

# THE MINIMALLY INVASIVE, NO-TOUCH (“MINT”) TECHNIQUE FOR PENILE IMPLANT SURGERY

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**Abstract:** PD20-09

**Date & Time:**

**Session Title:** Sexual Function/Dysfunction/Andrology: Surgical Therapy

**Sources of Funding:** None

## **Introductions and Objectives**

The minimally invasive infrapubic penile implant procedure was developed by Dr. Perito with the aim of minimizing operative time and post-operative morbidity (Perito PE, J Sex Med. 5: 27-30 (2008)). Dr Eid has also demonstrated a significant reduction in post-operative infections with his No-Touch technique (Eid JF et al. Urology. 79: 1310-5 (2012)). Recently, we have developed a new technique that combines key aspects of these 2 approaches to create a minimally invasive, no-touch (“MINT”) technique for penile prosthesis insertion. We theorized that the MINT technique would take advantage of the benefits that each of these established approaches offered and therefore our aims were to assess feasibility, safety, post-operative hematoma and infection rate and percentage of patients cycling the prosthesis by 4 weeks.

## **Methods**

The principles of the MINT technique involve a small infrapubic incision approach combined with a no-touch technique facilitated by using 2 standard surgical drapes (1 x clear non-adhesive drape and 1x loban® drape) and an Alexis® wound retractor (figure 1). We present results for our first 50 consecutive patients undergoing primary prosthesis implantation from May 2012 – July 2013 with at least 3 months follow-up. Patients having revision surgery, or with complex surgery necessitating >1 incision were excluded. Data was collected using a prospective database.

## **Results**

Average age ( $\pm$ SD) was 59.8 ( $\pm$ 11.3) years. Median follow-up was 11.7 months. Patients had one or more of the following etiologies for erectile dysfunction: vascular disease (n=22), post-radical prostatectomy (n=16), diabetes (n=8), Peyronies disease (n=8), venous leak (n=4) and priapism fibrosis (n=1). 70% had used intracavernosal injections. Implant used: Coloplast Titan (n=47), American Medical Systems (LGX; n =2), (CX; n =1). The average ( $\pm$ SD) cylinder and rear tip extender length was 18.7 ( $\pm$ 1.6) and 0.9 ( $\pm$ 0.8) cms respectively. All operations were completed successfully and there were no peri-operative complications necessitating intervention or re-operation. There were 2 post-operative hematomas (treated conservatively). 65% could cycle prosthesis by 4 weeks. There were no post-operative infections and no revision surgeries required.

## **Conclusions**

The MINT technique for penile implant surgery is a safe and feasible procedure with a zero infection and revision rate in our first 50 patients.

## **Authors**

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