

## Penile Prosthesis Recording

Recording. Okay, Dr. Clavel, thank you so much for joining me today. I'm so thrilled to have you here.

No, thank you, Dr. Jamea. I mean, it's a pleasure to be here sharing this podcast with you. Yeah, absolutely.

So you and I originally met about five or six years ago, I think. And yeah, you reached out to me. And what I loved about you reaching out to me to begin with was that you were wanting to establish some relationships with certified sex therapists in the area because you were starting your practice and you saw the value of working collaboratively, which, you know, I think doctors are starting to see a little bit more of these days, but certainly wasn't the case that much when I first started.

And part of that is because you have a fellowship in sexual medicine. So I'd love to just learn a little bit more about you and how you got into the field and ended up with this specialty.

Well, definitely, definitely. I mean, yes, well, I'm a urologist, and I did my residency for five years, and I needed to either choose to go into practice or subspecialize. And I decided to go into sexual medicine. The reason I went into sexual medicine was I did a lot of research during my residency years in sexual medicine with... who ended up being like my main mentor, Dr. Run Wang from UT Houston and MD Anderson.

And most of our research was on rehabilitation after prostate cancer, how we were able to help men recover their sexual life after prostate cancer treatments. But that was most of my research. And then he invited me to be a part of the SMSNA, which is the Sexual Medicine Society of North America.

He invited me to be to go to the meeting. And there was a course for, specifically for residents, and it was mostly on penile implants. And I remember just sitting there among like 25 other residents, and all these speakers, you know, came in to talk about their experiences in the field.

And I remember just sitting back, I'm like, I see myself doing this. And I really want to do this. And that's when I decided to go into fellowship.

I did my fellowship in MD Anderson, and UT Houston, mostly on again, prostate cancer survivorship, with a special focus on the treatment of Peyronie's disease and penile implants. And then I decided to go into practice. I had to stay here in Houston because my wife, she was finishing her dermatology residency.

So I didn't want, we want to, we did not want to be in long distance for a long time. So therefore, we decided to stay. And yeah, I mean, when I started off, I remember, you

know, I was speaking with my, you know, who became my partner, and we were talking like, hey, like, like, who do you refer for patients who have psychogenic ED? If you guys have if you have somebody who needs a pelvic floor muscles therapist, and he's like, I don't have anybody.

So I started, I started researching online, I'm pretty sure you've, you know, you, you and Dr. Cohen, I mean, you guys had wonderful reviews, and you guys do a wonderful job over there at revive. And that's when I decided to reach out to you, you responded, I remember we had lunch. And yeah, and it became a great, you know, relationship and collaboration between, you know, both of our practices.

And my patients are very happy, they always responded being very happy. And I'm very happy that we were able to collaborate.

Yeah. And you know, what I love about your story is this is so much more about helping people survive after prostate cancer. Excuse me. This is really about helping people thrive, because it's not just that people want to live, they want to live full, meaningful lives. And their sex lives are a big part of that.

And it's not enough for a lot of folks to just say, Okay, I'm living, but my penis no longer functions the way it used to. And so over the years, I've treated numerous couples who are really struggling in their relationships, psychologically and emotionally, because of the aftermath of having prostate cancer, and a lot of them don't really see a light at the end of the tunnel. And so of course, we work on, you know, alternatives of, alternative ways of connecting and alternative ways of discovering pleasure with each other.

But, you know, at the end of the day, I think what a lot of people miss is the ability to enjoy an erect penis in whatever capacity that is and I think that's where you come in.

That is true. That is true. And I mean, usually what I tell my patients is like, there are many doctors out there that focus on adding years to your life, right? And that's my quote, I usually tell them like, you know, others will add years to your life, my goal is to add life to your years.

I love that.

I want you to have an improved quality of life. Because, you know, for me, I mean, usually I tell my patients like sex is ageless, right? You know, there are, I have many couples in their 80s, who tell me, it's like, Doc, we're having better sex than we were 30 years old.

And, and yeah, I mean, and that can be with or without an erection. And that's what's, what's impactful about, you know, what we do. Because we can try to help guide, you know, patients, both men and women to have an improved sexual life.

And it's, it's really cool, how we're able to help them out. And I don't regret one bit. I love what I do.

Yeah, same. I mean, I think when you're in the field of sexuality, whatever capacity that is, you find meaning every day in the work and helping people enjoy that part of their lives. So I totally share that feeling.

So let's talk about penile implants a little bit. I'd like to dive into that. Because I don't know how many people know about that, would even really consider that as an option for them.

So what is a penile implant? And what kind of person would be a good candidate for one?

Yeah, so a penile implant, again, is a medical device that is, you know, has been created, and believe it or not, it's actually been almost 50 years, actually, 2023 will be year number 50 from when the first implant, you know, was, was available. So it's been, you know, out there longer than Viagra and Cialis and all these other medications that have, you know, created a big impact into our society. So a penile implant, again, is a device that we place inside a man's penis to help them achieve an erection.

So it is a treatment option for erectile dysfunction. And it can also help straighten out penises, you know, for guys who have Peyronie's disease as well. But it's mostly to create a, you know, create or revive the functionality of a penis, basically.

Gotcha. So you mentioned Peyronie's disease a couple of times. So for those listening, Peyronie's disease is essentially curvature of the penis.

And that mostly happens when it's erect. And sometimes a curvature can be kind of insignificant. For other people, it can be quite significant and even painful or uncomfortable for them or for their partner. So anything you want to add to that?

I mean, when it comes to, well, I mean, talking about Peyronie's disease, we can add like five more podcasts about that. But regarding a penile implant, again, there are different types. There is a malleable implant and an inflatable implant.

The malleable implant basically has two rods that are malleable, hence the name, and are placed inside the penis. And that is able to mold the penis straight whenever he wants to have sex. And he can mold it to the side whenever he's wearing pants.

And then we have the inflatable implant, which is the most common one that we use. Many surgeons call it the Cadillac of implants, and it's the one most commonly used here in the United States. And this one allows a man, again, to have a strong erection whenever he wants to.

And then he can just deflate it. It has a little pump in the scrotum that the patient can

use to deflate the implant and also inflate it whenever he wants to. And the good thing about the inflatable implant, it is the closest thing to a natural erection that a man can get once he has erectile dysfunction.

It is a treatment for erectile dysfunction. One thing, again, I know we don't have a lot of time, but one thing I always like men to remember, and women, is the penile implant is not the last resort for erectile dysfunction. Years ago, when I started in residency, I remember the guy stated that it was the last resort.

So you have to try pills first, and then if pills didn't work, you have to try a vacuum pump, if the vacuum pump didn't work, you could try an injection, and so forth, and so on, and so on. And then the implant was left as the last resort. But now, we already know that patients and their partners are more satisfied with the implant in comparison to every or any other treatment option.

Interesting. Why is that? So mostly it's because, again, one of the things, and I'm pretty sure you know, you talk about this with your patients all the time, it's like one of the things that erectile dysfunction can cause to a couple, not a man only, but also a couple, is that it can cause anxiety. And I usually tell, I try to be as descriptive as possible with my patients, and I try to remind them, right? Like, tell them, like, hey, I know, like, whenever you're going to have sex, even if you take the pill, what's the first thing you tell your wife? Well, honey, if you want to, you know, be active, then you have to help me out, you know, help me down there.

And the, you know, the partner is right there messing with the guy's penis, right, to stimulate it as much as possible, to see if it works. And you can probably get like a 60%, 70% erection, then the guy, you know, that he is finally able to penetrate. And then whenever they're, he's penetrating, everything goes down, and we're back to square one.

And it can create stress within the relationship, it can create a lot of anxiety, you know, for the man, because then sometimes also for the couple, you know, for the partner, sometimes the partner's like, oh, well, he's probably not attracted to me anymore. It's probably me. And again, it's this, it's just a bunch of psychogenic and psychological problems that can cause, that can, that the couple can have.

And the good thing about the penile implant is every single time a man wants to have sex, he will be able to. Because again, in a sense, yes, it is mechanical, but the erection itself is mechanical. So that's another thing that we have to remind couples, this will not increase your arousal.

This will not increase your orgasm or your ejaculation. This will not even bring blood flow to the head of the penis. The only thing that the implant will do is get the shaft hard enough for you to be able to penetrate.

But whenever you are able, whenever a man who has erectile dysfunction is able to inflate his penis on demand, then he knows, you know, up in his mind and his psyche, he's like, I know I'm a hundred percent confident that I will be able to perform. And that changes everything. Now they can actually focus on each other.

They don't have to focus on the penis because they know the penis will work. That's why I have couples in their seventies telling me, hey doc, I feel like when I was 25, why? Because when you were 25 years old, well, many men who were, who are 25 years old, they don't even have to think about it. The erection comes on demand all the time.

And that's a pretty neat thing about it. And that's why there is such a high satisfaction rate.

Yeah. That makes a lot of sense to me. And it's true. I mean, ED psychologically can be such a complicated issue.

It's so multifaceted. Of course, there's the anticipatory anxiety that the person with the penis is experiencing, but then all this stuff that you mentioned, a lot of times when I'm working with couples and I ask them the question, what was the worst part of the experience for you when you were unable to get an erection, nine times out of 10, they'll say something along the lines of the look on my partner's face. And so I think that just really compounds the issue for them and just heightens the anxiety that much more.

And I think what a lot of people don't realize is for, for people who are choosing to use things like Viagra or Cialis to get an erection that can help a lot of people, but sometimes if the anxiety is strong enough, the pill will not work. And so, as you mentioned, it's not a surefire solution for a lot of folks. And, and then there's the injections that you mentioned, which that can be kind of painful and uncomfortable.

And a lot of people don't want to have to do that either. I mean, injecting your penis every time you want to have sex, isn't necessarily appealing to a lot of folks. And neither is the pump.

And so I can, I can see that maybe this isn't necessarily a last resort.

So believe it or not, believe it or not. I mean, it is not the first option either. Usually what we tell them is like, Hey, you can try at least the medication. Again it's the least invasive option. And usually what I tell guys, like imagine like you have multiple doors, like once you try the pills, all the other doors are available for you.

Regarding the injections, believe it or not, like in my experience, at least in my practice, like the patients don't complain so much about the injection itself being painful. What they don't like about the injection is a lack of spontaneity. Cause again, one of the things that, that we, you know, whenever everybody who's in a relationship, it's like, we want things to be spontaneous when it comes to sex. If you, like many couples who just put it

on a schedule, it's like one of, you know, one of the persons in the couple are probably not going to be into it at the moment.

Right. So it's something that kind of like happens and, but the problem with, you know, especially like on a heterosexual couple, if you have a guy who's, you know, who has his wife or something, and they're going to have sex, whenever the wife is in the mood, he's like, Hey honey, timeout, I have to go to the fridge, get the medication, draw the medication, inject it into my penis, wait 10, 15 minutes. And by the time the guy's ready, now the partner's like, ah, I'm really not in the mood anymore.

The moment's gone.

And that's when then, then I usually, they joke like, Hey doc, now I, you know, started to watch TV with an erection and I had to wait one hour or two for it to go down. So usually that's what, what many men don't like about the injections. And one of the benefits again, that the implant will do for them, if they're using injections or they're using pills and you're going to travel, you have to carry those medications with you, right? So the good thing about the penile implant, it is always there with you and you can use it on demand.

If you want to have sex for five minutes, you can have sex for five minutes. If you want to have sex for two hours, you can have sex for two hours. If you want to go for three rounds, you can go for three rounds.

And the cool thing about it, just like you were mentioning, it's like they will be able, you know, if their partner is seeking sexual penetration and intercourse, they will be able to do that. So I always ask my patients like, what is your goal? And, and you're, just like, you said, it's like nine out of 10 times what their goal is like, doctor, I just want to be able to satisfy my, my partner. I just want to be able to satisfy my wife.

Um, and it's something that, that, you know, I, I try to ask them, what is your goal? So we're able to help them reach that goal. Cause sometimes with, you know, this is like another, like a parentheses, but sometimes guys who have Peyronie's disease, they, I ask them, so what is your goal? And it's like, well, doc, I just want to make sure that's not cancer. I'm like, well, that's not cancer.

So you're off you go, man. You're good. I don't need to touch you.

Exactly. No, it's always good to make sure everyone's on the same page. So let's talk about the procedure a little bit more itself, because I mean, we talked about some of the risks and side effects with things like medication or injection or pump, the upsides and downsides. What are some of the risks involved with the implant?

So the procedure itself, it is a, you know, we call it, it is a surgical procedure. We do it in the operating room, but it is very straightforward. And in the hands of an experienced

surgeon, I mean, it usually takes about 30 to 45 minutes.

Like just today, I mean, I did four penile implants and I was home. I mean, I was gone by two o'clock. So again, we make a small incision either in the scrotum or below the pubic bone in the lower abdomen.

Usually it's about, you know, two inches long or two to four inches long. And everything is placed through that small incision. Three months after surgery, the incision tends to be invisible to the naked eye.

And this is again, an outpatient surgery that does not require any hospital stay and recovery usually takes anywhere between three to six weeks. When it comes to complications like you were asking. So the most common complication is an infection.

Again, we're putting a prosthetic device inside the body. It's a foreign body. And if the body, if it becomes infected, most of the time we have to take that foreign body out.

That doesn't mean that it is game over, right? Whenever we mentioned infection, like patients freak out, they think they're not going to be able to have an erection ever again. Most of the time in the hands of an experienced surgeon, we can always either replace it right there and then. We wash it, we take it out, watch everything out and replace it, or we can replace it, you know, let the patient heal.

And then we can go back and replace it later on. That being said, the other thing to remember is that infection, yes, it is the most common risk, but in the hands of an experienced surgeon, most of the time it's less than 2%. And in my experience, for example, it's usually about 1%.

I mean, I do over 200 implants a year. So usually I get one or two guys a year, you know, that have an infection, but most of the time we're able to get them back without any problems.

That's awesome. What percentage of your patients have ED that's due to something like they've had prostate cancer, something physical versus psychogenic ED? Yeah, I mean, I don't know my own statistics. But yeah, it is very important to remember that there are different types of erectile dysfunction. For example, the one that's related to prostate cancer surgery, usually is what we call neurogenic erectile dysfunction, the nerves that go and innervate the blood vessels to bring blood flow into the penis, they are interrupted whenever the prostate is removed.

So that's what we call neurogenic erectile dysfunction. There's also vasculogenic erectile dysfunction. That's the most common one in older men.

That's when there's problems with blood flow either getting into the penis or the blood flow is not trapped inside the penis. And the way I describe this to my patients is like

imagine your penis being a bucket and you want that bucket to be filled with water. You either have problems with the faucet, you know, there's not enough water going into the bucket, or there's multiple tiny little holes around the bucket that don't allow the bucket to stay full.

And again, that's the vasculogenic. There's also hormonal erectile dysfunction that's usually related to low testosterone. And there's also the psychogenic, which is the most common in younger men, which can also happen in older men.

I have many guys, for example, who have Peyronie's disease and they have, you know, they've noticed that their penis is becoming deformed, they're developing a curvature, or narrowing or the penis is getting shorter. And now whenever they're going to engage in any sexual activity with a partner, they're mostly thinking about their penis rather than the partner. And if you're thinking about your penis, nobody wins that battle.

Sometimes I tell them like your penis is not LeBron James, you cannot try to pump it up and tell him to try to cheer him on. Usually, whenever you start thinking about your penis or focusing on, you know, anything besides the moment, you're not going to win that battle. And I have a friend, also a sexual health specialist.

Her name is Rachel Rubin. She mostly focuses on female sexual health. And she always has this analogy.

She's like, you could be in a five star hotel with your sexual fantasy. But if I put a tiger in the room, you're probably going to be thinking about the tiger is going to eat me. We have to try to do our best to take that tiger out of the room.

And that's when your techniques kind of like come into play. That's when I'm like you have to see Dr. Jamea. Exactly.

We have a similar analogy, which is that two zebras will not mate in the presence of a lion. And so definitely, if there's anything that is activating the nervous system or causing anxiety, the body's just not going to respond. You know, you can't trick it into it.

It doesn't have an on and off switch. So I have to ask, do people have a choice in the size of implant that they receive? Or is it custom for their natural penis size? Because I think, you know, a lot of times when people think of a penile implant, they're thinking of something that's cosmetic, that people are wanting to make their penises bigger, but that's not really what you do. However, I'm a little bit curious. How does that conversation go?

That is probably the number one question that we get from every single patient. It's like, hey, doc, so when or how do you determine the size? So what I tell them, and again, this is something completely functional. And what we're doing is we're placing the implant inside your body.

So just giving a little bit of anatomy for all our listeners, it's like the penis has different chambers. It has the two corporal bodies. And around those two corporal bodies, there's an elastic tissue called the tunica albuginea.

And that's, again, it's just like a sheath, elastic sheath that covers the two chambers that fill up with blood. So that sheath will only stretch out so much. And we're placing the implant within that sheath.

So what I tell guys is that when it comes to size, yes, it comes in different sizes because all penises are different, right? But what we do is at the beginning of the surgery, what I do is I inflate the, I put a needle through the side of the penis, and I start inflating it with saline just to stretch out that penis as much as possible. And when it's on stretch, that's when we make our measurements. And then we kind of have to put it custom to fit.

If it's too short, then the patient is going to have an unstable penis and the implant will be there, but they might have, the head of the penis might be all floppy. The other thing that can happen is if, I cannot put an implant that's too big for them, because again, that implant is a tissue expander. It would expand those tissues.

And if the implant is too big, that can eventually weaken the tissues and erode through. And we don't want that. So, but again, that is the functional penile implant.

There are other implants in the market that are mostly for cosmesis, but usually those are to add girth, not necessarily length to the penis, which is very important for men to remember. Because I get many calls every single day. I get calls like, hey doc, what can you do to get my penis longer? It's like, there's nothing out there that can get a penis longer.

Yes, there are things that can add girth, but nothing that will get you longer.

Right. No, and I think that's an important reminder to any penis owners who are listening, who may be self-conscious about their penis.

You know, especially when it comes to heterosexual sex, a lot of women don't necessarily want a penis that's too long because that can be really uncomfortable. And when it comes to female sexual pleasure, most of the nerve endings are located, you know, towards the exterior of the vaginal opening, which is why girth tends to be a little bit more pleasurable, tends to matter a bit more to heterosexual women. That is true.

And usually what I tell men, so whenever they want, it's like, hey doc, I want the biggest ones. Like, you remember you need to, you're going to stick it in somewhere and you don't want to get it too big. And then it's too painful.

And now you're coming back because we need to downsize you. So we always have to take into consideration our partner's interests as well when it comes to cosmetic

procedures.

And now do you do any cosmetic procedures or?

So right now what I'm offering is, I don't do it. Right now, I'm not offering any cosmetic implants. But what I do offer is cosmetic fillers, like dermal fillers. So the same thing that women get very often in their cheeks and their lips, we're using it for girth enhancement. And the good thing about it is, you know, I wasn't a believer before, believe it or not. But I went to a clinic in Dallas and I saw a guy who was a year out. And I touched the, I told, I asked the guy, I was like, can I touch it? And I touched it.

I looked at it. It's like, this looks like a completely normal, natural penis. And they did a really good job.

The guy was very happy. So I started offering to my patients and I've had really good success with it. It requires some homework for patients to do at home.

But if they follow their instructions, they can have a very good outcome.

Interesting. That's new information to me. I didn't know that that was an option.

Yeah. And what we use is hyaluronic acid. So again, it's something that's safe. It's reversible. I mean, we can always inject the enzyme to reverse the filler.

And it's that most of the time it's temporary, which many men can consider it as a disadvantage. I see it as an advantage because again, if you're not happy with it, it's not going to stay there forever. Right.

Right. That's the nice thing I think about fillers and those sorts of things is that a lot of times they're temporary. So if you hate it, no big deal. You just ride it out.

Yeah. But however, as opposed to lips and cheeks and all those things, usually they last longer. So that's an advantage.

Okay. No, that is a nice perk. Well, you said it yourself. I mean, we could have like five episodes on this. I feel like I'm looking at the clock now and I can't believe we're out of time, but I think this is a really interesting conversation.

I already know I'm going to have you back on the show to talk about more in terms of sexual health. So I want to thank you so much, Dr. Clavel for joining me today. I know this is going to be a popular episode and I look forward to talking to you next time.

Thank you for the invitation. I would love to be back and talk more about these topics.

Okay, great. I'm going to end the recording and then start a new recording.