

Total penectomy with perineal urethrostomy

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 Isolate the tumour

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

- Biopsy-proven invasive cancer of the shaft, reaching its root; lithotomy.
- A cover is drawn over the whole tumour and tied proximal to it, so nothing sheds into the wound.
- The marker draws a **diamond round the root**, from the infrapubic skin to the anterior scrotal wall, with a margin of healthy tissue.

02 Skin and suspensory ligament

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

- The blade follows the diamond through skin and dartos.
- Above, the dissection reaches the **suspensory ligament**, which is divided so the root drops away from the pubis.
- The superficial vessels and the deep dorsal bundle are isolated, **tied, and then divided**.

03 Free the spongiosum

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

- The shaft is reflected toward the abdomen and the scrotum drawn down.
- **Buck's fascia is opened ventrally** over the corpus spongiosum, and scissors develop the plane between the spongiosum and the corpora cavernosa, back to the edge of the bulb.
- The urethra keeps its spongiosum: that is its blood supply.

04 Divide the urethra

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

- The urethra is divided here, **keeping length on the proximal end**: it has to reach the perineum without tension.
- A stay suture holds the end, the lumen open in its face, and the end is parked toward the scrotum.

05 Transect the corpora

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

- Each corpus cavernosum is encircled **at the ischiopubic ramus** and divided level with its partner, healthy tissue behind the tumour.
- The specimen goes to pathology; frozen section of the corporal and urethral cut faces is an option when clearance is in doubt.

06

Close each corpus

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

- The tunica albuginea of **each stump is closed on its own** with interrupted absorbable sutures.
- Haemostasis is judged stump by stump: the first is dry before the needle goes to the second.

07

Perineal opening and tunnel

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

- The scrotum is lifted.
- A small ellipse of skin is excised over the median raphe and the wound carried through Colles fascia and fat.
- A right-angle clamp passes beneath the scrotum, takes the urethral end and **draws it through the tunnel on one smooth curve**, without a twist or an angle.
- The bulb stays where it is.

08

Mature the neomeatus

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

- The end lies at the skin without tension.
- It is **spatulated dorsally**: one blade in the lumen, cutting toward the scrotum.
- The opened end is sutured mucosa to skin round the ellipse with interrupted absorbable stitches, and the opening is left wide.
- A catheter passes to the bladder.

09

Close the anterior wound

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

- Haemostasis again.
- Dartos and skin are brought together **transversely in two layers**.
- Dressing and a scrotal support; the catheter drains from the perineum.

Pre-release educational preview

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Debrief after it.

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

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