

# COUPLE-BASED PSYCHOSEXUAL OUTCOMES FOLLOWING PENILE PROSTHESIS IMPLANTATION FOR ERECTILE DYSFUNCTION: A PROSPECTIVE STUDY

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## Abstract

**Background:** Penile prosthesis (PP) implantation is widely regarded as an effective treatment for erectile dysfunction (ED), with over 80% of patients and their partners reporting satisfaction. Notably, satisfaction rates are higher—ranging from 86% to 93%—with three-component hydraulic prostheses compared to other types. This study aimed to assess marital and sexual satisfaction, quality of life, and the psychological impact on both patients and their partners before and after PP implantation.

**Methods:** A randomized controlled clinical trial was carried out involving 57 patients, aged 35 to 75 years, who had experienced severe organic erectile dysfunction for a minimum of six months. Postoperative satisfaction was measured through various standardized questionnaires assessing sexual satisfaction, marital satisfaction, quality of life—including comparisons between fertile and infertile couples—and the Female Sexual Function Index, along with its individual domain scores.

**Results:** There was a significant relation between Female genital mutilation (FGM) and marital satisfaction female 6 and 9 months ( $P < 0.05$ ). A notable negative linkage was found among wife age and (quality of life female, marital satisfaction female, and sexual satisfaction female), wife age and (quality of life and sexual satisfaction at 3, 6 months). Females baseline sexual function at baseline was positively associated with all quality-of-life parameters, sexual satisfaction and marital satisfaction of males and females at 3, 6 and 9 months ( $P < 0.05$ ). Paired comparison of quality of life and marital and sexual satisfaction of males and females at baseline and after 3, 6 and 9 months showed notable marked improvement of quality of life ( $P < 0.001$ ).

**Conclusions:** PP implantation is an effective approach in management of participants with organic ED with underlying comorbidities with acceptable rates of postoperative complications.

**Keywords:** Psychosexual Impact, Penile Prosthesis Implant, Erectile Dysfunction, Quality of Life

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## INTRODUCTION:

Erectile dysfunction (ED) is characterized by the persistent inability to attain or sustain an erection sufficient for satisfactory sexual intercourse<sup>[1]</sup>.

Approximately 50% of men over the age of 40 experience erectile dysfunction (ED), which can adversely impact sexual performance and overall quality of life. The etiology of ED may be organic, psychogenic, or a combination of both. Prominent risk factors include diabetes mellitus, hypertension, cardiovascular diseases, smoking, and obesity<sup>[2]</sup>.

Multiple therapeutic approaches have been implemented for the management of ED encompassing psychosexual therapy, Phosphodiesterase type 5 inhibitors (PDE5-Is), intracavernosal injections, external vacuum devices and finally penile prosthesis (PP) implantation, after the failure of all previous lines of treatment<sup>[3]</sup>.

A considerable number of men become refractory to medical treatments as a result of the development or progression of underlying comorbidities, necessitating penile prosthesis (PP) implantation to preserve sexual function<sup>[4]</sup>.

Complications related to penile prosthesis (PP) implantation can be broadly classified into infectious complications, non-infectious organ or tissue injury, device malfunction, and dissatisfaction experienced by the patient or their partner<sup>[5]</sup>.

Sexual satisfaction plays a vital role in daily life, being linked to beneficial outcomes such as improved relationship satisfaction, better physical and psychological health, and enhanced overall well-being and quality of life. Notably, there exists a significant interaction between communication and sexual satisfaction; in couples who engage in effective and constructive communication, sexual satisfaction alone does not significantly influence marital satisfaction<sup>[6]</sup>.

Conversely, in couples who experience communication difficulties, higher levels of sexual satisfaction are associated with increased marital satisfaction compared to those with less fulfilling sexual relationships. Therefore, sexual satisfaction may serve to partially offset the adverse impact of poor communication on marital satisfaction.

Both the frequency of sexual intercourse and levels of interpersonal negativity were significant predictors of sexual satisfaction for husbands and wives, while wives' positive behaviors were additionally associated with increased sexual satisfaction in their husbands<sup>[7]</sup>.

Penile prosthesis (PP) implantation is widely regarded as an effective treatment for erectile dysfunction (ED), with over 80% of patients and their partners reporting satisfaction. Notably, satisfaction rates are higher—ranging from 86% to 93%—for three-component hydraulic prostheses compared to other types. Additionally, both patients and their partners have expressed high satisfaction levels (76% to 90%) with non-hydraulic prostheses<sup>[8]</sup>.

This study aimed to assess marital satisfaction, sexual satisfaction, and quality of life in patients and their partners before and after penile prosthesis implantation, as well as to evaluate the psychological impact on both partners.

## PATIENTS AND METHODS:

This randomized controlled clinical trial involved 57 patients aged 35 to 75 years, all diagnosed with severe organic erectile dysfunction persisting for a minimum of six months. The study was conducted between April 2021 and January 2022, following approval from the Ethical Committee of Cairo University Hospitals, Cairo, Egypt. Written informed consent was obtained from all participants prior to inclusion.

Exclusion criteria were single, divorced or widowed (not engaged in regular sexual activity), psychogenic ED: patients subjected to psychological assessment by psychologists and redo PP implantation.

All patients (81 adult patients complaining of ED) with their partners were subjected to preoperative assessment (history taking, etiology of ED (arteriogenic, venogenic or neurogenic (confirmed by penile duplex) and associated co-morbidities (Diabetes mellitus, hypertension, Cardiovascular diseases), stretched penile length (after ICI) and Questionnaires (Sexual satisfaction of both partners, Marital satisfaction of both partners, Quality of life and Female sexual function index (for female partner)). All questionnaires translated into Arabic and were clarified and interrogated to both partners.

Afterwards, all subjects were followed up and assessed at 3, 6 and 9 months after semi-rigid PP implantation.

Each patient with documented operative data includes (PP girth, PP length and penile incision). Both partners were assessed by Questionnaires (Sexual satisfaction, Marital satisfaction and Quality of life). Only 57 subjects and their partners completed the study due to dropouts during follow up period.

All participants underwent comprehensive history taking, clinical examination [testicular volume, epididymis, vas deferens and penile examination (regarding presence or absence of fibrous plaques, apparent penile curvature or associated anomalies and stretched penile length)], investigations [Penile color duplex with

intracorporeal injection, hormonal profile, lipid profile, PSA total and glycated hemoglobin] and psychological assessment and questionnaires.

#### **Psychological assessment and questionnaires:**

The Female Sexual Function Index was administered exclusively to female partners at baseline. This validated questionnaire assesses female sexual functioning across six domains: desire, arousal, lubrication, orgasm, satisfaction, and pain<sup>[9, 10]</sup>. Sexual satisfaction was evaluated using the Interpersonal Exchange Model<sup>[11]</sup>.

The Interpersonal Exchange Model of Sexual Satisfaction Questionnaire (IEMSSQ) comprises several distinct measures that collectively provide valuable insights into sexual satisfaction. Grounded in a validated theoretical framework, the IEMSSQ demonstrates robust psychometric properties, enhancing its utility in research and clinical settings<sup>[12]</sup>. Marital satisfaction was assessed using the Marital Satisfaction Questionnaire for Older Persons, a 24-item instrument comprising one major and two minor factors. The factor scores, as well as the overall Marital Satisfaction Scale score, have demonstrated internal consistency, temporal stability, and significant correlations with various measures of marital adjustment, life satisfaction, perceived spouse behaviors, and observer-rated marital communication<sup>[13]</sup>. Quality of life was assessed using the QoLSPP questionnaire, which is based on a conceptual model encompassing four primary components of quality of life. These components align with the World Health Organization's definition of health, emphasizing biological, psychological, social, and relational well-being<sup>[14]</sup>: functional well-being (prosthesis function), relational well-being (relationship with partner), social well-being (interaction with the external environment), and personal well-being (self-image)<sup>[15]</sup>.

The International Index of Erectile Function-15 (IIEF-15) was administered exclusively to male partners. This 15-item scale evaluates five key domains of male sexual function over the preceding four weeks: erectile function (six items), orgasmic function (two items), sexual desire (two items), intercourse satisfaction (three items), and overall satisfaction (two items)<sup>[16]</sup>.

The primary outcome was estimation of psychosexual impact of PP implantation on sexual, marital satisfaction and quality of life of both partners.

#### **Sample Size Calculation:**

Sample size calculation for this analytical study was performed using the ClinCalc calculator, setting the alpha error at 0.05 and the statistical power at 0.80. According to literature, overall satisfaction of PP implant among ED patients improved to 56.25% compared to poor preoperative satisfaction. The minimum sample size calculated to evaluate psychosexual impact of PP implants is 57 ED patients.

#### **Statistical analysis**

Data were coded and entered into the Statistical Package for the Social Sciences (SPSS) version 28 (IBM Corp., Armonk, NY, USA). Quantitative variables were summarized using means and standard deviations, while categorical variables were described using frequencies and percentages. Group comparisons were performed using the unpaired t-test<sup>[17]</sup>. Repeated measures ANOVA was employed to compare serial measurements within the same patients<sup>[18]</sup>. Correlations between quantitative variables were assessed using the Pearson correlation coefficient<sup>[17]</sup>. A p-value of less than 0.05 was considered indicative of statistical significance.

## **RESULTS:**

Among the included patients the mean age of  $57.09 \pm 8.24$  years, mean age of the spouse  $47.56 \pm 7.44$  years, average length of time for ED was  $5.48 \pm 5.03$  years, the mean stretched length  $13.99 \pm 1.75$  cm, and mean IIEF  $25.60 \pm 5.41$  points. Female sexual function before operation showed a mean of  $13.86 \pm 4.28$ , mean Quality of life female before  $14.37 \pm 3$ , mean marital satisfaction female before  $92.53 \pm 7.55$ , mean sexual satisfaction female before  $-3.60 \pm 8.36$ , mean quality of life male before  $16.61 \pm 3.82$ . **Table 1**

Women quality of life, marital satisfaction, sexual satisfaction, quality of life of male, marital satisfaction of male and sexual satisfaction of male was enhanced after 3 months of surgery, continue to improve even after 6 months of surgery and was maintained higher than baseline after 9 months from surgery. **Table 2**

There was no meaningful relation among FGM and (Quality of life, marital satisfaction, sexual satisfaction at 3 months male and female), (Quality of life and sexual satisfaction female 6 months), (Quality of life, marital and sexual satisfaction, male 6 months), (Quality of life, sexual satisfaction female 9 months), and (Quality of life, marital and sexual satisfaction male 9 months). There was a meaningful relation among FGM and marital satisfaction female 6 and 9 months ( $P < 0.05$ ). **Table 3**

There was a meaningful inverse linkage among wife age and (quality of life female, marital satisfaction female, and sexual satisfaction female), wife age and (quality of life and sexual satisfaction at 3, 6 months), While the other parameters not correlated. **Table 4**

There was no meaningful link among the duration of ED and quality of life and sexual satisfaction of male or females at 3, 6 and 9 months among the included patients.

Females baseline sexual function at baseline was positively associated with all quality-of-life parameters, sexual satisfaction and marital satisfaction of males and females at 3, 6 and 9 months ( $P < 0.05$ ).

**Table 5**

Paired comparison of quality of life and marital and sexual satisfaction of males and females at baseline and after 3, 6 and 9 months showed notable meaningful improvement of quality of life ( $P < 0.001$ ). **Figure 1**

## DISCUSSION

PP is a medically invasive therapy that is normally recommended after all other, less invasive options have failed or are undesirable. These implants are placed surgically into the corpora cavernosa to artificially restore erectile function<sup>[19]</sup>.

In the present study, postoperative complications were developed in 5 (9%) patients in the form of surgical site infection of two patients, hematoma of 1 patient, wrong sizing in one patient and supersonic transporter deformity in one patient. Postoperative complications were not significantly associated with Quality-of-life female, marital satisfaction female, sexual satisfaction female, quality of life male, marital satisfaction male, and sexual satisfaction male.

Rate of postoperative complications of penile implants ranged between 0.33% and 11.4%, the meta-analysis indicated that diabetes and introduction of non-coated materials was linked with elevated risk of postoperative side effects specifically surgical site infections<sup>[20]</sup>. In a study conducted by Palma et al.<sup>[21]</sup> reported an overall 30-day complication rate of 11.3% ( $n = 11$ ), with five complications attributed to infectious causes and three related to postoperative blood transfusion events. These findings are consistent with Alsayed et al.<sup>[22]</sup> found that rate of intraoperative and postoperative complications was not associated with patient satisfaction. However, our findings were inconsistent with Jorissen et al.<sup>[23]</sup> reported that marital and sexual satisfaction of patient and partner along with quality of life after penile implant were inversely linked with the occurrence of postoperative complications.

In the current study, FGM was not related with quality of life and sexual satisfaction parameters at 9 months. Large systematic review has demonstrated that women with FGM showed increased incidence of dyspareunia, reduced sexual satisfaction and reduced sexual desire<sup>[24]</sup>, other Egyptian studies has confirmed the same findings among women in upper Egypt<sup>[25]</sup>. Comparable findings have been reported by Riazi et al.<sup>[26]</sup> found that the mean ages for women in the reproductive-menopausal transition stages and postmenopausal women were  $30.8 \pm 6.55$  and  $56.3 \pm 3.54$  years, respectively. Awwad et al.<sup>[27]</sup> stated that there was an inverse relation among age and female sexual function index scores after PP implant.

Our data showed that females baseline sexual function at baseline was positively associated with all quality-of-life parameters, sexual satisfaction and marital satisfaction of males and females at 3, 6 and 9 months. Other findings were consistent with the results reported by Mehdipour-Rabari et al.<sup>[28]</sup> stated that sexual function was positively correlated with female quality of life, sexual and marital satisfaction.

In the current study we found that paired comparison of quality of life, marital satisfaction, and sexual satisfaction of females and males at baseline and after 3, 6 and 9 months showed statistically significant improvement of quality of life. Our findings are aligned with Barton et al.<sup>[29]</sup> found that patients and partners satisfaction and QOL was significantly improved post penile implantation. Awwad et al.<sup>[27]</sup> observed a meaningful elevation in lubrication score in non-female genital mutilation (FMG) after PP implant.

Limitation of this research included that limited sample size, relatively restricted follow-up timeframe and all patients were diagnosed with organic ED which may have contributed to a relatively high rate of postoperative complications.

## CONCLUSIONS:

Penile implantation is an effective approach in management of patients diagnosed by organic ED with underlying comorbidities with acceptable rates of intraoperative and postoperative complications. Penile implantation was associated with meaningful improvement in quality of life of patients and their partners, also sexual and marital satisfaction scores up to 9 months postoperatively.

**Acknowledgement:** There are none to be declared.

**Conflict of interests:** None to be declared.

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**Table 1: Baseline clinical characteristics, sexual function, quality of life, marital and sexual satisfaction at baseline of the studied groups**

	N=57
Age (Year)	57.09±8.24
Wife age (Year)	47.56±7.44
Duration of ED (Year)	5.48±5.03
Stretched length (Cm)	13.99±1.75
pp girth (mm)	11.32±1.15
pp length (Cm)	18.76±1.75
IIEF score	25.60±5.41
Femalesexualfunction before	13.86±4.28
Qualityoflifefemalebefore	14.37±3.00
Maritalsatisfactionfemalebefore	92.53±7.55
Sexualsatisfactionfemale before	-3.60±8.36
Qualityoflifefemalebefore	16.61±3.82
Maritalsatisfactionmalebefore	91.51±7.16
Sexualsatisfactionmale before	3.35±8.98

Data are presented as mean ± SD. PP: Penile prostheses.

**Table 2: Sexual function, quality of life, marital and sexualsatisfactionpostoperatively at3,6and 9months**

	3 months	6 months	9 months
Quality of life female	43.79±5.43	46.21±6.63	46.46±7.03
Marital satisfaction female	111.09±7.21	114.12±6.91	114.74±7.03
Sexual satisfaction female	42.61±8.86	45.39±8.89	45.89±9.10
Quality of life male	49.58±6.56	52.14±7.74	52.61±8.61
Marital satisfaction male	115.95±7.00	118.18±6.54	118.46±7.09
Sexual satisfaction male	48.19±9.31	50.49±9.79	50.89±10.45

Data are presented as mean ± SD.

**Table 3: Correlation between incidence of FGM and female sexualsatisfaction**

	Mutilation		P value
	Positive	Negative	
Qualityoflifefemale3 months	44.02±5.69	42.82±4.26	0.514
Marital satisfaction female 3months	111.93±6.78	107.55±8.20	0.069
Sexual satisfaction female 3months	42.52±9.53	43.00±5.53	0.874
Qualityoflifefemale3months	49.87±6.67	48.36±6.23	0.499
Marital satisfaction male 3months	116.22±7.22	114.82±6.15	0.556
Sexual satisfaction male 3months	48.07±9.21	48.73±10.15	0.834
Quality of life female 6months	46.57±6.90	44.73±5.35	0.414
Marital satisfaction female 6months	115.07±6.09	110.18±8.90	<b>0.034*</b>
Sexualsatisfactionfemale6 months	45.54±9.50	44.73±6.03	0.787
Qualityoflifefemale6months	52.67±7.85	49.91±7.16	0.291
Marital satisfaction male 6months	118.72±6.64	115.91±5.86	0.204
Sexual satisfaction male 6months	50.43±9.69	50.73±10.65	0.930
Quality of life female 9months	46.70±7.29	45.45±6.04	0.604
Marital satisfaction female 9months	115.72±6.18	110.64±9.06	<b>0.030*</b>
Sexual satisfaction female 9months	46.17±9.73	44.73±6.03	0.640
Qualityoflifefemale9months	53.00±8.71	51.00±8.38	0.494
Marital satisfaction male 9months	118.96±7.31	116.36±5.94	0.280
Sexual satisfaction male 9months	50.98±10.40	50.55±11.16	0.903

Data are shown as mean  $\pm$  SD. \* Significant P value  $<0.05$ , FGM: Female genital mutilation.

**Table 4: Correlation between Age of either male or female with satisfaction at 3, 6 and 9 months**

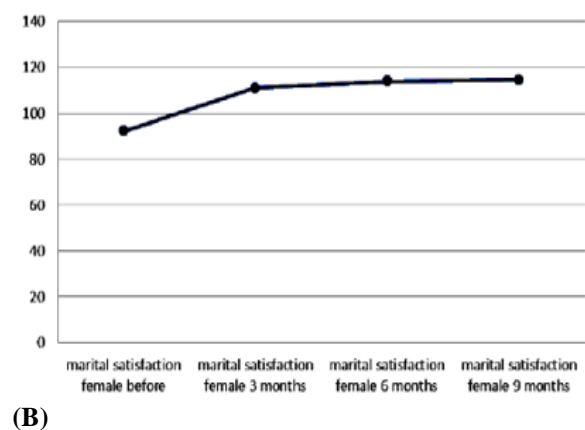
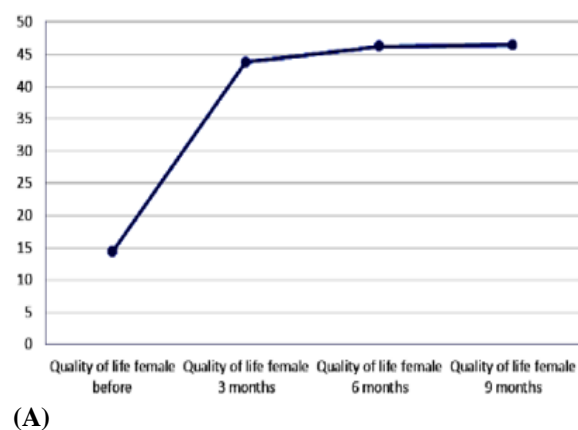
		3months		6months		9months	
		Age	Wifeage	Age	Wifeage	Age	Wifeage
Quality of life female	r	-0.101-	-0.331-	-0.115-	-0.344-	-0.101-	-0.336-
	P	0.457	<b>0.012*</b>	0.392	<b>0.009*</b>	0.453	<b>0.011*</b>
Marital satisfaction female	r	-0.029-	-0.278-	-0.013-	-0.276-	-0.010-	-0.263-
	P	0.829	<b>0.036*</b>	0.921	<b>0.038*</b>	0.939	<b>0.048*</b>
Sexual satisfaction female	r	-0.132-	-0.450-	-0.134-	-0.419-	-0.093-	-0.398-
	P	0.328	<b>&lt;0.001*</b>	0.320	<b>0.001*</b>	0.492	<b>0.002*</b>
Quality of life male	r	-0.094-	-0.380-	-0.030-	-0.283-	0.005	-0.245-
	P	0.486	<b>0.004*</b>	0.822	<b>0.033*</b>	0.969	0.066
Marital satisfaction male	r	0.003	-0.233-	0.040	-0.195-	0.015	-0.203-
	P	0.981	0.081	0.765	0.145	0.909	0.129
Sexual satisfaction male	r	-0.081-	-0.360-	-0.008-	-0.288-	0.030	-0.236-
	P	0.548	<b>0.006*</b>	0.951	<b>0.030*</b>	0.826	0.078

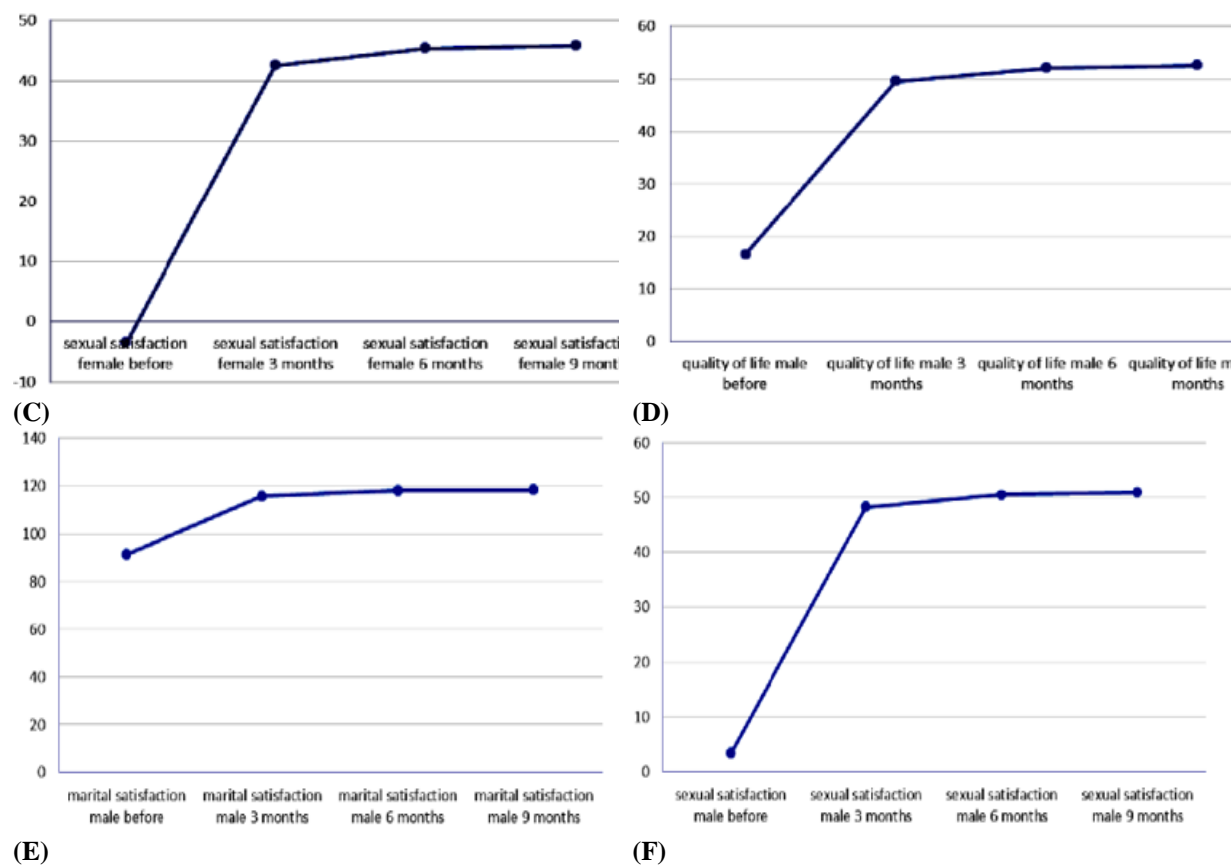
\* Significant P value  $< 0.05$ , r: Pearson Coefficients.

**Table 5: Correlation between duration of ED, female baseline sexual function and satisfaction rates at 3, 6 and 9 months**

		Duration of ED			Female baseline sexual function		
		3months	6months	9months	3months	6months	9months
Quality of life female	r	-0.087-	-0.049-	-0.043-	0.423	0.418	0.411
	P	0.520	0.719	0.753	<b>0.001*</b>	<b>0.001*</b>	<b>0.001*</b>
Marital satisfaction female	r	-0.013-	-0.054-	-0.059-	0.421	0.404	0.377
	P	0.921	0.691	0.662	<b>0.001*</b>	<b>0.002*</b>	<b>0.004*</b>
Sexual satisfaction female	r	-0.157-	-0.087-	-0.060-	0.655	0.569	0.546
	P	0.243	0.520	0.657	<b>&lt;0.001*</b>	<b>&lt;0.001*</b>	<b>&lt;0.001*</b>
Quality of life male	r	-0.104-	-0.052-	-0.028-	0.539	0.344	0.344
	P	0.443	0.698	0.835	<b>&lt;0.001*</b>	<b>0.009*</b>	<b>0.009*</b>
Marital satisfaction male	r	-0.059-	-0.056-	-0.020-	0.401	0.353	0.381
	P	0.664	0.677	0.884	<b>0.002*</b>	<b>0.007*</b>	<b>0.003*</b>
Sexual satisfaction male	r	-0.094-	-0.080-	-0.073-	0.530	0.470	0.423
	P	0.486	0.554	0.589	<b>&lt;0.001*</b>	<b>&lt;0.001*</b>	<b>0.001*</b>

\* Significant P value  $< 0.05$ , r: Pearson Coefficients. PP: Penile prostheses.





**Figure 1:** Line graph showing (A) quality of life, (B) marital satisfaction, (C) sexual satisfaction of females, (D) quality-of-life, (E) marital satisfaction, (F) sexual satisfaction of males across study period

#### Figure captions

Figure 1: Line graph showing (A) quality of life, (B) marital satisfaction, (C) sexual satisfaction of females, (D) quality-of-life, (E) marital satisfaction, (F) sexual satisfaction of males across study period