle solution and it was then I came across penile implants - where they surgically place a pump inside the penis to produce an erection.

It sounded dramatic, but by that stage I was willing to try anything.

Further research led me to consultant urologist David Ralph, who specialises in erectile problems, and through my GP I got a referral to see him at University College Hospital in London a few weeks later.

Mr Ralph reassured me that the implant would suit my situation - I was otherwise healthy and had exhausted all other options.

I waited three months to have the operation as an NHS patient in July 2013.

The surgery involves having two cylinders implanted inside the penis.

20%

Of relationships are affected by erectile dysfunction

These are attached to a tiny pump that's put into your scrotum - squeezing this by hand moves fluid from a small chamber inside the pelvis into the cylinders, creating the erection.

You deflate the device by pressing the deflate button on the pump.

I had to have a general anaesthetic and stayed in hospital overnight. The day after the surgery I felt quite swollen and bruised, but not in much pain.

I was told to wait six weeks for it to heal and then I began practising inflating the penis - it worked within seconds.

I'm so pleased to say my sex life has been fully restored as a result. Yes, you have to wait a moment or two for it to inflate, but I can behave and perform like a man - with no side-effects. Cancer makes you re-evaluate your life and I realise I had a brush with death.

But you have to feel alive, too. And now I can say I do.

THE SURGEON

David Ralph is a consultant urological surgeon at University College London

Hospitals NHS Foundation Trust.

Men suffer erection problems for all sorts of reasons, including illnesses such as diabetes, through injury such as a pelvic fracture or as a result of treatment for prostate cancer.

Problems occur because of damage to the erectile nerve, which encourages blood flow into the penis to create an erection.

The nerve runs on either side of the prostate. Sometimes it can be spared in prostate cancer surgery, but not always - it depends on the extent of the cancer. For men who suffer erection problems with a medical cause that is unlikely to improve naturally or with medication - as happened with David - surgery can be a great solution. I carry out about 300 implants a year - an estimated 700 men in Britain have this operation annually.

The operation takes about an hour-and-a-half under general anaesthetic. To begin, we make a 2 in incision into the scrotum for access to the base of the penis.

Then a smaller incision is made on the left and right side of the penis and we place what's known as a dilator at the base of the penis, pushing tissue aside to create a space about 1cm wide.

After that we take the implant itself - a cylinder, which will be a length and girth appropriate to the patient - and insert it into the space we've created.

The incisions are stitched up with dissolvable stitches. The pump part of the device is then inserted under the loose skin of the scrotal sac, between the testicles.

The reservoir - a spherical silicone prosthesis holding 60 to 100 ml of saline - is placed inside the pelvis through the same incision in the scrotum.

To work the implant, the scrotum has to be squeezed about ten times, allowing it to fill with fluid, which rushes into the cylinder. The patient can ejaculate as normal.

When sex is over, it is deflated with the switch in the scrotum.

During the operation, we check this works and then close the incisions with dissolvable stitches. The implant itself should last ten to 12 years.

It's available on the NHS for any erection problem. For men like David, it means they can start living a full life again.

The procedure, which is available on the NHS, costs about £10,000 privately.

WHAT ARE THE RISKS?

- The risks of this operation include post-operative bleeding and infection, which affect in 1 per cent of cases.
- The patient has to refrain from sex for a month to six weeks after the operation to allow healing.
- Operating the pump requires manual dexterity, so isn't good for someone with arthritis or other problems with their hands.

Professor Christopher Eden, consultant urologist at Royal Surrey County Hospital in Guildford, says: 'The inflatable implant lasts only ten years and

replacing it, or even just removing it, involves another general anaesthetic. 'Though unusual, the implant can erode, which would also mean that it would need to be removed.'