Post-operative Complication Rates After Infrapubic Penile Implant Insertion in Transmen After Phalloplasty

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IPP in Neophallus

- Final step in female-to-male gender confirmation surgery
- Unique challenges compared to *cis* men
  - Different anatomy
  - Implant detachment
  - Implant malposition
  - Higher infection rate
Surgical Incisions

- No specific guidelines
- Previous published surgical techniques
  - Parascrotal incisions
  - Previous phalloplasty incision
  - Perineal incisions
  - Infrapubic incision

Attachment

• Anchoring proximal prosthesis to the pubic rami or pubic bone
Perineal Incisions

Objective

• Describe short-term post-operative complications with infrapubic surgical technique for penile implantation for transmen
Methods

35 transmen

30
Radial forearm free flap phalloplasty

5
Anterolateral thigh pedicle flap phalloplasty

9-12 months

17 Semi-rigid implants

13 Inflatable implants

4 Semi-rigid implants

1 Inflatable implants
Surgical Technique

• Proximal portion of implant anchored to inferior aspect of pubic symphysis
• Dacron vascular graft used as surrogate for corpora cavernosa
• Mean operative time
  • Semi-rigid implant 52 minutes
  • Inflatable implant 93 minutes
Results

Complication Rate

- 12 patients with Post-operative complications (34%)
- 23 patients with No Complications (66%)
Results

- 6 Implant Detachment
  - All semi-rigid implants
- Implant Malposition
  - 3 inflatable implants
  - 2 semi-rigid implants
- No cases of implant erosion
- No patients reported perineal pain

POST-OPERATIVE COMPLICATIONS

1 Infection
1 Malposition+Detachment

5 Detachment alone

5 Malposition alone
Results

• Of the 35 patients, 26 (74%) still have their original implant
  • Twelve patients: re-operation for infection, malposition and/or detachment
    • Nine patients required removal or replacement
    • Three patients revised without removal/replacement
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<tbody>
<tr>
<td>Incision along previous phalloplasty incision</td>
<td>Fixation chamber in pubic symphysis</td>
<td>Parascrotal incision, attachment to pubic bone</td>
<td>Perineal approach, attachment to bilateral pubic rami, GORE-TEX Neotunica</td>
<td>Inferior midline incision, attachment to inferior pubic bone, Dacron graft</td>
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<tr>
<td>Number of patients</td>
<td>2</td>
<td>129 patients</td>
<td>31 patients</td>
<td>35</td>
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<tr>
<td>Mean follow-up</td>
<td>10.5 months</td>
<td>30 months</td>
<td>5.5 months</td>
<td>3.2 months</td>
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<tr>
<td>Infection rate</td>
<td>None reported</td>
<td>11.9%</td>
<td>9.6%</td>
<td>2.8%</td>
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<tr>
<td>Malposition/distal mobility rate</td>
<td>None reported</td>
<td>14.6%</td>
<td>2.8%</td>
<td>17%</td>
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<tr>
<td>Detachment rate</td>
<td>None reported</td>
<td>0%</td>
<td>None reported</td>
<td>17%</td>
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<tr>
<td>Erosion/protrusion rate</td>
<td>None reported</td>
<td>8.5%</td>
<td>5.7%</td>
<td>0%</td>
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<tr>
<td>Overall post-op complication rate</td>
<td>None reported</td>
<td>57%</td>
<td>23%</td>
<td>34%</td>
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<tr>
<td>Patients with original implant</td>
<td>None reported</td>
<td>58%</td>
<td>83%</td>
<td>74%</td>
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Conclusions

- Penile implant insertion has a high complication rate in transmen after phalloplasty
- Infrapubic surgical technique viable in transmen after phalloplasty
  - Subjectively less post-operative perineal pain
  - Higher detachment and malposition rate
  - To date, fewer post-operative infections
Questions?

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References


• Large et al. Novel Technique for Proximal Anchoring of Penile Prosthesis in Female-to-male Transsexual. UROLOGY 74: 419-421, 2009
