GUIDELINES FOR THE SELECTION OF CANDIDATES FOR SURGICAL IMPLANTATION OF PENILE PROSTHESES

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) Directive establishes policy and procedures regarding the selection of candidates for surgical implantation of penile prostheses.

2. SUMMARY OF MAJOR CHANGES: This Handbook eliminates the mandate to consult with a Chaplain.

3. RELATED HANDBOOK: None.

4. RESPONSIBLE OFFICE: The Director**,** Surgical Service (111B), is responsible for the contents of this VHA Directive. Questions may be referred to 202-273-8505.

5. RESCISSIONS: VHA Directive 1102.1, dated July 27, 1997, is rescinded.

6. RECERTIFICATION: This document is scheduled for recertification on or before the last working day of March 2008.

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DISTRIBUTION: CO: E-mailed 3/11/2003
FLD: VISN, MA, DO, OC, OCRO, and 200 – E-mailed 3/11/2003

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1. PURPOSE

This Veterans Health Administration (VHA) Directive provides policy for the selection of candidates for surgical implantation of penile prostheses.

2. POLICY

a. It is VHA policy that penile prostheses will be surgically implanted only in those veterans recommended for this treatment alternative after careful review by a screening panel. Other methods enabling impotent patients to achieve erection and not requiring an implanted prostheses will be explored. The screening panel will consider these alternative methods prior to selection of candidates for surgical implantation of a prostheses

b. The development of alternative devices has made the treatment of male impotence with penile implants appropriate only in selected patients. Because of the many technical, medical and administrative factors that must be considered in selecting candidates for penile prostheses in the treatment of impotence, these alternative devices should be given strong consideration. The administrative direction is the responsibility of Chiefs, Surgical Services, or their designee.

3. ACTION

a. All candidates for this procedure must undergo careful review by a screening panel consisting of the Chief, Surgical Service, the Chief, Urology Section (or the involved Urologist), and a staff psychologist, psychiatrist, or psychiatric social worker with specialization in treating sexual disorders.

b. Objective evidence of organic erectile dysfunction must be presented to include non-invasive studies and failure to respond to intracavernous or appropriate medical treatment.

c. The operating surgeon (urologist) must be privileged in this surgical technique, knowledgeable in the choice of suitable candidates, and knowledgeable in the management of possible complications.

4. REFERENCES: None