

Intra-facial Placement of the Penile Prosthesis Reservoir: A Novel Technique for the High Risk Patient

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INTRODUCTION:

- Bowel or bladder injury during placement of a penile prosthesis reservoir can be a devastating complication.
- Certain patients, such as cystectomy patients or those with multiple abdominal surgeries, are known to be much more susceptible to this complication.
- We present a novel technique of an intra-facial placement of the penile prosthesis reservoir to mitigate the risk of bowel or bladder injury.

MATERIAL AND

METHODS:

- A retrospective review from 2 institutions of patients who underwent placement of a penile prosthesis and who had an intra-facial placement of the reservoir was conducted.
- Data recorded from the charts included reasons for why the intra-facial technique was used, intra-operative and post-operative complications, implant functional results and overall patient satisfaction with the procedure.

Intra-facial placement of the penile prosthesis reservoir:

- Patients all underwent an infra-pubic penile prosthesis placement with the Titan OTR prosthesis (Coloplast).
- During placement of the reservoir, the external ring was first clearly identified.
- The rectus fascia anterior to the spermatic cord was identified and then split using a fine tip tonsil.
- In the intra-facial space a nasal speculum was directed towards the ipsilateral shoulder to make a space.
- Once the space was developed, a 60cc reservoir was placed. **Figure 2**

RESULTS:

- Eight patients had an intra-facial placement of the penile prosthesis reservoir.
- The average age was 56 years old (range 33 to 74 years).
- Seven of the 8 patients had an iatrogenic cause of ED (ie pelvic or abdominal surgery).
- Six of the 8 patients were considered high risk for placement of the reservoir.
- Of the 8 patients, 3 patients had a history of an abdominoperineal resection and a history of a colostomy, 2 patient had prior history of a cystoprostatectomy (one with ileal loop and the other with a neobladder), one patient was a paraplegic with a history of an augmentation cystoplasty, and 2 patients had a prostatectomy.
- There were no intra-operative complications.
- Two post-operative complications included persistent inguinal pain in 1 patient, which resolved after 2 weeks, and infection of the penile prosthesis, which resulted in salvage of the prosthesis 9 weeks later.
- None of the patients complained of a palpable reservoir and there were no cases of auto-inflation.

CONCLUSION:

- The intra-facial placement of the penile prosthesis reservoir offers a safe and effective way in placing the reservoir, particularly in high risk patients.

Figure 1.

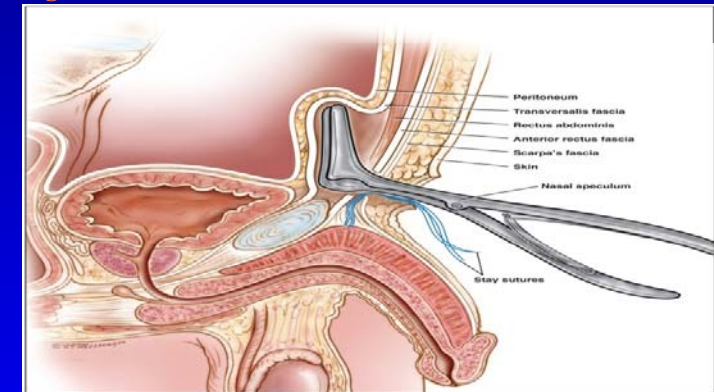


Figure 2.

