Simultaneous Placement of an Inflatable Penile Prosthesis and Correction of Peyronie’s Curvature: A Subcoronal Incision Allows Ideal Access

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Ideal Access Using a Subcoronal Incision

- Pts with erectile dysfunction or Peyronie’s disease may require surgical treatment

Overt trauma or microtrauma to the tunica albuginea during penetrative sex, combined with abnormal wound healing leading to formation of scar/plaque
Ideal Access Using a Subcoronal Incision

Reliable, safe, high degree of patient satisfaction
Ideal Access Using a Subcoronal Incision
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Just Imagine only 18mm of girth in this big boy
Ideal Access Using a Subcoronal Incision

- ED present in 20-50% of pts with Peyronie’s

- Severe ED + Peyronie’s dz = IPP

- IPP often corrects curve, but more severe curves require concurrent adjunct procedures
Ideal Access Using a Subcoronal Incision

• Separate incisions?

• Drs Robert Valenzuela and Paulo Egidio

• Single incision: subcoronal
Ideal Access Using a Subcoronal Incision

- Benefits of subcoronal incision:
  - access to the shaft re: cylinders, straightening
  - allows proximal, ventral corporotomies
  - easily buried input tubing, dependent pump
  - inguinal ring readily available for reservoir
  - minimal scrotal manipulation
Ideal Access Using a Subcoronal Incision

- Jan – June, 2016 ten (10) patients
- IPP + plaque incision/grafting, or plication
- No infections, no palpable tubing
- All report curvature resolution sufficient to allow penetration/satisfactory intimacy
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THANK YOU