Suprapubic Fat Pad Excision with Simultaneous Placement of Inflatable Penile Prosthesis

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Disclosure

- Nothing to disclose
Objective

- Many men suffering from erectile dysfunction are overweight and have generous suprapubic fat pads.

- Suprapubic fat pads can contribute to decreased visible exophytic phallic length.

- We describe a novel surgical concept of suprapubic fat pad excision with concomitant placement of inflatable penile prosthesis.
Ideal Patient

- Overweight with large suprapubic fat pad
- Decreased exophytic phallic length
- “Double belly” sign
“Double Belly” Sign
Technique

- Incision is made 2 cm inferior and medial to the ASIS and carried across the infrapubic region in a curvilinear fashion
- Passes one finger breath above the base of the penis
- Dissection is carried down to anterior abdominal fascia, and fat pad is excised
- Suspensory ligament can be released
Technique

- IPP placed via same incision similar to infrapubic approach
- 2 JP drains are placed prior to closure
Results

- 8 patients underwent suprapubic fat pad excision with simultaneous placement of IPP
- Mean BMI was 36.1
- At last follow up, all patients have excellent cosmetic and functional outcomes
- No known complications have occurred secondary to the fat pad excision in our cohort
Before and After
Conclusions

- Suprapubic fat pad excision is a safe and reproducible technique that can be performed simultaneously with placement of IPP in appropriately selected patients.

- Can lead to higher patient satisfaction, enhanced sexual performance, and improved quality of life.