

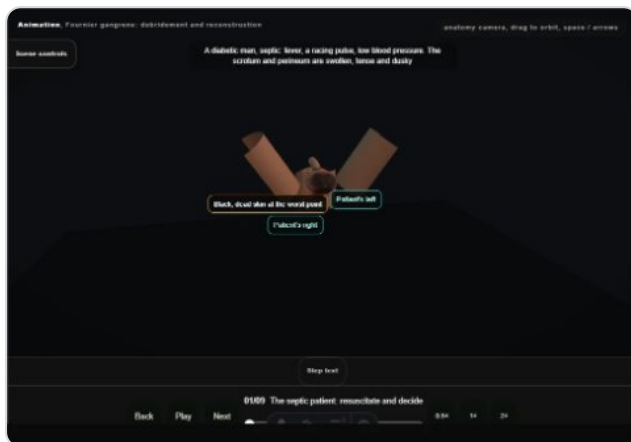
Fournier gangrene: debridement and reconstruction

9 steps, each one the authored title and caption from the interactive animation, with the frame captured from that step. Read it before the case, or print it and work through the steps in order.

Teaching only, not for diagnosis or treatment decisions. The text on this sheet is the animation's own step copy, reproduced verbatim.

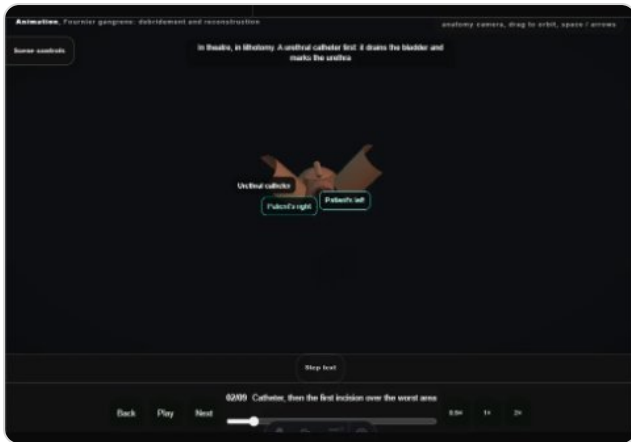
UrOps3D · UroRef · © Nity G

01 The septic patient: resuscitate and decide



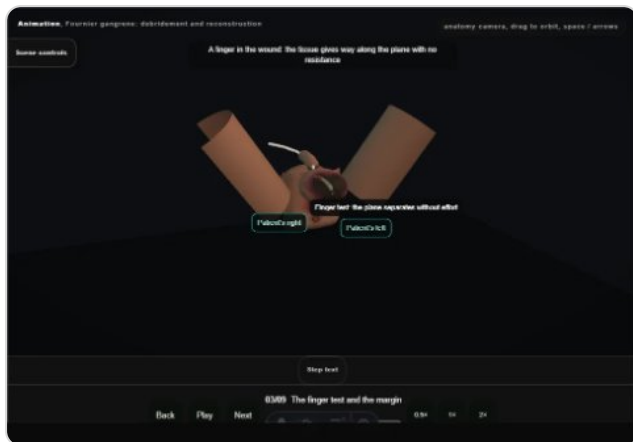
- A septic man with a **tense, crepitant, dusky scrotum and perineum** and a patch of black skin.
- Cultures, **broad-spectrum antibiotics** and fluids start at once; theatre is not delayed.
- The FGSI predicts outcome; it does not decide on surgery.

02 Catheter, then the first incision over the worst area



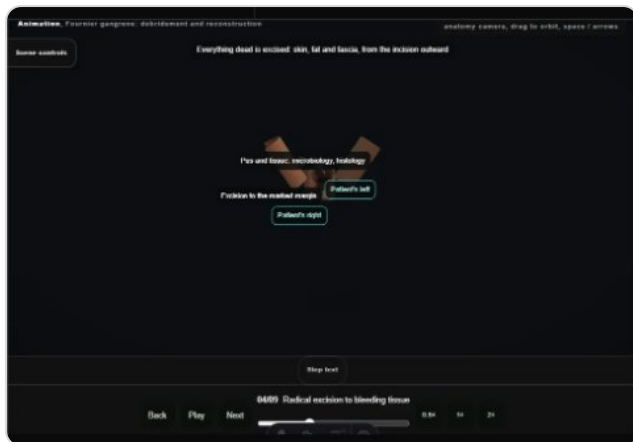
- In lithotomy, a **urethral catheter first**: it drains the bladder and marks the urethra.
- The first incision goes **straight over the worst area**, through skin and subcutaneous tissue to the fascia.

03 The finger test and the margin



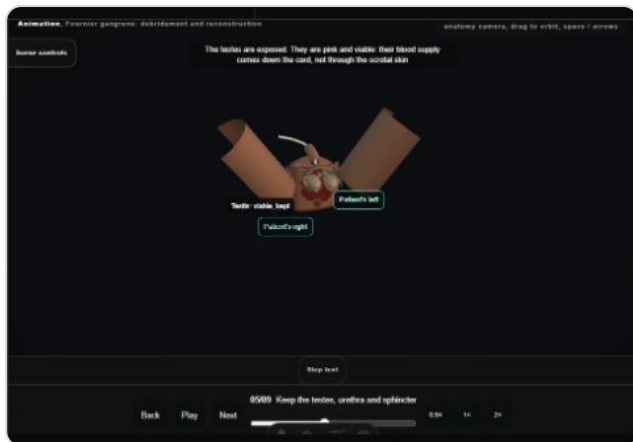
- A finger passes along the plane with no resistance; **grey dishwater fluid, no bleeding.**
- **The skin looks better than the fascia beneath it.**
- The margin is marked where tissue stops giving way and bleeds, and specimens go to microbiology.

04 Radical excision to bleeding tissue



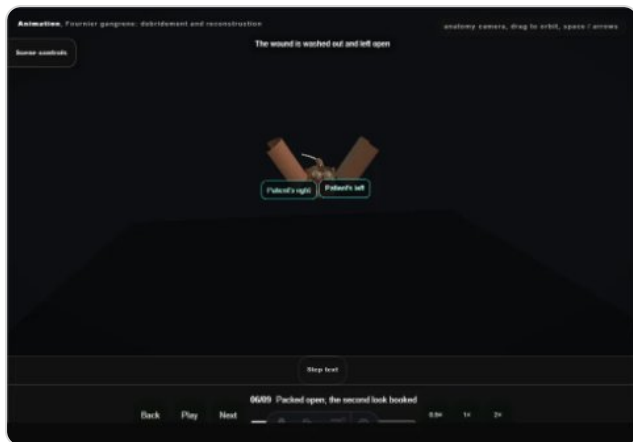
- All dead skin, fat and fascia are excised from the incision outward, **along Colles fascia onto the perineum and Scarpa fascia toward the groin**, until **every edge bleeds** and the fascia is healthy.

Keep the testes, urethra and sphincter



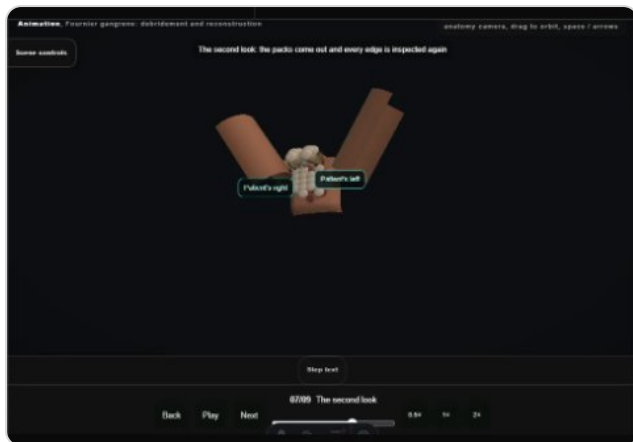
- The **testes are exposed but viable** on their own blood supply down the cord, and kept.
- The **urethra lies under the bulbospongiosus over its catheter**.
- The anal sphincter is preserved; diathermy to bleeding points.

Packed open; the second look booked



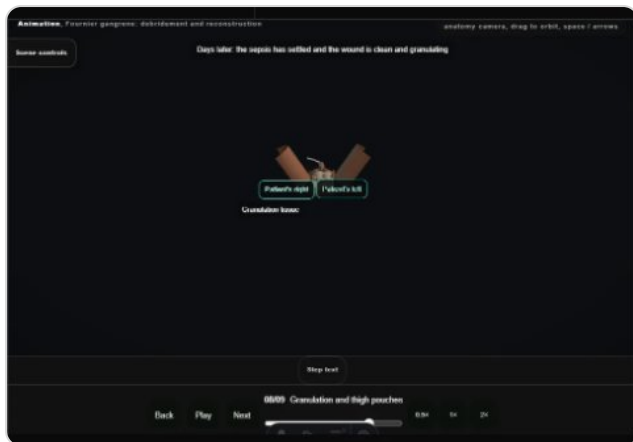
- Washed out and **packed open with moist gauze**, the testes wrapped in it.
- Back to intensive care, with a **second look in 24 to 48 hours**, sooner if he worsens.

07 The second look



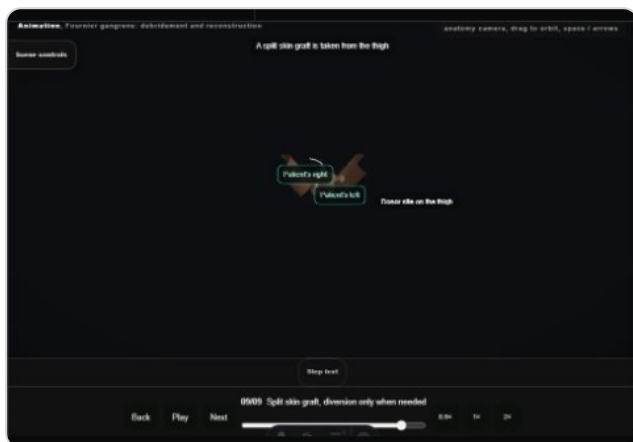
- Packs out and every edge inspected again.
- **A residual grey edge is trimmed back to bleeding tissue** and the wound packed again.
- Debridement is repeated as often as it takes.

08 Granulation and thigh pouches



- Days later the wound is **clean and granulating**.
- Each testis is tunnelled into a **pouch under the skin of the upper thigh**, where it is covered while the defect is reconstructed.

09 Split skin graft, diversion only when needed



- A **meshed split skin graft** from the thigh covers the granulating wound.
- A **suprapubic catheter** or a **defunctioning colostomy** is reserved for urethral or anorectal involvement, not used by default.

Derived from scrotal/FournierScene.tsx at build time: every step title and caption above is the authored ProcedureDef text, reproduced verbatim, and this page shares its readable-points renderer with the animation itself. 9 of 9 steps have a captured frame.

Text fingerprint 6c18cf52ba5e5936. A caption edit without a re-capture fails the production check, so the sheet and the animation cannot drift apart silently.

Read before the case.
Debrief after it.

- About
- UrOops Cards
- Curriculum
- Operative notes
- Departments
- Progress
- Governance
- Disclaimer
- Privacy
- Terms
- Support

Teaching only, not for diagnosis or treatment decisions.

A UroRef project. Explore [UroRef](#), [ProstateView](#), [CalyxView](#) and [CystoSight](#).

© 2026 Nityanandan G. All rights reserved.

