Alternative reservoir placement

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Reservoir Placement Is Single Most Feared Maneuver In IPP Placement

Disastrous complications; vessel & viscus injury
Physicians select low lying fruit
Urologists are a population of

OCCASIONAL
RELUCTANT
IMPLANTERS

You know you’re not the first but do you really care
Delayed erosion of the reservoir into adjacent organs
Alternative Locations for Reservoirs

“There are many bad things that live in the space of Retzius”

Let’s give reservoir placement another chance.

25 y ago Schreiter promoted intraperitoneal reservoir to prevent auto inflation
1998 Mentor invented “lock-out” valve
2001 “Ectopic” reservoir placed with finger
2008 Subscarpa’s placement
2009 Nasal speculum placement
2013 Publication of “high submuscular”

1. never published
Schreiter’s Intraperitoneal Reservoir

“In the old west did they really cut for the bullets like in the movies?”

Foreign body stimulates capsule everywhere except peritoneal cavity. Tight capsule stimulated “auto inflation” or failure to completely deflate. In 90’s Schreiter, Europe’s largest implanter promoted intraperitoneal. Actually, very few reported problems with intraperitoneal placement.
Wilson’s IPP & AUS Ectopic Reservoir Placement

This technique was designed for use in cystectomy patients before the days of Robotic prostatectomy. It never gained much traction since it was plagued by palpability of the reservoir and frequent reservoir hernia in the groin.

AUS: Wilson et al Urology 2006
But the speculum is only 80mm (3.5”) long and it’s not high enough
To prevent occasional hernia or palpability

Trans-scrotal approach demonstrating position of reservoir directed at ipsilateral shoulder of the patient with long ring forceps. External ring is identified and a space is created with blunt dissection between transversalis fascia and rectus abdominus muscle (intrafascia placement) above the external oblique muscle (subscarpa’s fascia placement).
Robotic prostatectomy does not replace peritoneal “veil”
Flat reservoir usually not palpable
No auto inflation because of lock out valves
Presently considered “off label” use by FDA
AMS conceal reservoir versus regular reservoir, 2/2011

Coloplast Clover Leaf Reservoir versus regular reservoir, 5/2011
The reservoir (either Cloverleaf® by Coloplast or Conceal® by AMS) is grasped with rubber shodded ring forcep and directed cephalad towards the direction of the ipsilateral shoulder. There should be a relative avascular plane with no or little appreciable resistance on reservoir passage.
A small curve Deaver retractor retains the trajectory for the rubber shoed ring forceps to be inserted as high as possible aim towards the ipsilateral shoulder.
The ectopic reservoir placement is completed.
Completed implantation of 3 piece inflatable penile prosthesis with sub-Scarpa’s reservoir before and after full inflation demonstrating no cosmetic deformation of the anterior abdominal wall.
Sub-scarpa facia placement of reservoir

For patients who have multiple abdominal/pelvic surgeries, but only accept three piece IPPs.
Morey’s High Submuscular Placement of Reservoir

Reservoir is placed high & medially under rectus
80% not palpable, >90% not annoying
No hernias, No viscus injury, -- safe and easy to do

Reservoir Placed Anterolateral To Inferior Epigastric Vessels
“jaws of clamp does no harm to reservoir or balloon”
<table>
<thead>
<tr>
<th>Surgeries</th>
<th>Number of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radical cystectomy</td>
<td>20</td>
</tr>
<tr>
<td>Colon cancer surgery with colostomy/colostomy take down</td>
<td>10</td>
</tr>
<tr>
<td>Pelvic sarcoma resection</td>
<td>4</td>
</tr>
<tr>
<td>Surgeries for bowel necrosis</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>35 (before 2012)</strong></td>
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All IPP reservoir placements are done ectopically now since 2012.
Ectopic reservoir placement is the preferred surgical technique now.

Simon et al, J Sex Med 2014 (Epub)
Morey Wilson Movie on Ectopic Reservoir
Cadaver Study of Ectopic Placement Shows Reservoir Displaces Toward Peritoneum Not Outward: Less Palpable