



Shave and sterilize the area for 5 min.



Introduce a Foley catheter to better identify the urethra.



Bilateral dissection towards the lateral side of the Corpora Cavernosa (the Buck Fascia, the Dartos Fascia and the Tunica Albuginea)





Isolate the perineum area of the incision using a U drape.



Median longitudinal incision of approximately 5 cm in the union of the penis and the scrotum. The incision should be quite superficial, to preserve the urethra.



Incision of the Corpora Cavernosa: two points of repair, 2-3 cm. in length, 1 cm. lateral to the urethra.

Surgical **Technique**

Dilatation of the Corpora Cavernosa Distal: the person who performs the dilatation must also control the glans. Always slightly in a lateral direction to avoid cross-over perforation. Distal to the base of the glans. Dilatation up to 13 if possible.



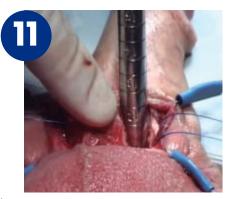
Dilatation of the Corpora Cavernosa Proximal: always in a slightly lateral direction. The septum division is thinner than in the Distal. Until feeling contact with the isquiopubic ramus.



Wash the Corpora Cavernosa with Gentamicin solution (80 mg / 500 ml saline solution)



Measure the Distal Length: measure to the point to repair the Tunica Albuginea.



Measure the Proximal Length: measure to the point of the last visible number.



Choice of width: use the widest diameter possible for the penis, maintaining aesthetic harmony.



Close the incision: suture PDS*II 3-0.



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Choice of length: according to the useful or functional length of the prosthesis. The proximal part should be cut as much as possible. If using Rear Tips, maintain a minimum of two segment to connect the Rear Tips or Extenders.