General Commissioning Policy

Treatment	Penile Implants
For the treatment of	Erectile Dysfunction
Background	This commissioning policy is needed because penile implants are not routinely commissioned and are only considered via NHS Hull CCG Individual Funding Request (IFR) panel on the grounds of clinical exceptionality.
Commissioning position	NHS Hull CCG do not routinely commission penile implants (prostheses) for treating erectile dysfunction (ED). Funding will only be considered by NHS Hull CCG Individual Funding Request Panel (IFR) where exceptional clinical circumstances are demonstrated. These might include men with sexual dysfunction after radical treatment for prostate cancer[3]. Requests must be submitted by a Consultant Urologist and must provide details of all clinical problems associated with the ED, treatments tried and outcomes to date. To be eligible for consideration for a penile the patient must comply with 3 or more of the following criteria: 1. The ED is a consequence of a severe structural condition such as Peyronie's disease, post-priapism or complex penile malformation OR is associated with one of the following medical conditions : • Diabetes • Multiple Sclerosis • Parkinson's Disease • Poliomyelitis • Prostate Cancer • Prostatectomy • Radical Pelvic Surgery • Severe Pelvic Injury • Renal Failure treated by dialysis or transplant • Single Gene Neurological Disease • Spinal Cord Injury • Spina Bifida 2. Where applicable, risk factor modification and lifestyle changes such as losing weight, stopping smoking, reducing alcohol consumption, and increasing exercise have all been tried and have failed to improve the condition. (Advice and support is available from the Sexual Dysfunction Association www.sda.uk.net). 3. Appropriate psychological, urological or endocrine assessments have been carried out and have excluded a treatable underlying psychogenic or hormonal cause or physical abnormality. 4. First line treatment with at least two phosphodiesterase-5 (PDE-5) inhibitors (Sildenafil, Tadalafil, Vardenafil), regardless of suspected cause, or testosterone replacement therapy or combination therapy with testosterone

	Committee – Guidelines for the management of erectile dysfunction in Primary Care Device is contraindicated or has been ineffective. 6. Second line treatment with intracavernous injection therapy and intraurethral alprostadil is contraindicated or has been ineffective. 7. Patients must be medically fit for surgery and accept potential complications of infection, erosion and mechanical failure which may need re-operation.
Effective from	February 2016
Summary of evidence / rationale	Erectile dysfunction (ED) is defined as the persistent inability to attain and maintain an erection sufficient to permit satisfactory sexual performance. It is more common in older men, affecting about half the male population of 40–70 years of age. There is considerable evidence that adequate levels of testosterone are required for ED therapies, especially phosphodiesterase type 5 (PDE5) inhibitors, to achieve maximal response and in many cases normalisation of testosterone levels can restore erectile function. PDE5 inhibitors are effective in approximately 75% of patients, but for non-responders alternative therapies are available including vacuum erection devices, intracavernous or intraurethral injections, or as a possible third line therapy, a penile implant. NICE CG 175 includes the following advice on managing sexual dysfunction following radical treatment for prostate cancer: 1.3.31 Ensure that men have early and ongoing access to specialist erectile dysfunction services 1.3.32 Offer men with prostate cancer who experience loss of erectile function phosphodiesterase type 5 (PDE5) inhibitors to improve their chance of spontaneous erections 1.3.33 If PDE5 inhibitors fail to restore erectile function or are contraindicated, offer men vacuum devices, intraurethral inserts penile injections, penile prostheses as an alternative or approved topical treatments. A Cochrane Review from 20074 mainly covered the effectiveness of PDE5 and did not mention penile implants.
Date	February 2016
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Related NHS Hull CCG Policy:

References:

1. NHS Evidence - Clinical Knowledge Summaries ; Erectile Dysfunction
http://cks.nice.org.uk/erectile-dysfunction

2. Guidelines on the management of erectile dysfunction, British Society for Sexual Medicine (BSSM) 2009.
http://www.bssm.org.uk/downloads/BSSM_ED_Management_Guidelines_2009.pd

3. NICE CG 175 Prostate cancer: diagnosis and treatment January 2014
http://www.nice.org.uk/guidance/cg175/chapter/1-recommendations

4. Interventions for sexual dysfunction following treatments for cancer. Cochrane Review 2007
http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD005540.pub2/abstract

5. Hull & East Riding Prescribing Committee (HERPC) Guidelines for the Management of Erectile Dysfunction in Primary Care (March 2015)
http://www.hey.nhs.uk/herpc/guidelines/erectileDysfunctionManagement.pdf