

Surgical Techniques

No-Touch Technique

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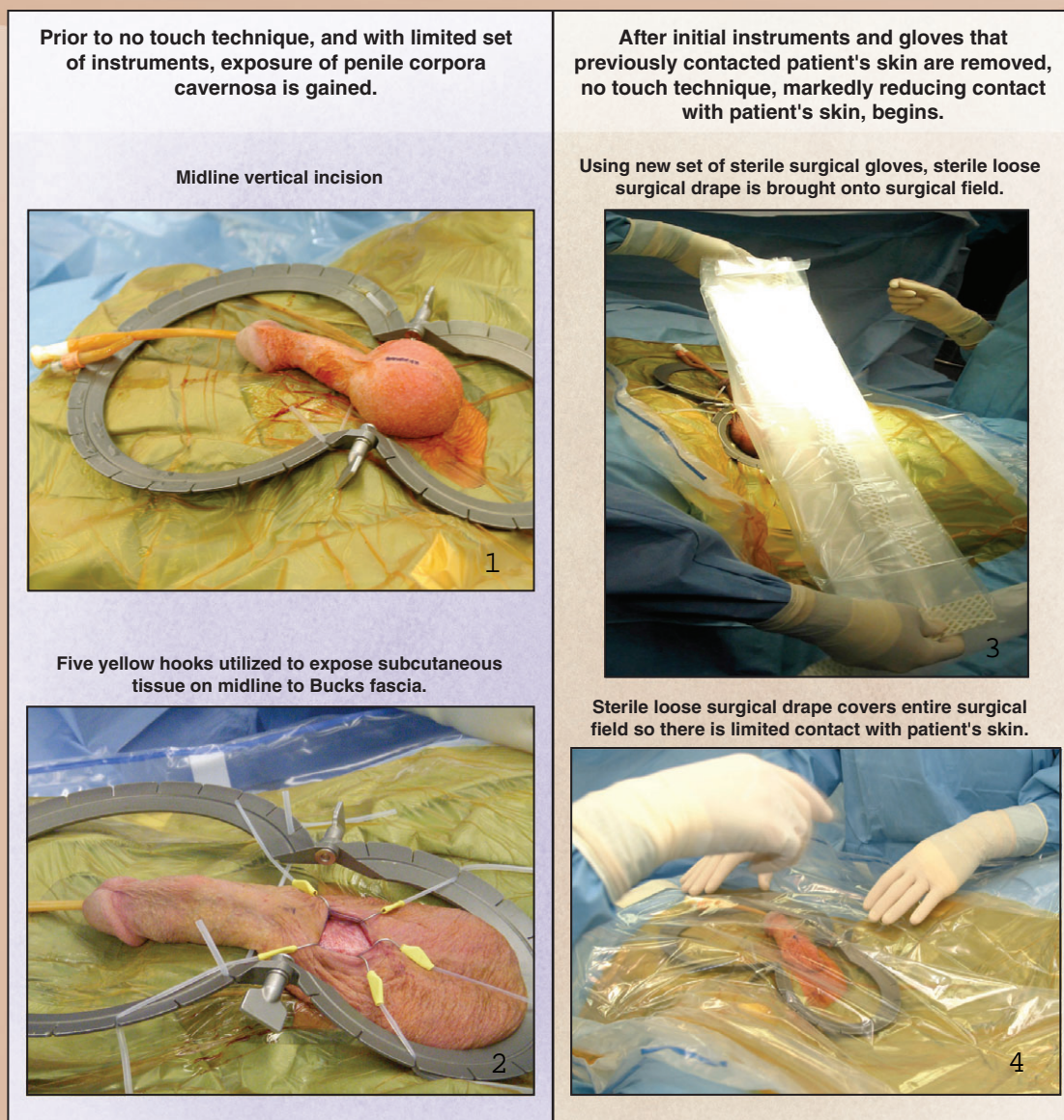
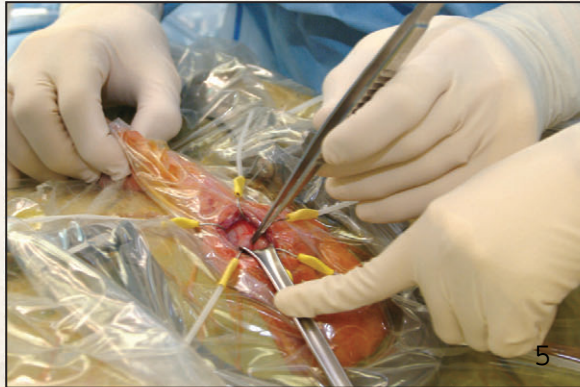


FIGURE 1

The No-Touch Technique is designed to reduce penile prosthesis infection by markedly limiting contact with the patient's skin. Surgery is started with a limited set of instruments: two DeBakey forceps, one scalpel, one marking pen, one Bowie, and five yellow hooks. Exposure is obtained by dividing skin and all subcutaneous tissue on the midline to the level of Buck's fascia. Five blunt yellow hooks are utilized to expose the crus of the penis and secured to the Scott retractor. Instruments and bovie that have touched the patient's skin are removed from the surgical field. Gloves are also removed and changed to new ones. A sterile loose surgical drape that markedly limits contact with the patient's skin is brought onto the surgical field to cover it.

Small opening in drape over incision allows additional yellow hooks to secure drape to edges of skin incision.



Entire procedure performed through small opening in drape over incision: corporotomy is fashioned; note, skin is not touched.

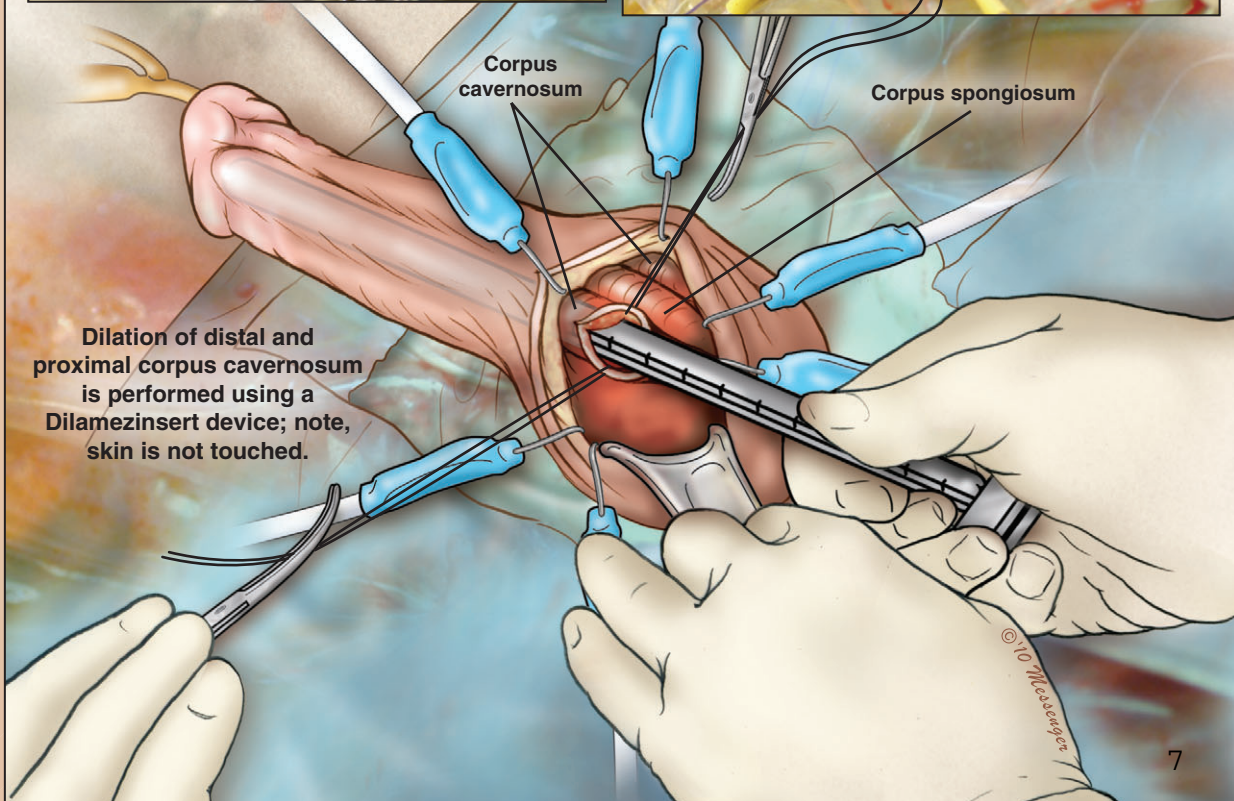
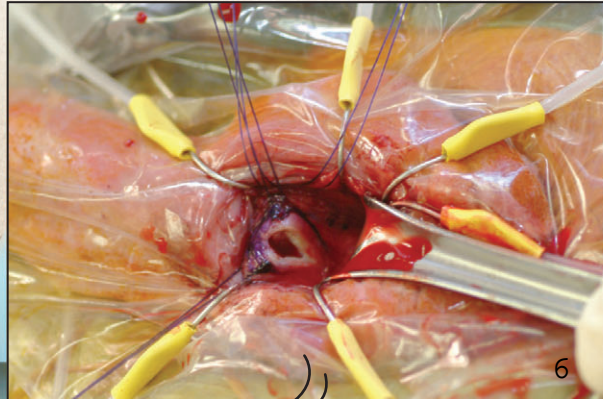


FIGURE 2

A small opening is made in the drape over the incision and four additional blunt yellow hooks are used to secure the drape to the edges of the incision. The entire procedure is performed through this opening. The tunica albuginea of each corpus is identified, tagged with 3-0 PDS on a RB-1 needle. A corporotomy is made at the crus of the right corpus cavernosum. Dilation of the distal and proximal corpus cavernosum is performed using a Dilamesinsert device. Note that the patient's skin is not touched.

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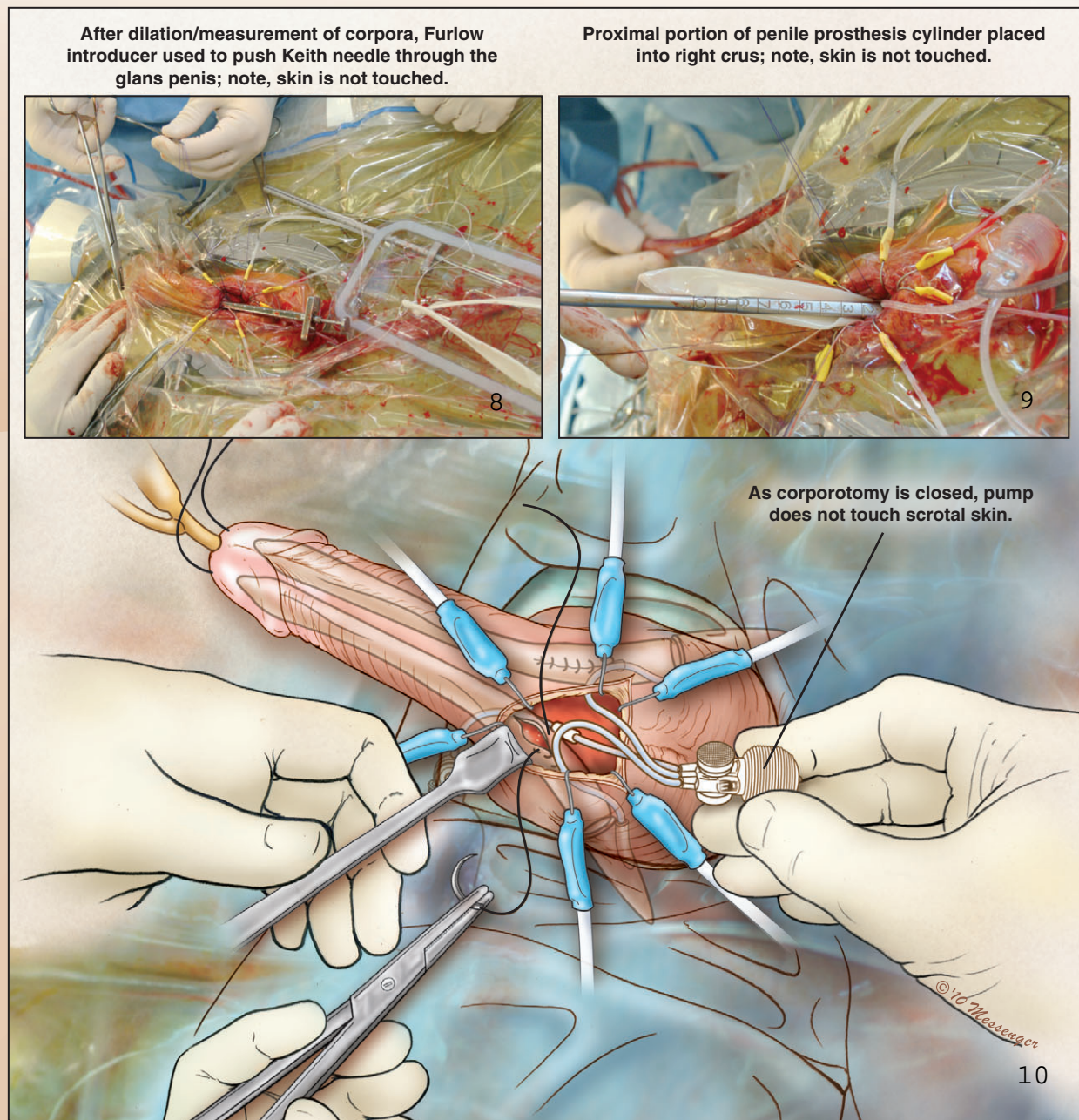


FIGURE 3

- 5 4 After dilation and measurement of each corpus cavernosum, the Furlow introducer is used to push the Keith needle through the glans penis. The proximal portion of the penile prosthesis cylinder is placed into the right crus without touching skin. As the corporotomy is being closed, please note that the pump that would otherwise touch scrotal skin is now protected by the surgical drape.

With both cylinders placed, and prosthesis inflated, palpation of glans is through drape; note, skin is not touched.



Pump/reservoir components placed through incision, Buck's fascia closed covering all device components prior to drape removal; note, skin is not touched prior to final skin closure.

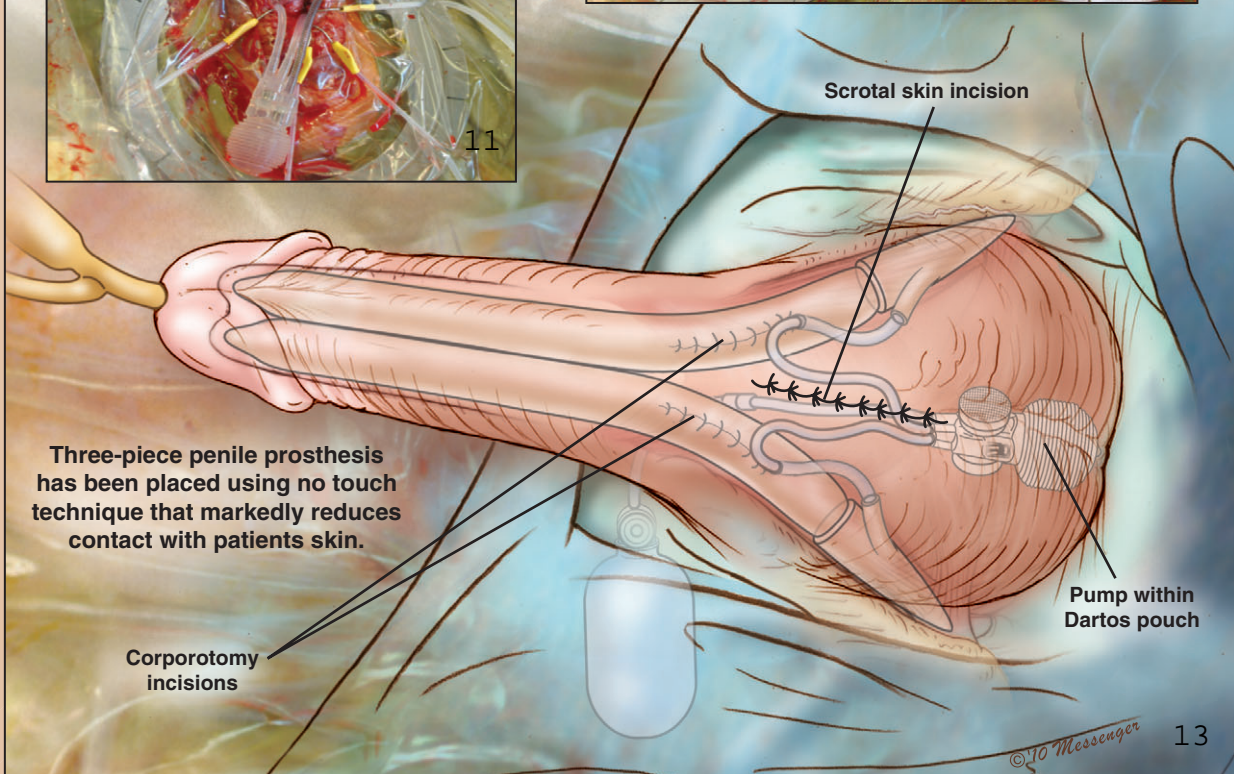
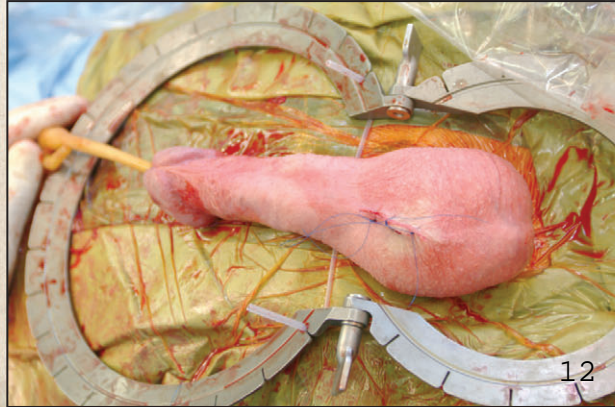


FIGURE 4

After placement of the second cylinder, the prosthesis is inflated and the position of the distal tip of each cylinder is assessed by palpating the glans through the drape. The pump and reservoir are subsequently placed through the same aperture in the surgical drape, also without touching the patient's skin. Buck's fascia is closed, covering all device components, prior to drape removal. After the surgical drape has been removed, final skin closure can be fashioned. The No-Touch Technique allows a three-piece penile prosthesis to be placed that markedly limits contact with patient's skin.