

Surgical Techniques

Minimally Invasive Infrapubic Inflatable Penile Implant

Paul E. Perito, MD

Perito Urology, Coral Gables Hospital, Miami, FL, USA

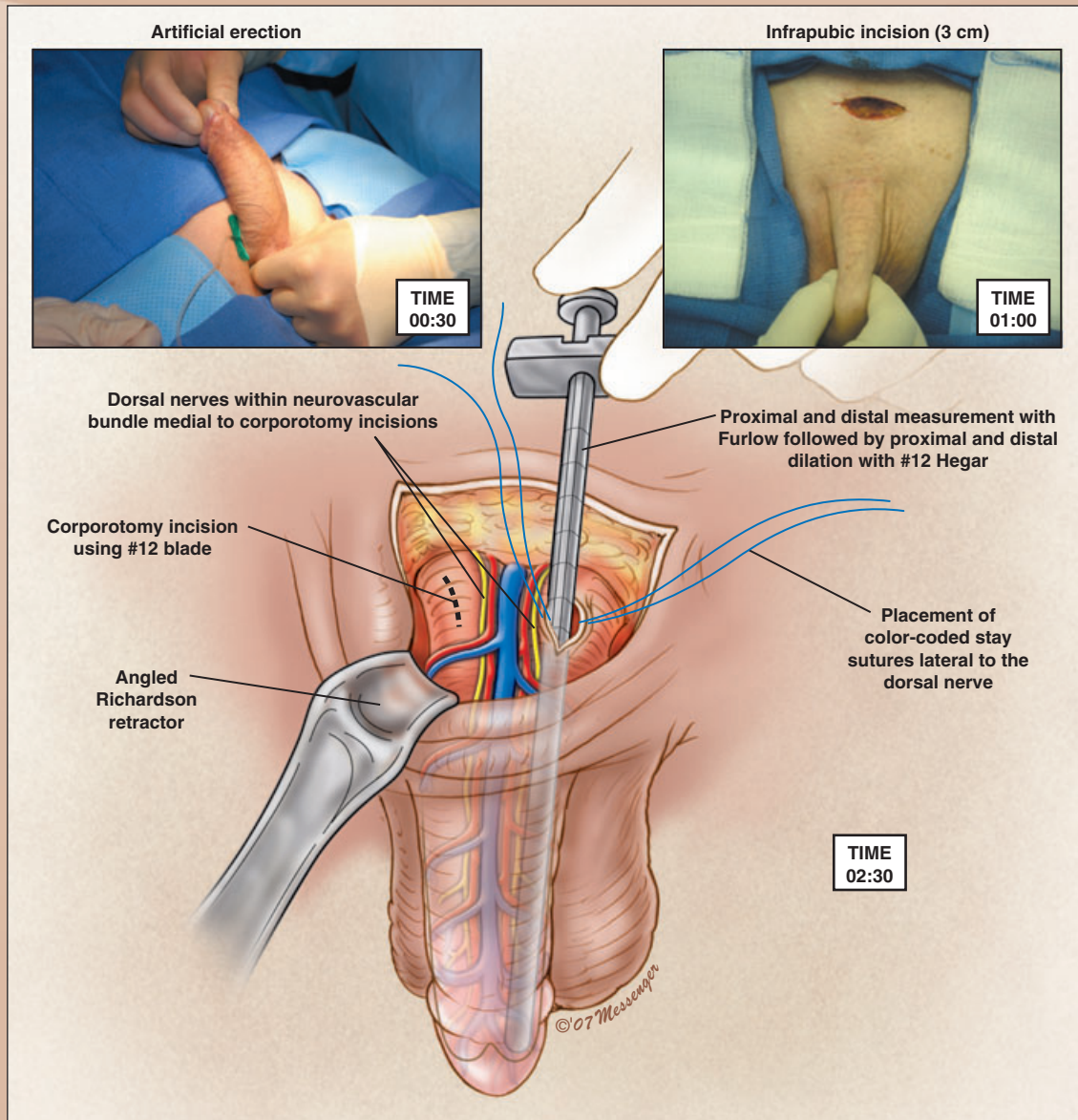


FIGURE 1

A surgical procedure was developed, designed to minimize time and maximize efficiency. The hope is that this procedure reduces the morbidity of penile prosthesis implantation. In all drawings, the primary skin incision will be represented larger than reality in order to facilitate schematic identification of vital structures. The artificial erection serves three purposes in expediting the implant process: (i) identify pathology needing correction; (ii) “true” dilation of the corpora supplanting serial dilations; and (iii) facilitate the identification of the dorsal nerve and lateral placement of stay sutures. The 1.5-cm corporotomy accommodates the widest part of the implant.

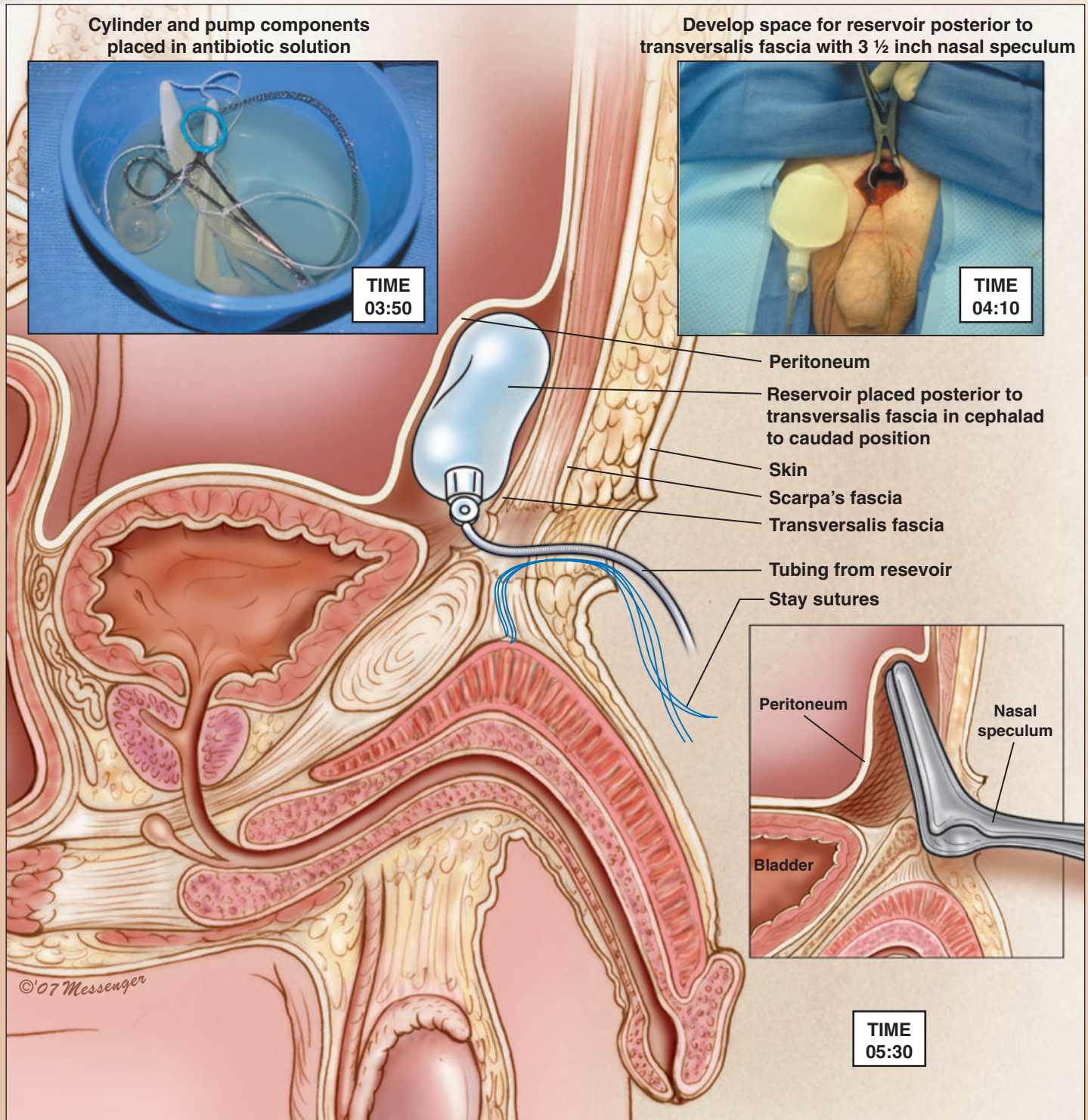
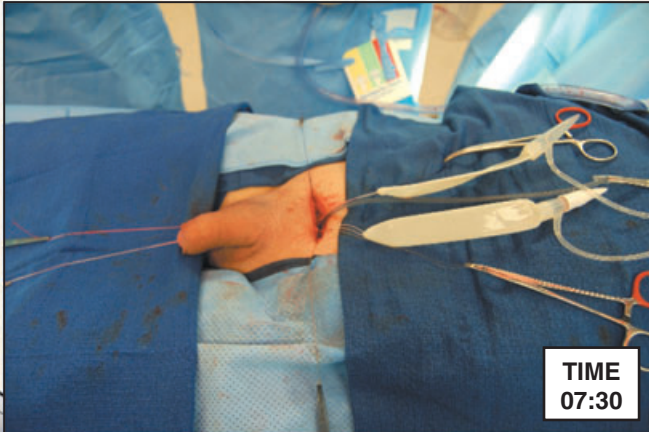


FIGURE 2

While creating the space for the reservoir, the implant is soaked in antibiotic fluid. By pointing the blunt-tipped nasal speculum toward the ipsilateral shoulder, the surgeon can atraumatically develop this space with the reservoir running from cephalad to caudad. Care should be taken not to torque the lockout mechanism thus rendering it nonfunctioning.

“Retractorless” retractor utilizing stay sutures for exposure for cylinder placement



Rapid inflation to check functional and cosmetic result

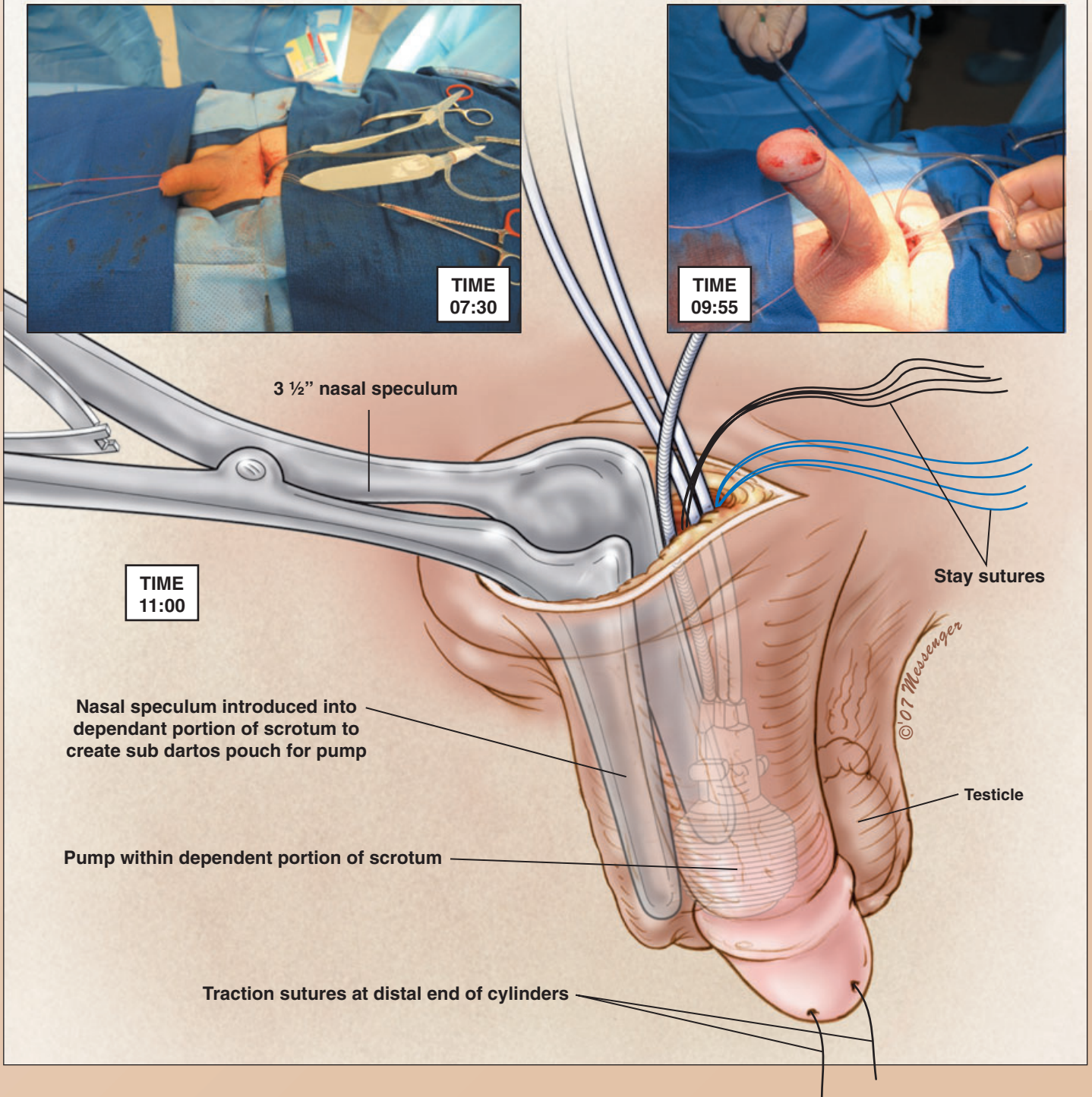


FIGURE 3

The previously placed stay sutures assist in exposure during the placement of the cylinders. At the time of the rapid inflation, any molding or measurement changes can be completed. One should avoid using rear tips whenever possible. This will preclude any hinging of the implant while maximizing the axial strength of the cylinder. Once again, the nasal speculum is utilized, this time, to develop the subdartos pouch.

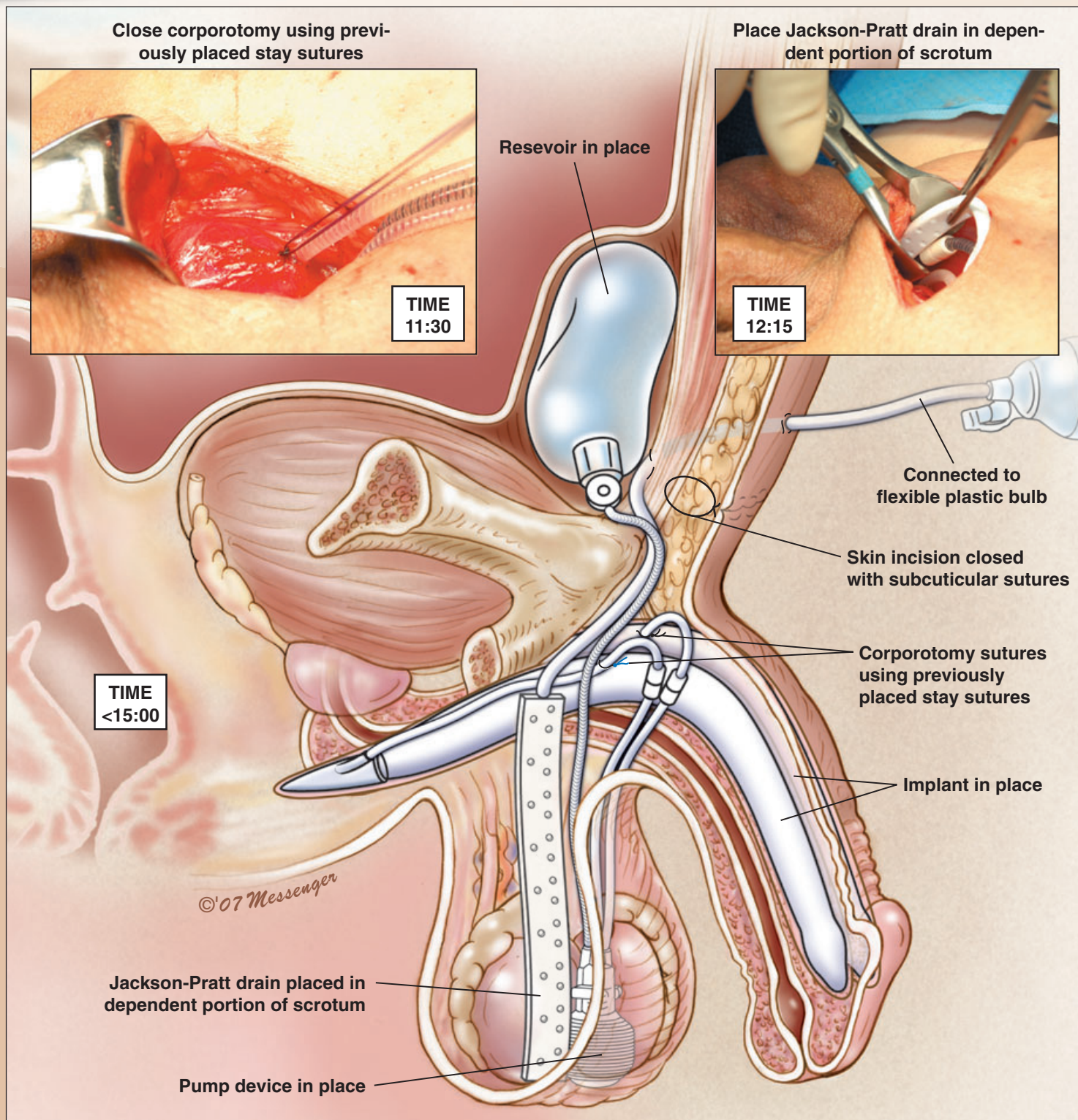


FIGURE 4

The previously placed stay sutures are usually all that are needed for a watertight closure. Regardless, Jackson-Pratt drains routinely drain between 75–100 ml and are removed on the following morning. Retrograde contamination in the negative pressure drain system has not been demonstrated. Postoperative pain and swelling are minimal.