

Penile reimplantation after amputation

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.

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01 Prepare the part

Frame not captured yet. The step text below is the complete teaching content.

- The part arrives wrapped in **saline gauze inside a sealed bag, the bag in iced water**: never the tissue on the ice.
- Under loupes it is irrigated and debrided as little as possible; length is kept.
- The cut face is read before anything is joined: two corpora and the septum, the urethra in its spongiosum, the dorsal vein, arteries and nerves.

02

Prepare the stump

Frame not captured yet. The step text below is the complete teaching content.

- A **tourniquet at the base**, released at intervals.
- Skin and dartos are taken back a short way from the stump edge to bare the corpora and the dorsal bundle, and the ends of the deep dorsal vein, the dorsal arteries and the dorsal nerves are found and tagged.

03

Align on a catheter

Frame not captured yet. The step text below is the complete teaching content.

- A urethral catheter is passed through the meatus, through the part and into the bladder, and the part is slid home on it.
- The catheter splints the two pieces but does **not stop the part turning** about it: the dorsal midline is the check for rotation.

04 Join the corpora

Frame not captured yet. The step text below is the complete teaching content.

- The corpora are aligned, septum to septum, and the **tunica albuginea of each is approximated all round** with interrupted absorbable stitches.
- This is the structural repair: everything after it lies on a stable shaft.

05 Join the urethra

Frame not captured yet. The step text below is the complete teaching content.

- Both urethral ends are trimmed as little as possible and **spatulated on opposite sides**, so the join is oblique and wider than either end.
- One layer of interrupted absorbable stitches over the catheter.

06 Repair the deep dorsal vein

Frame not captured yet. The step text below is the complete teaching content.

- The operating microscope.
- The deep dorsal vein is freed on both sides, its ends spatulated and joined with fine interrupted stitches.
- **The way out comes first:** a part with arterial inflow and no venous drainage congests.

07 Repair a dorsal artery

Frame not captured yet. The step text below is the complete teaching content.

- One dorsal artery is joined end to end in the same way; both, when both are usable.
- The **tourniquet comes off** and both joins are watched: a pulse that crosses the arterial join, no bleeding.
- The part pinks up slowly and only partly.
- The cavernosal arteries are generally too small to join.

08 Repair a dorsal nerve

Frame not captured yet. The step text below is the complete teaching content.

- The dorsal nerve ends are brought together without tension and joined with **stitches in the epineurium only**.
- One nerve at least; both, when both are usable.
- Return of sensation is hoped for, never assured.

09 Close and counsel

Frame not captured yet. The step text below is the complete teaching content.

- Dartos first, then skin: **two layers** of interrupted stitches.
- The catheter goes to drainage and the dressing is **loose**.
- The part is still dusky when the operation ends.
- Skin necrosis, stricture, fistula, altered sensation and erectile dysfunction are named to the patient before and after.

Pre-release educational preview

Read before the case.
Debrief after it.

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A UroRef project. Explore UroRef, ProstateView, CalyxView and CystoSight.

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