

Objective:

Currently, the two well-documented methods of preventing a post implant scrotal hematoma are a closed-suction drain or a "mummy wrap." A novel technique to facilitate reliable and safe cylinder placement with minimal postoperative scrotal swelling is described along with patient outcomes.

Materials and Methods:

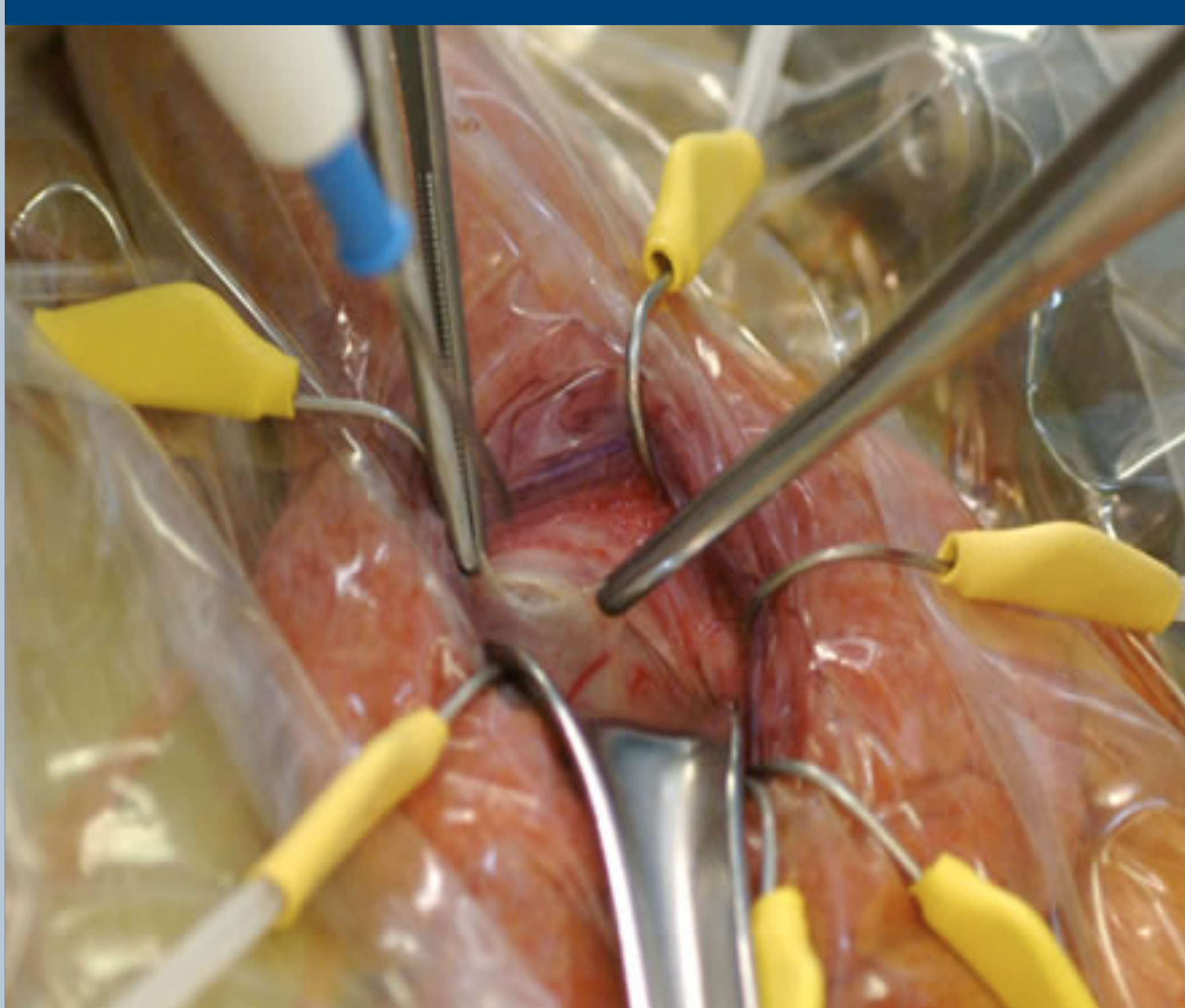
217 patients underwent placement of an inflatable penile prosthesis (IPP) through a peno-scrotal approach utilizing the prior described "no touch" technique. During each corporotomy closure, 5cc of Surgiflo® hemostatic matrix was injected into each corporotomy just prior to tying down the last knot of our running stitch. This allowed for optimal placement of the agent. With hemostasis achieved, we completed the procedure without placement of a drain or wrap.



The 3M 1012 drape is used to loosely drape the operative field after a sterile Scott retractor and iodophor drape are employed



A small fenestration is made in the drape and blunt hooks are used to attach the fenestration to the scrotal incision and retract the cut edges. The entire operation will take place through this minimally invasive exposure



The cylinders are placed into each corpora cavernosa. The corporotomies are closed primarily using 3-0 PDS suture. Before the last stitch is tied down, the applicator tip is inserted into the corporotomy.



5cc of hemostatic matrix is inserted into each corporotomy while the assistant holds up the two ends of the suture. Once the matrix is inserted, the applicator tip is gently removed while the assistant ties down the last stitch quickly so as not to lose any matrix from the corporotomy.



Results:

From 2012 to 2013 there were no intraoperative complications with regards to the cylinders, pump, tubing, or reservoir. Follow-up for each patient was at 6 weeks, 3 months, 6 months and out to one year. Of the 217 implants there have been zero infections and a noticeable decrease in postoperative scrotal swelling, edema and hematoma formation at the above follow-up office visits.

Conclusion:

The application of a hemostatic matrix into each corporotomy during corporotomy closure is a safe and useful alternative to traditional drains or wraps. Performing even difficult removal and replacement IPPs is possible with this technique, and the reduction in hematoma formation will reduce the opportunity for implant infection.

