Early Outcomes of Concurrent Tachosil Grafting with IPP Placement

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Introduction

- Implant with grafting gold standard for severe Peyronie’s with concurrent erectile dysfunction
- Hudak, SJ, et al popularized plication stitches with concurrent IPP placement
- Graft placement with IPP is difficult and perilous
  - Sewing with device in situ
- Tachosil grafting without IPP pioneered by Dr. Hatzichristodoulou from Munich, Germany
- Review of initial series of patients who received Tachosil graft in addition to IPP
  - Approach that obviates possible device puncture
Tachosil Graft

The equine collagen is structured in a honeycomb-like, closed cell formation, and can serve as a mechanical carrier.

- Remains flexible
- Will not swell

Tachosil® patch is coated with two active human coagulation factors: fibrinogen and thrombin. Upon contact with a bleeding wound surface, the active substances become dissolved and partly diffuse into the wound surface.

Microscopic side view of Tachosil® patch. The thrombin and fibrinogen is anchored to the honeycomb-like indentations of the collagen carrier.

The fibrinogen-thrombin reaction initiates the last step in the coagulation cascade to form the fibrin clot. Compress Tachosil® patch gently over the wound area for at least 3 minutes until coagulation is triggered.

Hemostasis is achieved when the formed fibrin clot adheres the collagen patch to the wound surface, thus providing a physical barrier to bleeding.

Cost $300-400 for 5 x 9 cm piece (Baxter)
Methods

- IPP placed first and inflated to reveal true degree of curve
- Dartos layer dissected off and preserved to provide covering of Tachosil graft
Methods

- One or more plaque incisions/partial excisions performed using cautery
  - Device 60-70% inflated
- Upon reinflation the defect enlarges
- Covered with Tachosil (3 min), with extensive overlap of the defect edges
  - Neurovascular bundle raised in it’s entirety
Methods

- Tachosil then covered with previously preserved dartos layer
Results

- Total patients: 11
- Average age: 56
- Average preoperative curvature: 75 degrees
- Average operative time: 145 minutes
- EBL: <100cc
- Mean follow up time: 10 months
- To date, no infections or device aneurysm

Curvature correction:
- <30 degrees 10/11, dorsal curves totally straight erect, curve present with flaccid implant for lateral curves
- One patient with 40 degree new downward curve after procedure, upon revision tremendous scarring was found similar to pediatric dartos bands which cause chordee
Interim Thoughts and Conclusion

- Works best for dorsal plaque
  - Extent of plaque in lateral curves limits success
- No aneurysms to date
- We leave device inflated x 4 weeks (75%), okay for sex at 6 weeks
- Tachosil without IPP hard to test results because graft dislodges with artificial erection
- Should do concurrent circumcision as severe distal swelling occurs beyond graft if patient is not circumcised
- We have seen 2 inflammatory reactions we think is from tachosil, one which resulted in the IPP pump being pulled into the perineum
- Our preliminary results reveal Tachosil to offer a feasible, fast, and safe alternative to grafting with IPP
Finish