

# Glans Fixation for Floating Glans (SST Deformity) During Penile Prosthesis Placement without additional incisions #124

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## Introduction

- Supersonic transporter (SST) deformity is a known complication following inflatable penile prosthesis (IPP) surgery and occurs when the glans penis does not assume its normal anatomic position atop the penile shaft after IPP placement.
- SST deformity may lead to buckling of the glans and therefore poor ability to penetrate during intercourse, causing dissatisfaction for men and their partners.
- The hypermobile glans requires realignment and glanulopexy may correct the issue by fixing the glans to the shaft, avoiding the buckling that will otherwise occur during penetration.
- This repair, provides both ventral and lateral fixation to allow the glans to be evenly reapproximated onto the corporal bodies providing a more natural fit.
- We have adapted this technique of glanulopexy following subcoronal placement of the prosthesis.

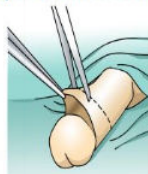
## Aim

To describe a technique for subcoronal incision and IPP placement that also allows SST repair without an additional surgical incision.

## Methods

- 91 men presented with ED refractory to medical management
- All men had an IPP through our subcoronal approach.
- At the time of elected IPP placement, 18 men were noted to have a SST despite proper placement of prosthesis cylinders.
  - All had glanulopexy without an additional incision.

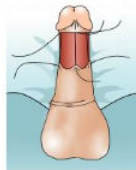
## Operative Procedure: Penile Prosthesis Placement



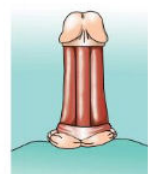
Circumferential subcoronal incision is made (1.5 cm proximal to the glans).



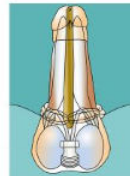
Reservoir is placed through the inguinal ring into the retropubic space



Dartos and penile skin are closed



Penis is degloved and Dartos is sutured to the drapes



Prosthesis are passed and pump is place

## Results

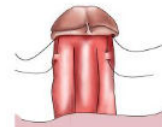
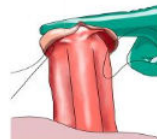
- At 6 month post-operative follow-up, none of these 18 men displayed recurrent SST deformity when fully inflated.
- All men returned to sexual activity.
- All men were fully satisfied.

## Operative Procedure: Glanulopexy

After the subcoronal penile prosthesis is placed and the SST deformity is noted, the assistant grasps the skin edge of the circumcising incision, lifting gently up and away. This allows the surgeon to use a small curved hemostat to dissect under Buck's fascia into the glans at about 7 or 8 o'clock.

A 4-0 monofilament absorbable suture is then placed through this tissue, demonstrating full control of the glans.

This is then secured to Buck's fascia in a reverse fashion to invert the knot, care is taken to avoid placing the sutures through the tunica albugenia to prevent damage to the prosthesis. The suture is controlled with clamp until the contra lateral fixation is completed.



Both ends of the suture are snapped together and repeated on the contralateral side.

Both sutures are tightened. If the glans approximates well, with minimal or no hypermobility, the sutures are tied. If not, they are replaced.

The subcoronal circumcising incision is then closed.

## Conclusion

- SST deformity is a known complication following IPP placement and can result in poor patient and partner sexual satisfaction.
- We demonstrate a surgical technique for correcting this at the time of prosthesis placement.
- Using the subcoronal approach for prosthesis placement allows for the repair of SST deformity without an additional incision.