

PORTADA



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TÍTULO

Textbook of Urogenital Prosthetic Surgery

SUBTÍTULO

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DESCRIPCIÓN

This textbook gives comprehensive coverage to the surgical management of erectile dysfunction with penile prostheses (PP) and the management of stress urinary incontinence using bladder outflow resistance created by the artificial urinary sphincter (AUS). Its intended audience are urologists who are interested in one or both topics.

The text is divided into 3 sections.

The first one deals with the history of the development of PP and the AUS, the surgical anatomy related to male erectile function and male and female urinary incontinence, operating room logistics for PP surgery, and the steps in setting up a dedicated urologic prosthetic practice.

The second part is devoted to restoring erectile function using PP. It includes chapters dealing with the appropriate evaluation of the surgical candidate, techniques of implant placement by various incisions, management of the patient postoperatively including addressing complications, and the use of PP in special circumstances including priapism, Peyronie's Disease, fibrotic corporal bodies and the neophallus. The section concludes with a chapter on building a prosthetic urology practice, periprocedural counseling, and optimizing patient and partner satisfaction.

The third segment compromises with the AUS including evaluating patient candidates, basic scrotal and perineal placement techniques, intraoperative and postoperative management of the patient and any complications which may develop.

A final chapter deals with the use of the AUS in women.

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CONTENIDO

SECTION I General Contents

CHAPTER 1 The History of the Penile Prostheses

- First descriptions and management of erectile dysfunction
- Initial attempts at penile prosthesis for the treatment of ED
- 1974 to Today
- Current considerations and new directions

CHAPTER 2 Historical Aspects of the Artificial Urinary Sphincter

- Early Devices
- Evolution of the American Medical Systems (AMS) devices
- AMS 800

CHAPTER 3 Functional and Surgical Anatomy in Erectile Dysfunction Restoration Surgery

- Smooth Muscle Anatomy
- Tunical anatomy
- Neuroanatomy
- Vascular anatomy
- Space of retzius anatomy
- Extraperitoneal anatomy
- Glans
- Other anatomical considerations

CHAPTER 4 Functional and Surgical Anatomy in Male and Female Incontinence Surgery

- General concepts of stress urinary incontinence

- Female anatomy
- Male anatomy

CHAPTER 5 General Aspects for a Correct Penile Prosthesis Implant Strategy

- Introduction
- Patient selection
- Surgical logistics

CHAPTER 6 How to Set Up a Prosthetic Urology Centre

- Introduction
- The unconditional advantage of a dedicated team
- Pre- and post-operative involvement of dedicated nurses
- The next step: growing and teaching
- Conclusions

SECTION II Erectile Restoration (Inflatable Penil Prosthesis Placement-IPP Placement)

CHAPTER 7 Preoperative Assessment

- Penile prostheses
- Informed consent
- Medical clearance
- Patient personal preparation
- Skin preparation
- Antibiotics
- MRI, metal detectors

CHAPTER 8 Basic Scrotal and Infrapubic Techniques

- Anaesthesia
- Penoscrotal vs. infrapubic approach
- The penoscrotal (PS) approach
- The infrapubic (IP) approach
- Salient features of each approach

CHAPTER 9 Intraoperative Management I

- Antibiotic use
- Foley catheter placement
- Incisions and retractors
- Corporal dilation and implant placement
- Cylinder choice
- Cylinder sizing
- Ambicor-rod width sizing
- Cylinder placement
- Corporotomy closure
- PTFE sleeve

CHAPTER 10 Intraoperative Management II

- Reservoir placement
- Iliac Vessel injury
- Bladder injury
- Pump placement
- Routing of tubing
- Tubing length (inadequate or redundant)
- Use of drains
- Simultaneous surgery
- Skin closure-wound dressing
- Semi-inflation of an IPP
- Special considerations

CHAPTER 11 Postoperative Considerations I

- Antibiotics
- Penile Positioning
- Postoperative visits and wound care
- Cycling the device
- Corporotomy disruption
- Cylinder aneurysm
- Impending cylinder erosion (laterally or into the urethra)
- Cylinder erosion (laterally or into the urethra)
- Reservoir erosion into the bowel or bladder
- Impending pump or tubing erosion
- Disrupted outer silicone layer
- Presence of calcified matrix (putty) or calcified biofilm
- Scar incased in PTFE sleeve
- Tubing kink
- Connector failure
- Approach to repair of an uninfected implant

CHAPTER 12 Postoperative Considerations II

- Penile necrosis
- Infection
- Bleeding
- Pain

CHAPTER 13 IPP & Corporal Fibrosis

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- Etiology of corporal fibrosis
- Surgical strategies in fibrosis
- Other strategies for fibrosis
- Does length matter? Strategies to maximize it

CHAPTER 14 IPP and Peyronie's Disease 169

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- Specific features of prosthetic Surgery in Peyronie's disease
- Surgical algorithm
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- Lengthening procedures in Peyronie's Disease
- Complications related to penile prosthesis in the Peyronie's population
- Postoperative rehabilitation
- Satisfaction outcomes after penile prosthesis in Peyronie's population

CHAPTER 15 Redo Penile Prosthesis Implantation for Mechanical Failure

- Epidemiology
- Causes of penile prosthesis failure
- Imaging
- Tips and tricks in redo penile implant surgery for mechanical failure

CHAPTER 16 Penile Implants and Priapism

- Clinical features of priapism
- Treatment
- Immediate penile prosthesis placement
- Penile prosthesis with severe corporal fibrosis

CHAPTER 17 IPP in neophallus

- History
- Use of prosthetic implants in the neophallus
- Principles of penile prosthesis insertion in the neophallus
- Preoperative considerations

- Operative / intra-op
- Postoperative care
- Functional outcomes
- Complications
- Device survival
- Explantation for infection or erosion
- Revision surgery

CHAPTER 18 Building an IPP Practice & Peri-Procedural Counseling to Optimize Patient Satisfaction

- Building an IPP practice
- Peri-procedural counseling to optimize patient satisfaction
- Final thoughts on optimizing a high-volume IPP clinic from Dr. Köhler
- Final thoughts on optimizing a high-volume IPP clinic from Dr. Wilson

SECTION III Urinary Incontinence: Artificial Urinary Sphincter (AUS) and Sling

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- Challenging situations
- Revision surgery

CHAPTER 20 Basic Perineal & Scrotal Techniques

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- Surgical procedure
- Comparison of the different approaches

CHAPTER 21 AMS 800 Prosthesis - Intraoperative Management

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- Cuff sites
- Measuring for cuff sizing
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- Urethral injury
- Transcorporal (TC) cuff with or without penile implant
- Urethral wrap
- Hydraulic testing
- Choice of reservoir pressure
- Reservoir placement – Inguinal, midline, ectopic
- Reservoir filling – technique, volume
- Pump placement
- Routing of tubing
- Wound closure – Dressing
- Urethral catheter removal

CHAPTER 22 Artificial Urinary Sphincter (AUS) Postoperative Considerations

- Initial deactivation (6 – 8 weeks)

- Antibiotics
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- Early device infection
- Subsequent post-operative period
- Late complications
- Risk factors
- Device information card and medic alert
- Management of situations after recovery is complete
- Other conditions that complicate artificial sphincter use and longevity
- Concern about the pressure-regulating balloon location

CHAPTER 23 Artificial Urinary Sphincters (AMS 800®, Boston Scientific, MA, USA) in Women

- History of the prosthesis and its use in women
- Indication and contraindications
- The AMS 800® device in neurogenic patients
- Surgical procedure
- Results