

Peer review file

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Reviewer A

Comment 1: The grammar needs minor revision throughout the paper. It would also be helpful to have a table summarizing the studies regarding IPP pain management.

Reply 1: We have proofread the manuscript for grammatical errors prior to submission. We thank this reviewer for the suggestion of a table laying out the various IPP pain management studies and agree that its inclusion strengthens the review. We have created this table at the reviewer's suggestion.

To aid the reviewer, we include the table below (see page 21, line 1):

Table 1: Summary of Penile Prosthetic Pain Management Studies

Study	Year	Intervention	Sample Size	Outcome Measures
Ghanem (24)	2000	Infra-pubic block, penile ring block	159	Requirement of additional anesthesia
Hsu (25)	2004	Proximal dorsal nerve block with crural block	137	VAS Score
Hsu (26)	2013	Acupuncture plus proximal dorsal nerve block or crural block	128	VAS Score, requirement of additional anesthesia
Raynor (27)	2012	Dorsal penile nerve block	30	VAS Score
Cotta (28)	2016	Peri-incisional block, bilateral cord blocks, injection into reservoir space, corpora and pump space with liposomal bupivacaine	37	Postoperative pain scores and standardized morphine equivalent use
Gurkan (29)	2016	Spinal Anesthesia +/- ultrasound-guided penile nerve block	40	Postoperative morphine consumption and VAS Score
Xie (30)	2018	Dorsal penile nerve block and penile ring block	131	VAS Score
Brennan (32)	2019	Anesthetic implant dip	49	VAS Score
Tong (42)	2018	Dorsal penile nerve block with pudendal nerve block, MMA protocol	57	VAS Score and morphine equivalent use
Lucas (43)	2020	Dorsal penile nerve block with pudendal nerve block, MMA protocol	203	VAS Score and morphine equivalent use

Reviewer B

This manuscript presents an excellent opportunity to highlight the need for investigations regarding the use of regional blocks for both intraoperative and postoperative pain control. It is common practice to use intrathecal anesthesia in many prosthetic practices. While numerous studies exist detailing penile prosthesis implantation under local anesthesia, there are no comprehensive studies comparing regional pain control to standard methods in prosthetics.

Reviewer C

Comment 1: Intraoperative analgesia. “They found that men with drains left inflated had higher post-operative phallus pain scores and while drain output was increased in patients with a deflated implant, they found no difference in infection rate or hematoma formation.” This sentence as written is confusing. I suspect that the authors mean “men with cylinders left inflated ...”

Reply 1: We acknowledge that was an error. The sentence now reads as the reviewer suggested (see page 11, line 15-18).

Comment 2: I think the overall strength of the review could be improved with a summary table or figure which shows available options at each phase of treatment.

Reply 2: We agree with the reviewer’s suggestion that a table summarizing the available treatment options organized by phase of operative care would be beneficial in this manuscript. We have created a table summarizing these options.

To aid the reviewer, we include the table below (see page 22, line 1):

Table 2: Pain Management Options for Penile Implantation Surgery

Phase of Operation	Treatment Options
Preoperative	Neuromodulators <ul style="list-style-type: none">• Gabapentin 300mg x1• Pregabalin 50-150mg Non-Steroidal Anti-Inflammatory Drugs <ul style="list-style-type: none">• Meloxicam 7.5mg• Celecoxib 200mg• Ibuprofen 400mg Other Medications <ul style="list-style-type: none">• Acetaminophen 975-1000mg
Intraoperative	Local Anesthesia <ul style="list-style-type: none">• Dorsal Penile Nerve Block• Penile Ring Block (+/- Ultrasound Guidance)• Peri-incisional Block with Bilateral Spermatic Cord Blocks

	<p>Regional Anesthesia</p> <ul style="list-style-type: none"> • Pudendal Nerve Block • Crural Nerve Block • Spinal Anesthesia <p>Intraoperative Technique</p> <ul style="list-style-type: none"> • Anesthetic Implant Dip • Sub-maximal Device Inflation
<p>Postoperative</p>	<p>Neuromodulators</p> <ul style="list-style-type: none"> • Gabapentin 300mg three times daily • Pregabalin 50-150mg two times daily <p>Non-Steroidal Anti-Inflammatory Drugs</p> <ul style="list-style-type: none"> • Meloxicam 7.5mg daily • Celecoxib 200mg two times daily • Ibuprofen 600mg every 6 hours • Ketorolac IV 7.5-15mg every 6 hours <p>Other Medications</p> <ul style="list-style-type: none"> • Acetaminophen 975-1000mg every 6 hours
<p>**Medications must be renal-dosed in select patients</p>	