FINDING THE SPACE IN SCARRED TISSUE
16th World Meeting on Sexual Medicine

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Size Matters

Oh darling, when you said small gift, I thought you were going to unzip your pants.
The Greatest Challenge In The Most Miserable Patients

“A Surgical Victory, But, Patient Is Still Unhappy”

The good news is the down-sized implant stretches the fibrosis! Later, substitute standard sized implant.
Fibrosis Worse Distal after Priapism
Fibrosis Worse Proximally after Implant Removal

“The Most Difficult Challenge in Prosthetic Urology”
Occasional Implanters Have POOR Chance of Success
Multiple Surgical Techniques Described in Literature

- Multiple incisions, minimal scar excision
- Extensive corporotomy, variety (15) of graft coverage
- Extensive corporotomy with excavation of scar
- Endoscopic resection of scar
- Tunnel Technique first described in 1995

Images courtesy DK Montague

Inability to Close Corpora Results in Graft Necessity

Tunnel Technique

Drills a tunnel through scarred corporal tissue with special instruments. Grafts are not necessary.

References:
Problems I Have Seen After Excision & Grafting

Proximal & Distal Perforation

Infection graft

Infection prosthesis

Cylinder aneurysm

Necrosis and graft infection not seen with the Tunnel Technique

Glans Necrosis

Infection graft

Infection prosthesis
New Equipment Increases Implantation Success

“New” Wilson Retractor
Equal diameter rings, rake retractors
Baby Deavers, less stretch on stays
Ectopic Reservoir Insertion Clamp
Backward Cutting Scissors
If You Can Find One of These???

“Old” Otis Urethrotome – Not available commercially for last 10 years

Popularized by Mulcahy JJ
Keys to Successful Implantation
Downsized cylinder bases

<table>
<thead>
<tr>
<th>Cylinder base diameter</th>
<th>Sizes in cm.</th>
<th>diameter</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMS 700 CX, LGX</td>
<td>12, 15, 18, 21,</td>
<td>11 mm</td>
</tr>
<tr>
<td>AMS 700 CXR</td>
<td>10, 12, 14, 16, 18</td>
<td>10 mm</td>
</tr>
<tr>
<td>Coloplast Titan NB</td>
<td>11, 14, 16</td>
<td>9 mm</td>
</tr>
<tr>
<td>Coloplast Titan</td>
<td>16, 18, 20, 22</td>
<td>12 mm</td>
</tr>
</tbody>
</table>

Exit tubing from corporotomy because often impossible to dilate beyond 10 or 11 particularly in removal for infection pts.

Coloplast new 0º easiest to insert in scared corpora
Cylinders are like fish: the longer the better. BUT … in these difficult cases you must use RTE to build up the base so tubing exits corporotomy.

Tunnel Technique requires:
Extensive corpororotomies
Base of cylinder built up so tubing exits corporotomy
Keys to Successful Implantation
Specialized Equipment Utilized in Tunnel Technique
Surgical Keys to Successful Implantation: Proximal Corporal Exposure, Extension of Corporotomy, Address Complications, Scrotoplasty, Eventual Substitution, Standard Cylinders
Keys to Successful Implantation
The Deaver Maneuver to Expose Proximal Corpora
Keys to Successful Implantation
Cavernotomes Require a Space to Engage Teeth
Advance in an Oscillating Motion
Intraoperative Problems Seen After Tunnel Technique

Intraoperative Complications Problems in 62 patients

- Urethral laceration 1 (2%)
- Can't dilate one side 1 (2%)
- Proximal corporal perforation (corrected) 24 (39%)
- Distal corporal perforation (corrected) 5 (8%)
- Crossover proximal or distal (corrected) 8 (13%)

Total complications 39 (63%)
Uncorrected complications 2 (4%)

Etiology: priapism (26%) or removal infected IPP (74%)

Intraoperative problems common but most can be fixed at surgery.

Proximal Perforation Very Common In Fibrosis Cases
Repair With RTE Suture Sling

corporotomy
Postoperative Complications Seen After Tunnel Technique

<table>
<thead>
<tr>
<th>Post Op complications</th>
<th>≤ 4 months (n=30)</th>
<th>≥ 4 months (n=32)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Device infection</td>
<td>0</td>
<td>2 (7%)</td>
</tr>
<tr>
<td>Erosion cylinder into urethra</td>
<td>0</td>
<td>1 (3%)</td>
</tr>
<tr>
<td>Impending cylinder erosion through skin</td>
<td>2 (7%)</td>
<td>1 (3%)</td>
</tr>
<tr>
<td>Total post op complications</td>
<td>2 (7%)</td>
<td>7 (22%)</td>
</tr>
<tr>
<td>“penis not long enough”</td>
<td>14 (47%)</td>
<td>25 (78%)</td>
</tr>
</tbody>
</table>

“*The earlier the intervention, the easier & less complications*”
Scrotoplasty & Circ. Improve Looks After Tunnel Technique

The fibrotic replacement of tissue shrinks penis increasing foreskin redundancy
Scrotoplasty (ventral phalloplasty) Helps Appearance
16 cm CX Cylinder


(Wilson SK, Mulcahy JJ. J Sex Med 2006; 3: 736)

Difficult Reinsertion
NB cylinder 14 cm

I am amazed these fibrotic old penises will stretch

19 cm IPP removed for infection

Thanks for your attention

Difficult Reinsertion
NB cylinder 14 cm

After 1 year Cylinder Too Short = SST

Cylinder