

The Penile Implant:

A step-by-step approach to optimizing even the toughest penile implant cases.

**Tips for successful surgery and
managing patient expectations**

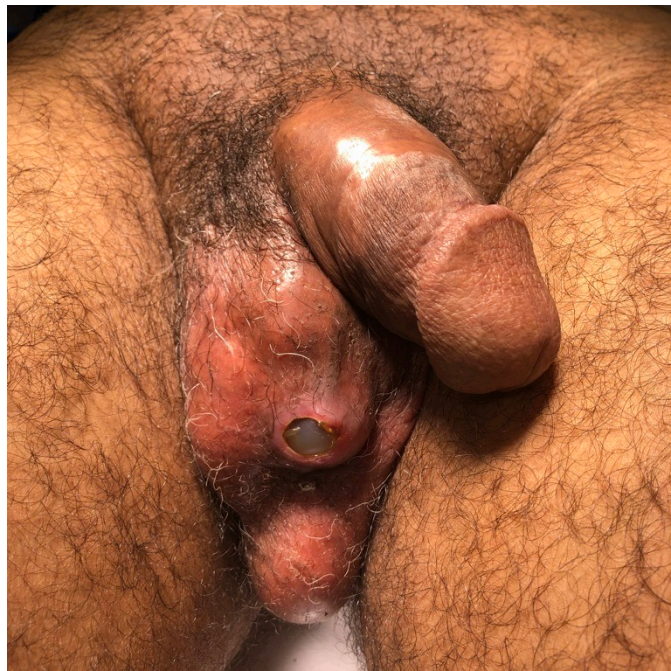
Jackson Hole Seminars
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Disclosures

- Boston Scientific grant support for fellowship

GOOD MORNING!



Penile implant infections are uncommon but devastating.

Modern series
1-4% risk.

Patient
preparation
critical for
success.

Surgical
technique also
critical.

When even the
best case ends
in infection, you
have options.

Tips for a good pre-op:

- Get blood sugars optimized, no absolute cut off for HbA1C in literature, but I use it as a good indicator of compliance; if they're motivated to have a good outcome, men will decrease A1C.
- No smoking
- Pre-op prep with chlorhexidine 2 days prior to procedure and morning of procedure
- Encourage good protein intake to optimize wound healing

Steps to prep and drape

- Start with hair removal, clippers or razor—whatever hospital requires
- Nerve block
- 5 minutes chlorhexidine site scrub and dry with laps (towels leave lint behind).
- ChloraPrep™ double prep
- Draping the surgical field with impermeable drape
- Insert foley + Irrisept irrigation
- Change gloves and re-prep



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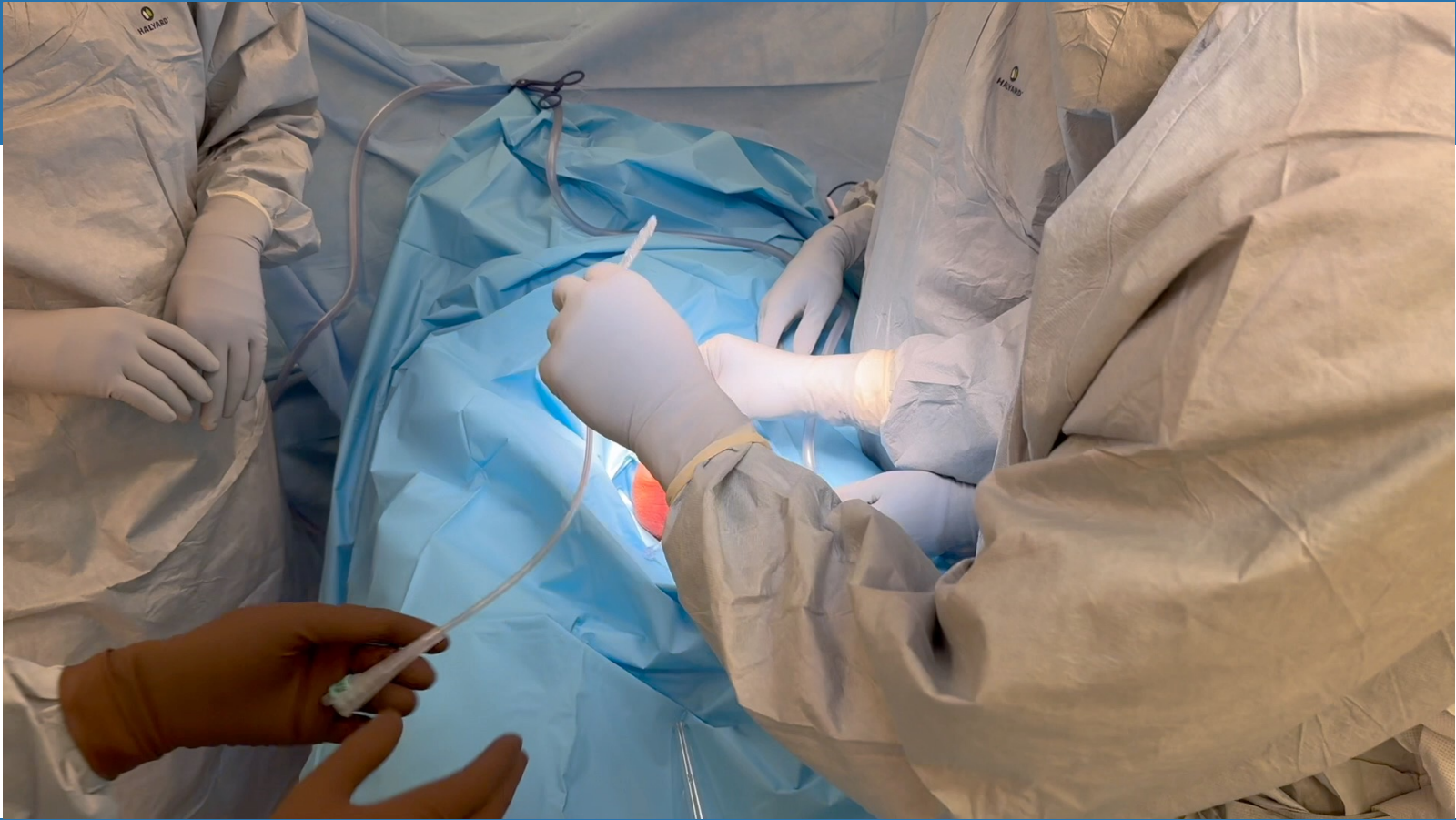
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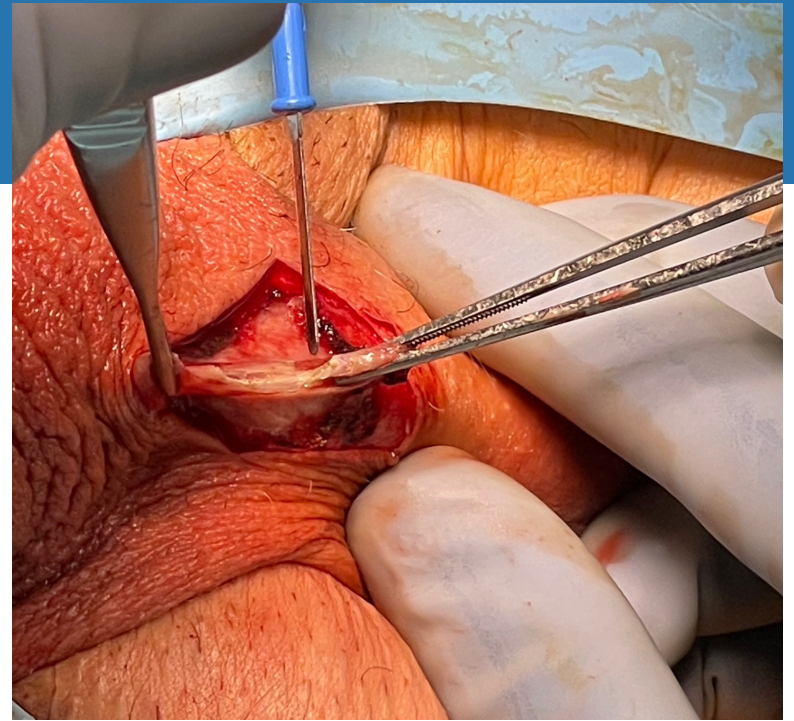
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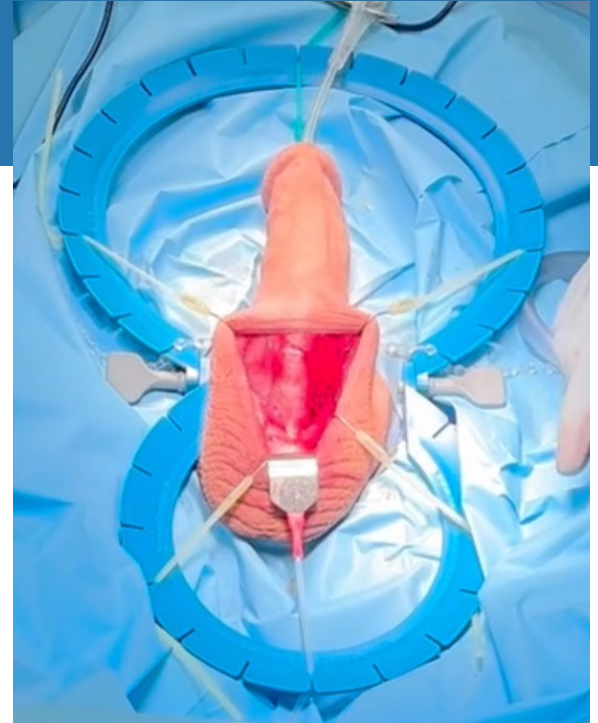
Tips for a smooth procedure

- Stepwise breakdown:
 - Incision
 - Gently pick up Foley with atraumatic forceps
 - Retractor when you get to the wispies
 - Corporotomy: PDS 2-0 CT1: stay proximal!
 - Dilate one pass and measure
 - Reservoir
 - Place implant, tie corporotomies and connect optimal tubing length
 - Place pump and close



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Not an infection!



Managing the threatened implant

- Principles still apply:
 - Fever with open wound, explant, washout, fight another day
 - Open wound with exposed components, explant, washout fight another day
 - Any purulence, explant, washout, fight another day
 - Urethral involvement

What can you observe?

- Swelling, erythema
- Superficial open wound, no components showing, non-compromised patient.
 - See weekly, salt or Irrisept irrigation, triple antibiotic ointment
 - No peroxide, alcohol on wound
- Delayed hematoma, closed incision

Is there a role for salvage in 2024?

- Some thought to explant, placing malleable as spacer and delayed reconstruction.
- If indolent infection, washout, replace with new IPP.
 - Thankfully, I have a limited series but that series has not worked as well.
- What is ideal time to go back in?
 - No clear guideline, I recommend VED once he can tolerate and re-operate in 4-6 weeks.

Thank you!



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