The physical, social and psychological changes resulting from aging have a significant impact on the sexuality of both men and women.1-5 Among men, erectile dysfunction (ED) is a common cause of impaired quality of life. In the last decades, an arsenal of alternatives has been developed to deal with this problem. Local drugs such as injectable or intraurethral prostaglandins, systemic agents such as phosphodiesterase inhibitors, and mechanical methods including vacuum constriction devices are among the possibilities of non-surgical intervention. For cases in which vascularization or penile innervation is compromised, surgical treatment of ED is indicated involving placement of a penile implant.5 The two types of implants available are semi-rigid and inflatable, differing in cost and functional outcome.

As for women, climacteric corresponds to a period of transition marked by estrogen decline (hypoestrogenism). It is characterized by physical, metabolic and psychological changes with negative repercussions in the psychosocial domain and in sexuality.1-4 Culturally, society has stigmatized menopausal women in relation to their sex life. However, with the advent of hormone therapy and career advancement of many women, this perception has changed and sexual interest at this stage of life has once again been accepted.1-4

Couples therapy can be a useful tool for dealing with psychological and behavioral factors that hinder the marital bond and consequently sexual satisfaction.1-4 Thorough evaluation and sexuality counseling are fundamental for the prevention of negative impacts of a penile implant on the couple’s relationship.

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