Inguinal Hernia Prevention in Penile Prosthesis Implantation via Peno-scrotal Approach

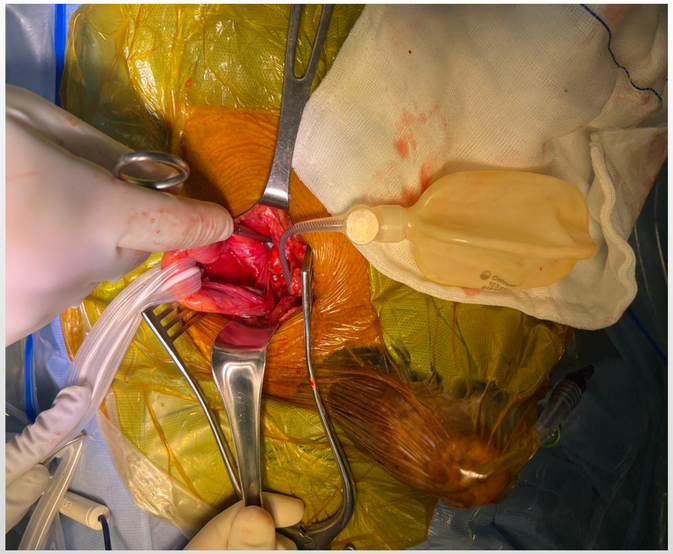
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INTRODUCTION

Inflatable penile prosthesis implantation is a well-established procedure for the treatment of erectile dysfunction. A known but rare complication is reservoir herniation, which is placed by piercing and dilating the transversalis fascia to place the reservoir in the space of Retzius. Patients present with undiagnosed direct inguinal hernias, exacerbated by reservoir placement requiring another procedure for repositioning and inguinal hernia repair





CASE PRESENTATION

Six patients underwent prior elective penile prosthesis implant placement from 2019-2022, All of which presented with reservoir herniation ranging from the immediate perioperative period to 2 years following placement. All were found to be associated with direct herniation, and were repaired in the same modified Lichtenstein technique. Postoperative follow up showed one recurrence 6 months later, as his repair involved the tubing passing under then mesh instead of through it as described. No postoperative complications were noted.

DISCUSSION

Penile prosthesis implantation is an effective way to manage refractory erectile dysfunction, offering high rates of patient satisfaction with a low rate of complications. A case series by Stember et al concluded that out of 2687 men with prosthesis insertion, 6 patients had reservoir herniation after 24 months - a complication rate of 2.2%. The literature describes several improvements in penile implants over the years. Different approaches are also described and utilized in reservoir placement. Placemen in the space of Retzius was noted in all our cases, and may be a risk factor for development of herniation in patients with previously weakened inguinal floor. Change. In practice is required to identify these patients preoperatively to allow for concomitant hernia repair at the time of implantation if needed. A modification to the Lichtenstein repair is described where the tubing is allowed to pass medially adjacent to the pubic tubercle through the mesh to avoid recurrence.

CONCLUSION

All patients undergoing penile prosthesis implantation should undergo ultrasound of the abdominal wall by an experienced technician. Weakness in the wall or direct inguinal hernia is associated with Postoperative reservoir herniation, particularly when associated with strenuous activity or coughing. A multi-disciplinary approach is key to treating these cases, where the urologist repositions the reservoir and the general surgeon repairs the wall inserts the mesh.