

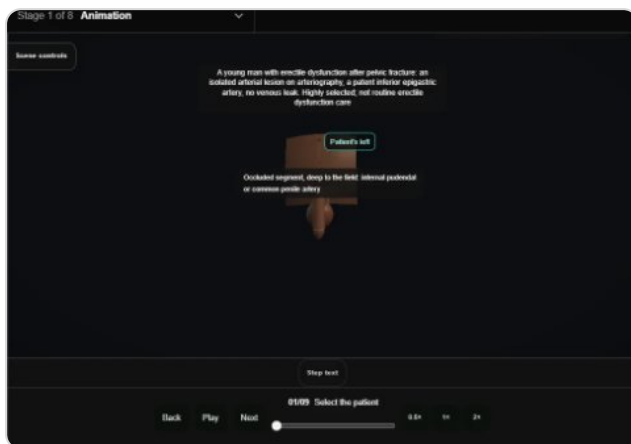
Penile arterial revascularisation: inferior epigastric to dorsal artery

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.

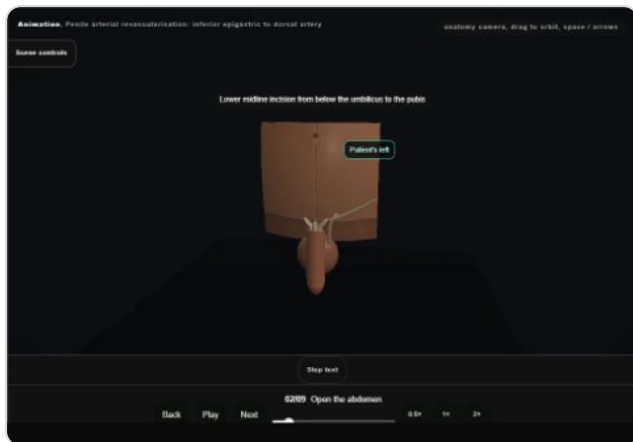
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01 Select the patient



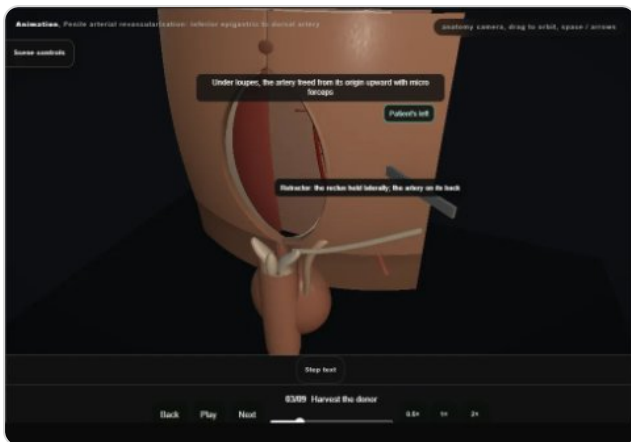
- A young man with erectile dysfunction after pelvic trauma: an **isolated arterial occlusion** on pharmaco-arteriography, a patent inferior epigastric artery, no veno-occlusive dysfunction on cavernosometry, no vascular risk factors.
- Highly selected and **not routine** erectile dysfunction care; oral therapy, injections, a prosthesis and endovascular options are the alternatives.

02 Open the abdomen



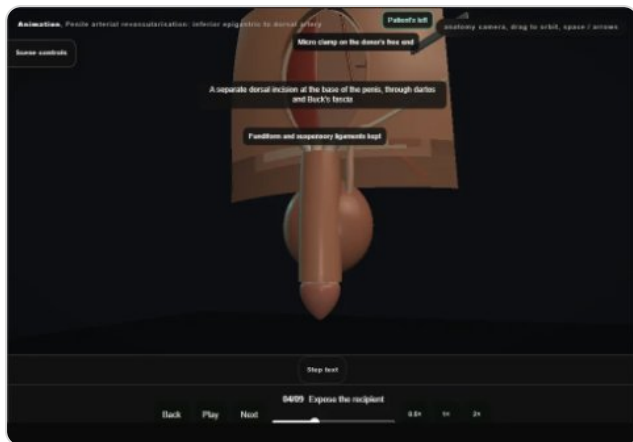
- Lower midline incision from below the umbilicus to the pubis; the linea alba opened and the recti separated.
- The **peritoneum stays closed**.
- The left rectus is lifted laterally and the inferior epigastric bundle lies on its posterior face.

03 Harvest the donor



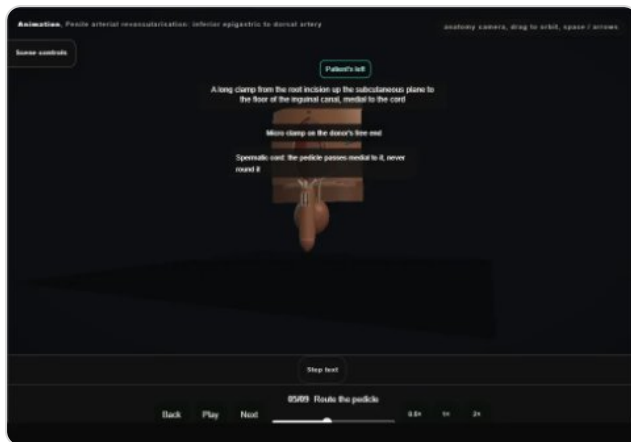
- Under magnification the inferior epigastric artery is freed from its **origin at the external iliac** up to the umbilical level.
- Every side branch is clipped and divided, never torn.
- A micro clamp on the artery, division at the top: a live pedicle on its own origin.

04 Expose the recipient



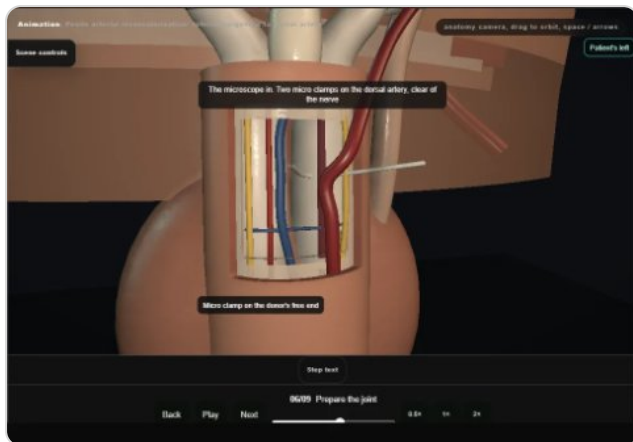
- A separate dorsal incision at the base of the penis through dartos and Buck's fascia, the **fundiform and suspensory ligaments kept**.
- The deep dorsal vein and the dorsal nerves are held aside and the left dorsal artery is isolated and mobilised on a sling.

Route the pedicle



- A long clamp passes from the root incision up the subcutaneous plane to the **floor of the inguinal canal, medial to the cord**, and the pedicle is drawn down to the root.
- No twist, no kink, no tension: the marker stripe stays in line from the iliac origin to the penis.

06 Prepare the joint



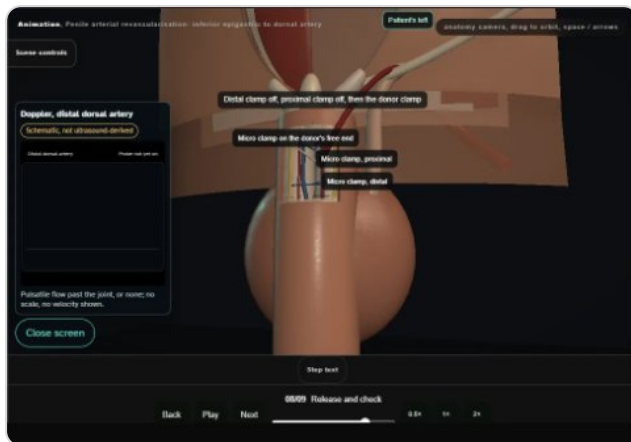
- The operating microscope.
- Two micro clamps on the dorsal artery clear of the nerve, a **slit arteriotomy on the anterior wall** between them, topical vasodilator onto both vessels, and the donor end trimmed to lie on the slit without tension.

End-to-side anastomosis



- Heel stitch, toe stitch, then the far wall in sequence, the vessel turned, and the near wall.
- **Interrupted, full-thickness bites**, the back wall never caught, with fine monofilament.
- The donor meets the recipient at an acute angle.

Release and check



- Distal clamp off, proximal clamp off, then the donor clamp.
- The **pulse passes the joint** and runs down the dorsal artery; the suture line is watched for bleeding and a Doppler probe on the distal artery shows pulsatile flow.



- Both wounds irrigated and closed in layers with the **pedicle never compressed** by the closure; the pedicle course lies under the skin from the ring to the root.
- Dressings.
- Counselling: a highly selected operation.

Derived from PenileRevascularisationScene.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 44b17f32e8cc5bdc. A caption edit without a re-capture fails the production check, so the sheet and the animation cannot drift apart silently.

Pre-release educational preview

Read before the case.
Debrief after it.

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