
Penile Prosthesis Commissioning Policy

Background

Male erectile dysfunction (ED) is the persistent inability to attain and maintain an erection sufficient to permit satisfactory sexual performance. Pathophysiology of ED may be vasculogenic, neurogenic, hormonal, anatomical, drug-induced or psychogenic in nature.

Penile prosthesis implantation involves the surgical insertion of a rod or chamber inside the penis. There are two types of penile prosthesis. The most simple is a semi rigid, malleable rod which makes the corpora cavernosa rigid. The other type is a hydraulic system comprising a fluid-filled reservoir, a pump and two inflatable cylinders. Hydraulic prostheses are available as one, two and three piece designs. The prosthesis is activated by squeezing a pump which transfers fluid from the reservoir to the cylinders, causing the penis to become rigid. Once the prosthesis is inserted the man can create an erection any time he wishes. If mechanical failure, erosion or infection occurs further surgery is usually required to correct the problem.

Policy

Insertion of penile prosthesis is not routinely commissioned by NHS Devon.

Rationale

There are no randomised controlled trials of penile prostheses, but as mechanical devices there is sufficient evidence available in the form of case reports to be reassured of their ability to produce an erect penis (excepting mechanical failure).

Whilst patient satisfaction ratings have been published, the Committee noted the absence of research into the improvements in health status associated with their use, which is an important consideration in the equitable distribution of healthcare resources. In determining the policy the Committee considered the loss of quality of life associated with impotence and also outcomes of quality of life research conducted amongst men with spinal cord injury suggests that any gain these devices might bring would be very small.

The Numbers of People Affected and Costs

The insertion of a penile prosthesis costs approximately £6,000. Between February 2008 and April 2010 nine patients applied to the exceptional treatment panels across NHS Devon, Cornwall & Isles of Scilly, Plymouth and Torbay.

Exceptionality

Patients who are not eligible for treatment under this policy may be considered for exceptionality on an individual basis.

Based on evidenced based review by	Gareth Franklin, Clinical Effectiveness Pharmacist, NHS Devon
Policy effective from	Approved by NHS Devon Effective Practice Committee – 23/07/2010
Policy to be reviewed	July 2013 or sooner if changes need to be made in the light of new evidence or guidance issued by NICE