

Penile Implant Information Pamphlet Wiki. What you need to know. A compilation of my answers and experience to FAQ regarding patient satisfaction and partner satisfaction from TANGERINE

The Road to Becoming A Bionic Male: Answers to Questions, Concerns, and Hopes

I remember the words of my local urologist who stated: "implants do have issues, but they work really well." Getting a penile implant is truly a wonderful surgical cure for erectile dysfunction; but it takes courage to man-up for this big step in your journey to fight, and overcome, the turmoil of erectile dysfunction. My life has become better since the implant because my mind is now "free from fixation" on the concerns of erectile dysfunction. Realizing that I am strongly capable and confident in the bedroom due to my restored manhood, I now have the freedom to focus on the other things in my world.

I am now 17 months after surgery. Life is good and I am so happy that I made the decision to get the implant. Over the last year, I have been quite active on this franktalk site. This pamphlet represents a compilation of my answers to many of the frequently asked questions. Maybe one day I will convert this into a book, but in the meantime, I have published this electronically here for your use as a source of first hand patient experience.

In a nutshell, this pamphlet discusses everything you need to know about the implant. It is of course, "one man's opinion", but I have done my best to remain objective and to pull in medical journal articles to support these writings.

This is a long, over 60 pages, document; so, for organization, I have included a Table of Contents shown below. If you want to jump to a particular chapter, I optimized searching by using some standardized unique formatting. For example, if you want to jump to "chapter36 TSA stories", you can simply enter the search term "Chapter36 " into the franktalk search box and you should get there. This works since there is NO SPACE between the word "chapter" and the number "36 " (ie, use the search term "Chapter36"). Finally, if in the future, you feel the need to direct someone to this pamphlet, then putting in the search terms : "pamphlet wiki" will likely steer a new franktalk member to this implant information pamphlet wiki.

I have no financial interests or conflicts with regards to the implant manufacturers or surgeons; my only motivation for writing this pamphlet is to share my knowledge and experience; I am quite aware how this journey can become "all consuming" for a patient; so, as a former patient, this work represents my endeavor to "give back" .

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Key words: bionic owners manual, penile implant satisfaction, penile implant frequently asked questions, instruction manual penile implant, FAQ penile implants, Penile Implant Information Pamphlet Wiki, penile implant partner satisfaction, penile implant patient satisfaction, TANGERINE, penile implant review, implant wiki, Read this first

SECTION 1: Before Implant Surgery -- some thoughts to ponder

Chapter1 : GOING NUCLEAR --- taking the plunge by exercising the surgical option

Before surgery, I spoke to a number of patients on the telephone (my surgeon has many patient volunteers who are willing to take calls) , and one of them stated, "you know, before surgery I decided that I just do not want to go out like this." In other words, the guy meant that life was becoming meaningless without sex and that he just couldn't see facing the prospect of living life and eventually dying without being able to have sex.

That concept resonated with me, and I agreed that I could not "go out like that," and I acknowledged that living a sexless life was not the way I could be. Getting an implant is a surgical cure for ED. Yes, it is nuclear, but there is a time and a place to select the nuclear option. I was always keenly aware of the risks of infection and the temporary issue of surgery pain, and I was accepting of the fact that I would have "plastic in my penis for the rest of my life." All of that was secondary for me because sex and being a sexual being is central to my identity and central to my core being. With my severe ED, seeing a pretty girl walking down the sidewalk, started to bother me because it reminded me of my ED. Watching a Viagra/Cialis commercial depressed me because it reminded me of my incurable impotence. Without the option of sex, life for me became ho-humm, and I felt like a "walking stiff" just going through the motions of life.

Life is full of risk/benefit decisions. If erectile dysfunction is a huge deal to you, then the benefit of being able to have super sex outweighs the risks of surgical complications and the potential need for multiple surgeries. In contrast, If you believe that erectile dysfunction is not that big of a deal to you, and you believe that you and your partner can live without penetrative sex, then do not subject yourself to the possible complications.

Not all males are as hard-wired to pursue sex as those who have undergone the awesomely scary option of a penile implant. It takes great courage to do it. Yes, I remember being scared when walking to the surgery center that cold morning in February. I remember the sleepless nights before surgery thinking about the troubles with implants some have reported. But here was my mantra used as the surgery date approached:

"Don't be a coward. Hold your head up high and walk into that operating room standing tall and courageous ready to face-off with that beast named 'Erectile Dysfunction' like a valiant gladiator."

Now being implanted, I agree that sex is better than ever, wife is slightly happier (because I am happier), and bionic male capability is awesome. BUT, I was lucky because I had a tremendously great surgical outcome where everything is sized just right, healed just right, feels just right, and works just right. Of course, before the fact, there was no guarantee that the surgery result would be so great, thus I consider myself lucky.

In my opinion, I was implanted at just the right time point after years of erectile dysfunction treatments; however, my wife wishes I had done it 10 years ago. But, my wife does not know about the situations where implants go bad. I am 55 years old and we have been married for thirty years. She is also 55 years old. My ED started when I was in my late thirties.

While I had ED and was dependent on pills or quadmix and rings, I did sometimes turn down the chance for sex because the one hour preparation time with multiple steps (needles etc) just wasn't going to happen expediently. That occasional turn-down is an opportunity that I still regret today. It was this desire, to never again "have to hold my head down in shame" by walking away from a willing female, which led me to go for the implant -- which is a hugely scary thing to do.

Do realize, of course, that 92% of implanted men are quite satisfied with the surgery (this has been documented in many papers everywhere) but that means 8 percent are not. You need to be sure you are not in that bottom 8 percent by choosing a great surgeon and understanding the issues that implants can have.

As another courage builder, I remember this quote:

"GOOD THINGS HAPPEN WHEN YOU GO FOR IT"

So , man-up, take the risk, and go-for-it !

Chapter2 : The psychological mindset of erectile dysfunction -- Where you should be before getting an implant

I have a good job, good family, loving wife, good health, and enough money. So, “the things that count” are all at 100%. However, my ED really bothered me, and it did place a cloud over everything, even though it looked like I had everything else.

Failure in bed, to me meant failure as a man. The trouble with ED is that it erodes all your confidence. Performance anxiety is a very real problem for the man with ED. Sex for that man is a rushed, inconsistent, stressful activity that can end with a performance of shame where everyone feels “slighted, robbed, gypped.” I remember those years; they were really bad times. This all got better for me with the injections since the erection would stay for a few hours. While the injections worked, I was very fine emotionally. However, once everything stopped working, I became depressed, and I stopped enjoying life.

Watching a movie where there was a love scene bummed me out because it reminded me of my ED and how I was no longer part of that “world of sex, sensuality, and passion.” Thus, it was as if something was dead in me, and depression was a real problem. At my age of 55 years old, I felt that my manhood was lost and that I was heading towards the path of becoming a grouchy old man going through the motions of life.

So, for me, ED absolutely leads to depression for sure. Now that I have undergone a surgical cure for erectile dysfunction, I have returned to my baseline happy state.

The key concept is that you need to “get off your rear and do something about this.”

Chapter3 : Summary Journal Article with key info for those looking into an implant

This publication is scientific and well written and documented. If you only read one scientific article about implants, then this should be the one.

Preoperative counseling and expectation management for inflatable penile prosthesis implantation

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Vol 6, Supplement 5 (November 2017): Translational Andrology and Urology

Below are a few quotes from the article:

"...Post-operative satisfaction

.....Contemporary series have cited IPP satisfaction rates from 78–96% among a cohort of 47 men who underwent IPP placement and reported 79% satisfaction. When analyzing the reasons for satisfaction, they noted psychological factors, relational factors, improvements of sexual function, and improvement in voiding (63).Although the vast majority of patients are satisfied with IPP placement, minor dissatisfaction can occur. Poor surgical outcomes such as infection, erosion, device failure, or intraoperative complications clearly may affect satisfaction. Other than recognized complications,....patient dissatisfaction was attributed to decreased penile length, unrealistic expectations, unnatural feel, infrequent intercourse, delayed ejaculation, and partner dissatisfaction . Inappropriate assumptions regarding the penile prosthesis, its implantation, the resulting erection, or its effect on preexisting relationships may be causes for post-operative dissatisfaction Focused communication regarding changes in penile length and sensation as well as the dynamics of partner satisfaction are the next key steps in expectation management.

Penile length and sensation

"....One of the most common reasons for post-operative dissatisfaction after penile prosthesis implantation is perceived loss of penile length (66). Over 70% of patients endorse a loss in length, even in the absence of measurable evidence (48). Preoperative stretched length provides a realistic expectation for post-operative results (67). Patients should be counseled on post-operative length and understand that IPP placement will help restore rigidity but not augment length, even when the lengthening cylinder of the AMS 700 LGX is chosen. Strategies to maintain length, such as preoperative vacuum erection device use, have been proposed and may benefit overly concerned patients. While the authors of this review do not routinely recommend it, a suggestion of a short period of preoperative vacuum therapy or penile traction for certain patients prior to penile implant surgery may facilitate active participation on the patient's part to help them achieve what they perceive to be the maximum possible length. Patients with a history of radical prostatectomy, corporal fibrosis from such conditions as priapism or intracavernosal injections, and Peyronie's disease are at increased risk of penile shortening and may require additional focused counseling (43).

Changes in penile sensation should also be addressed preoperatively. Poor glandular engorgement after prosthesis implantation can affect patient and partner satisfaction (66). The use of intra-urethral alprostadil may be an effective

therapeutic option for some patients lacking glandular engorgement (68). Some may experience an unnatural feeling with intercourse which can also influence satisfaction (69). This can improve with time, and additionally may improve with appropriate sex or couple's therapy. Ultimately, setting appropriate preoperative expectations regarding penile length and sensation is the best way to limit post-operative dissatisfaction for these common complaints....."

Partner satisfaction

".....Researchers have shown that satisfaction after surgery is influenced by both the patient and the partner. Gittens and colleagues evaluated patient and partner satisfaction after IPP placement using patient surveys and demonstrated 77.8% and 78.1% satisfaction, respectively (59). When further examining the relationship, they found that patients who were more satisfied with their implant had statistically significant higher partner satisfaction scores, compared with men reporting dissatisfaction with their device. Interestingly, patients who were dissatisfied with their implant were more likely to have partners with low female sexual functional scores (70). This observation highlights the importance of counseling the female partner prior to placement of the IPP in order to assess female partner sexual dysfunction and libido.

Such a study speaks to the multifaceted and interconnected nature of patient and partner satisfaction. Partners are often overlooked during preoperative counseling and unaware of changes that may occur with implantation. These changes, such as decreased penile length, girth, and glandular rigidity can affect a partner's sexual experience. Furthermore, IPP implantation alters the dynamics of intercourse, as prosthesis inflation and deflation need to be incorporated seamlessly and may prove difficult for some patients.

Involving partners early in preoperative counseling may help optimize the post-operative experience. Counseling may facilitate communication and help set appropriate expectation. Patients and partners may also benefit from pre-surgical sex therapy, focusing on increasing sexual communication and offering strategies to apply postoperatively (8)....."

Conclusions

".....Preoperative counseling is a dynamic process that begins at the first visit and continues until the patient enters the operating room,,,,,,,,,. Lastly, expectation management with a detailed discussion of penile length, sensation, and patient and partner satisfaction is paramount to having a satisfied patient after placement of an

IPP. Providing accurate, realistic expectations ultimately prepares patients for the best possible outcomes....."

please read the full article: (see the link below)

<<http://tau.amegroups.com/article/view/15756/17726>>

Chapter4 : Are you satisfied with your implant ? -- My reactions to an article regarding patient satisfaction

My short answer to the question regarding satisfaction/dissatisfaction:

"I am thrilled with my implant -- life changing and a Bionic upgrade from what I was before"

That being said, we must all remember that quote from my local urologist:

"Implants do have issues, but for the most part they work really well"

The below article lists these issues. The excerpts quoted below are from an article from the Postgraduate Medical Journal, and I have interposed my own experience in between many of the article quotes:

Jain S, Bhojwani A, Terry TR The role of penile prosthetic surgery in the modern management of erectile dysfunction Postgraduate Medical Journal 2000;76:22-25

"...To maximise satisfaction from penile prosthesis insertion, full and accurate pre-operative counselling of the patient and partner is mandatory. This will prevent unrealistic expectations, which are the major reasons for complaints. As insertion of a prosthesis involves replacement of the patients' cavernosal tissue with loss of any residual erectile function, surgery should only be considered when all non-invasive methods of achieving a natural erection have been exhausted....."

In response to the above quote: always remember that you should not get an implant unless injections or pills have failed for you. Otherwise, you might regret 'going nuclear' too soon.

"...Both patient and partner should be aware that the erection achieved with a prosthesis is a compromise. The glans penis will not be affected by any type of

implant, and will remain flaccid unless there is some residual erectile function from the corpus spongiosum...."

My response to the issue of glans erection: Personally, my glans does indeed swell up during orgasm, and that gives me an extra half inch in length and a big swell of the penis head girth at the moment of orgasm. For me and my wife, this seems just fine since it is a signal to her regarding my orgasm; and I think she gets a thrill from the emergence of the glans erection (albeit only lasting 60 seconds at orgasm time). Of course, The failure of glans erection is NOT due to the implant, For me, it was part of the original erectile dysfunction issue. In other words, if your glans does not work before implant, it still will not work after implant. There have been a number of discussions regarding this topic on franktalk, and you can find them by doing a search for "spongiosum".

The solution, for me, is to use a cock ring, and the ring definitely makes my glans rock hard and big. But, I refuse to habitually do this since it hurts a little and since the ring is not natural looking. The point of the implant is that I can "travel light" and I am ready for sex anywhere and at anytime. Thus, I don't use the cock ring. Other franktalk bionic brothers have stated that trimix gel or muse placed into the urethra also can help glans erection; but again, I am not going to start things that take away spontaneity. In other words, my erection with the implant is totally good enough. I love the spontaneity and being "ever-ready."

"....Although erection is not directly related to libido or orgasm, many patients do have difficulty achieving orgasm when first using their prosthesis. They should be counseled that it could take up to a year for this to resolve...."

My response to the above quote regarding orgasm issues: For me, orgasm was fine starting at day 8 after surgery. Now at 9 months, I am totally back to normal in terms of sensation and speed to orgasm. My orgasm might be slightly longer in duration and intensity. It might take slightly longer for me to orgasm, but I have always had premature ejaculation, so it is helpful and welcome that I currently come slightly later (though I still would like to come even later than I do). Some franktalk members have discussed changes in sensitivity and changes in ability to orgasm, but not me.

"...Patients with inflatable devices must be warned about auto-inflation...."

My response to auto-inflation: Yes, I sometimes have a soft semi erection. It seems this is more of a titan issue. Most franktalk bros view this as a GOOD FEATURE and actually commonly opt for a slightly pumped up mode. My doctor told me he wants me in totally deflate mode when not using the implant. He states "pressure induced atrophy of your natural erectile tissue can happen if you leave yourself pumped up alot." Overall, autoinflation is not an issue for me.

"....Complications of surgery , in particular infection, mechanical failure and the possibility of prolonged penile pain in the postoperative period must be explained to prospective patients. If complications do occur, revision surgery is possible, but it should be stressed that this is more difficult and has an increased complication rate...."

My response to the above quote on complication: "I had zero complications and was good to go for sex at 3 weeks." I was worried about complications such as under-sizing, infection, pain, and early implant failure. HOWEVER, I mitigated against this by carefully selecting a high reputation surgeon. Also, I was mentally ready to go through two operations if needed since I "wanted to restore sex capability really bad" and since I was completely out of other options.

Link to the article is posted below:

<<http://pmj.bmj.com/content/76/891/22>>

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On a separate note, there was also another article that discussed some psyche reasons men are satisfied with implants: We all realize that there are benefits to the implant that go beyond the bedroom. A man's feeling of well-being and worthiness become massively better once potency is restored. Please read the below article:

Natasha Persaud, Digital Content Editor

December 08, 2015

Why Men Are Satisfied With Penile Implants

Ana Carvalheira, PhD, of William James Center for Research in ISPA University Institute in Portugal, and colleagues analyzed questionnaire responses from 47 men with severe erectile dysfunction (ED) who underwent surgery to receive an inflatable or malleable penile implant. All patients were treated by a single surgeon....and the researchers employed a structured telephone questionnaire that included open-ended questions for participants to describe their experiences. The questioner asked: "If you could do it over again, would you choose to have the surgery?", "Would you recommend the surgery to someone else?", "How satisfied are you with the penile implant?", and "Could you explain the motives for your satisfaction or dissatisfaction?"

According to results published online ahead of print in the Journal of Sexual Medicine, 79% of men reported being fairly or very satisfied with their penile implantation surgery. For most patients, it was their first implant. Only 1 patient would not have the surgery again, and 6 were unsure. The majority would also recommend implantation to someone else.

The investigators determined the major reasons for satisfaction were improvement in sexual function and psychological wellbeing. Men mentioned feelings such as self-esteem and enhanced male identity 54 times. Improvement in sexual function also was mentioned 54 times and referred to improvement in sexual desire, erectile function, and intercourse. Men with malleable prosthesis were less likely, however, to report enhanced self-image or confidence. A few men also reported improvement in urinary function.

Relationship factors such as giving pleasure to a partner were mentioned to a much lesser extent—only 11 times. About 13% of men did not tell their partners about the surgery.

Some men expressed dissatisfaction with their penile implantation due to unrealistic expectations that it would solve a problem or fulfill a fantasy.

Overall, “the level of satisfaction with the implementation of penile prostheses is very high, therefore constituting a treatment for ED with a positive impact on the experience of men at a sexual, psychological, and relational level,” the investigators concluded.

Carvalho A, Santana R, and Pereira NM. Why Are Men Satisfied or Dissatisfied With Penile Implants? A Mixed Method study on Satisfaction With Penile Prosthesis Implantation. Journal of Sexual Medicine. doi:10.1111/jsm.13054.

My comments to the above article on satisfaction questionnaire:

In a nutshell, for me, the implant constitutes one of the best personal decisions that I have ever made.

I am very happy that I got the implant, I would recommend this to my brother or my son if they had erectile dysfunction that did not respond to meds.

Chapter5 : The Perfect Implant -- setting expectations and reality check

I think it is important to be careful regarding your expectations. Do realize that the majority of us did not end up with the "perfect body" or "the perfect job" or "the perfect brain." But, we hopefully have learned to live with and make the best of what we got. Similarly, you might not end up with "the perfect implant." Thus, I will now define the concept of the "adequate implant,"

The "adequate implant" is something that gets your penis hard enough so that you can have penetrative sex.

That's it.

Of course, this assumes that there is no infection and that the glans are supported well enough so that you can penetrate and that the inflate-deflate mechanism of the pump works as one would expect. If you meet these specifications, then your surgery is successful, maybe not "the most perfect implant in the world," but successful.

For me, going into surgery, I was going to be OK if it was just good enough so I could have sex. However, halleluiah, I won the implant lottery and got the "perfect implant". I do not mean to brag, but I think that you all need to know my experience just so that the many men considering implant also become aware of how amazingly great things can be.

To Assess the perfect implant, I look at the 4 components:

1) RESERVOIR: should be in a place where you do not know it is there (after three months healing)

2) CYLINDERS: should extend well into the glans, and should be able to get hard as a broom stick end and, MAYBE, the cylinders should be girthy enough to stimulate a woman

3) TUBING: tubes along the cylinders should not be possible to feel, in the perfect implant

4) PUMP: Pump needs to be in "the right place" in the scrotum. (for some, that means hidden behind the balls, for others, it means low and easy to get to.)

For me, my surgeon hit a home run on every single component. Your experience will differ, but the above would be perfect. Implants are tricky surgery, so the whole level of "perfection" will rest on the talent and experience of your surgeon's hands.

Importantly, you should be aware that the implant does NOTHING for glans swelling and engorgement, but that is just NOT a problem for me. Many have said that "an implant is not as good as a perfectly functioning natural penis." A "perfect natural penis" will be stiff as a rock in the shaft and fully engorged and stiff in the glans. For me, erectile dysfunction of the cavernosa (the shaft) has been fixed by the cylinders, but the erectile dysfunction of the glans remains limited. Maybe, trimix gel or cialis will help my glans ED, but, for me and my wife, sex is glorious enough with my awesome implant, so I plan to continue to travel light and not worry about trying to do something for the glans..

For me personally, all the issues with Titan Coloplast "krinkles" and the issues with "it's not that soft in the flacid state" are non-issues for me, I just do not notice those things (though they are true). I got the implant for maximal sex, not for maximal flacid. or more information on the AMS versus Titan debate, please read chapter 20.

So, I was blessed and lucky enough to get the perfect result. Now, I hope it lasts fifteen years rather than 8 years.

REGARDING EXPECTATION SETTING AND KEEPING PERSPECTIVE:

I think that implantees must remember "where they came from" in situations where they wonder if their implant is not as perfect as it should be, or in situations where they are perseverating on some feature of their installation that seems not exactly perfect.. Several months ago, I remember writing a post to a franktalk member, "Froggy" who was whining about some issues about AMS girth and his particular length. Shown below is what I said:

"Dear FROGGY: Please do not forget where you were and who you were before the surgery. To put it bluntly, you were a hopeless young man with no ability to have

good sex. Approaching women was either scary or futile because you knew that you could not "finish what you were trying to start"

Now, all that will be totally different once your implant is working and once you learn how to use it in the field.

Of course, do remember that the primary purpose of the implant is to "allow you to have penetrative sex." That is all that you should hope for. All this talk about "glans engorgement" and "girth expansion" and "no length loss" is secondary icing on the cake that just might or might not happen for you. And you must realize that it is OK, since you still will have a bionic dick that can last for hours.

Some men on the frankalk website mention that they give women pleasure with oral sex, and the implant is there to give the man the pleasure -- remember that few women (? 20 percent) climax through penetrative sex.

Moreover, I think that it might be true, possibly, that your second implant might be longer and girthier than your first, and that your third maybe longer again (but I do not know that). So, do realize, that there is some hope for bigger things 15 years from now.

I know that this is an emotional roller coaster, but you chose a good surgeon in Baltimore who worked really hard to get you the best possible result.

Be thankful that you do not have an infection

Be thankful that you are able to work

Be thankful that each day will get a little better

Be thankful that you can have sex for hours

Be thankful that you had the courage and means to have implant surgery

Be thankful that you have been cured of ED...."

chapter6 : Deciding to have the implant -- convincing yourself that this is a good idea

For me, I had ED which was no longer responding to heavy dose quad mix injection.

I was agonizing over the idea of having something unnatural in me with potential complications. My options were limited: either get the implant or lead a sexless life.

When I leveled with my wife, she did not seem all that keen on the idea of moving to a sexless life.

Then, one day, for me, a moment of clarity happen: "I was sitting at the kitchen counter watching my wife prance around, she took my cell phone and suggestively placed it into her pants rear butt pocket, and then, she wiggled her butt in a suggestive way with a subtle backward butt thrust." At that moment, I realized I could not give up "having sex with that woman" and I set the ball in motion to get the implant.

Now, we are having good sex (though not as often as I would like), and I am a really happy man on all emotional and self-esteem fronts !!!!

The advantage of the injections not working was that it placed me into a corner "with no where to go and nothing to lose;" and that made the decision to go for an implant easier since the upside potential far outweighed the downside risks/issues.

As my local urologist told me when I made the decision: "you are doing the right thing to get the implant"

Recently, I noticed a franktalk discussion started by a man pondering going bionic. He stated:

"....Interesting point my gf brought up today. She wondered if the "solution" wasn't an implant but just "forgetting about my dick" and pleasing her in other ways. I don't think she understood the worry, anxiety, self-loathing, depression behind ED....."

My response to this was: Wow. There are actually men out there who would be fine to give up penis sex, and settle for "pleasing women in other ways." In fact, many men with ED learn to accept it and they learn to move on to other pursuits such as hobbies like golf, boats, jogging etc.

For me, that concept was completely unpalatable. For me, a primary feature of my self-identity has been to be sexually active, in as excellent and prodigious way possible. And that is why I decided to go for the implant. Yup, it was scary, but without sex, life is....dull.

Chapter7 : How would a woman describe sex with a Bionic guy ?

Why Penile Implants Are the New Boob Job

A woman tells you what it's like to sleep with a man who has a medically enhanced erection

BY ANKA RADAKOVICH SEPTEMBER 21, 2015 Men'sHealth Magazine

I recently met a guy with a sexual secret.

He was 39, in great shape, and in his spare time was a CrossFit athlete. But he had diabetes, and he told me that it made him impotent.

He was so cute and funny, I didn't really care. Besides, an erect, on-demand, rock hard schlong that could go for hours? I was in.

And now that women are getting vaginal rejuvenation to tighten their baby makers, it seemed silly to be afraid of the latest improvements in medical technology.

The implant consists of two plastic rods that go into the penis and an attached reservoir filled with saline solution is placed in the lower stomach. Then a pump with a valve is implanted in their scrotum. (Read our full report on How Penile Implants Work.)

I'd seen a penile implant before, at a nudist resort. A guy in his 70s—who called his “The Pump”—played volleyball erect, chatted erect, and even dined erect.

But seeing it is one thing. For something more intimate, like actual sex, would I be able to tell the difference between a regular raging boner and a medically enhanced one?

“Some single or divorced men who are in new relationships don't even tell their partners they have the implant, and their partners never find out,” says Dr. William Brant, M.D. a urologist and advisor to <http://www.edcure.org>, who specializes in the procedure.

After a few dates, I was curious to road test this innovative inflatable device. I admit I was nervous when he came over. And when it came to actual intercourse, I got scared for a second.

There are four levels of hardness: limp, half-chub, hard, and “OMG you're going to kill me with that thing.” I feared it would feel like I was fornicating with a baseball bat.

We made out for a while, and then he grabbed his manhood and did about 20 or so “squeeze pumps,” taking his thumb and forefinger and squeezing a grape-like bulb underneath his junk.

I watched it inflate in a few seconds, like one of those balloon animals at a carnival.

And the results? It felt like a normal stiffie in my hand, and I didn’t feel the pump or valve when I road tested it in my mouth.

It was rock hard, like it should be, but I didn’t feel like I was sucking a tail pipe or anything. And by the time we actually did the deed, I forget all about the implant and enjoyed myself.

After he finished, the thing was still standing at attention. Since there is no refractory period, his bazooka was ready to go. It was bionic.

“Dude, you should go over to CrossFit and see if anyone wants to use that thing as a pull-up bar,” I told him.

To deflate, a quick pump or two of a valve—located next to the pumper upper—released the saline solution back into the reservoir and it went back down.

In the end, our summer romance ended, and my “Penile Implant Guy” moved out of New York. But someday we will meet again. We might be 80 by then, but he’ll have the boner of an 18-year-old.

Anka Radakovich

reference: <<https://www.menshealth.com/sex-women/penile-implant>>

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I think the above quoted article is quite accurate, especially the part about the firmness being adjustable (some women might not like the super hard since there is no "give", but others might really love the rock hard state -- different strokes for different women)

In contrast, I think the part about using it as a "pull-up bar" is just not accurate. I can hold up a beach towel with mine, but that is about it.

For my particular implant installation, it would be hard for them to tell. I guess I am lucky, but there is no tubing that can be felt (except for maybe a subtle firmness in my inguinal area) going up to the reservoir...but nobody except for me and my surgeon would be able to feel that. I have no tubing at the base of my penis shaft, and my scar is totally hidden in my scrotum. When erect, it is like a super hard natural erection, so a woman would just enjoy that. When my balls slap onto her butt cheeks during doggy style, she would have no sensation that the pump is there

My pump is pretty far back (i.e., quite behind my balls), so it is possible that a woman might miss it when grabbing my balls; though, a perceptive woman with good hands likely will detect it when grabbing my balls. Visually, however, even when doing a THOROUGH visual inspection of my penis and scrotum, she will NOT be able to tell.

Agreed that you can simulate the natural erectile process by pumping half way up (13 times) during the end of the dinner date (I am still sort of flexible at 13 pumps). Then, during foreplay, it would be possible to do the extra ten to fifteen pumps while kissing her thighs and legs just before penetration.

There are rumors that women like "hardness hardness hardness and girth". Length, according to rumor, is not quite as important. In fact, if a guy with a long penis "bottoms out" (ie, hits the cervix too hard during deep thrusting), women find that quite painful. So long dick guys need to be really careful about this bottoming out issue. The rest of us (6 inch or less) do not have to be conscious of that..

For a woman having sex with a bionic male, the big give away is that you are still hard after orgasm. With the quadmix injections, that was also the case for me, and I think for some guys (who are super sensitive to Viagra) , they also might stay hard after orgasm. So the main time that you would need to explain why you are different would be when it is all over; but, then again, she might be so overcome with hyperventilatory orgasmic delirium that she might just be unaware as you pull out !

Chapter8 : Partner satisfaction -- what are the concerns and joys of having a bionic mate ?

Of course, I have no true first hand experience about what my wife really thinks about my implant; but, we do talk fairly openly, and I have also reviewed many articles on the subject of partner satisfaction. At a first approximation, I find it comforting that, when asked the question "knowing what you now know, would you recommend that your partner get an implant if you had the opportunity to repeat the decision ?" 98% of partners stated "yes" they would follow the same course and recommend that their partner get the implant.

But, we all must realize that the decision does not come easy; there are several side issues regarding implants that need to be understood.

First, there is an important "reality check" that those going through the decision to have the implant must understand: "You get the implant for you." You never should get it because you think it will please someone else or if you think it will rescue a failing relationship.

Yes, of course, the implant will make your sex life 10 times better. BUT this reminds me of an interesting dialogue that I once heard in a movie where the actress said: "You know, in a relationship, when the sex is good, it is maybe 10 percent of the relationship, but when the sex is bad, it takes up 90% of the relationship." My point here is that erectile dysfunction can indeed ruin your self-esteem and can bring depression feelings quickly to the fore-front; and that certainly can occupy 90% of a relationship and lead to a downfall.

In contrast, if your sexual performance is corrected to the point that your dick is now able to give you the penetrative nirvana that you want, and the vaginal orgasms that she wants, then one might think that suddenly all will be OK ? No. Once both partners are satisfied with the sex part of the relationship, then they both become free to think about other things. The man, in particular, "will be free" once he no longer has the feelings of doom brought on by ED. This feeling of freedom from ED is truly awesome; however, once the specter of ED is no longer a cloud in the relationship, and once pleasurable sex becomes a 100% certainty, then both partners in the relationship start to see the other facets of their life together, and sex becomes just ten percent of the relationship; though, in my opinion, a mandatory ten percent.

It is key to understand some concerns that your partner will have when she hears that you have decided to go bionic, I suspect that most long term partners of men with ED are TERRIFIED at the prospect of the implant. I think that this terror stems from five concerns

Firstly:

Once their man becomes a bionic stud, there is concern that he will leave and pursue a life of rampant promiscuity -- that is a fear that needs to be addressed.

Secondly:

There is a concern that sex will be too aggressive, too long-lasting, too hard and too frequent for the woman to handle -- you need to reassure your woman that you will remain a reasonable and caring respectful partner.

Thirdly:

There is concern that the surgery will go bad and that her loved boyfriend/husband will be damaged, That is indeed a real issue, so find a great surgeon.

Fourthly:

There is concern that if her friends find out, she will be embarrassed to be sleeping with a guy who had to get a fake penis. Accordingly, I am a strong believer that nobody, nobody should know about your implant except for people that you sleep with -- and as many stories have confirmed, bionic sex is often way better than regular human sex; but it isn't totally natural -- though I argue it is actually supernatural.

Fifthly:

There is a concern that now there will be a new unfamiliar performance pressure on her with regards to having an orgasm every single time. I told my wife that one benefit of the implant is that I can now go on forever until she has an orgasm. She responds: "Oh gosh, that puts me under a lot of performance pressure" to be totally

responsive all the time. Sex with a regular non-bionic guy ends when the man ejaculates. This stops no matter how far along the arousal ladder that your woman happens to reach. Figuring out a signal regarding "the end" of a sex session now becomes different. Many women have trouble reaching orgasm, and some have never had an orgasm -- it is key to understand that, for those women with orgasm difficulty, injecting an element of "performance anxiety in the woman" can make achieving orgasm even more difficult for them

Sixthly:

There is a concern that she will never have visual proof that her naked body has the appeal to turn you on. In other words, you only get hard because you pump it up, not because you succumb to the allure of her attractiveness and sweet sexiness -- For most of us who are reading these paragraphs, this is a moot point, since men with erectile dysfunction cannot get hard even if shackled up with the most delicious porn star on earth.

There is a substantial cohort of women over fifty years old who believe that they "could not be bothered with sex" and are "relieved when their partner loses the ability to have erections". I suspect that that cohort of women often ends up alone and divorced. Now, of course, if both the man and the woman decide that they are OK with "hanging it up" on their sex lives, then I guess that works, but it could lead to having an "angry, bitter, listless washed-up couple " that just trudges through life like a pair of symbiotic room mates.

I think my wife is really pleased at how happy the implant has made me. My mood change is quite striking as is the positive outlook on life that I have; however, even before the implant, she voiced concern that she "is terrified" regarding what the implant will mean in terms of my "new found teenage virility" being acted out upon on any young willing female that strides by.

She also thinks that life is unfair that I get to have a minor operation that brings me back to the capability and glory and sexual performance of a teenager. All that being said, she does enjoy sex with me now that I am implanted; it is more spontaneous, more relaxed, and there is a 100% success guarantee. However, she has not turned into a "sex kitten" who wants it all the time; in fact, her libido has dropped back to a level normal for her now that I have had the implant for over a year. You must

recognize this; I reiterate, if she wanted sex only once or twice a month before implant, she will likely drop back to that level after the novelty has worn off after the first several months.

The medical literature documents a 92% "patient satisfaction" with the implants. That statistic is better than almost any other elective operation ! Although it is obvious that us men LOVE our implants, the women apparently are also very happy as indicated by the scientific study with questionnaire to 250 patients partners. Quoted below is the opinion of the women:

"...In the case of the partner satisfaction questionnaire, as shown in [Table 5], in question number 1 over 90% considered that the sexual intercourse was good or very good, with no significant differences between the two prostheses, whereas for question number 2, 98% would recommend to their partners to have a PP implant again....."

REFERENCE: <<http://www.ajandrology.com/preprintarticle.asp?id=172822>>

When I was trying to convince my wife to agree to me getting the implant, I gave her a testimonial from a Physician in Houston called "ben1948" who wrote a well thought through and realistic testimonial regarding his experience with being implanted by Dr Larry Lipshultz in Houston. If you wish, you can find the primary reference using key word "lipshultz" and look for 2010 in franktalk.

And as a final note: there is also a paper from Spain comparing Titan versus AMS cx.

"...In summary, partner satisfaction was nearly identical, with 92% of women responding that they would describe sexual intercourse after the implant as "very good" or "good"...."

So, when you are trying to convince your partner that the implant is a good idea, do recognize that she will have fears regarding how it will change the sex dynamic and the sex act. Do tell her that it will "free both of you" to think about other things in your relationship rather than dwell on your failure to be intimate. And, finally, I am sure that any couple would love the 92% likelihood of being able to describe their sex act as: "good" or "very good" !

Chapter9 : What can't you do since going bionic ?

In a nutshell, there is nothing that I cannot do when comparing my pre-implant erection (induced by Quadmix injection) and my post implant erection.

Regarding rough sex, my surgeon responded to this question by stating: "there are no limitations to sex positions. In addition, the implant is definitely strong enough to handle situations of Gay sex where 'those guys can be really rough' and there does not seem to be a problem." The implant is stronger than your own tissues.

On the fraktalk site, xomanow, also discussed his experience with rough sex by writing:

"...she likes a good pounding, especially after I perform oral sex and she has cum.....she loves it and this time I was able to provide that.....we tried both soft and rough sex in all positions and the implant stood up to it....HOWEVER.....one does have to be careful or be aware of one thing, and I learned this the "hard" way.....while having rough sex (I think it was either cowgirl or reverse cowgirl) she raised herself up high and my dick came out, and then when she went back down my dick missed her vagina and I got slammed....and it hurt. No damage or problem except for the momentary pain....that was a lesson.... "

With regards to exercise (ie, jogging, contact sports, weightlifting, tennis, etc), there is no limitation. For me, personally I have some concerns about riding horses of maybe bouncy lawn tractors. My speculation here is based on my knowledge that with titan, the tubes are the failure point; so, anything that flexes the tubes repeatedly can lead to materials fatigue and sooner failure ??? Accordingly, I avoid the lawn tractor and I avoid horseback riding. Likely this is not an issue with AMS since it is the cylinders, not the tubes that constitute the failure point with AMS implants. I have been told that bicycle riding is OK, but perhaps that is especially true for the men who have the pump in their scrotum upfront. For me, my pump is farther back and is behind the balls, so I have a theoretical concern that it might be getting some excess bouncing mileage during bike riding ? Certainly, I am able to ride a bike, I just worry a little since I want to do anything possible to keep my implant working for 15 years.

Chapter10 : Erection of the shaft versus erection of the penile head (glans)

With the knowledge that spongiosum erection is not improved by the implant, you should be aware of a condition known as "floppy glans syndrome", which is a condition that happens if the cylinders are undersized for the penis length. In the ideal situation, the cylinders should extend at least half way into the glans. When that position is achieved, there is no problem with floppy glans and penetration happens really easily with a correctly sized implant.

Personally, because of very severe ED, my glans stopped getting erect a few months before surgery. So, now, during sex, my glans only swells up as I approach orgasm. Severe ED of the glans is likely typical of many implant patients. For me, a glans which becomes erect only on orgasm is not a problem whatsoever. To say it another way, if your cylinders are sized correctly, then there will be no trouble with penetration (even though the glans does not erect).

Chapter11 : The difference between the cavernous and the spongiosum (glans)

This is a key concept. The penis has two erection areas: the shaft (aka "cavernosum") and the undersurface + penile head (aka "spongiosum")

An erection is due to both the cavernosa (two spongy cylinder like structure in your penis) and the spongiosum (the undersurface erectile tissue around your urethra and the tissue which composes the glans , or , head, of your penis).



Figure 1: the spongiosum is seen with a purple color in this diagram. It is the glans (head of penis) and the undersurface of the penis

The glans is part of the "spongiosum" which is a different blood supply from the cavernosum (the cavernosum is where the cylinders are placed)...thus, an operation on the cavernosum (i.e., penile implant) should, in theory, leave the spongiosum intact. The attached figures explain this further:

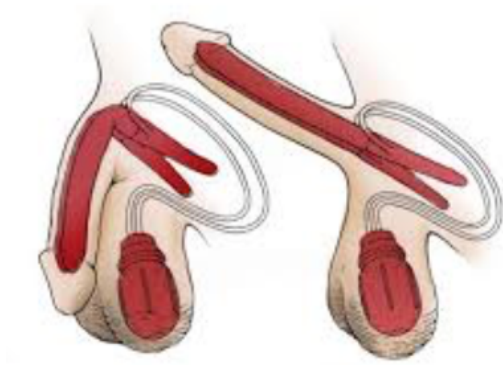


Figure 2 (above) The cylinders are placed in the cavernosum; they , in theory, should have little impact on the spongiosum (i.e., little impact on the glans or the undersurface)

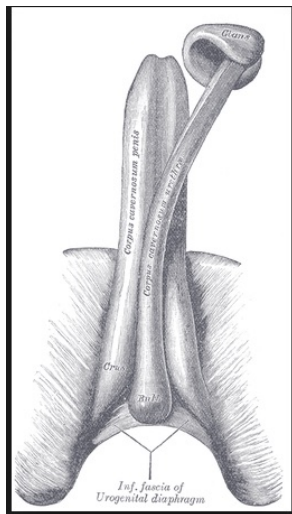


Figure 3 (above) The cavernosum and the spongiosum have different blood supply and are quite different from the perspective of anatomy and function. As mentioned previously, cylinders are placed in the cavernosum.

The cavernosum does extend into the glans about halfway, and it is the surgeon's skill to get the implant tips sized so they get well into the glans, see figure two and

three showing relation of the glans and the cavernosum where the implant would sit.

For me, now, after surgery, my implant tips extend three fourths into the glans; so despite the fact that my glans is soft, the tips take care of making penetration very easy to achieve. When my glans engorges (usually just before orgasm), I get an extra half inch in length and a nice big girthy glans. If I wear a cock ring, my glans becomes super hard and big - but I really do not see a reason to do that since I am good enough to satisfy my wife with my native glans engorgement. After I orgasm, the glans hardness for me goes away over the next 20 seconds, but I just keep thrusting so that my wife can finish her orgasm(s), my ability to thrust, even though there is no glans erection, is totally intact since my cylinders extend well into my glans.

For many males, the penis head (spongiosum) generally contributes to give you an extra half inch to three quarter inch when it engorges. The lack of spongiosum erection with the implant is why experts will tell you that the implant erection is "not as good as a natural erection."

So, one key question is: "why is glans erection important ?"

Certainly, you can have great sex with a soft glans but a stiff shaft. And for 80% of us bionics, it is probably good enough for the partner. I think, for the "giver with an implant", it really does not change the intensity of orgasm or enjoyment of sex. That being said, 20% of us "performance freaks" who are trying to get 100% of the qualities of a twenty year old's erection, might want to pursue restoring the glans erectile process using the below outlined approaches:

a) use a cock ring around the base of the glans or at the penis shaft base (I have tried this, and yes it works -- but then you are back in the realm of using "sexual aides", so I quit this)

b) ablation of the penile veins (i.e., sclerotherapy or vein ligation). This surgical procedure is not widely accepted and might be a bad idea -- I am unsure

c) inject "collagen gel fillers" into the glans -- Dr Eid can do this, it makes the glans look beautiful, I do NOT know if the women love it. (Note, this needs re-inject every year or so). It is not covered by insurance and is expensive. I think it is really more something you do so that you will look good in the locker room ?

d) use MUSE or trimix gel into the urethra or take oral viagra/cialis. (I have not tried any of these, but they might work to increase the gland swelling just before orgasm)

From my personal experience, my wife is now able to orgasm a great deal better during penis in vagina sex thanks to my implant. Remember, for the woman, sex is in large part psychological, so having extra "baggage" like cock rings or urethral gel seems to take away from the romance. Without question, my mate's orgasms are far better than when I was in my thirties. So, there is, in my opinion, ***no great need*** to go after improving my glans function, and ,as a couple ,we are just fine and happy with the cylinder cavernosum erection I get with the Implant.

In other words, do not be neurotic about getting the glans hard too; you will likely be good enough with a rock hard cavernosum.

REFERENCE FOR GLANS COLLAGEN BULKING:

<https://www.urologicalcare.com/penile-implants-prosthesis/glans-bulking-after-penile-implant/>

Chapter12 : Younger men (less than 45), getting an implant

In my opinion and based on my life experience, young males really need to have a well functioning penis. EVERY SINGLE BIONIC MALE states that they wish they had done this sooner (includes me). I am 55 years old. My wife told me the other day that I should have done this in my thirties (rather than limp along with non-spontaneity of injections and pills)...that was a painful revelation to hear.

Once your wife or partner hits menopause (? age 52), sex desire declines. Peak sex years, therefore, are between age 20 and 50. Also, erectile dysfunction is "catastrophic" for a younger male, while an older man might just learn to pursue other hobbies. That being said, the odds are that you will need a new implant every 10 to 15 years. With that in mind, however, please realize that you do not HAVE to get the implant fixed if you are in a position where sex is not important. For example, you are penniless, uninsured, and aged 60 with no girlfriends !

The young man considering an implant needs to look at this endeavor in a manner similar to figuring out other life important decisions. You should list the pros and cons of the decision, and since there are a lot of unknown features (things might not work out perfectly for you), it is smart to understand the "upside potential and the downside risks." There are a number of questions that the younger male will need to grapple with:

Questions regarding the timing of getting an implant in our thirties versus in your forties:

Your implants, on average, will last ten years each. So you will face a few revisions. Thus, you need to face up to the fact that you have a disease, and there is a surgical cure for that disease. Your decision is when you want to stop suffering from that disease. If having ED makes you "suffer," then you should consider the nuclear option of getting an implant. I read an interview with an implant surgeon who stated the following regarding the appropriateness of placing an implant into a young patient. "No man should be forced to suffer for twenty years with ED". Patients have stated that "nothing good happens while you wait."

An implant surgeon reminded me that "a man gets an implant for himself, and to improve himself. Do not do it for someone else" In other words, do not get an implant because you think it will make your partner happier.

I have discussed the risk and complications of an implant in a different section, but in a nutshell, the worst complication, implant infection, means that you will face a couple more surgeries and likely will lose an inch or two in that process and these surgeries will happen over 5 to 9 months. The other complications (size loss, numbness, floppy glans, reservoir herniation, tubing or bulb in wrong place) are also issues that tend to happen less often if you choose a great surgeon with a known track record.

Knowing this list of complications, I strongly felt that going the sequence of Pills-->injections--->stronger injections---->cock ring + injections was necessary since I came into surgery knowing that "I had no other choices." So, the choice of surgery was easy for me since I refused to lead a sexless life.

The alternative to facing these risks is to endure suffering from ED for twenty or thirty years. I believe that is too cruel to subject a man to such a long term sentence of impotence. The benefit of the implant is that it will "set you free" from

the burdens of performance anxiety, feelings of inadequacy, and manhood identity degradation which are part and parcel of ED

Questions regarding the ideal age for getting an implant:

A surgeon told me that a "sweet spot" for age and implant might be at age 57, because that implant will likely be used a significant amount, and the man might likely only need one revision in their life. HOWEVER, my wife is disappointed and bitter that I did not get the implant sooner because her peak sex years were before menopause. So, I do agree with the idea that you should maximize your sex capability while you are younger than 52, because those younger years are your most vigorous sex years. Once your wife goes through menopause (usually age 51), her desire for sex will drop significantly, so one can argue that the implant should be placed well before your partner hits menopause (ie, age 45 ???)

Questions regarding having a revision:

Many have noticed that the revision, if done years later, might actually be longer than the original since the surgeon is not as scared of oversize complications — IE, surgeon might choose an implant just a little bigger than the original figuring you will be OK. Also, medical progress means new model implants might be better. Do realize that infection complications are higher for a redo; so going to a real expert is key. Also, a revision operation is easier on you, but harder on the surgeon, so must be done by a high volume surgeon.

Questions regarding waiting for a future new medical advance for erectile dysfunction:

The problem here is that the "new advance" might not be as effective as an implant. Personally, as I write this in 2018, I know of nothing new that appears to consistently out-perform the hardness and girth of the implant. You are in the prime sex years of your life, so these years without sex, waiting for something that might not materialize, represents a loss that you can never get back. Remember, life is short, and you only live once.

Questions regarding young man's sports activities:

On the franktalk site, there have been no reports of limiting sports activities. It appears that you can do anything. Certainly for me, I believe I can do anything with regards to sports. I do not do heavy bike riding, so I cannot comment on that, but there are many implanted bikers out there who state that they are just fine .

There is a good video, "colins story" at the coloplast site which tells the story of a young (in his twenties) hockey player who has an implant and is thrilled. The video is located at:

<<http://www.coloplastmenshealth.com/patient-story/colins-story/>>

Chapter13 : Will young women be judgmental of an implanted man ?

There will be as many different responses as there are women. So it is hard to generalize here. However, I tend to believe that most women will "put up with the implant" if they like the man. But, I must acknowledge that there are women who feel a "pride of authorship" in being able to excite their man enough to see a tangible, visible erection. Being able to get her man "erect and hard" proves to a woman that she is sexy, and that she is attractive to her mate. If that proof is gone, then some women, especially the neurotic and sexually insecure ones, will be bothered by the notion that the bionic man's erection is "fake." This has been discussed by an expert, Virginia Sadock, MD in New York who discusses the fake nature of a viagra induced erection (something some women also find disturbing) and here is Dr Sadock's opinion:

Dr Virginia Sadock states:

"....Some women think ED drugs make men amorous and that their presence isn't required." "What a lot of women need to be turned on is the feeling that they're desired," adds Virginia A. Sadock, M.D., director of the program in human sexuality at New York University Langone Medical Center. "So with Viagra, they think, Oh, it's not me he wants; it's the Viagra talking. In my practice, I spend a lot of time reassuring them that this isn't the case — and I tell men they must reassure the women too."

My wife is significantly bothered by the fact that she is not able to make me hard; however, I do know that her orgasms are far better now that I have been implanted.

This was not a new complaint from her. In the past when I was on quadmix, she hated the idea that I needed to inject myself so that we could have sex. She could "never wrap her head around" the fact that I needed to inject before having sex; and she viewed my erectile dysfunction as a sign that she is not "sexy enough to turn me on." This female perspective is common. I become aware of this during my investigations about viagra and injections. Apparently, some women are really disturbed that their man needs something more than "her natural sex appeal" to get an erection. For some women, it is a "validation of their sex appeal" when they have the capability to get a man excited enough to be erect. With the implant, my rock hard erection no longer has anything to do with whether I am being seduced and overwhelmed by her sex appeal. She views that as a major loss.

Whether this is an issue in your relationship will depend on your mate's opinion on whether she needs the visual validation of "authoring" a great erection in her man. Recognizing that this authorship issue can sometimes cause troubles, my surgeon was quite clear about giving advice on the motives to get the implant. Most importantly, a man should NOT get an implant because he thinks his "partner will like it or because he thinks it will save a relationship."

All things considered, I do believe that my wife now has some strong orgasms that are way better than what she had even during our honeymoon years ago. So, I think that, from her perspective, having an implanted bionic husband was probably a worthwhile trade.

Of course, the point is that facing sex with the problem of a "limp, erectile dysfunctional, penis" is 100 times worse than having to deal with the whining of an insecure and/or neurotic woman who wishes to have visual validation that she is able to author a great erection in her bed partner.

Moral of this story:

"Own your situation and Act with Confidence."

In other words, if you are bald--own it; if you are bionic and need to pump up--own it. None of us are perfect, and we need to try to feel confident in our own skin

For women, they have sex with the man, not the penis per se. If she likes you enough to give you sex, then she likes you, and she will put up with your imperfections. Women have numerous body issues and body insecurities themselves. Women feel great sadness and insecurity if their man fails to get hard in bed; a woman will wonder, "is it because I am not sexy enough". The implant guarantees that you will be hard as you want regardless of whether you drank too much, regardless if you are nervous, regardless of your feelings towards your partner, the implant will deliver an awesome erection every time; you will walk in to the bedroom with a relaxed bionic-level confidence.

Chapter14 : It is a "fake erection." Get over yourself.

How do the bionic males feel about having an erection that results from plastic tubes filled with water crammed into their penis? Does this feel: "Organic" or Mechanical?" and does "sex seem more mechanical?"

Regarding this question MY ANSWER: No. Sex is way better than before because there is no longer some sort of "timer ready to go off at an unknown interval which abruptly cuts off the sex encounter." What I am saying here is that a bionic man gets to decide when sex ends. If the couple wants to go for hours, then so be it, if you feel like a 2-minute quickie, then so be it. It is great to have this menu of several options.

Regarding how it feels during the act of thrusting; it feels great and better than before, because I am with more girth and harder. With regards to the sequence to get to orgasm, it is identical, and orgasm is a little more intense than before.

Regarding the "count-down ignition sequence to ejaculation": No difference (except for one small step which leads to erection).

The sequence with implant is:

Desire to have sex---> seduction of partner ---> Foreplay to build arousal ---> Production of erection (YES, that is now mechanical, but far better as it is 100% reliable) ---> foreplay to get partner aroused fully ----> penetration and thrusting ----> ejaculation with orgasm ----->option of continued thrusting to completely fulfill your partner's needs

Regarding the issue of "having to use an artificial pump next to your balls to get hard", yes , that is a mechanical device, and not as good as a fully functioning penis. There are many different types of women, and I can imagine that some women will be grossed out, some will be intrigued, some will be relieved that you are a man whose penis will never fail them, and some couldn't care less because they finally have found someone who gives them consistent great orgasms !

Today, as a bionic, my penis feels awesome when erect. It is big and hard. Sex is awesome and fun again; sexual sessions are pretty much a time warp back to when i was 24; But I am now even better since I can last hours. My glans is not as hard as in my twenties, but that is no problem for me .

For me, having an erection means being able to have sex. I love sex -- everything about it: the game of foreplay, the undressing, the pre-insertion fondling, that super glorious moment of lining up to penetrate, the thrusting, watching my woman have tow curling orgasms, and sleeping in the puddle afterwords.

So, yes, "it is a fake erection---get over yourself." The erection, for me, is just a means towards that end, so it does not matter at all whether it is my natural erection (caused by blood trapped in the cavernosa) or my enhanced erection (caused by fluid pumped into my cylinders). In fact, I like the enhanced implant erection better, because it will last for hours if I want, and it will never, ever, go away during a vigorous love making session.

Chapter15: Daily Diary of post surgery recovery -- my journal

Regarding my recovery, it was wonderfully fast and good. I guess I was lucky. I am in perfect health and aged 55. Dr Eid did a masterful perfect job. I followed all of the preoperative instructions and postoperative instructions to the tee.

But first, there were a few steps that I needed to go trough to get to the point of having surgery:

Preoperative step A: A few months before:

I had a formal phone medical consultation with Dr Eid (prior to that consult, I filled out an extensive questionnaire on my medical history and the history of my erectile

dysfunction). At that time, since I was "a serious candidate", I got the phone list of other Eid patients who wanted to talk about the experience

Preoperative step B: A month before:

Formal "cardiac clearance" which was a pre-surgery history and physical by my local doctor (includes EKG, etc). Dr Eid then uses that to decide if you will go to outpatient surgery center (Manhattan Eye and Ear) or the hospital.

Preoperative step C: Official Pre-surgery workup appointment (2.5 hours) in Dr Eid's office.

You have the choice of doing this a few weeks before, or the day before, your surgery. Many who travel do the appointment Monday Morning, and then have surgery Tuesday morning. I believe that there is also the option to have a Thursday appointment with a Friday surgery. I decided to have my appointment a few weeks before, so that I would be fully prepared and so that I felt like I had the time to really do all the homework on this. At that appointment, Dr Eid does a really careful thorough job. He does a cystoscopy. He will measure you with a stretch test (girth and length) he will inject your penis and measure you erect (girth and length). He will do a doppler ultrasound. He will spend as long as you want answering your numerous questions (I think I grilled him for thirty minutes). Most importantly, he will fill out a MEASUREMENT SHEET. That sheet goes to the operating room, and he uses that sheet to be sure that your measurements are up-to-par with what he said he would give you. In other words, it is a quality control document, and he does his best to have a happy customer in terms of promised length. He does predict your post surgery length and girth (and in my case delivered on the prediction).

For me, here is a description of my milestones:

Day 0: I got out of bed from the Bentley and walked, with my wife, at 5:15 AM to the Manhattan Eye and Ear surgery center saying to myself: "Be courageous, stand up proud like a man and fight this beast called erectile dysfunction with gladiator confidence." I found the the experience to be scary, but, with no other options, I knew I was ready to go through this nuclear step. Dr Eid was so very confident,

kind, empathetic, and reassuring. He held my arms while I had the spinal; and that was the last thing I remember.

I woke up in recovery, and I remember Dr Eid telling me that he placed a 22CM Titan. I remember trying to move my legs enough for the recovery nurse, and after roughly an hour, I was able to walk with assistance to a rolling chair out of main recovery over to an outpatient waiting recovery area where I regained enough leg strength to take the Uber back to the Bently hotel with my wife helping me walk to the elevator.

day 1: I woke up and was relieved that I was not in terrible pain. My pain was mild and controlled with the Naproxen meds. No need for opiate narcotics. I stayed in bed all the time flat with ice pack on my balls and just snoozing and resting.

day 2: I woke up feeling a little better, I walked two blocks to the grocery store for a short while, just 15 minutes, and I stayed on my back flat with ice packs. Pain was moderate, no narcotics needed.

day 3, I visited Dr Eid, he removed my foley catheter and said things look good. I was cleared to travel from NYC back to California (sore, not in pain, only used the naproxen med -- not the narcotics). I slept in the hotel for another few hours, and then got in the UBER in the afternoon to go to Newark Airport. Airport security was no problem. Hanging out waiting for the flight was no problem. The flight was wonderful since I had a business class lie-flat seat for the 6 hour coast to coast flight (and I slept).

day 4 hung out in the house, started the baths -- penis had a couple scabs near at the head where the cylinder pull through sutures had once poked through, otherwise, no bruising of penis -- there was some bruising of the scrotum.

day 5 penis pointing to the left - I called Dr. Eid on his cellphone, he said I should put in a few pumps. At day five, I was able to feel the coloplast deflate pin and saucer -- so I guess my swelling was quite under control

day 6 penis straighter thanks to the pumps. Had a brief business meeting for an hour; this was not a problem.

day 7: started cycling to 80 % (in the bath). Deflated after the bath. Did a 1.5 mile hike in the woods and had coffee in the town square. I went to the gym for a 30 % level workout.

day 8: masturbate to orgasm (in the bath)

day 9: drove 40 minutes to work for a 60 minute meeting. This was not a problem and visited friends for an hour, also not a problem.

day 9 to 14: cycling twice a day in the bath, up to 90% firmness for days 9-12, 95% firmness days 12-14. Showed up at work for a couple hours during these days, no problem. (I called Dr Eid on his cell phone once a week for three weeks just to report in)

day 13: back at work full time. No problems completing my daily routine at a desk job which also includes a fair amount of standing.

day 14: sutures removed by local urologist. Urologist said that he could barely see the scrotal scar and he said I had hardly any swelling at that point -- remember, I heal quickly. (I called Dr Eid to let him know sutures were out and that my local urologist felt that it look like a truuly excellent job had been done)

Day 16: everyday back at Gym for one hour workout.

Day 19: first sex (it was fun, and hurt just a little)

So, to summarize, this was an amazingly great recovery with minimal pain and minimal swelling and quick activation. Dr Eid said that I was perhaps 2 weeks earlier than most patients (most are sex at 4 to 6 weeks ?) in terms of doing maximum cycling and in terms of sex activity. At 2 weeks, I was able to work a full day without problem, included lots of standing. Likely, I could have done half day work after seven days post surgery, but I had the luxury of taking two weeks off, so I did not push it.

3 month report: I was completely back to normal. The implant is comfortable. No pain at full inflation. No sensations when fully deflated. Dr Eid told me that "you will feel normal again at 3 months" and I truly did. Actually, I believe I felt totally normal at 8 weeks.

First Four months: I noticed that my girth was wider in the back end of my penis (close to the body) and narrower in the far end. This gradually worked it's way out such that girth eventually expanded in the far end so that it was similar to what I have in the end near my body. In addition, overall girth continued to improve during the year. Length gain during these months was really minimal (maybe 1/4 inch at the very most) BUT I was never very interested in doing measurements, so it is just a subjective sense. After your first month or two, Dr Eid does NOT encourage a daily cycling regimen. He believes it is not necessary. Instead he says: "just use it when you need it"

One year report: The implant seems to be just a part of me. I am not overly aware of it. I am able to incorporate it somewhat seamlessly into the sex act. I feel totally back to normal. Recently, I had a colonoscopy and wondered if I needed antibiotics to cover me. This is a point of controversy. Some urologists say yes, many saying no. I was told "the device is not in the intravascular space, so it is unlikely to get seeded from the bloodstream during teeth cleaning or colonoscopy." My mood and self esteem are better, and I successfully lost 13 pounds since surgery and have become a little more confident. Physical fitness is better now that I have stepped up my gym workouts. This has been due to my improved self esteem and also from testosterone gel (which my local urologist placed me 9 months before I got the implant). Also, I am conscious to wear nice clothes since I am in good shape and overall I feel great about myself and my life.

Chapter16: Implant Risks and complications -- scare stories

There are many "scare stories" written by guys who have had bad experiences with their implant surgery and who are complaining on the internet because of complications.

These "scare stories" I think emerge from three subsets of unhappy implantees with the following common characteristics:

- 1) "Implantees who had unreal expectations"

Men who did not do their homework and just signed on for an implant; then later complain because "they feel the cylinders all the time" or that "the significant other misses the natural process of erecting" or "my erection is a little shorter than before; I had hoped for larger -- like a boob implant"

TO AVOID BEING IN THIS GROUP: read franktalk discussions on complaints regarding the implant. My local urologist told me that "implants have issues" and you need to be ready and willing to address those issues or adapt to those issues

2) "Implantees who have faced real surgical complications"

There are complications from implants. Infection is the most problematic one (0.6% to 3% rate depending on your surgeon and your immune system). But there are a number of other complications that lead to the need for more surgery, and possibly, length loss. Surgery does not always go as hoped; you need to realize that you are playing "dick roulette" which means that you really should have exhausted the other options (pills, injections, etc) so that if you lose, then you can console yourself knowing that "your dick was total crap before the operation anyway --at least I tried." In other words, it is best if you go into surgery knowing that you have little to lose since your erections are dead anyway.

TO AVOID BEING IN THIS GROUP: go into surgery healthy (ie, no smoking, weight ok, take all your prescriptions, follow ALL doctor instructions absolutely and to the minute) and find a surgeon with proven track record.

3) "Implantees who were sized incorrectly"

This includes undersizing in length (surgeon not aggressive enough), disappointment in girth (surgeon chose implant that wasn't ideal for your particular penis) and oversizing in length which might lead to "SST deformity" or weird bowing of the cylinders. Also, placement of the tubing or pump can sometimes be such that it gets in the way of sex.

TO AVOID BEING IN THIS GROUP, carefully vet your surgeon. Choosing a high volume surgeon with a string of satisfied patients is paramount.

Implant surgery is complicated surgery, and in my opinion, it is difficult since there are three important parts which all need to be installed very expertly. The standard complications are as follows:

(1) Infection is the most dreaded complication. This happens between 0.4% up to 3% of the time depending on how good your surgeon is. If this happens, the implant will need to be removed, you will go on antibiotics for a long while, and then you will need a surgery or two to finally get your permanent implant. This process could span 6 months time, and you probably will lose an inch in the process.

(2) Mechanical Malfunction (3% rate per year)

The device is not permanent. If it fails, you will need a replacement. Fortunately, this can be done effectively, but it requires an experienced surgeon (the revision is harder on the surgeon but easier on you). We all hope for 10 years implant performance, but those of us who are unlucky will need revision in five years, and those of us who are lucky will need revision in 15 years or more.

(3) Corporal Crossover (common) This happens in surgery, I am not sure what it means for the patient but it might be a common cause of pain which lasts beyond the expected first 30 days.

(4) Glans Bowing (SST deformity) up to 10% This happens if a pseudo capsule forms around the implant because it was not cycled early enough after surgery.

(5) Reservoir herniation (0.7%). Here the reservoir moves into a place where it should not be. this requires a minor operation to fix.

(6) Pain. After three months, you should be pain free. If you were oversized, I am told that you might have pain for longer time.

So, to summarize: "Getting penile implant surgery is not for the faint of heart."

I understand that you would like to know your own personal exact chance of complications. That number will depend very much on the experience and talent of your surgeon. For example, infection rate is somewhere between 0.5% and 3% depending on who is doing the surgery. The bottom line is that 92% of patients are "satisfied" with their implant, so I suppose your odds are good that you will be happy. However, The possibility of being in that sad 8% group is daunting, especially if you had a penis that was still working before you opted for surgery.

TO AVOID ENDING UP LIKE SOME OF THE HORROR STORIES THAT YOU HAVE READ....YOU MUST, ABSOLUTELY MUST CHOOSE A HIGH VOLUME SURGEON WHO KNOWS EXACTLY WHAT HE IS DOING. MOREOVER, HE SHOULD BE WILLING TO ALLOW YOU TO CALL SOME OF HIS SATISFIED PATIENTS

You must understand the importance of choosing a great surgeon. I repeat, you must understand the importance of choosing a great surgeon. Some people say that "you make your own luck", this is true to a minor extent, but do realize that if you go with a low volume surgeon (i.e., less than 40 cases per year) you are playing high risk "dick roulette"

Chapter17 : Infection -- how to avoid this dreaded complication

We all agree that infection is the dreaded complication, and it was the one thing that I was most concerned about. The source of the bacteria is

"seeding of the implant" as it goes in (ie, contaminated by some bacteria along the skin at the surgical wound)

or

"seeding of fluid" around the implant (ie, if there is a hematoma or lots of fluid around the implant)

or

"seeding from a bloodstream infection: (ie, if the patient gets a major infection after surgery)

To avoid the above conditions, I personally did the following:

- 1) followed, to the tee, all doctor instructions regarding taking the antibiotics at exactly the right time and for the right length of days around the surgery
- 2) followed, to the tee, all doctor directions regarding the hibiclens baths
- 3) Selected a very very experienced surgeon (lower complication rates)

4) came in to surgery without diabetes (high blood sugar results in a higher chance of infection)

Fortunately, for me, I sailed through the entire experience with hardly a "blink", and I just passed 15 months postop with no evidence of infection.

Pertinently, I also do think that the "no touch technique" is germane in this discussion; it was that technique along with having only experienced hands in the sterile field which, I hope, stacked the odds in my favor. I will discuss the no-touch technique further at the end of this chapter.

I found an article on the subject of infections and surgeon experience. Dr Ifeanyi writes:

"....A variety of single center, single surgeon studies have similarly reported better reoperation-free survival for patients treated by high volume im-planters. Operative factors could explain this relationship. Higher volume surgeons work with more experienced operating room personnel, who are presumably less likely to inadvertently contaminate an exposed device, and these teams may be more likely to adhere to stringent procedure protocols that are believed to reduce the risk of IPP infection. Adherence to a set of best practices for infection prophylaxis, such as obtaining a negative preoperative urine culture, has been shown to significantly reduce the risk of IPP infection. Adherence to perioperative antibiotic prophylaxis recommendations and standardization of perioperative antimicrobial therapy might also be better with higher volume surgeons....."

(Dr Ifeanyi defines a high volume implant surgeon as one who does more than 31 per year.)

Link to the paper by Dr Ifeyani: <[http://www.jurology.com/article/S0022-5347\(16\)31069-2/pdf](http://www.jurology.com/article/S0022-5347(16)31069-2/pdf)>

In another good paper on the issue of implant infections, Dr J Francoise Eid identifies that 75% of infections are due to contamination from the skin at the time of surgery. Thus, the concept of using a difficult technique called "no touch technique" is described:

Here is an important excerpt from that paper:

"....Organisms that reside on skin.....have historically caused 75% of infections. Recently, it has become evident that the infection-retardant coatings substantially reduce these relatively mildly symptomatic, late-appearing infections.

.....If we believe that the infection-retardant coatings of the implants are markedly reducing infection, we must then focus on eliminating potential breaks in surgical technique that allow contamination with the more virulent organisms. This paper describes our results with a surgical technique enhancement that features IPP implantation without the surgeon, the instruments, or the device having contact with the patient's skin. We call this the "no touch" technique....."

REFERENCE:

Coated Implants and "No Touch" Surgical Technique Decreases Risk of Infection in Inflatable Penile Prosthesis Implantation to 0.46%

Eid, J. Francois et al.

Urology , Volume 79 , Issue 6 , 1310 - 1316

You can read the entire paper at:

<[https://www.urologicalcare.com/upload/iblock/aa8/Coated-Implants-Article\(1\).pdf](https://www.urologicalcare.com/upload/iblock/aa8/Coated-Implants-Article(1).pdf)>

Finally, I believe that the use of a "no touch technique" has significant merit; though it requires a lot from your surgeon in terms of special handling of drapes, frequent glove changes, and high demands on the operating room staff. Accordingly, many surgeons and centers do not bother with a true no touch technique since it means extra time and extra cost to the hospital. There is another good review article on this subject (see below) and a key excerpt from the abstract is:

"Penile Implant: Review of a "No-Touch" Technique" J. Francois Eid, MD December 2015 DOI: 10.1016/j.sxmr.2016.01.002 Sex Med Rev 2016;4:294-300.

"Results:

".....Literature review revealed that the “no-touch” technique decreased postoperative cerebral shunt infection from 9.1% to 2.9%. Breast implant reconstruction surgical site infection decreased from 19% to none with the “no-touch” technique. Penile implant infection rate fell from 5.3% in 2002 to 1.99% with the use of antibiotic impregnated devices and to 0.44% with the addition of the “no-touch” technique...."

".....Conclusion:

Use of a “no-touch” technique involving a mechanical barrier makes a difference in preventing infection of an implantable device....."

ARTICLE REFERENCE:

"Penile Implant: Review of a “No-Touch” Technique" J. Francois Eid, MD December 2015 DOI: 10.1016/j.sxmr.2016.01.002 Sex Med Rev 2016;4:294-300.

link to the article:

https://www.researchgate.net/publication/298067746_Penile_Implant_Review_of_a_No-Touch_Technique

So, with all this in mind, here is what I personally did to minimize infection risk:

- 1) Selected a very very experienced surgeon (lower complication rates)
- 2) followed, to the tee, all doctor instructions regarding taking the antibiotics at exactly the right time and for the right length of days around the surgery
- 3) followed, to the tee, all doctor directions regarding the hibiclens baths
- 4) came in to surgery without diabetes (high blood sugar results in a higher chance of infection)
- 5) If you are religious, find someone to pray for you.

Chapter18: Recourse on implant problems

The trouble with an elective medical procedure is that "perfection" is not guaranteed and "good enough" is an attitude and opinion that will likely differ between you and your urologist should you emerge unhappy with your result. For example, many men are unhappy with their length (most implantees will lose a quarter inch or half an inch). The urologist will of course say that "I did my best with what the size that you have, and I can't do better". The only solution here is to use a surgeon that does a thorough stretch test before surgery and then provides you with a realistic expectation regarding what type of girth and length you will end up with . Most surgeons will not commit to specific numbers, but some of the better ones will. Of course, if there are real complications such as infection, they will work with you to make it right. If there are small problems (tubing is wrapped weird, bulb is in odd place, cylinders are weird) then you will likely just have to live with what you have as being "good enough"

So, the only way to mitigate against a sub-perfect result is to go with a surgeon who has a long list of happy patients that are willing to talk to you. Do realize, that penile implants are a little like having a "nose job" in that there is a component of subjectivity to the definition of success.

From my reading, it appears that the men who regretted getting an implant ended up in that situation because they had a lousy install by a surgeon who was not very experienced.

In a way, the implant is analogous to getting an HVAC system installed in your house. The Furnace and AC unit are well tested and proven, but so much depends on the install. If you have a great install, you will love the HVAC system, if you have a lousy install, you will be unhappy.

There was a statistic which showed that re-operation rates can be be higher with a surgeon who does a large volume of implants. At first, one might interpret this study result as meaning that the higher volume surgeons did not do as good of a job ? Wrong, I interpret this to mean that the high volume surgeons had the ability and confidence to offer a repeat "tune-up" operation to their patients with the self-assurance that things will end up "just right" after the second operative tune-up. The key concept is that you need to choose someone that you think will stay with you to make things right.

By the way, give up on the idea of suing your doctor for a botched implant. The consent form lists all the complications that we have discussed, so you will likely lose the lawsuit. But in the case that you win, the dollar figure will likely be not much since having a dick that is totally dysfunctional will not "damage" your ability to make a living. Jury members are older and will not sympathize with your quest to get a perfect bionic dick. It is downright embarrassing and humiliating to discuss all your penis problems in a courtroom with lawyers who are skilled at making you, and your partner, look perverted and stupid.

In a nutshell, choose a surgeon who will stay with you to make things right; even if that means that you need a second operation to tune things up. Do not be afraid to ask for a second operation.

Chapter19 : Infrapubic versus peniscrotal incisions:

This is a topic for implant surgeons. Obviously, it would be inappropriate for a patient to tell his surgeon how to do the operation. That being said, many (although not all) implant surgeons state that the peno scrotal approach is better.

There are two approaches for performing the implant surgery. Infrapubic (incision above the penis just below the pubic bone) and peno-scrotal (incision underneath the penis in the midline scrotal sac). From my research, the penoscrotal is far superior.

There are well known problems with the infrapubic approach, and there is a rare complication of nerve or artery damage which can lead to numbness and/or cold glans. This is a complication of surgery which generally does not happen in the hands of an expert high volume surgeon, but complications are unpredictable. Moreover, with the infrapubic approach, the scrotal pump is difficult to place and position maybe less than ideal.

Advantages of the Peno scrotal approach:

".. The advantages of the penoscrotal access reported in a paper (Gromatzky) are:

--nerve problems (numbness) are much less

--pump placement can be more optimal--better hiding of tubes (sometimes tubes along the top can be felt during sex if infra-pubic)

--scar is hidden (cannot see it)--with infrapubic, your scar is just below the pubic bone, right where the women is looking while performing oral sex

Even though I mention above that peno-scrotal might be the superior approach, I would rather have a super experienced implant surgeon, who happens to do the infrapubic approach over a limited experience surgeon who happens to use the peno-scrotal approach. Of course, for me, the ideal situation is a super experienced surgeon who uses the peno-scrotal approach.

Gromatzky C. Opinion: Why I prefer the penoscrotal access. International Brazilian Journal of Urology : official journal of the Brazilian Society of Urology. 2015;41(3):410-411. doi:10.1590/S1677-5538.IBJU.2015.03.04

Chapter20 : AMS versus titan debate

For me, I wanted the biggest and hardest penis during intercourse. Everything else, in my opinion, is secondary and trivial. My 22 CM titan is really awesome when pumped up. My wife was clear before surgery that she likes girth, and that is quite important to her. I also recall hearing an implant surgeon state on an internet video that "hard and thick lets the penis do the trick." The key feature of the titan is that it has a 21 mm diameter (this is more girth than the 18 mm AMS. Shown below is the advertisement from Titan documenting this girth difference:



Figure above: Titan (in blue) versus AMS (in gray). The titan diameter is 21 CM, this is bigger than 18mm.

Because of this bigger diameter, surgeons have stated the following: ".....the Coloplast cylinders give the penis a nicer, rounder appearance. And the reason for that is that when the device is inflated, the cylinders will touch each other on the

midline. As this occurs, the urethra, which is below the cylinders, is pushed down, and it gives the shaft of the penis a rounder circumference and more natural look..." (Eid)

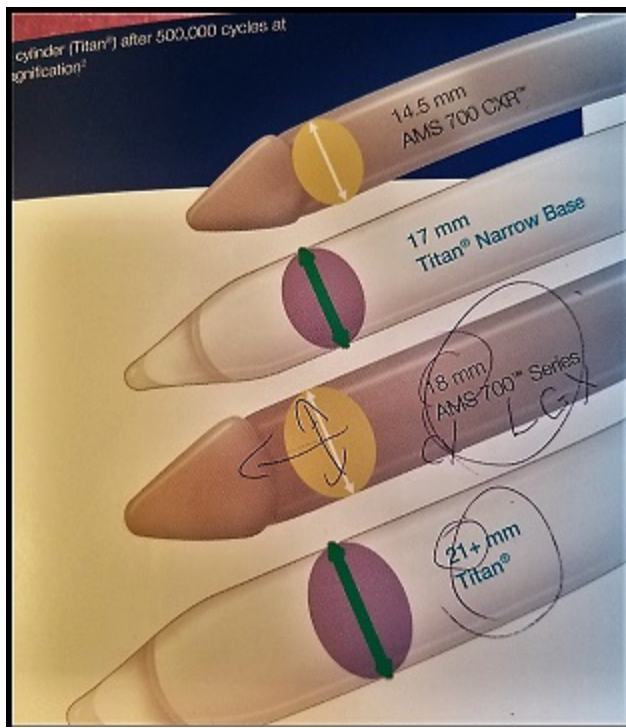


Figure (above): Diagram comparing the diameters of various implant cylinders. The surgeon will choose the girth and length which works well with your particular penis.

Although the titan is often complemented for excellent girth and solid rigidity in the hard state, there are a few "issues" that surgeons and patients have noticed regarding the Titan (for me, these are all minor)

Issue A "Krinkles":

Unfortunately, the larger diameter cylinder demands more robust and thicker cylinder materials. Thus, when deflated, I do notice the wrinkles (or krinkles as I have nick named them) of the titan plastic. Some men say that it feels like a "little skeleton in there." For me, this is just not a problem, I am used to it. The problem is that if a woman touches my fully flacid penis, she will notice the ridges (ie, "krinkels") of the collapsed plastic and this will be a give away that you have an implant. All guys however, when at the point where a woman might be feeling their penis have stated that they have perhaps ten pumps already in place, so that they are semi erect, and at that level there are no wrinkles (or krinkles)

Issue B "Semi Flacid"

Unfortunately, my Titan flacid is more like a semi erection. In a locker room, some guys might wonder if I have a semi erection, though most will just figure I have a large girth penis which hangs at 4:00. In a locker room, this is not a problem since the locker rooms I frequent are all business and we do not carefully study each other beyond a quick look.

Certainly, my implanted look is 300% better than my pre surgery flacid which was embarrassing if there was cold weather shrinkage (I was a "grower" before surgery) .

In contrast, the AMS flacid is beautiful. It can be large and long and hung depending on the size implant you get. But, for me, "I did not get the implant to have a great flacid" so this issue, for me, is moot.

Issue C: "Pump ease of use"

The AMS pump is larger, so it is easier to operate and handle for men who suffer from clumsy hands and less than perfect tactile sensation. This is not an issue for me. I much prefer the smaller titan pump which is, in my case, difficult for a woman to find since it is tucked back in my scrotum well behind my balls.

Issue D: "antibiotic coating"

The AMS has antibiotics impregnated in its coating. This means less infections and is a reason many surgeons like the AMS. The Titan has a "hydrophillic" coating which means it is harder for bacteria to stick to it and set up a colony. In talented surgical hands, the infection rate is reported to be the same between Titan and AMS. For me, this was a huge point of consternation since infection is something to truly be feared. I mitigated against this by going with a surgeon who truly uses a no touch technique during the surgery.

THE BOTTOM LINE (for me personally):

As I mentioned before, I wanted the biggest hardest penis for sex, and to hell with everything else. For me, mission accomplished with the titan, so I am very happy with my decision.

There is a paper (Otero et al) that discussed partner satisfaction between Titan and AMS CX. It found that partners reported being equally pleased. However, the flaw with the study is that the partners only knew one of the implants (ie, there was no cross-over partner swapping !), so they had no ability to make a side by side comparison. This underscores an important concept that us men never really can understand. Many women have said regarding penis size:

"It is not the size of your penis that is key, rather, it is what you do with what you have."

In other words, a confident, relaxed man who can stay hard for half an hour can be a real joy for a woman. The other saying that I have heard from women is "it is not the size of the boat, but the motion of the ocean." In other words, skillful rhythmic rubbing with pressure on the clitoris is what brings women to orgasm PROVIDED they also are psychologically into the encounter. The emotions a woman has towards her partner are more important than the penis size, so if she is really into you, then she will like sex with you regardless whether you have Titan or AMS. It is paramount that she likes you and that you take control of the bedroom in a manner that shows you know what you are doing and that you do not have complexes or hang-ups about your body type or penis size.

Finally, there is a common saying that "a woman makes love to the man, not the penis." This underscores the idea that it is her brain that is a key sex organ to keeping her satisfied and aroused. Women welcome a man who is comfortable in his skin, and they relax and have fun around a man who can own his penis.

Reference: "Comparison of the patient and partner satisfaction with 700CX and Titan penile prostheses" Date of Web Publication 22-Jan-2016 Asian Journal of Andrology
Javier Romero Otero

Chapter 21 : The remarks about length

As I have heard from pseudo-reliable sources, what women like is:

"hardness, hardness, hardness, and GIRTH."

Also, I have heard that :

"hard and thick lets the penis do the trick"

The average penis (five to six inches) should be more than enough to thrust a woman to orgasm.

With that in mind, there is an important statement from an article on implant satisfaction written by Dr Gopal at UNC chapel Hill Medical School:

"Penile length and sensation

One of the most common reasons for post-operative dissatisfaction after penile prosthesis implantation is perceived loss of penile length (66). Over 70% of patients endorse a loss in length, even in the absence of measurable evidence (48).

Preoperative stretched length provides a realistic expectation for post-operative results (67). Patients should be counseled on post-operative length and understand that IPP placement will help restore rigidity but not augment length, even when the lengthening cylinder of the AMS 700 LGX is chosen. Strategies to maintain length, such as preoperative vacuum erection device use, have been proposed and may benefit overly concerned patients. While the authors of this review do not routinely recommend it, a suggestion of a short period of preoperative vacuum therapy or penile traction for certain patients prior to penile implant surgery may facilitate active participation on the patient's part to help them achieve what they perceive to be the maximum possible length. Patients with a history of radical prostatectomy, corporal fibrosis from such conditions as priapism or intracavernosal injections, and Peyronie's disease are at increased risk of penile shortening and may require additional focused counseling (43).

On franktalk, there is a man (MAXXXX) who has a really long penis (probably over 7 inches) and who has posted pictures on his website. He has had many sexual partners, but he states to all of us average length guys:

"Bionic Brothers, yes, I'm a few centimeters longer, but this is nothing. The girth is more important, and above all, the hardness!! In this way, we are the same, here."

The bottom line is that you need to emotionally be ready to lose a half-inch, or maybe even a full inch in length if you get an implant. My suggestion is that you need to avoid being a sissy in bed by having these size insecurities; women like a man who is confident and dominant in the bedroom. So quit all this fixation on length, truly "own" what you have and use it with gusto.

Reference:

Preoperative counseling and expectation management for inflatable penile prosthesis implantation

Gopal L. Narang¹, Bradley D. Figler¹, Robert M. Coward^{1,2}

¹Department of Urology, UNC School of Medicine, Chapel Hill, NC, USA; ²Chapel Hill, NC, USA