NHS
Dorset
Clinical Commissioning Group

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# Penile prosthesis surgery for end stage erectile dysfunction



Supporting people in Dorset to lead healthier lives

**NHS DORSET CLINICAL COMMISSIONING GROUP**

# PENILE PROSTHESIS SURGERY FOR END STAGE ERECTILE DYSFUNCTION

**CRITERIA BASED ACCESS PROTOCOL**

## 1. INTRODUCTION AND SCOPE

1.1 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.

1.2 Male erectile dysfunction is the persistent inability to attain and maintain an erection sufficient to permit satisfactory sexual intercourse. The pathophysiology of erectile dysfunction may be vasculogenic, neurogenic, hormonal, anatomical, drug-induced, psychogenic in nature, or due to trauma. This includes patients who have erectile dysfunction due to treatments for pelvic cancers (including urological and colorectal cancers), diabetes, Peyronie's disease, and patients undergoing penile reconstruction.

1.3 End stage erectile dysfunction is when patients have tried all other treatment options including drug therapy (with a PDE5 inhibitor e.g. sildenafil), intracavernous or intraurethral vasoactive agents (e.g. Alprostadil) and external devices such as vacuum devices.

1.4 Penile prosthesis implantation involves the surgical insertion of a rod or cylinder inside the penis. In the event that penile prosthesis may be considered there are two types of penile prosthesis operation that aims to replace the normal mechanism of getting an erection. The surgeon can insert either of the following into the penis:

- a semi-rigid rod
- a device that can be pumped to cause an erection.

These operations are performed at a specialist implant centre after multi-disciplinary team discussion.

## 2. DEFINITIONS

2.1 Any definitions related to this Criteria Based Access Protocol are included as a Glossary at Appendix B.

## 3. ACCESS CRITERIA

3.1 This is commissioned by NHS England; see the following guidance: https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/08/clinical-com-pol-16059p.pdf

## 4. EXCLUSIONS

4.1 **Insertion of penile prosthesis is not routinely commissioned by NHS Dorset CCG.**

## 5. CASES FOR INDIVIDUAL CONSIDERATION

5.1 N/A

## 6. CONSULTATION

6.1 N/A

## 7. RECOMMENDATION AND APPROVAL PROCESS

7.1 N/A

## 8. COMMUNICATION/DISSEMINATION

8.1 N/A

## 9. IMPLEMENTATION

9.1 N/A

## 10. DOCUMENT REVIEW FREQUENCY AND VERSION CONTROL

10.1 This requires a review every three years, or in the event of any changes to national guidance or when new guidance is issued.

**FREQUENTLY ASKED QUESTIONS**

**N/A**

## GLOSSARY

**N/A**

| A | DOCUMENT DETAILS |
|---|---|
| **Procedural Document Number** | 126 |
| **Author (Name and Job Title)** | Hannah Nettle, Principal Programme Lead |
| **Date of recommendation** | July 2019 |
| **Date of approval** | July 2019 |
| **Version** | 2.0 |
| **Review frequency** | 3 Years |
| **Review date** | January 2022 |

| B | CONSULTATION PROCESS | | |
|---|---|---|---|
| **Version No** | **Review Date** | **Author and Job Title** | **Level of Consultation** |
| | | | |

| C | VERSION CONTROL | | | | |
|---|---|---|---|---|---|
| **Date of recommendation** | **Version No** | **Review date** | **Nature of change** | **Approval date** | **Approval Committee** |
| July 2019 | 2.0 | Jan 2022 | Document Development | | CCG deputy chair |

| D | ASSOCIATED DOCUMENTS |
|---|---|

- Policy for individual patient treatment, NHS Dorset Clinical Commissioning Group
- Making sense of Local Access Based Protocols, NHS Dorset Clinical Commissioning Group

| E | SUPPORTING DOCUMENTS/EVIDENCE BASED REFERENCES | |
|---|---|---|
| **Evidence** | **Hyperlink (if available)** | **Date** |
| | | |

| G | DISTRIBUTION LIST | | |
|---|---|---|---|
| **Internal CCG Intranet** | **CCG Internet Website** | **Communications Bulletin** | **External stakeholders** |
| ✓ | ✓ | ✓ | ✓ |