

PRÓTESES PENIANAS CONSIDERAÇÕES TÉCNICAS

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Faculdade de Medicina do Porto**

Ligeira

Disfunção eréctil

Grave

Psicogénica

Mista

Orgânica

Psicoterapia

Administração oral

Terapêutica intra-uretral

Injecção intracavernosa

Prótese peniana

Próteses Penianas Semi-rígidas



AMS MALLEABLE 650™ PENILE PROSTHESIS

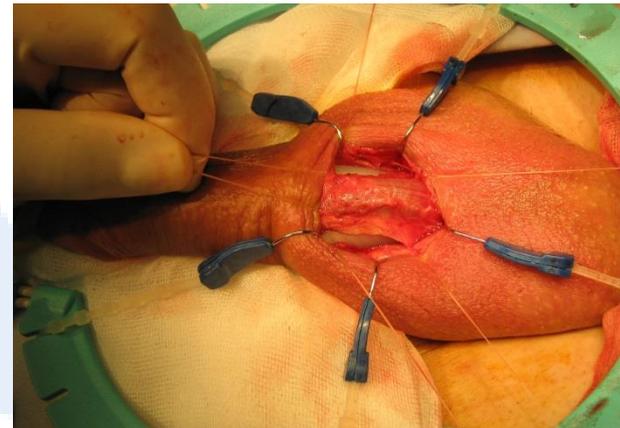
Doentes mais idosos

Baixa capacidade manual

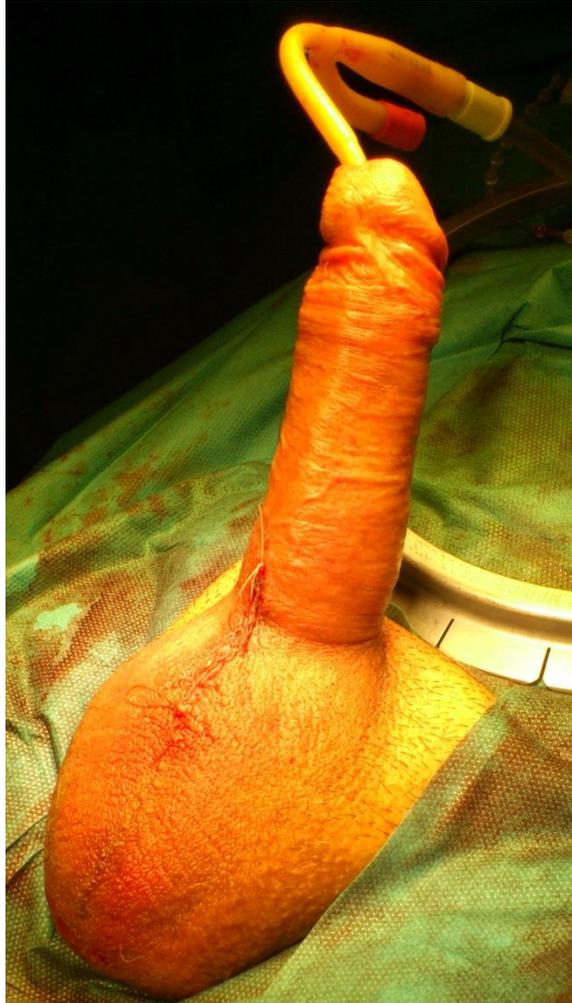
Menor taxa de disfunção mecânica

Custo mais reduzido

Pior Estética e Funcionalidade

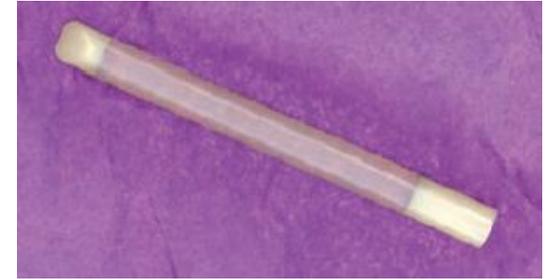


Resultado Estético e Funcional

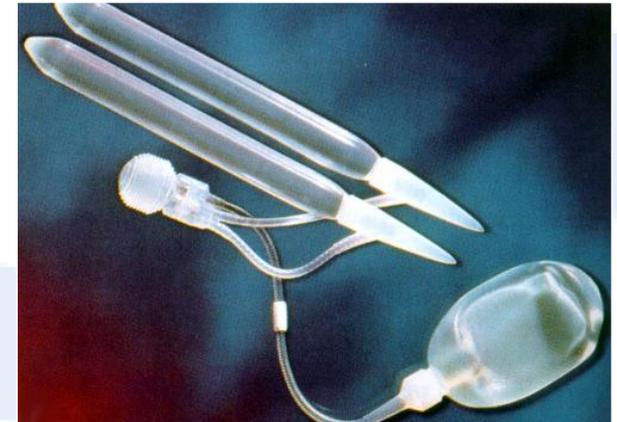
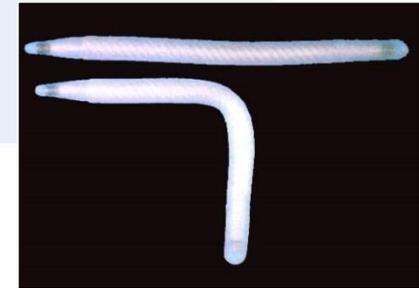


Prótese peniana insuflável

1973 Brantley Scott

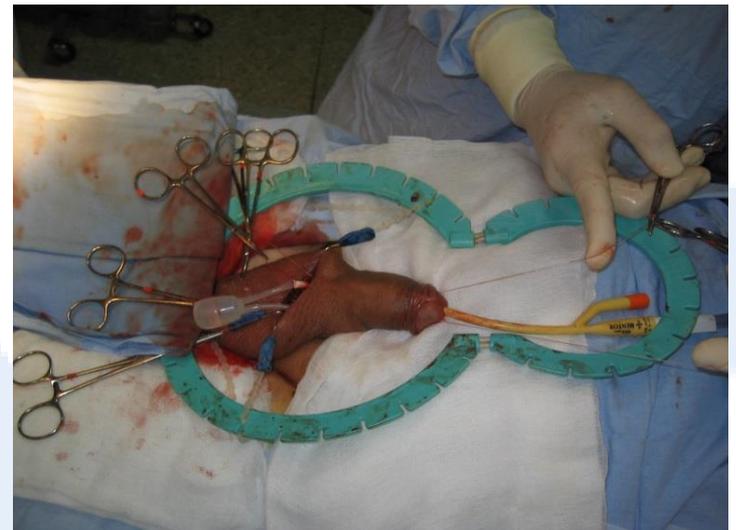


1930–1940s	Reconstructed penis, typically for war injuries had stents/ribs placed for rigidity [4–7]
1950–1960s	First artificial penile implants placed beneath Buck's fascia, outside corpora [8–10]
1966–1973	Artificial rods placed beneath the tunica albuginea (intracavernosally) [11–13]
1973	Brantley Scott introduces the IPP with high failure rates and complex implantation [22,23]
1974–1990s	Design improvements lower failure rates and simplify the implantation [14–21,24–34]
1996–2005	Salvage rescue and revision washout techniques combat infection [40,46–48]
2000–2002	Antibiotic coatings on the penile prosthesis appear to lower infection rates [35,36]



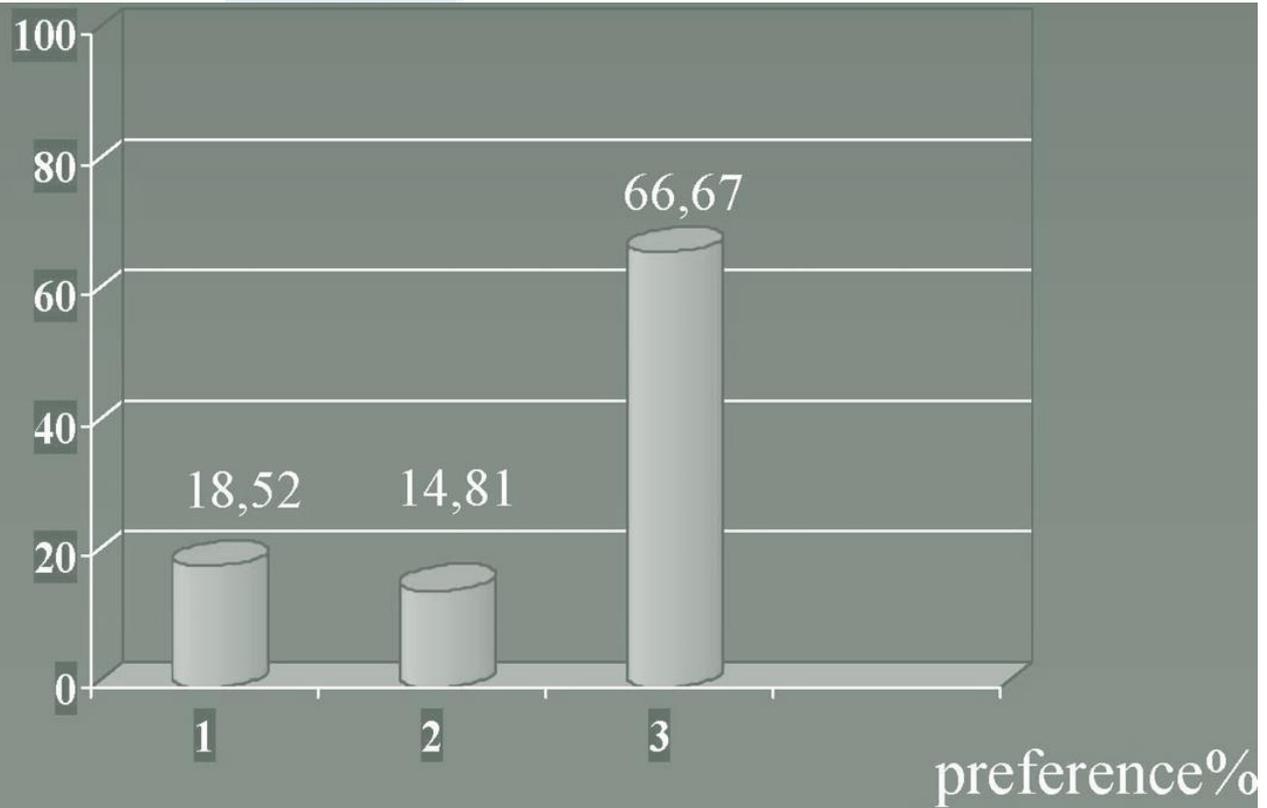
Próteses Penianas Insufláveis

2 componentes vs 3 componentes

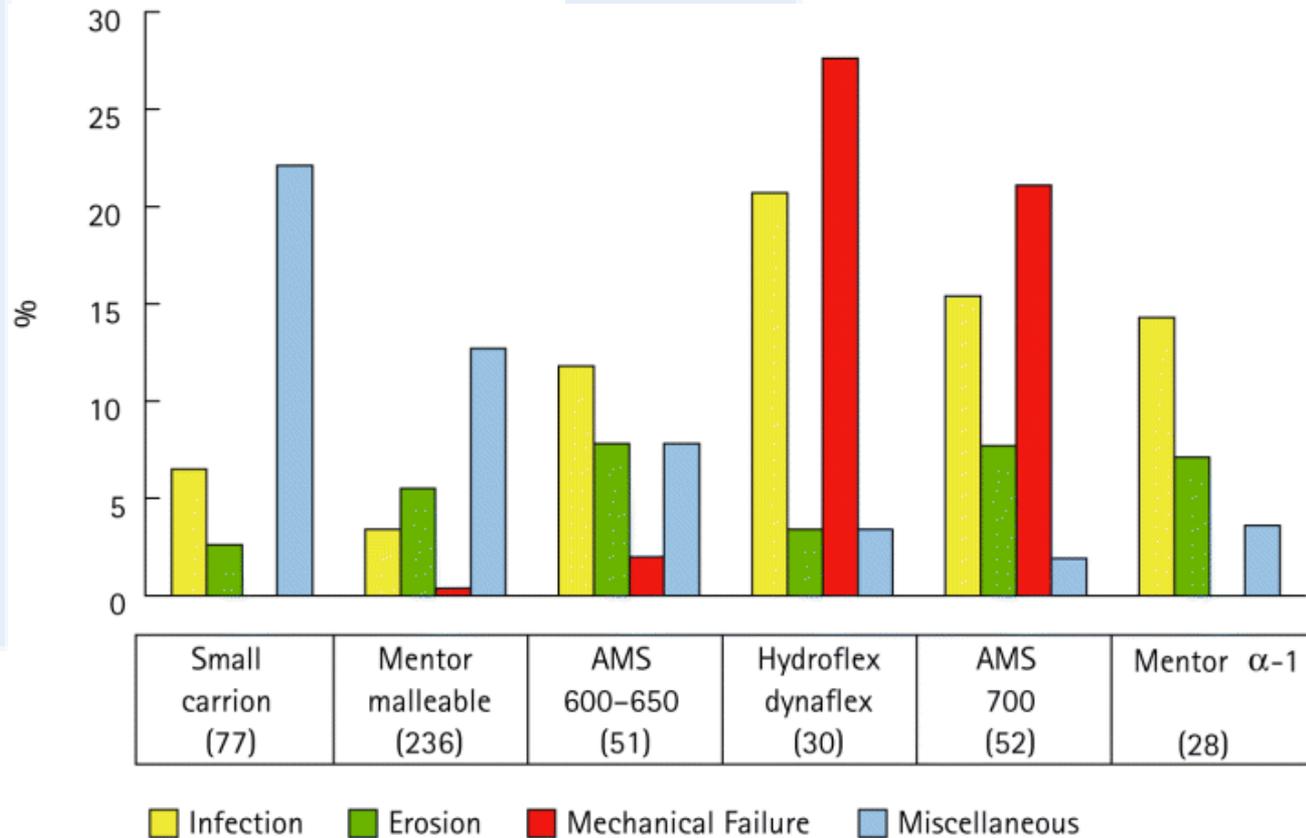


Estudos de Preferência

- 1) malleable
- 2) inflatable 2-piece
- 3) inflatable 3-piece



Outcome of penile prosthesis implantation for treating erectile dysfunction: experience with 504 procedures

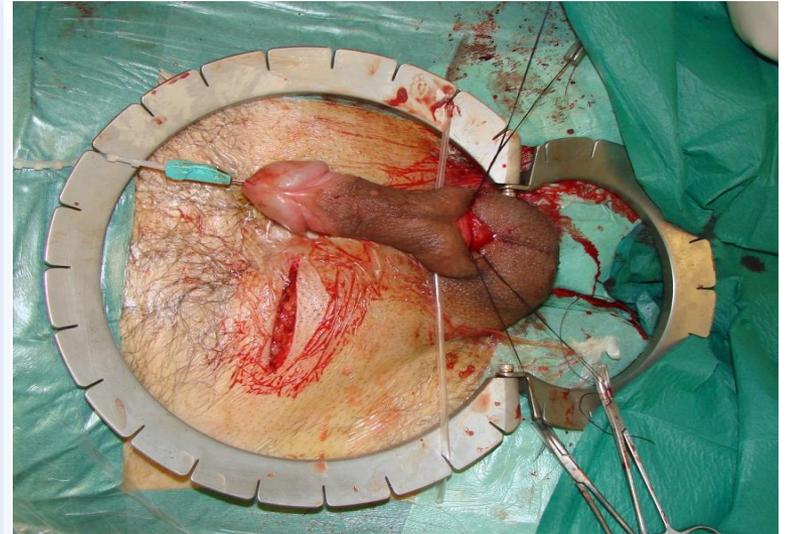


Desvantagens

Custo

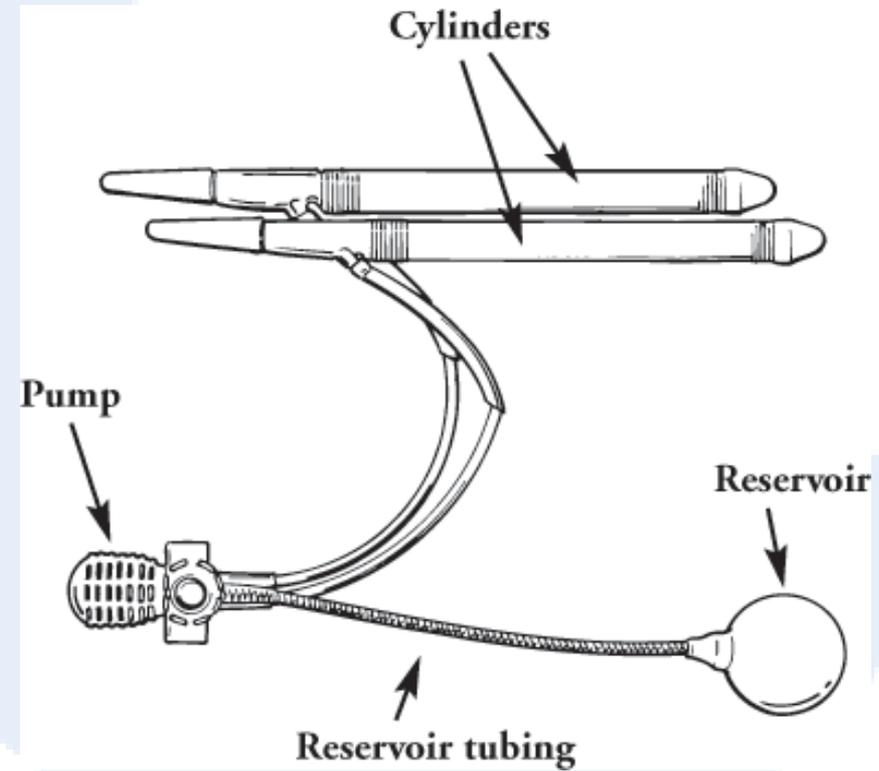
Incapacidade manual

Anomalias anatómicas escrotais ou abdominais

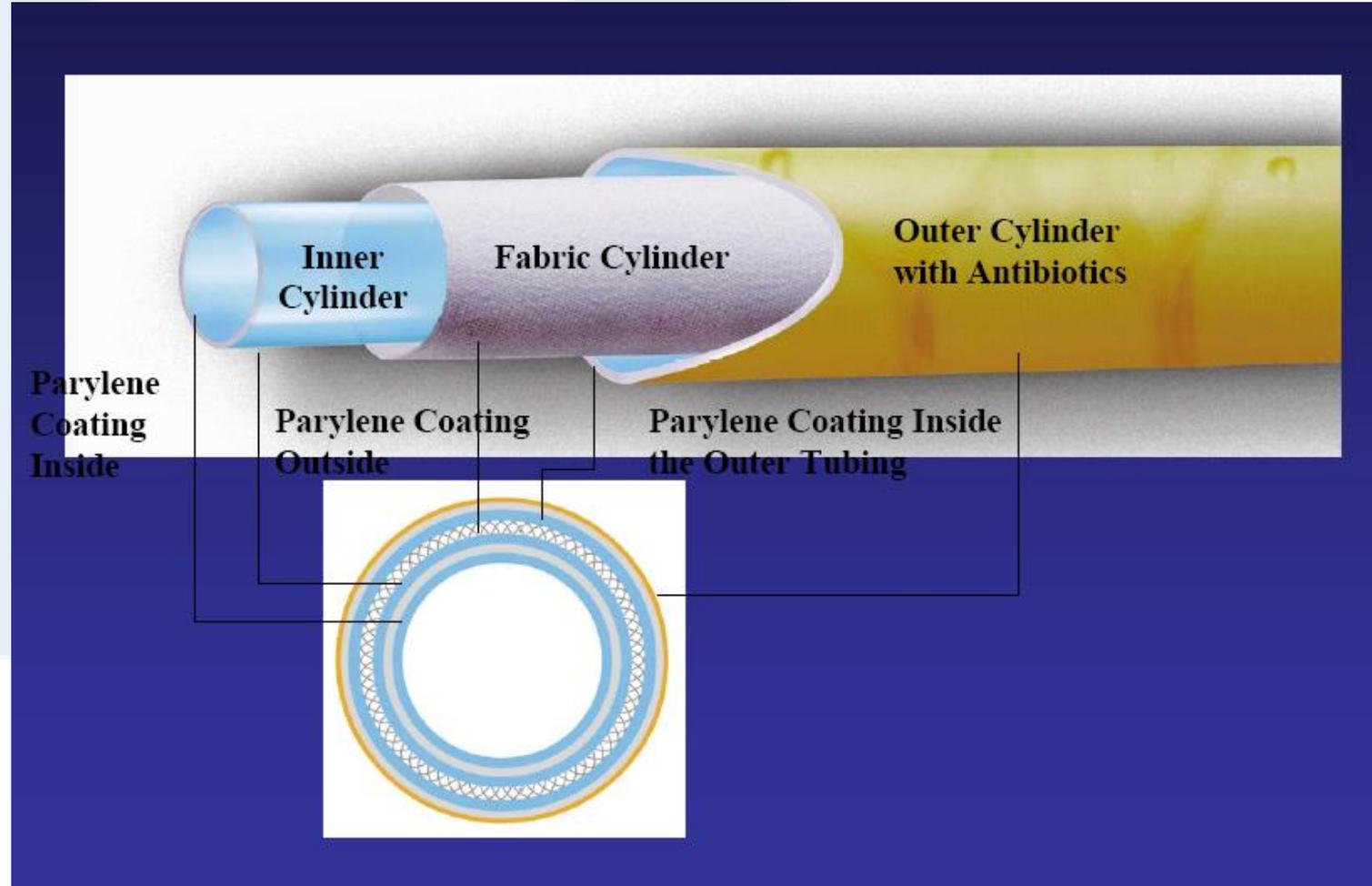


American Medical Systems

- CX
- CXR
- Ultrex- LGX
- Inhibizone[®]
- Bomba melhorada
- Momentary squeeze[®]
- Parilene



American Medical Systems



Coloplast – Titan Resist

- Titan
- *Narrow base*
- Bioflex[®]
- Resist[®] – revestimento PVP
- Válvula Lock-out[®]
- *One-touch release pump OTR[®]*

Angulo zero

Extremidade distal menos traumática

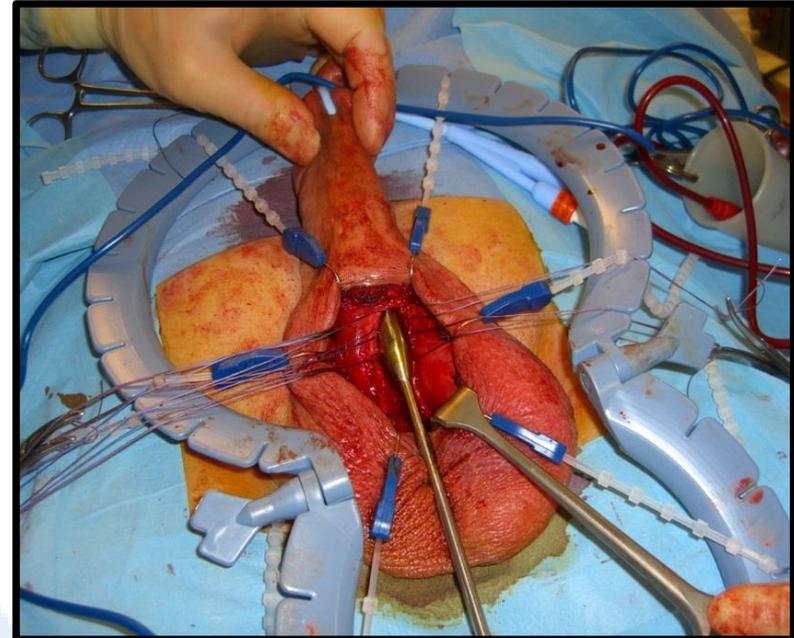
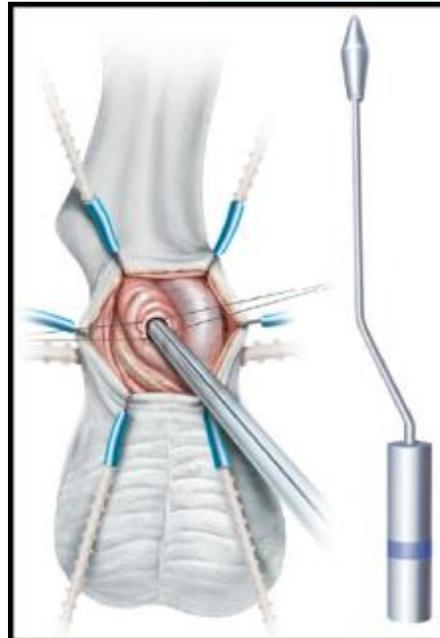
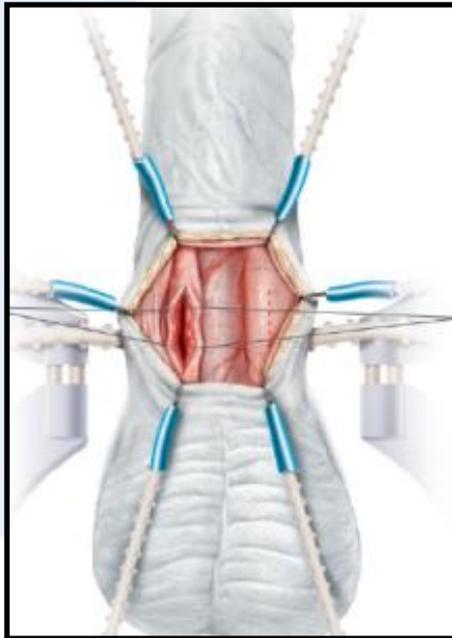


Abordagem Infrapúbica vs Peno-escrotal ?

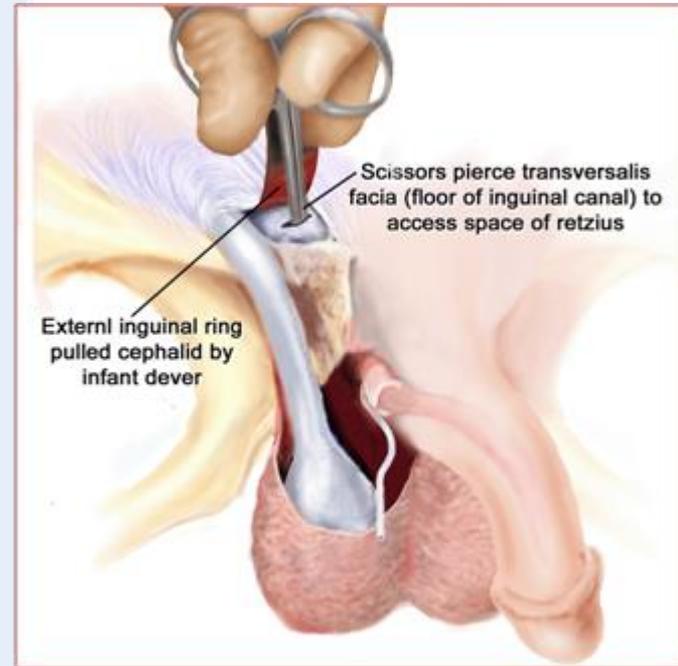
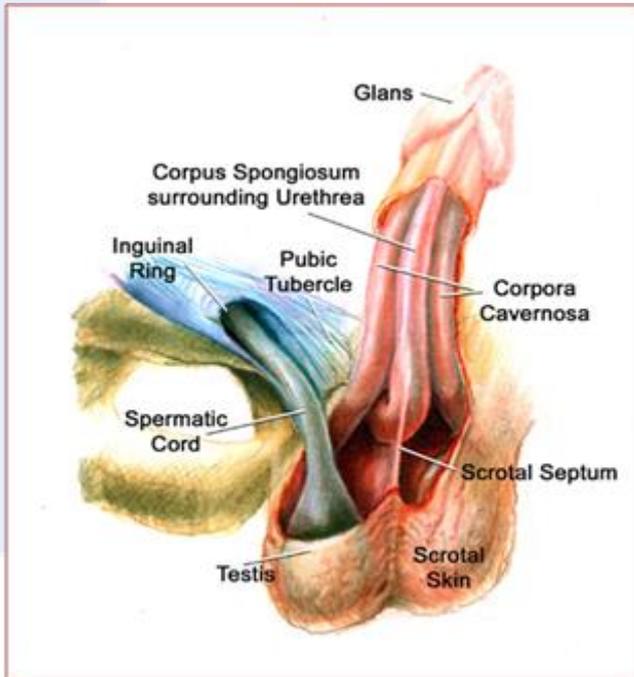
- Exposição dos corpos cavernosos
- Lesão do feixe neurovascular
- Resultado estético
- Colocação da bomba na posição correcta
- Colocação do reservatório sob visão directa



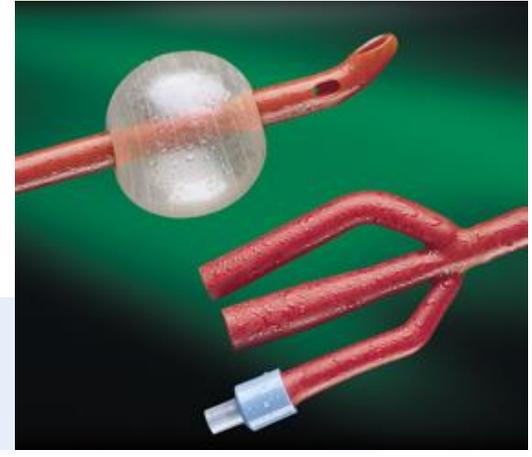
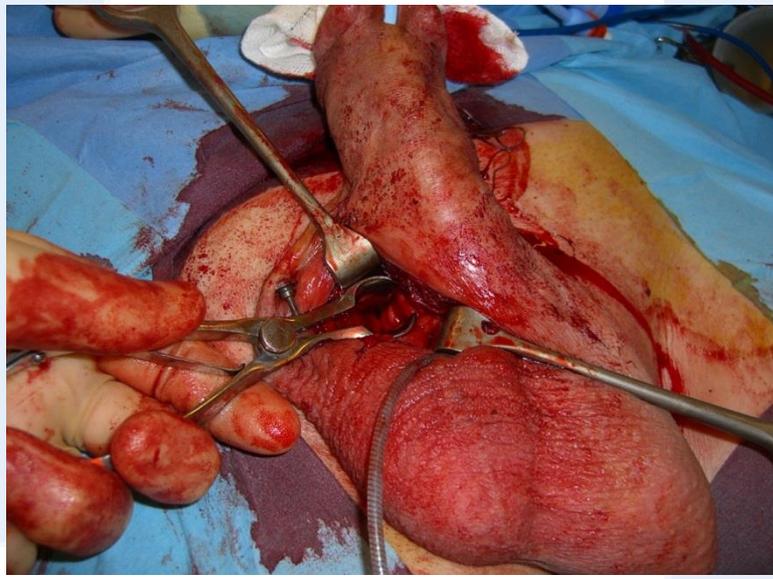
Cavernotomia e Dilatação



Colocação do Reservatório

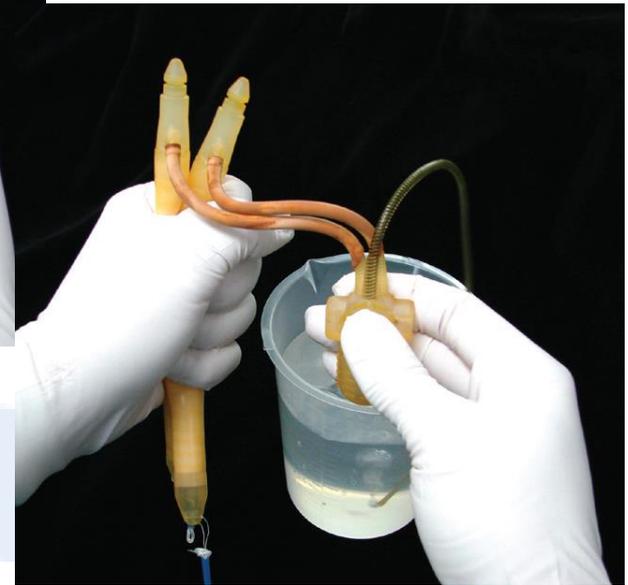
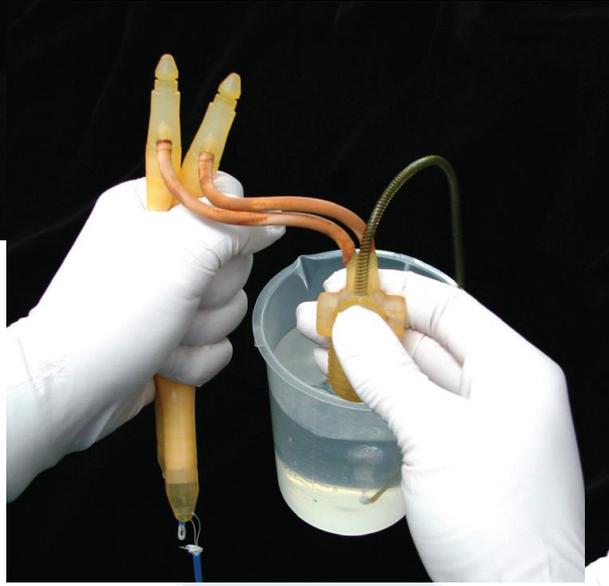
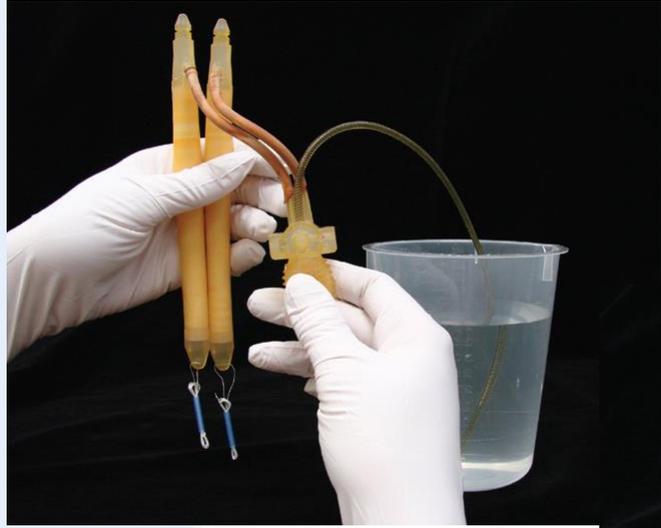


Colocação do Reservatório

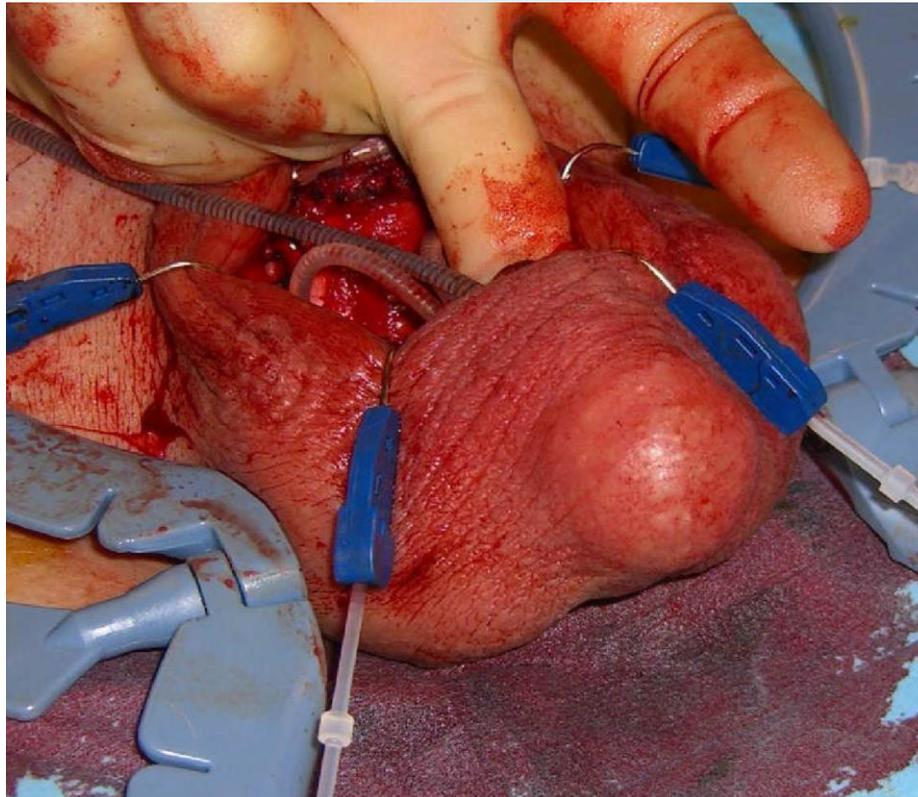


Manobra NT

Preparação da prótese



Colocação da bomba



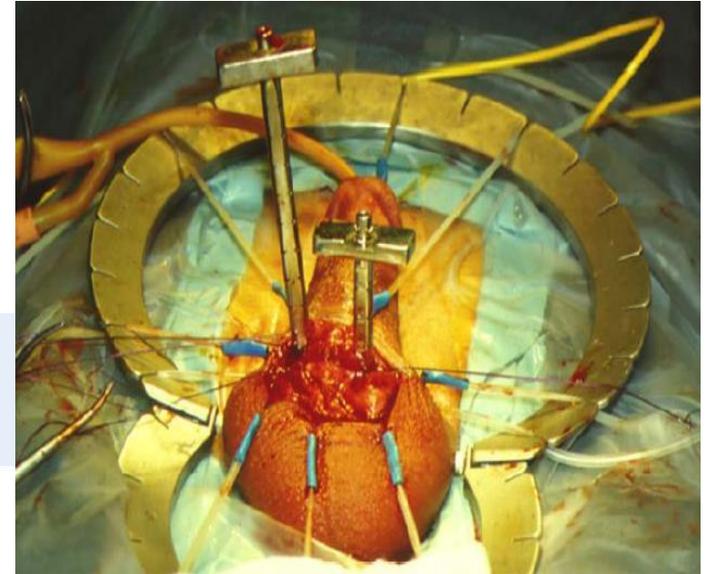
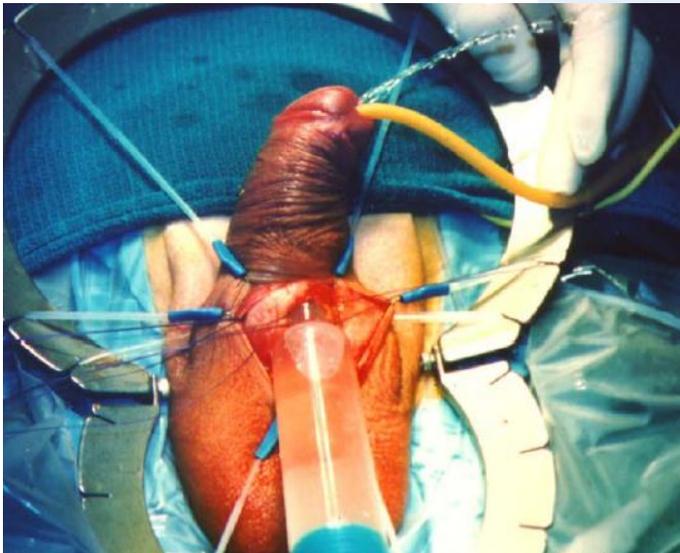
Complicações

Intra-operatórias

Laceração da uretra

Perfuração crural

Cross-over



Pós-operatórias

Mecânicas

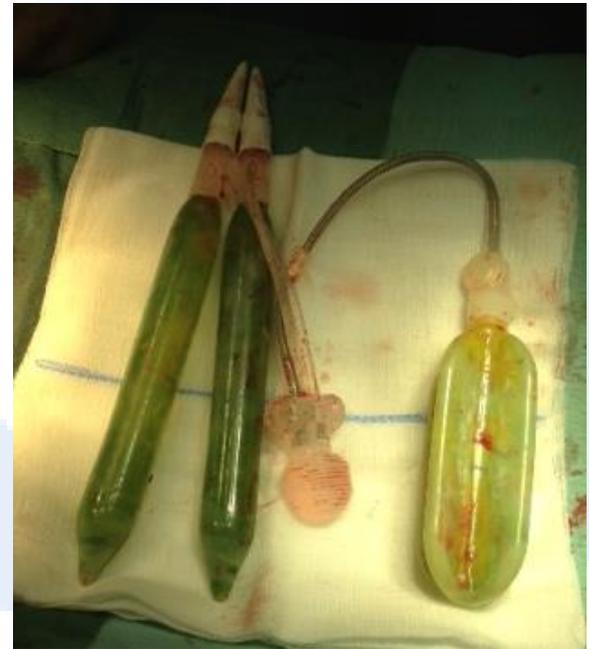
Infecção

Erosão

Deformidades penianas- SST



Complicações ...



A nossa experiência

49 doentes	
Idade média: 61,3 anos	
Titan Coloplast: 20 doentes	AMS 700 CX: 28 AMS 700 CXR: 1
Etiologia	Prostatectomia radical: 20
	Diabetes mellitus e/ou causas vasculogénicas (doença cardiovascular, HTA, síndrome metabólica, dislipidémia, etc.): 23
	Neurogénica periférica (cirurgia colo-rectal, cistectomia radical): 2
	Doença de Peyronie: 3
	Priapismo: 1
Média de seguimento: 19,3 meses.	
Titan Coloplast: 24 meses	AMS 800: 12 meses

A nossa experiência

Prótese funcional sem intercorrências	43 (85,7%)
Falência mecânica	3 (6%)
Infecção	3 (6%)
Erosão uretral + infecção	1 (2%)
Taxa de satisfação global	93%
Taxa de satisfação doentes com prótese Titan Colopast	88%
Taxa de satisfação doentes com prótese AMS 700	95%

Profilaxia da Infecção

- ▶ Lavagem antiséptica adequada
- ▶ Restrição movimento de pessoal no bloco op.
- ▶ Antibioterapia e.v. e perioperatória
- ▶ Tricotomia no bloco op.
- ▶ **Inhibizone[®] e Revestimento PVP**

Taxa de Infecção - 1 a 3% para 0.68 a 1.06%

Próteses Penianas

Outras Indicações ?

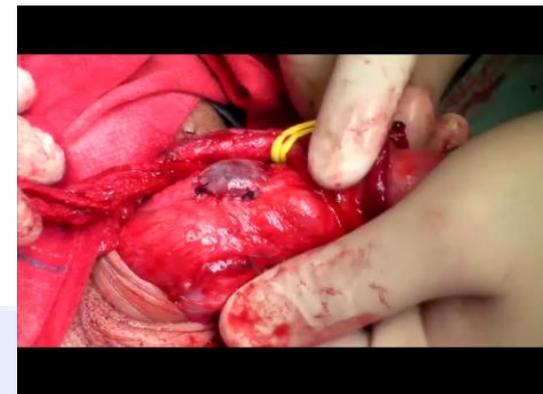
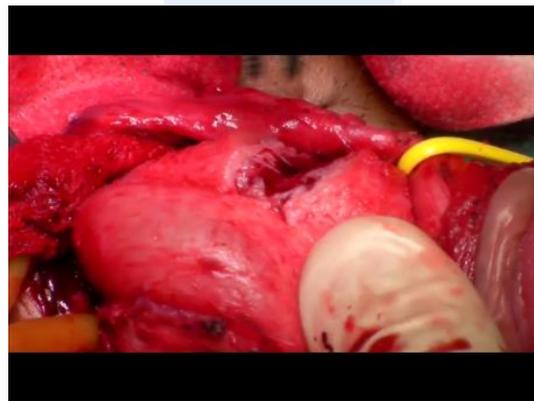
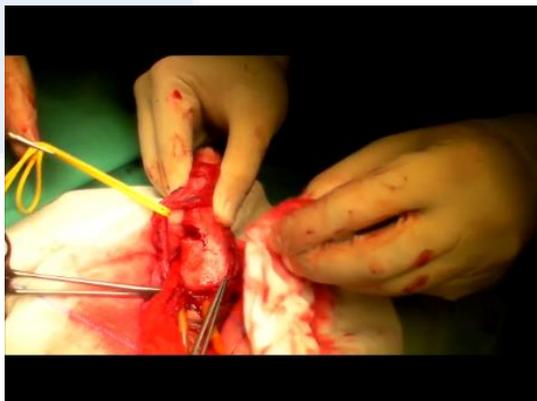
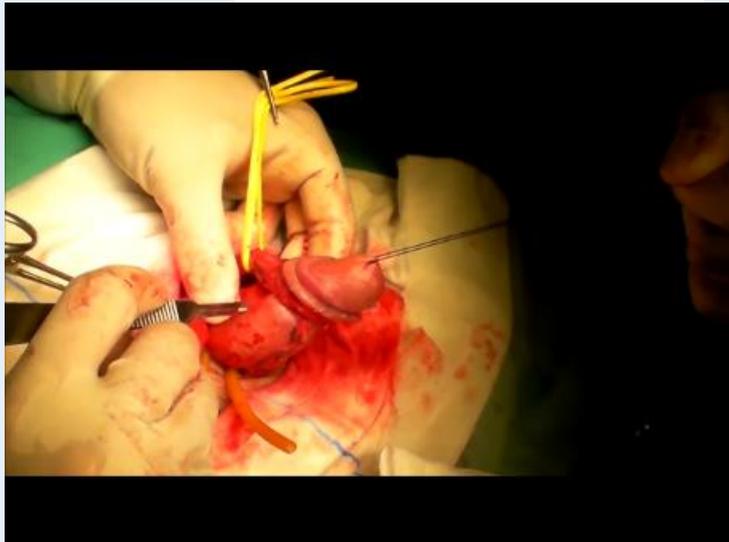
Doença de Peyronie

Amputação peniana

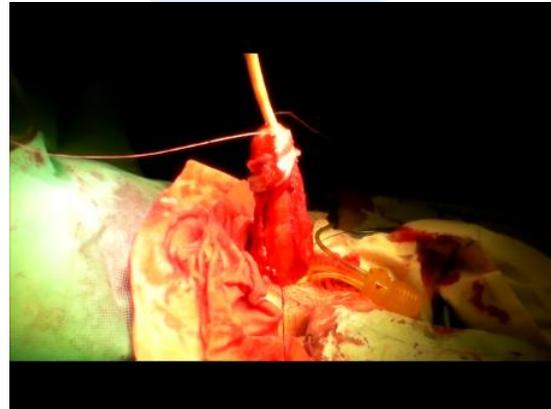
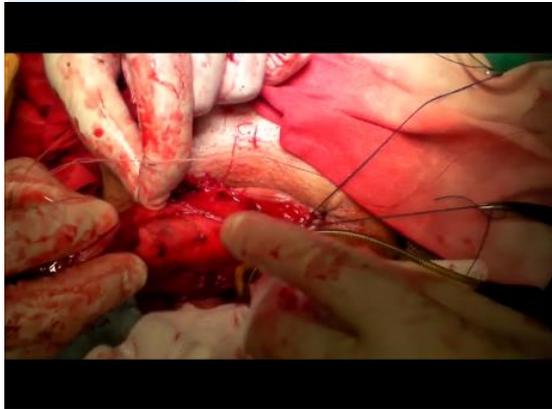
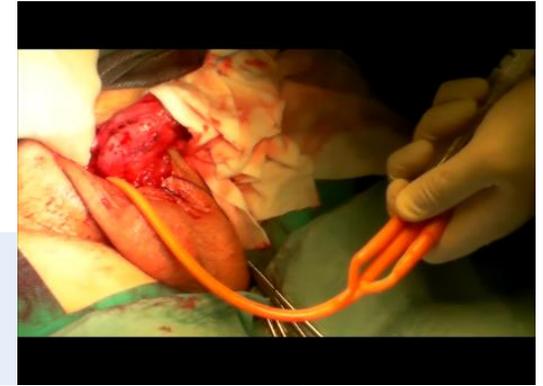
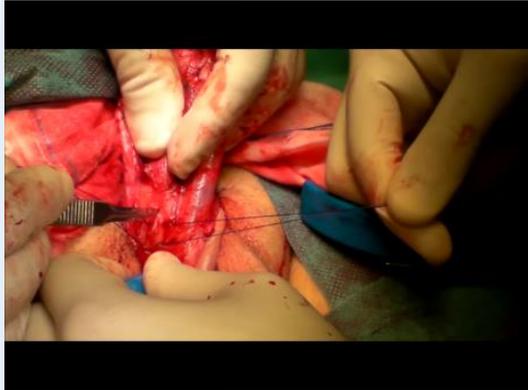
Micropénis

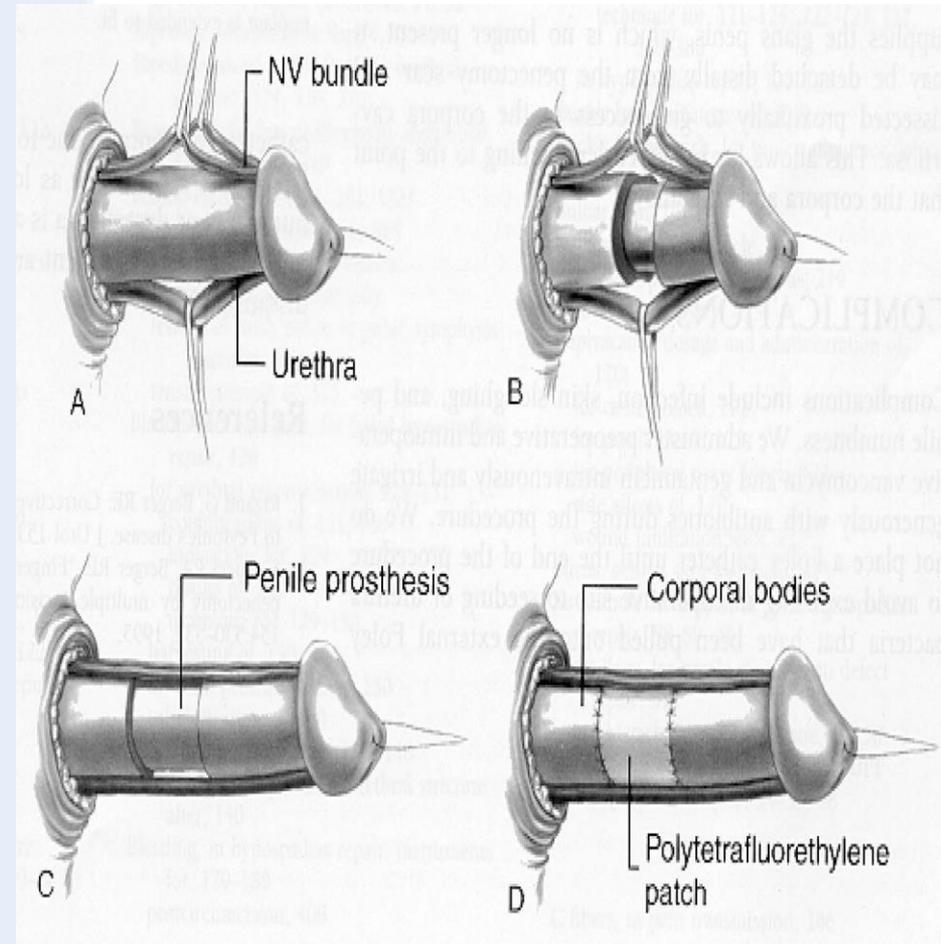
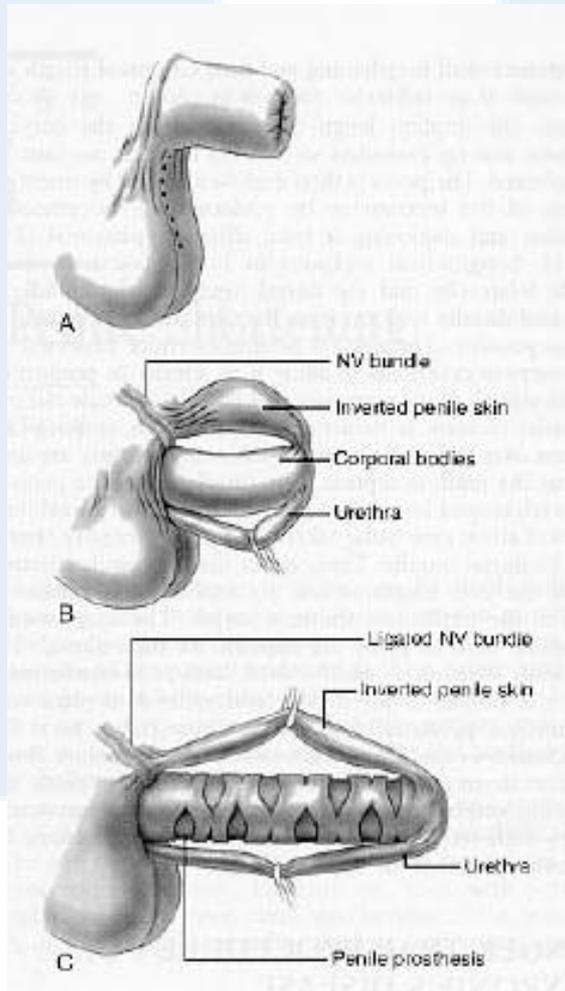
Transsexualismo

Doença de Peyronie e DE



Doença de Peyronie e DE





Rigaud, J Urol 153:368,1995

Transsexual

Female to Male

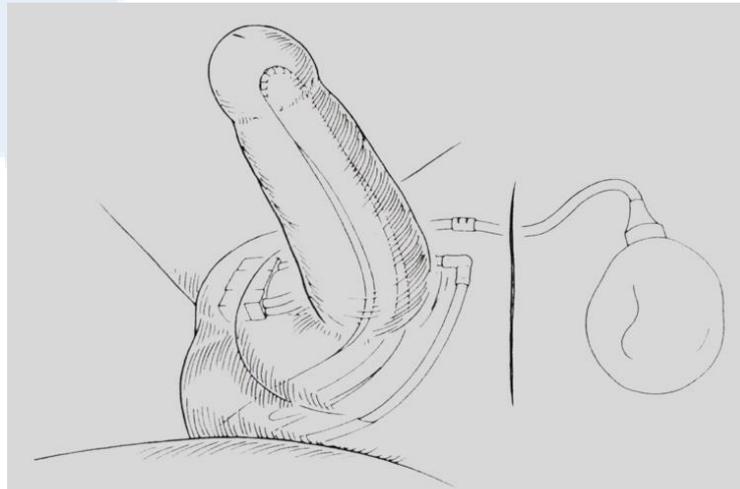


FIG. 4. Placement of various components, in this case multi-component, controlled expansion, hydraulic prosthesis.

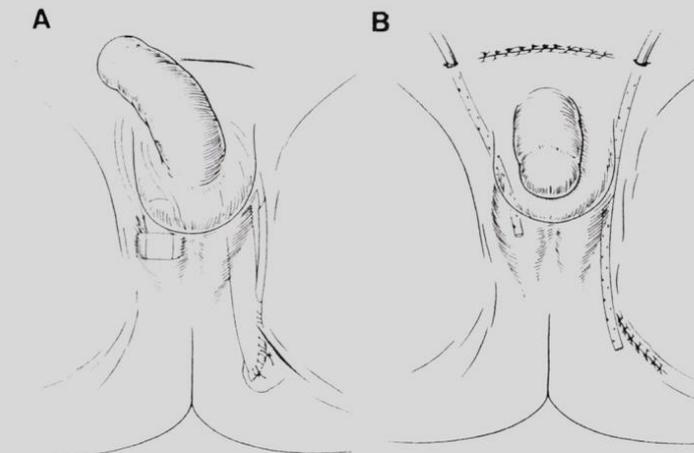
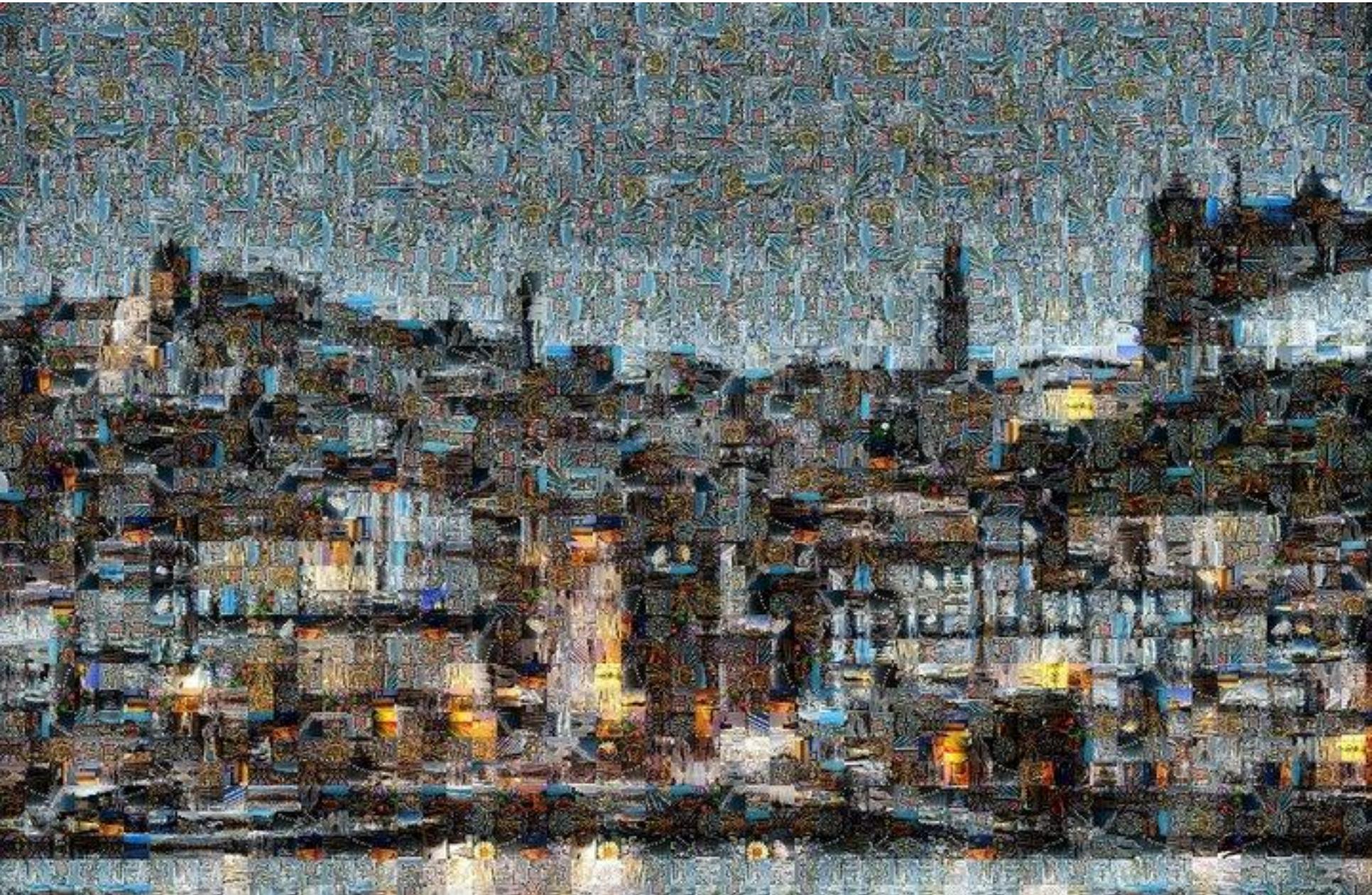


FIG. 5. A, view from lithotomy position demonstrates mechanism of fixation of proximal cylinder to ischial tuberosity. B, view from lithotomy position with incisions closed and suction drains in place.

Conclusões

- **Tratamento eficaz para DE há mais de 30 anos**
- **Taxas de disfunção mecânica 5-15% aos 5 anos**
- **Taxas de infecção diminuíram com as próteses mais recentes apesar da presença de biofilme**
- **Tratamento mais invasivo mas taxas de satisfação consistentemente elevadas**



José Paulo Andrade