

Implantation of erectile prosthesis is complicated

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The final step in the multidisciplinary approach of gender reassignment therapy in female-to-male transsexuals consists of the construction of a neophallus to allow the patient to void while standing and to have sexual experience after he is accustomed to his new voiding abilities. The main limiting factor is that there is no good substitute for the unique erectile tissue of the penis. The largest retrospective study by Hoebeke et al. evaluates the outcome in 129 female-to-male transsexuals after implantation of a hydraulic erectile prosthesis.

The article is the largest retrospective study of female-to-male transsexuals with implantation of inflatable prosthesis into neophallus.

Use of 185 implants in 129 neopenises clearly reflects that we are far from a perfect solution that enables the sexual lives of transgender patients. Different techniques have been used to obtain rigidity in the neophallus, but often they resulted in complications and failure. For all types of prostheses, there is a higher rate of infection than in studies with men; mechanical failure is also higher. The article by Hoebeke et al tries to provide explanations for these phenomena.

Despite these high complication rates, implantation of a hydraulic erectile prosthesis remains the best option for achieving the possibility of voiding while standing as well as [sexual intercourse](#) in female-to-male transsexuals after phalloplasty. The choice of device cannot be decided based on the data presented in this study; however, trends seem to reflect that two-piece devices are better than three-piece devices.

More information: Erectile implants in female-to-male transsexuals: Our experience in 129 patients, Piet B. Hoebeke, Karel Decaestecker, Matthias Beysens, Yasmin Opdenakker, Nicolaas Lumen, Stan M. Monstrey, *European Urology* 57 (2010) 334 - 341

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