

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 ("Nom de Plume")

## ***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 owner's 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

Gopal L. Narang, Bradley D. Figler, Robert M. Coward

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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 maximize 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 a lot." Overall, auto-inflation 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>>

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, halleluia, 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 flaccid 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 flaccidity. For 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 the implanted 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 hyper ventilatory 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 Franktalk 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 (i.e., 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:

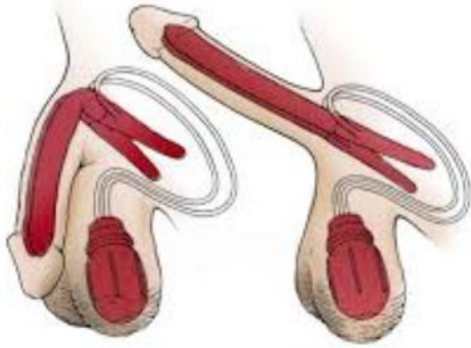


Figure 2 (above) The cylinders are placed in the cavernosum; they, in theory, should have little impact on the spongiosum (i.e., little impact on the glans or the undersurface)

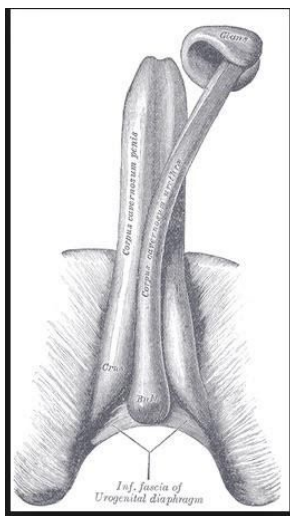


Figure 3 (above) The cavernosum and the spongiosum have different blood supply and are quite different from the perspective of anatomy and function. As mentioned previously, cylinders are placed in the cavernosum.

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 urthra 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 state 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 afterwards.

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 through 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 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 Bentley 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 looks like a truly 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.

**Three-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 its 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 implanted with the following common characteristics:

### 1) "Implanted 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) "Implanted 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 (i.e., 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) "Implanted who were sized incorrectly"

This includes under sizing 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 implanters. 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 Francois 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](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 implanted 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 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:** Infra-pubic (above penis) versus peno-scrotal (below penis) incision:

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. Infra-pubic (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 infra-pubic 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 infra-pubic, 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 infra-pubic 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 Coloplast 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:

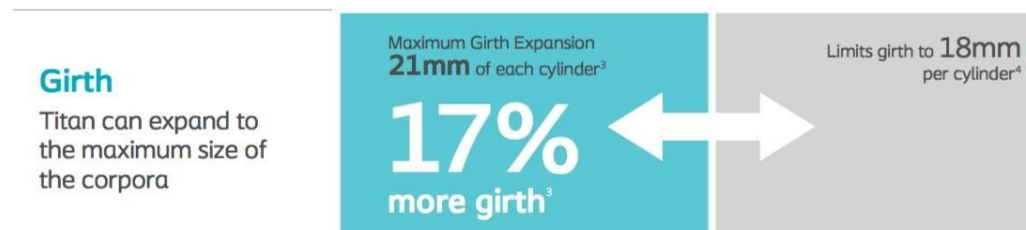


Figure above: Titan (in blue) versus AMS (in gray). The titan diameter is 21 CM, this is bigger than 18mm.

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)

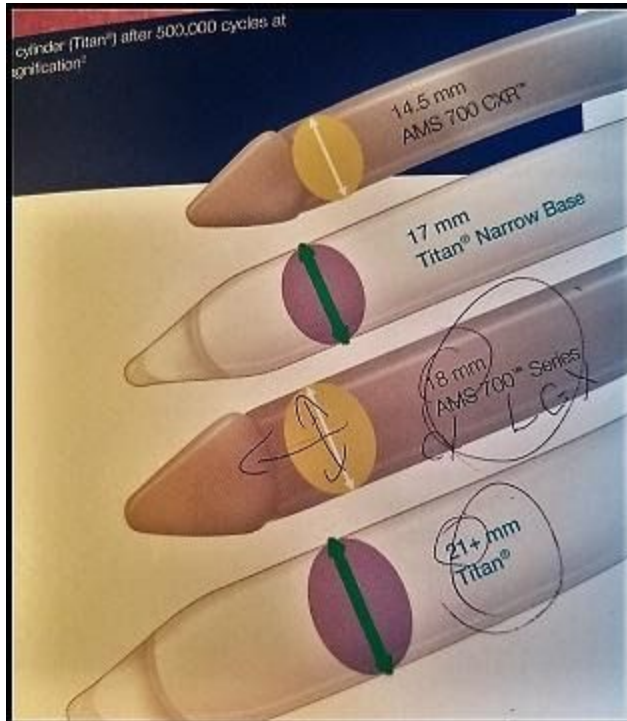


Figure (above): Diagram comparing the diameters of various implant cylinders. The surgeon will choose the girth and length which works well with your particular penis.

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 flaccid 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 Flaccid"**

Unfortunately, my Titan flaccid 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 flaccid which was embarrassing if there was cold weather shrinkage (I was a "grower" before surgery).

In contrast, the AMS flaccid 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 flaccid" 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 "hydrophilic" 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 (i.e., 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

## **Chapter21:** 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. Narang<sup>1</sup>, Bradley D. Figler<sup>1</sup>, Robert M. Coward<sup>1,2</sup>

<sup>1</sup>Department of Urology, UNC School of Medicine, Chapel Hill, NC, USA; <sup>2</sup>Chapel Hill, NC, USA

**Chapter22:** Rigidity and rear tip extenders



The discussion on rear tip extenders and whether or not they should be used has raged on here at Franktalk. In my opinion, this is a detail of surgical technique which is out-of-scope for the patient having an implant. That being said, many surgeons and implant patients believe that having a rigid penis (i.e., one that stays straight out at 2:00 or 3:00 even though there is a load) is important. For me personally I have no rear tip extenders, and I am able to hold a dry beach towel up with my 22CM titan (no RTE) which points at three o'clock without the towel, and four o'clock with the towel.

There was a nice presentation on "deflection" of penis based on data obtained by a device which accurately measured deflection on a engineered model which simulated a penis and crus.

The reference for this scientific talk was from a presentation at the "sexual Medicine Society" presentation in 2016 in Scottsdale .

The talk title (Data presented by Dr Eid, who was the lead investigator) was:

**"Use of Rear Tip Extenders Results in Greater Penile Prosthesis Cylinder Deflection" Eid, JF, et al 2016 SMSNA meeting.**

You can find the slides from the talk at the following Site:  
<http://www.smsna.org/scottsdale2016/presentations/206.pdf>

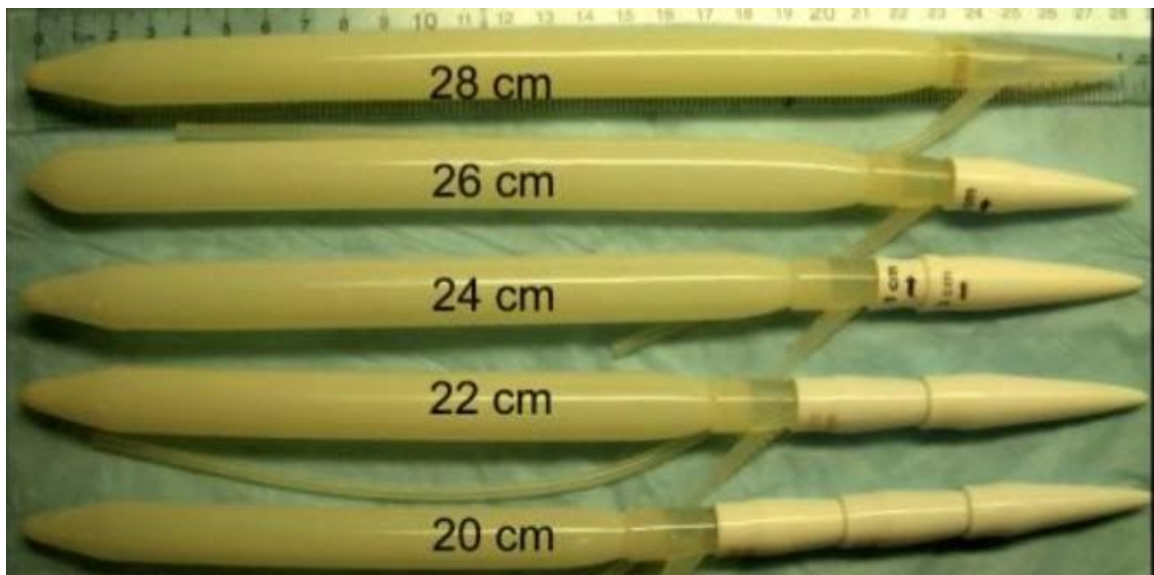


Figure 6 (above): Coloplast titan cylinders with different sizes and different rear tip extenders. (image from article by Dr Eid, et al)

## **Chapter23:** Thoughts on travelling long distances to have the surgery at a center of excellence

If you cannot find someone in your area with patients who are willing to talk to you about their great experiences, and who does more than forty cases per year; then you will need to think about travelling to have the surgery done by a super expert implant surgeon.

If your travel appears to be more than 5 hours, then it will likely be best to stay in a hotel for three nights.

Here were my milestones (I was told by my surgeon that this was accelerated since I healed so quickly and had such little pain):

1) day 5 - first activation (ideally, it might be nice if you can see your doctor or his nurse for this so that you are 100% certain that you know how to deflate); HOWEVER, for me, I did this at home since I left town on an airplane 80 hours after surgery.

2) day 14 - suture removal (ideally, this should be done by your surgeon); HOWEVER, for me, I had my local urologist take care of this since I am on the west coast and my surgeon is in New York City.

3) day 28 - first sex (ideally, this will be an amazing and life re-invigorating experience, as mentioned by my surgeon, sex at 4 weeks is unusually soon)

If you are international patient, I can maybe see an argument to stay in the country for two weeks. The first three days should be really close to the medical center, and then the rest of the time somewhere less expensive, but close enough so you can have a final visit with your surgeon at the 14-day suture removal day. However, for really experienced surgeons who do lots of fly-in international patients, the surgeon's office staff might advise you that this is likely not necessary. Personally, for me, staying longer than three days was definitely not necessary since my surgery, pump placement, and pump function all went perfectly, and I was able to easily fly home on Friday (surgery was Tuesday) and had a super fast recovery (back at work on day 14 with almost no pain at 14 days).

Regarding continuity of care, this pales in comparison with having someone who will "do it right the first time", though you do need to recognize that if there is a significant problem, then you will end up going back to your original surgeon (unless you decide to cough up the money to pay one of the celebrity surgeons to fix up the mess)

## **Chapter24:** Packing List for out of town surgery plans with a few logistics details

### IMPLANT PATIENTS: HOTEL PACKING LIST:

#### Medical:

--All Prescriptions from your doc (pain meds, antibiotics, stool softeners, Naproxen , etc)

--Hibiclens (for preop and if an early bath 3 days postop)

--activatable Ice packs (just in case)

--Milk of Magnesia or other anti constipation med.

--Extra jock strap (big pouch)

(remember, jock is outside of underwear, otherwise jock irritates penis tip)

#### ICE PACKS:

--oven size ziplock bags--fill with ice from hotel

(DOUBLE bag since they can leak). Freezer ziplock works better than storage. Get the type with the slide. The cheap ones will pop open on you and you will have a lap full of cold water at some point. Adding a little water to the bag will make it more flexible and lay on your body better. A 1/2 teaspoon of vodka in it will keep it from getting solid on you also which sometimes happens.

#### Clothing:

--Loose very clean sweats for the ride home

--Loose gym shorts for hotel

--New clean boxers for each day

--A few loose long tee shirts (to cover your "bulge" when you go out)

--Easy to get into shoes (slip-ons)

--Large lounge-like pants for departure from hospital (extra space around scrotum and lower belly)

## Food:

Constipation can be a problem, I used hotel room service for breakfast and my wife also got take-out food for us. Protein shakes (no chocolate) also were good. If you are alone, consider getting a meal delivery service lined up.

## Entertainment:

--computer or ipad or books for viewing while on your back in bed for a few days with extension cord for charging units

## Other items:

--Bath robe for greeting the room service or food delivery people.

--"Sturdy large pillow case" which will be placed on the airplane seat as you fly home. (you do not want an infection from that seat)

--Be sure your room has a "do not disturb" sign for those two days in bed after the procedure. I had to ask for a sign from the front desk.

## By the way:

Fashion Advice: Some men have an issue with the penis tip and the jockstrap. You can simulate, or imagine this, if you wear a jockstrap with a full erection. The tip will get irritated by the tight jock. To ameliorate irritation, wear underwear UNDER the strap (that worked for me). Some have rigged up a toilet paper cardboard to protect the penis tip -- not needed for me.

Travelling advice: consider a business class "flat bed seat" for the flight home. United 757-200 between Newark and the west coast had that type of seat. The 6-hour coast to coast flight was actually delightful, I slept for more than half of it, and was quite comfortable lying totally flat on my back. Yes, this costs extra, so you will have to decide if it is worth it to you or not. For me, it controlled pain and swelling and avoided what could have been a rough 6 hours in an upright economy seat sitting on my swollen balls!@#\$\$%

If you are alone advice: you will need a "medical escort" to take you from hospital to hotel. This can be arranged through your doctor's office. You should also plan, before surgery, exactly how you will get food delivered or supplied for the first three days since your plans should be to stay on your back in bed, flat, all the time, for three days. True, I was able to get around and go to the store on day 2, but you might not be so lucky.

(also consider reviewing the following document by Dr Eid:

<<https://www.urologicalcare.com/upload/iblock/5d7/POST-OPERATIVE-INSTRUCTIONS.pdf>>

### **Section III: BIONIC OWNERS MANUAL: what do you do with it?**

**Chapter25:** The knowledge that you can sexually perform anytime with great success: "life changing"

In a word, the feeling of having a dependable erection again: "awesome." Yes, the implant will change your sex life infinitely for the better. When you enter the bedroom with a woman, you will have 100% confidence that you can perform like a master and that this might be one of her best love sessions ever. Freaking awesome feeling to have that confidence. It is like being a stud ...



Figure 1 (above) "what it feels like when walking into the bedroom with a penile implant"

Confidence, strength, stamina

Regarding increasing your sex appeal; it is well known that women are attracted to guys with confidence. The great part about the implant is that, when flirting with a woman, you can make eye contact and advances with the knowledge that you have the capability to deliver and to "finish what you are starting." I do think that women can sense this, and some of them, if they like you, will find it intriguing.

Of course, the question comes up regarding if you should tell your family about the implant. My opinion is that the implant clearly falls into the realm of TMI (too much information').

Here is my working definition of definition of "TMI:" Most friends, especially those under 65 years old, do not want to know if you dribble after peeing. They do not want to know if you have trouble wiping your butt adequately. They do not want to know if your penis is too small or if your penis never gets hard, or if you use needles to get hard or if you have a plastic implant inside your dick. In my opinion, the ONLY people who should know about your implant would be those that you are having sex with. There is enough stigma around impotence and sex addicts and perverts such that people might lump you into those weird categories. In concept, I agree that a penile implant, from a moral viewpoint, is no less weird than a breast implant. So, with this judgment, a woman who gets a "boob job" is in the same league as a man who gets a "boner job."

But penile implants are rare, and people do not know how to respond. As an example of this, my wife was super worried that ANY of our friends would find out about my implant surgery. We went to great lengths to hide why we were going to New York for a few days. In fact, she liked the idea of leaving town since it insured privacy and anonymity.

So, how do you handle the situation where answers are demanded regarding why you were "out for a week?"

There should generally be enough respect from friends and acquaintances to back off the moment you say "I had some urological surgery." But, in the case that there is an inquisition, I think it is OK to disrespect those inquisitors with the following white lies:

1) " I had a hernia repair "

or

2) "I had urological surgery " ---> "old man plumbing stuff" ---> "operation in and around my prostate for benign problems" ---> "removal of a benign lump on my testicle"

or

3) for medically savvy inquisitors "I had a hydrocele repair"

For the woman you sleep with, it is likely best to tell her about your bionic state. For many women, this will be a non-issue. For others, it will be a turn-off; but, once a

woman realizes how awesome bionic sex is, she likely will "put up with the unnatural."

For many women, your sexual secret is something that makes your relationship even more intimate (women do like secrets that only they can know)

### **Chapter26:** Emphasizing that you are adjustable

For me, the implant can get as hard as the end of a broom stick. I think that the key is to tell your partner that you are adjustable. She should work with you on this and you should tell her that it is ever too hard, then you can back it off some.

At one point, I thought it would be a fun sex game to tell your partner:

"I am adjustable to three levels, and you can pretend I am three guys --- you just have to decide which one you want to have sex with" :

Floppy Phil ---- 50% erect (just good enough to penetrate, and really comfortable for woman)

Stamina Sam --- 80% erect (really firm erection, but still like a human)

Olympic Olly --- 100% (crazy hard like an Olympic athlete)

In addition, the woman who has pain with sex (remember, for some women, bigger is definitely not better) might find a guy with an implant the perfect solution and a truly great time. You can say to the woman fearing painful sex that "With my titan implant, I can make it just barely firm enough to have sex with using just a few pumps." In that mode, if you use silicon super slippery lube, it might not hurt your sensitive woman while it is going in. In my opinion, using this "just a few pumps" mode, sex would likely be pleasurable enough for me to orgasm, and she might just tolerate and enjoy that "super gentle" sex experience!

This is just another example of how a bionic man has the versatility to be a "total boss in the bedroom." A bionic male has complete control over the firmness of the erection. I once read an account where a bionic male told his partner that he can adjust the firmness and that the implant will stay at that setting for as long as he wants.

The woman's response: so, you are the boss, "wonderful."

**Chapter27:** Basic sex tips on how to use implant (stealth mode and adjusting hardness to please your partner)

A Common Question (especially from younger men who are dating):

How do you have sex with someone without telling them about the implant?

Many have written about this and it is definitely possible. Techniques are as follows:

- a) have a hole in your pocket so you can pump with pants on (and wear boxers so pump access is easy). This can be fun while grinding in a club environment.
- b) pump to a level hard enough so you can still keep penis bent in your pants thirty minutes prior to sex, then during foreplay, pump the extra 5 pumps to make it to sex hardness level
- c) rub your penis along the girl's lower leg and shin, you can hold your penis with one hand and pump with your other hand — she will not notice because it can look like you are just scratching your balls
- d) during cunnilingus, you can easily pump up taking as much time as you want
- e) during foreplay you can get behind your girl, kiss the nape of her neck, finger her clit and nipples, while pumping with one hand
- f) between position changes, you can give two pumps between each new position; especially effective during the shift to doggy style since she will be looking elsewhere

Essentially, it is quite easy to hide your pumping activity during foreplay, and there are a bunch of options and opportunities to get the pumping done in a stealth mode without being noticed. For my titan touch 22cm, it is 24 pumps to really hard (almost granite like). I use one hand, and it is one pump every three seconds. So, from full flaccid to full erect is 70 seconds. If, as mentioned above, you do the first 13 pumps at the restaurant before heading home, then it is only 30 more seconds (ten pumps) of pumping to a rock-hard erection.

Some guys can go a year with a partner and not get noticed!

Many of us, including me, have a pump placed far back where it is hard for a girl to feel. However, it is likely that the girl might notice the pump in your scrotum if she feels your balls a lot. The standard answer: "yes, I had some surgery down there after an accident; do not worry, everything works totally fine and it is all hardly noticeable."



However, many younger males have expressed great concern over this issue of keeping your implant secret for the one-night stand. Certainly, I can understand why a younger man (twenties or thirties) might not want to disclose the implant. So, here is a phase by phase description of how this can work for a one-night stand, or maybe a three night stand:

**Pre-intercourse:**

--I think pumping up can be easily hidden (for example you can do the 25 squeezes while performing oral sex on her).

--if your pump is lower profile (i.e. Coloplast) and is well behind your balls (like mine is) then there is a 75% chance she will not detect it if she is giving you a blow job and playing with your balls (most women are not that skilled at figuring out what is in your sac and what it's supposed to feel like)

**During intercourse:**

--no problem, it is like a regular dick except "I get harder and last longer" than normal men

--if you go thrusting for thirty minutes, she might wonder what the hell is going on since no other man has had that type of stamina in her experience

**After intercourse:**

--this will be the problem. You will still be rock hard after orgasm, and that could be a flag to her

--you would need to pull out immediately and roll over, you will need to deflate which can take 30 seconds and might involve you using your hand to squeeze your dick. Thus, the after-intercourse cuddle (which women love) will just not happen. All this being said, if you are skillful, then this can be done

**Chapter28: How to tell a woman that you are Bionic:**

Many men, especially those in the dating scene, are quite worried about how they can effectively and suavely tell a new bed partner that they have this "sexual secret."

Here are a number of scenarios and scripts for your speech:

Scenario (1): Say nothing until she discovers the inflation bulb in your scrotum, and then say:

"yes, I had some surgery done down there after an accident, but don't worry everything works really great and I think your really going to like my dick"

and if she pursues, you can try:

"you know it is really personal to me, I'll tell you details later, but let's not spoil the mood"

and is she still pursue you might say

"you are going to notice nothing different, except that I can get harder and last longer than most men"

and if she still pursues

"I am one of the few men who can have multiple orgasms"

and if needed, to close the deal (hopefully, with the titan, a magnum condom will fit you well) you can then say

"OK, look, this is going to be really fun, and here is a condom (in the nice magnum gold package), can we put this magnum condom on, because regular condoms feel too tight to me. "

Scenario (2) [from Franktalk member 'shooter1000'] :

You should tell them upfront before you have had sex, but after you are pretty sure you will have. Then, you can say:

"I need to fill you in on something very special about me. I am bionic. You would not likely notice unless I had told you. Well, perhaps after we have been together many times but not immediately. What it means is that I can outperform most mortal men. Including me when I was younger. I am bionic. My performance has been enhanced through a medical procedure"

" You will want to know if my sensitivity is intact. It is, and in some ways, it is enhanced."

" I will be happy to answer any questions that you may have"

Many of us are different from this point depending on our individual reasons for ED. So, if she has questions, you can answer them as necessary. Shooter1000 also mentions: "In my case after two bouts with Prostate cancer, I am totally sterile, and do not ejaculate. I do have massive orgasms, but I don't make a mess"

Get it out early, relax, and enjoy your bionic advantage

Scenario (3): (from SMETRO in Australia)

After we both climaxed, I pulled out and sitting back up from missionary I gently patted her pussy lips repeatedly with my still (of course) erect cock. She giggled and I asked if it felt nice.... she said yes, absolutely. I asked if I could keep doing it and she said yes of course and that she might just come again and that she always orgasms through clitoral stimulation.

For some reason the time felt right to tell her and so I did.... straight up as we were just messing around. I Told her that I had something most men don't. I told her why (venous leakage) and that as a guy who loves women and sex it was a no brainer. I got her to hold my erection and I hit deflate. I showed her how to squeeze to get it down and then I re-inflated. She was fascinated and totally accepting of the whole process. She gently asked me if I could make it not quite so stiff. I said 'absolutely, it can be as hard or soft as you want.'

With that I pumped up to about 75% and we got back to business (pleasure).....and had a fantastic time.

Most mature women who have had children and are aware that things change and can go wrong. They are naturally empathetic and I think above all they like honesty. I was honest, I got it out of the way and I included her in the process of deflating and inflating; and made light of the process.

I also had her "feel" the pump....no problem at all. I think she was impressed that she could "dial up" the firmness. She let me know in no uncertain terms that she preferred it a little softer. She also loved that it didn't disappear without her say so!

All around a really positive experience and both looking forward to future encounters.... I hope this helps

Scenario (4): (from bandit)

If you are in a one-night stand situation, you simply say, without getting into great detail, that "this is the thing the separates me from all the two pump chumps in your past. So, hold on for the night of your life. Me and my little friend are going to take you to places you never been!"

Then you handle your business!

Scenario (5): (from MAXXX)

I had sex with about 40 different women, only sex. We never slept together in the bed at night. I have not been discovered because I have a very hard scrotum and the pump hidden behind my balls was not felt by anyone. When I one day have a

girlfriend and I love them, then I will tell the truth, surely, she will accept, if she loves me.

Many implanted men have told me that they are able to have sex without being discovered, but that is not all of us, and it is wise to be prepared for the speech.

Scenario (6): Consider telling a lie -- (this is a BAD idea)

In my opinion, this is a bad idea, because your partner, once she eventually finds out months later, will never ever trust you since you told a lie during sex -- which is the most intimate of all encounters imaginable shared by a couple. But if you really must lie, here are some scripts:

Confabulation 1: that extra ball down there, it is called a "door knocker" and it is supposed to make doggy style sex more pleasurable for the women as the knocker slaps up against her butt (I got it when I was younger in the Philippines) "Let's try it and see what you think." And then, when she says it doesn't seem to make much difference, say "I think it really feels best once we have been thrusting for 20 minutes doggy style, so let's keep trying" (by the way, implants like that in the philippines are called BOLITAS)

or

Confabulation 2: for medically savvy detectives: that extra ball down there, it is residual medical coils and plugs for a "varicocele repair"

With all this in mind, I strongly recommend that you do not lie, ever, to someone you are having sex with since it poisons your relationship and almost guarantees that there will be no developing into something else should the two of you decide that you really like each other.

So, to reiterate, if you do get discovered, an effective answer is:

"yup, " I have had some work down there. I am now totally normal, and you will not notice anything different except that I get harder and last longer than any man that you have been with. It's a little pump, and it means that that my dick will never fail you, ever. It also means I can adjust how hard I can get. Go ahead and feel; if I am ever too hard for you, I can back it off a little. Let's play and see what you think."

And if the girl then says "umm, I don't know what I think about this" you can answer "well, you should know, I am one of the few guys who can have multiple orgasms" and then let the lovemaking begin.

## **Chapter29:** Premature ejaculation and overall penis sensitivity after implant

For me, sensation was very slightly decreased. I used to have pretty bad premature ejaculation. Now, this problem is better, though, even after this surgery, I still do come too soon. so, sensation, for me, is totally OK and intact. Based on my reading from patient stories on the internet, it appears that there can be an issue with sensation being not as good for guys who had the infra-pubic incision. Also, repeated infra-pubic incision might lead to less sensation each time?????

At any rate, I routinely continue to thrust even though I have already ejaculated; I do it since I like the overall sex experience and since it allows me to bring my wife to a roaring vaginal orgasm or two!

## **Chapter30:** Deflation and pumping specific advice -- owner's manual comments

My Titan is a "Titan touch"; on that model, there is a depressed dish-like pad on one side, and a raised "nipple" pad on the other. The nipple is what you need to depress forcefully for about 5 seconds to get the device to deflate.

Coloplast does have a rubber "keychain" pump simulator that is just like the real thing and is designed so you can learn exactly what the pads feel like and what they look like. Playing with this simulator was key for me to get the function properly. Try to get a "keychain pump simulator" from your urologist or coloplast rep. I carried my simulator in my pocket for a few weeks before surgery and I practiced all the time. Some wrap it in a washcloth to simulate the scrotum skin around it. Practice feeling the deflate pads and practice pumping with your fingers on the stalk. This keychain simulator is a super important thing to learn before surgery.

Show below are a couple of pictures from the Coloplast site. To see the directions from Coloplast, go to:

[https://www.coloplastmd.com/wp-content/uploads/2017/04/PM-00043-Titan-Touch-Inflate-Deflate\\_Final.pdf](https://www.coloplastmd.com/wp-content/uploads/2017/04/PM-00043-Titan-Touch-Inflate-Deflate_Final.pdf)



pump.jpg (97.9 KiB) Viewed 451 times

Figure 1 (above) the coloplast titan touch pump has a "nipple" bump on one end and a "concave dish" on the other end (in this case the dish is hidden since it is pointing down to the table surface)

For maximum deflation, I sometimes fold my penis on itself, pointing down, and over my fingers so that it does a hairpin turn. This squeezes every last drop out and is sometimes a good idea. During this full deflation move, I have my other hand depressing the deflate pads of the pump (in other words, for me, it is not truly a "one touch release.") Some implanted state that giving a single quick squeeze of the pump inflation ball, AFTER, you wring out every drop "lock" thing in place. I am not sure this is true, but I suppose it is worth trying if it helps keep your system from allowing any fluid to get back into the cylinders.

When I asked my surgeon (Dr. Eid) about how the implants fail, he said that there is nothing different that I should do in terms of behavior. He stated that the Titan failure point is material fatigue of the tubing near the pump due to too much bending from having the pump move up and down while inflating, so he recommends that I use hand positions in a manner to be sure that the pump stays still (in-terms of gross vertical moves) while squeezing the pump ball.

Regarding inflating to "absolute maximum" Dr Eid advised me that it is important to "inflate the implant to the point where it is as hard as granite" during the cycling phase. He told me that some people do not go to the "granite hardness" state, and that will lead to a less than ideal result. There should be absolutely no folds along the cylinder surfaces, and the surfaces, when you run a soapy hand along your shaft, it should be smooth. Also, going to granite state stretches your penis girth some, so your girth improves with that move.

Note, there is a rescue plan if you fail to get to granite in the early phase, Dr Eid has taken some patients, given them light anesthesia (gas or something) and then

pumped them to the max as a minor surgical procedure. That max pumping, in the case of coffin capsule, sometimes leads to "popping sound" as the super pressurized implant tears apart the scars in the capsule. (I did not want to face any of that, so I went to granite on day 15)

With regards to cycling, I cycled twice a day for 20 minutes during the first couple months. After that, once you are using the implant for sex, my surgeon's recommendation was to "only cycle it up when you need it for sex."

There are some men who have stated that cycling every day for an hour for the first year will lead to better girth and length. Some scientific papers have confirmed that this can indeed help. I did not do that since I felt I had good girth and adequate length. I have a suspicion that the device might wear out sooner if I subject it to too many cycles, but this "suspicion" is just a feeling.

**Chapter31:** Advanced sex techniques for bionics (what do you do better than everyone else — you are a one in a million)

You should consider reading my thread on the Franktalk web site titled " Advanced sex techniques for bionics -- share your expertise." There are a lot of techniques and ideas in there on the Franktalk site.

I have spoken to women about what it takes to be "really good in bed" and they unanimously agree that what you see in porn video is NOT what they are after. Porn focuses on piston like sex which is train steam engine like, and that is not what they crave. There are a number of quotes from women that appear to emerge over and over again:

- 1) "It is not the size; it is what you do with it"
- 2) "Girth is far more important than length"
- 3) "Hardness is important"
- 4) "I make love to the man, not the penis"
- 5) "Only 20% of women orgasm during thrusting, most require direct clitoris fingering or tongue or vibrator"

- 6) "it is the intimacy of penis-in-vagina that is hot, not necessarily the thrusts"
- 7) "I am not that keen on thrusting, I prefer clit stimulation, but I do it to make my partner happy"
- 8) Other women love the "rhythmic thrusting with pressure on the clit"
- 9) "for women, it is psychological, they like to mate with a confident and dominant male who takes them"

So, the good news is that you can stop fretting about your size; you have what you have and you better like it, own it, and use it with panache. The other good news is that the implant, since it will never go down, means that you can relax and enjoy sex fully. Now you have the luxury of limitless time to totally sense what is going on with your partner.

## **SECTION IV GETTING BACK TO YOUR ROUTINE LIFE -- NOW AS A FREE MAN**

### **Chapter32: Psychological mindset after implant**

For me, my depression that was caused by the failing attempts to have sex using quadmix injections was cured by two things: the penile implant and also testosterone replacement (I had low testosterone). The frequency of sex is not as much as I would like, but the KNOWLEDGE THAT I AM FULLY CAPABLE IN THE BEDROOM within 60 seconds anytime and anyplace is PRICELESS.

Now that I have the implant, there are all kinds of good side effects. I have a zest for life. My gym workouts are more intense since I have "something to get in shape for", I am more interested in taking care of myself, optimizing my clothing choices, keeping the car clean, and eating healthier. Our bodies are our temples, but a primary purpose of the temple is to come through during those grand moments of sensual ecstasy where two naked bodies intertwine. If your body fails you at that point, then the joie de vivre fizzles into thin air, and then suddenly the passion for everything decreases.

For many bionic males, flirting with women is now different; because, no matter how much sexual energy they might try to throw at you, you know deep inside that you have the fire power to match and increase the ante. Of course, us married guys will remain faithful, but it is great to know that you are "packing something powerful" and that you have a "heavily loaded weapon" hiding in your pants. They see that confidence in your eyes. Flirting is once again fun. I noticed this the moment I looked at the flight attendants while flying home after surgery. Back when I had



ED, I made a quick glance and averted gaze. Now, with implant, I gaze at them a little longer just to connect.

A Franktalk member once wrote

"Sexual confidence: Being able to perform puts your head in a whole different place. Knowing 'I can vigorously make love to her' is life changing. (but will she let me is a whole other thing) ....by LMCatman

The implant is a surgical cure for impotence. For me, if I am having sex, I am happy. If I know that I can perform spectacularly with any woman at anytime, I am super happy. That mindset is a great psychological benefit of the implant.

Having Bionic sex capability is a secret that keeps you going, and it improves your outlook on, well, everything. The implant took me from a sad hopeless male, who did not really look forward to the future, and it has turned me back to my younger self where I enjoy planning romantic getaways. It is almost like living inside a Viagra/Cialis commercial. Now as a Bionic, I actually enjoy seeing those commercials, since they remind me that "hey, I am as good, or even better than that guy in the commercial, and I will do sex as much, and better, than he will !"

### **Chapter33: Public Nudity — when were you locker room ready ?**

One of the best compliments my wife gave to me was last month when she stated that my penis looks great when flaccid. I do not know if she was referring to the fact that it looks great in my somewhat snug fitting jeans that I wore to a party with it semi pumped up (because it looks "nice" in jeans) or if she was just referring to seeing me get in and out of the shower. Curiously, just like a guy might gain some pleasure from knowing that his friends notice his partner's big breasts, a woman might also be proud that her mate is well endowed when seen in the flaccid state or when observed with tight pants or swimsuit.

Recently, I was at a nude spa in Europe. I felt proud and awesome with my semi-chub titan -- remember, the titan for me does not hang all that great. And I did catch a woman checking me out with some longing while at the pools. Also, before surgery, I was a "grower;" that means that I had a three-inch flaccid and a six inch erection. I hated my small flaccid. It was an embarrassment; so, having an awesome "big dick" flaccid is a dream come true. This was an unanticipated side benefit from having the implant that I did not expect. But do remember, regarding bionic males, "we did NOT get the implant for a great flaccid".

By the way, on a side note, if having a beautiful "hanging natural big dick flaccid " is your goal, then AMS is better than titan since it looks and feels more natural in the flaccid state. There is a nice video of an AMS in the flaccid getting pumped up to a erect on the internet from Dr Karpmann. We have nicknamed the video: "the horse" since the guy is rather well hung; but it does show how great AMS looks both flaccid and erect. You can see the video at:

<[https://www.youtube.com/watch?v=Ls1fe7jRAzo&t=0s&index=1&list=PLWqXso5ZrowAX7H\\_-E92itoYV7Gw7Z36r&has\\_verified=1](https://www.youtube.com/watch?v=Ls1fe7jRAzo&t=0s&index=1&list=PLWqXso5ZrowAX7H_-E92itoYV7Gw7Z36r&has_verified=1)>.

### **Chapter34:** Having a truly soft flaccid -- how important is this to you?

Some men will argue that your implant is in the flaccid state 99% of the time, so the flaccid is important. I totally disagree; instead, I believe that the implant is there so you can perform with awesome grandeur during the ecstasy of sex. As others have stated, "the titan flaccid is not really very flaccid, and not as good as AMS, but they did not get the implant so that they could have a great flaccid."

Before surgery, I recognized this issue that the titan flaccid is not as soft and natural as the AMS flaccid. However, the titan hardness and girth is better than the AMS hardness and girth. Frankly, the issue about having a semi-chub all the time is a plus in my mind, and I have grown to like this. Certainly, if the mild chub is the price to pay for the awesome erect hardness and girth, then it is worth it, to me, to have titan.

Finally, my titan took 9 months before finally pointing down enough in the flaccid state such that those in a locker room would not wonder if I was semi-erect. Again, this is not a problem for me, and it is a "small price to pay" for having the awesome powers of being bionic in the bedroom.

For me, it is all about the hard state used for sex, and that is where the titan "kicks butt;" so, any "issues" with the flaccid are inconsequential for me.

For me, knowing what I know, I am very happy that I chose the Titan; and I am happy to put up with the crinkles and dog ears and semi during flaccid since the thing is a "beast during sex". The titan will not work in all penis sizes though, so do listen to your doctor.

Regarding AUTO-INFLATION: My feeling is that this is really not a big issue with the Titan touch. As most of us know, auto-inflation happens when the pressure around

the reservoir is high (for example, if you are bearing down doing weightlifting) and that causes the reservoir to squeeze some fluid into the cylinders.

To avoid this, both manufacturers have placed special valves that prevent the auto inflation (squeezing of fluid) from happening. For most of us, this seems to work, but for some of us it is not 100%. For me, I might have "chubbiness" of the cylinders, but never bad enough to show through my dress pants. Well, actually, there is a bit of a bulge, but it is something "interesting" to curious females. Certainly, if I wear tighter underwear that is not flimsy material, then I really doubt that the "slightly auto inflated" chubby cylinders would show enough for anyone to think it was unnatural. Most observers would think, "hmmmm, a lucky guy with a meaty dick".

Regarding the notion from many bionic guys that they have a constant awareness of the implant even while it is flaccid (and you might be at work): Yes, I am constantly aware. But, guys with big dicks in the flaccid state are also aware, constantly, of their big dick. So, I suppose, I am happy now that I finally have a big flaccid that I am constantly aware of. I like it.

Please realize, I do not consider the implant as a foreign body to me. It is now a very important part of my anatomy which I like very much and which I will immediately get replaced should it fail.

### **Chapter35:** Fashion advice on clothes and tight pants and underwear

I do not understand why underwear is an issue. Many of the guys I spoke to on the phone just wear regular underwear. So, for me, I only think about underwear when engaging in "hiding the bulge" when wearing thinner material, tight, flat front dress pants.

Below are my thoughts from experience:

a) if I wear tight jockey type, I am ok (though a little constricted, but if I let my penis point up in them, sort of like a jock strap, then totally fine)

b) if I wear regular white briefs, I am OK, though my penis often points downwards to the side and there might be a bulge showing when I wear thin non-pleated dress pants (not a big deal -- maybe a nice look?)

c) I bought john sievers underwear (at the recommendation of some on Franktalk), that "elephant pouch" is a little weird, but I suppose if you want to flaunt your

implant while walking around , then go with them, but I would be looked upon in a really weird way in a gym locker room if I wore John sievers (that elephant trunk pouch is just too sexually in your face)

d) if I wear thicker material pants, for example Jeans, then it does not matter what underwear I have on, and no underwear would be fine as well if pants are thick

e) having a bigger flaccid presents a nice bulge which looks good. Overall, truly an enhancement over what I had before surgery. So from a fashion world viewpoint, the implant is a plus for me.

### **Chapter36: Airport Security -- TSA stories**

Since the implant has hardly any metal in it, there is no trouble with the "old fashioned metal detector" scanner (the one that you just walk through) .

However, my surgeon told me that the fancy "body scanner" that most airports use will "see the implant", but the person who looks at the body images is trained to know what an implant looks like.

I have never had an issue at TSA. I have flown 20 times since the implant, both international and domestic. Here has been my experience:

70% of the time, I go right through -- no issue.

30% of the time, they pat down my right thigh or some very limited pat down -- nothing out of the ordinary and it is pretty much what everyone else is getting.

I never carry a card with implant info (I never got one). I suppose if TSA had an issue with me, I would discreetly whisper in the TSA agent's ear that "I have a medical implant device in my penis done as prostate cancer reconstruction". Or for the younger men "I have a medical device in my penis done to reconstruct damage after an accident." I am certain that their sense of human compassion will prevail and they will let you through. If you are worried, you can always have your friends go through first -- and then give your story to TSA without concern about being overheard.

There was an interesting discussion thread on the internet site Franktalk which mentioned some TSA issues. Looking at those posts, it appears that those guys with implants 24 cm or bigger might be experiencing issues, but the rest of us "regular size guys" have had no trouble. I can imagine that, when the body scanner picks up a dick that has an implant bigger than 24 cm, the person reviewing the scan thinks

"No way. That appears to be super natural, There is no male on earth with that level of endowment!" Accordingly, they feel compelled to push the button for extra screening -- maybe out of jealousy.

As my final remark, in the situation where the TSA agent is patting down your groin and your friends then ask, "why were they patting you down there? " You can say, "yep, it's weird, I have a big dick and it throws off that body scanner. I always try to explain to them by saying 'Dude, it's my dick, OK' but they don't always take my word for it!"

### **Chapter37: MRI scans and the implant -- print this letter**

There is no problem; MRI scans are completely possible after the implant. If needed, you can print the official permission letters by Coloplast and by AMS by downloading them from Dr Eid's website.

The link for the Coloplast safety letter is:

<[https://www.urologicalcare.com/upload/iblock/89f/MRI-Compatibility-Letter-\(Coloplast\).pdf](https://www.urologicalcare.com/upload/iblock/89f/MRI-Compatibility-Letter-(Coloplast).pdf)>

The link for AMS devices safety letter is at:

<<https://www.urologicalcare.com/upload/iblock/9a1/AMSMRIletter.pdf>>

Basically, both letters from Coloplast and AMS state that it is safe for Penile implant patients to have MRI scans. Alternatively, if the above links do not work, then you can find them using the google search with terms: "Urologicalcare MRI compatibility" . "

Some MRi centers might require that you have the operative report (or a patient card) proving that you have a device from a particular manufacturer (eg, Coloplast letter for Titan patients and AMS letter for AMS CX patients), but I think that most will take your word for it especially if you give them or fax them the letter.

### **Chapter38: Longevity of the implant**

The most commonly quoted statistic for longevity of implants is that there is a "3% failure rate per year." In other words, at ten years, 30% will have failed and 70% will still be working. We all hope that we will be in a group where the implant lasts

20 years (you have a forty percent chance of that happening), but life is unpredictable. The longevity demands on how well your implant was built (good factory quality control) and how expertly it was installed (no tubing kinks) and how you beat-up on it (bouncing the tubes and bulb might be bad).

Here are two graphs from two studies showing the longevity of implants:

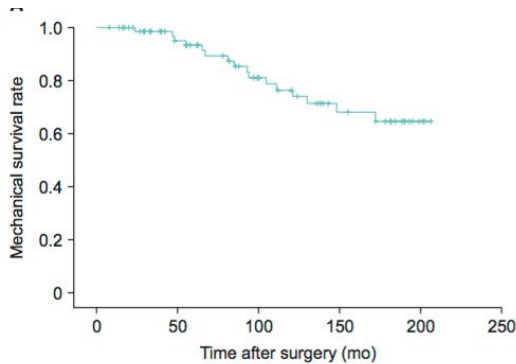


Figure above: Longevity over 17 years. In the above graph, at 17 years, 65% of implants were still functional.

fx

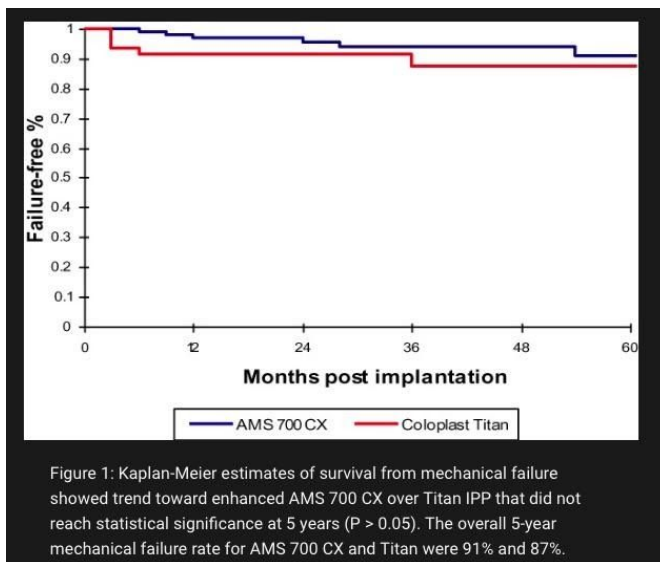


Figure (above): Titan versus AMS CX longevity. There is no difference in lifespan of the implants at five years.

Please realize that the longevity data comes from studies that usually ended after fifteen years follow-up. Many patients die before their implant quit. Many patients needed a revision in the first year. Many implant doctors say that "the more you use it, the sooner it will wear out" which to me means that there is perhaps a "cycle count" (i.e., expect 1500 cycles before failure ???).

There is no solid recommendation regarding what we can do to keep the lifespan of the implant ideal. Most agree that early failure (first few years) may be due to a tube kinking issues that might have happened during original surgery. Others say that if there is a repeated trauma (for example horseback riding) that this might lead to sooner failure. MANY state that there is no way to predict. For me, I refrain from riding horses or bouncy tractors; but I am not sure that these personal prohibitions are necessary.

All implant surgeons will state that "the point of an implant is to use it, so please do not save it if you have an opportunity for sex" and some guys state that they would not "want to die with a functioning implant" meaning that it is key to use it to the maximum and leave nothing on the table in terms of number of sex encounters

Of course, when the implant fails, you will face a new operation. The good news is that the revisions, when done by a good surgeon, can get you back up and running just as good, or maybe better, than before. The key is that a revision needs to be done by a high-volume expert since it is trickier and the chance of infection is higher. The revision recovery is easier on the patient, the surgery is harder on the surgeon. I will be on the first plane back to my surgeon if I need a revision because I cannot imagine life without a working implant.

Here is an analogy regarding how an implant can be like a cool sports car:

Just like the car, the implant will last 8 to 15 years.

Just like the car, the cost is around 30 grands.

Just like the car, it will be clear at the expiration point, whether you should re-up for another sports-car, or hang it up and pursue gardening, music, and art

**Chapter39:** Choosing a surgeon -- the most important factor in determining your outcome

There is a thread on the Franktalk site named " surgeon reviews ". Go ahead and search for that thread and you will get the opinions on who to go to.

There are some names that seem to come up, over and over again, and I suspect that there are perhaps ten surgeons' others throughout the country who true masters of the penile implant surgery.

My operation was covered by insurance, but coverage is quite variable since many insurance carriers view the implant as an elective procedure that is not life saving. Thus, just like plastic surgery on the face or breasts, the penile implant might not be covered by your particular plan. For that common situation, my surgeon does have a cash price which is somewhere in the \$30,000 range. In my opinion, that price is reasonable when compared to things such as work done by a plastic surgeon for a face lift or tummy tuck. And with regards to the sticker shock of 30 grand, I would ask you: "what would you rather have, a new Toyota or an awesome Bionic Dick?"

There are two things that are important in selecting and finding your surgeon. First, the surgeon should be high volume (more than fifty cases per year). Second, the surgeon should be able to provide you with a contact list of patients who provide a testimonial regarding their great result. Any man who is really happy with their implant function and surgical experience will be willing to share their thoughts with you. Those men who are thrilled with their implant feel a need to "trumpet to the world how great their surgeon is." You need to see that sort of enthusiasm when you vet your proposed surgeon.

Here on Franktalk, I think that many board members have been criticized for acting like an infomercial for their surgeon. I have tried to avoid the temptation of acting too one-sided in support for one surgeon over another; though that has been difficult since my outcome was truly spectacular.

I am a very savvy customer of medical care. I know a great deal about doctors and hospitals. Pasted below is my surgeon review for my surgeon Dr J Francois Eid in New York City;

**MY PATIENT TESTIMONIAL: (I wrote this in May 2017)**

**".... A while ago, I was sitting in this office in the same position as you. I am writing this letter to help by sharing some of my thoughts and personal experiences as an implant patient.**

**As background, I am a very savvy consumer of medical care. I know a lot about doctors and hospitals. I extensively researched the implant procedure and implant surgeons for several months before scheduling my surgery. This included consultations with a number of talented surgeons on both the east and west coasts. It became clear to me that Dr. Eid is the "King" of implant surgeons. With over 5000 implant operations, he has all the experience to expertly perform this surgery. I traveled 6 hours by plane from California twice. The first time was to undergo the pre-surgical testing and to fully assess**



**Dr. Eid. I was quite impressed by his technical ability and by his skilled approach to meticulous pre-op care, operative care, and postoperative care. I was impressed by his adaptation of a no-touch surgery technique that minimizes the chance of infection. His office staff is solidly experienced with implant patients, and they will be a helpful resource to you. The hospitals where he practices are first rate New York City institutions.**

**Personally, I am extremely pleased with my implant. His expert use of the No-Touch Technique is unique. I healed extremely quickly with great results. My pump is perfectly positioned in a spot behind my testicles where it can't be seen or felt during lovemaking, but yet it is easily accessible to my trained hands. No tubes are palpable, the cylinders are totally smooth, and they are perfectly sized. It is this "cosmetic implant result" that has made me a particularly happy patient.**

If you are a serious candidate for surgery, then you will receive a list of 50 patients with implants. I called many of them and learned how delighted they were with their implant and with their surgical outcome. This can be a useful resource to you as you work through the emotional turmoil of taking the "nuclear option" of allowing an implant to be installed; it is like having a support network of men who have gone through exactly what you are facing.

Penile implant surgery is not for the faint of heart. Personally, I sailed through the surgery, and I returned to work two weeks after surgery. The surgery gave me back my manhood, and it is true that I am now completely cured of any erectile dysfunction. With my identity and manhood restored, my general outlook on life has greatly improved.

I had the luxury and resources to find and chose the best implant surgeon in the world. Today, I am a happier person with a restored feeling of "Joie de vivre".

I wish you all of the best of luck.

**Chapter40** : Closing remarks -- some quotes to consider.

I hope this long pamphlet has been helpful. I spent the time on this work in an attempt to "give back" to those fellow patients who helped me get through these stressful times. We all ask face similar issues with similar questions, so I compiled this pamphlet summarizing my opinions. Now that I am safe, and happy, and on the other side, life is better since I feel "free" to once again dwell on the usual items that touch and adjust the course of my life.

To sum things up, in closing, consider the following quotes:

When deciding if the risk and pain are worth it to you:  
"It is a matter of 'How Bad Do You Want It?'" (by LMCatman)

When mustering up the courage to do the surgery:  
"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." (by me, TANGERINE)

When evaluating whether this will help your sex life or marriage or relationship:  
"You get the implant for you, NOT because you think it will please someone else" (By Dr. Eid)

When determining if you have the psyche makeup to benefit from this:  
"For me, a primary feature of my self identity has been to be sexually active, in as excellent and prodigious way possible. Without the option of sex, life for me became ho-hum and I felt like a 'walking stiff' just going through the motions of life; and that is why I decided to go for the implant. Yup, it was scary, but without sex, life is.... dull" (by me, TANGERINE)

and finally, always remember:  
"Good things happen when you go for it!" (quote by Alan Webb)

I wish you all the best of luck. I hope this helps you.

Godspeed.

TANGERINE