

The 6 Key Steps to Trainee Implant Success

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The trick to flying a plane is
a simulator











"Nurse, get on the internet, go to SURGERY.COM, scroll down and click on the 'Are you totally lost?' icon."



Essential Training Steps

- *Patient selection/informed consent*

Complication	Incidence	Comment
Anal Malfunction (AMS)	10.3%	Long-term data, AMS CX/C XM (91.5-month median follow-up)(11)
Anal malfunction -Coloplast (early Mentor)	0.8–3.1 %	5-year survival data; 0.8% first 3.5 years, then 3.1 % yearly thereafter(12)
Anal Crossover	Common intraoperative finding	Avoid inadvertent inflatable device perforation by not placing cylinders until needles are through glans on opposite side
Anal Perforation	1–11 % (distal)	Proximal perforation less common(13, 14)
Rectal Perforation		More common in redo/fibrotic cases (12)
Urethral Perforation	0.68–1.06%	Inhibizone or hydrophilic coated devices; 6 months and 1 year, respectively(15, 16)
Urethral Bowing (SS T)	Up to 10%*	*Based on one group's experience (17)
Vaginal herniation	0.7%	Limited to the penoscrotal approach (18)
Venous thrombosis	Extremely rare	Reservoir compression of pelvic vessels due to lateral displacement (19)
Vaginal erosion into adjacent structures	Extremely rare	Previous major abdominal pelvic operation predisposing factor (16, 20, 21)



Essential Training Steps

- *Skin prep/shave*



Essential Training Steps

- *Dilatation/measurement*









Essential Training Steps

- *Placement of the reservoir*



Essential Training Steps

- *Placement of the valve pump*



Essential Training Steps

- *Recognition of complications*







