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# V-Neck Technique: A Novel Improvement to the Infra-Pubic Placement of an Inflatable Penile Implant

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## ABSTRACT

**Background:** Infra-pubic placement of an inflatable penile prosthesis (IPP) has a well-known configuration deformity from contralateral tubing that crosses the corporal bodies, resulting in tubing visibility and irritation under the penile skin.

**Aim:** To present a novel step to eliminate this tubing crossover deformity.

**Methods:** The V-neck technique was applied to five patients, two of whom underwent suprapubic fat pad excision with simultaneous infra-pubic IPP placement and three patients who underwent only infra-pubic IPP placement. The technique added an additional 1 minute of procedure time. The reservoir was placed on one (ipsilateral) side into the space of Retzius.

**Outcomes:** Primary outcome measurements were esthetic appeal at follow-up, immediate postoperative complications, and difficulty of implementation of the technique.

**Results:** The technique included the following steps. (i) The standard infra-pubic approach, as popularized by Perito (J Sex Med 2008;5:27−30), was used to place the reservoir and cylinders. The ipsilateral and contralateral cylinders and the reservoir were clamped and unconnected. (ii) Finger dissection was used to create a sub-phallic window and a U-shaped aortic clamp was used to pass the contralateral tubing. (iii) After passing the green tubing through the window, all connections were performed in the usual fashion. Tubing crossover was eliminated, as was passage of the right and left cylinder tubes down their respective gutters. Postoperative follow-up at 2 weeks showed no visible tubing.

**Clinical Implications:** This simple maneuver could help prevent the discomfort of tubing crossover deformity commonly seen after infra-pubic placement of an IPP.

**Strengths and Limitations:** This unique maneuver can be applied to all infra-pubically placed IPPs. Limitations include the small patient population and short follow-up. Whether this maneuver will make revision surgery more difficult is unclear.

**Conclusion:** This technique is a novel step to infra-pubic IPP placement that adds minimal operative time and could eliminate visible tubing. **Shah BB, Baumgarten AS, Morgan K, et al. V-Neck Technique: A Novel Improvement to the Infra-Pubic Placement of an Inflatable Penile Implant. J Sex Med 2017;XX:XXX−XXX.**

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**Key Words:** Infra-Pubic; Penile Prosthesis; Implant; Crossover Deformity; V-Neck; Technique

## INTRODUCTION

Implantation of a three-piece inflatable penile prosthesis (IPP) is a standard treatment option for men with erectile dysfunction in whom conservative and nonoperative strategies have failed.[1−4] The two most common approaches for placement of the IPP are the infra-pubic and penoscrotal approaches. Infra-pubic placement of a three-piece IPP can cause a well-known configuration deformity from the tubing passing down to the pump. The preconnected pump has to pass down either side of the penis to the dartos pouch. With this maneuver, the contralateral cylinder

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**Figure 1.** Tubing crossover deformity seen with the classic infra-pubic approach of placing an inflatable penile prosthesis.

tubing has to loop around to join the ipsilateral tubing as the pump is placed in the dartos pouch. If the reservoir is placed in the same ipsilateral side, then the reservoir tubing also follows this group of tubing. This can result in palpable tubing, often times with subsequent reports of discomfort or tubing visibility under the skin reported by the patient or his partner (Figure 1).

Figure 2 illustrates the contralateral cylinder tubing looping or crossing over the dorsal base of the penis to join the other tubes as they pass down the ipsilateral gutter. This is the standard configuration of the tubes after an infra-pubically placed IPP.

The aim of this study was to present a novel step to eliminate this looped tubing from joining the other tubes and, hence, potentially optimize cosmesis and comfort with use. Specifically, we discuss our modification to the classic infra-pubic approach and our early outcomes with implementation of the V-neck technique (VNT).

## METHODS

Five consecutive patients were identified who opted for infra-pubic placement of a PP. Patients were counseled on the cosmetic differences in the infra-pubic vs penoscrotal placement technique, including the risk of a tubing crossover defect. The patients were offered the VNT as a way to possibly avoid this tubing crossover. Before the procedure, patients consented to images being taken at the time of their procedure for research purposes. Patients who were candidates for suprapubic fat pad excision were offered simultaneous fat pad excision with placement of the infra-pubic PP.

All patients had multiple failed conservative treatments, including phosphodiesterase type 5 inhibitors, intracavernosal

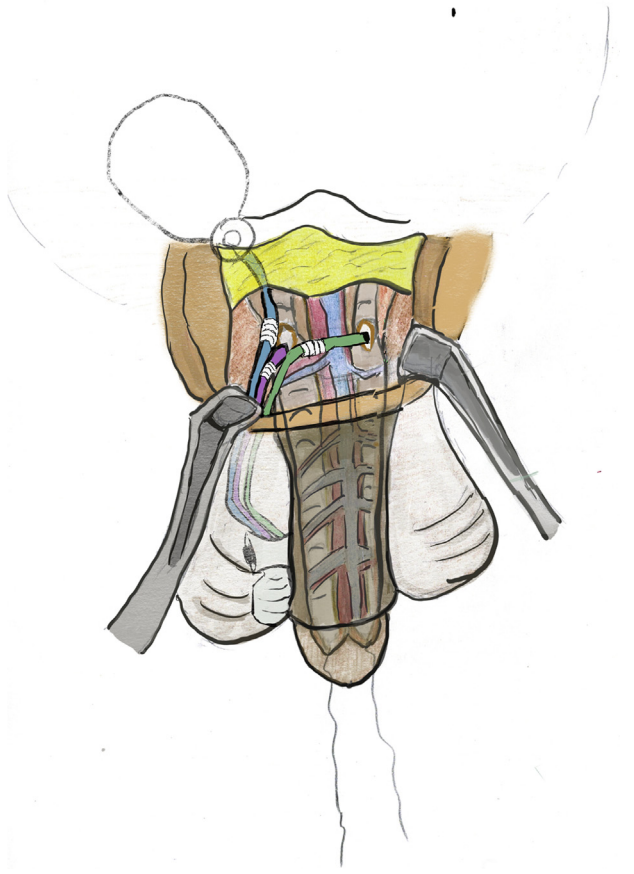

**Figure 2.** Anatomic illustration showing the contralateral cylinder tubing crossing over (green) so that all three tubes pass down the same gutter. This is the classic infra-pubic approach of placing an inflatable penile prosthesis.

injections, and vacuum devices, and none had undergone surgical intervention for erectile dysfunction. Patients chose IPP placement after thorough counseling and preoperative assessment.

The VNT modification was applied to five sequential patients undergoing IPP placement. Two of these patients underwent suprapubic fat pad excision with simultaneous infra-pubic IPP placement and three patients underwent only infra-pubic IPP placement.[5] Patients undergoing suprapubic fat pad excision and one patient who underwent only infra-pubic IPP placement underwent implantation of a 21-cm AMS 700 CX prosthesis (American Medical Systems, Minnetonka, MN, USA) with 2- to 3-cm rear tips. The pump and cylinders for these three patients were not pre-connected and an AMS Conceal Low Profile Reservoir was used in these cases. Of the two remaining patients who underwent only infra-pubic IPP placement, one patient had a Titan (Coloplast, Minneapolis, MN, USA) 22-cm penile implant with the pre-connected Titan Touch pump and 125-mL Cloverleaf reservoir inserted and the other underwent insertion of an 18-cm AMS 700 Cx prosthesis with two 2-cm rear tips on each side with a pre-connected MS Pump and 65-mL spherical reservoir. The protective polytetrafluoroethylene sleeve that