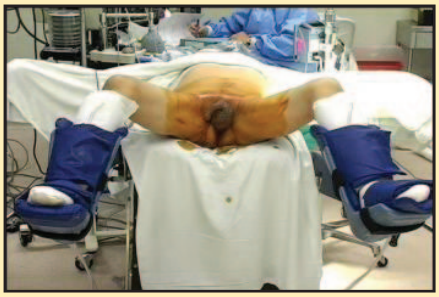
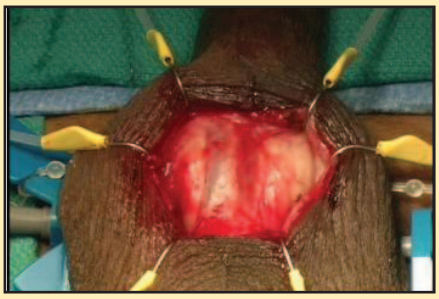
AMS 1500™ *Simultaneous Implantation of AMS 800™ Urinary Control System and AMS 700™ Penile Prosthesis*

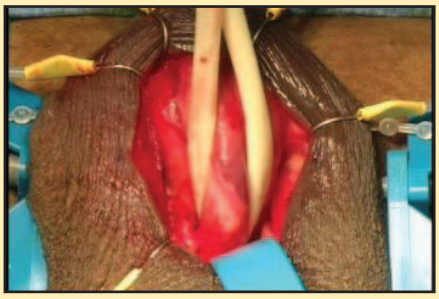
Step 1 The patient is placed in a low lithotomy position. He is shaved and a full 10-minute scrub is performed. A 14 French Foley catheter is placed to help in landmark identification.



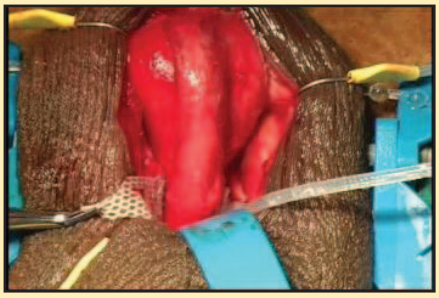
Step 2 Exposure is then provided with a SKW retractor. Once the upper transverse scrotal incision has been made, the hooks are positioned as follows: Loose at 11:00, 1:00, 5:00, and 7:00; tight at 3:00 and 9:00.



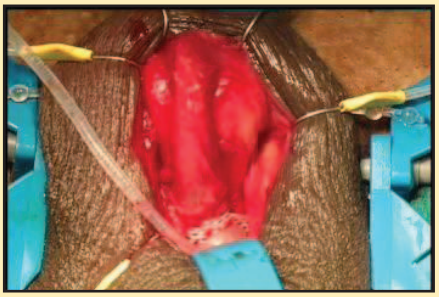
Step 3 Once both corpora have been dissected proximally, the scrotal septum is then sharply taken down to the proximal urethra. The proximal anatomic landmark is the bulbourethralis muscle. Sharp dissection behind the urethra is then conducted and a two-centimeter wide window is created to allow for cuff measurement.



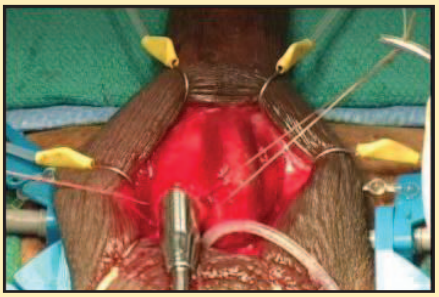
Step 4 Once the urethra is measured to determine the correct cuff size, the cuff is then placed with the inflatable portion against the urethra.



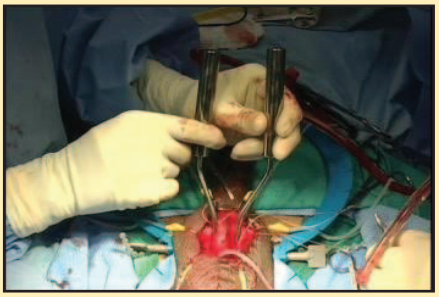
Step 5 The locking tab is secured and the cuff is rotated laterally. A single 2-0 vicryl stitch is placed to secure the tubing posteriorly.



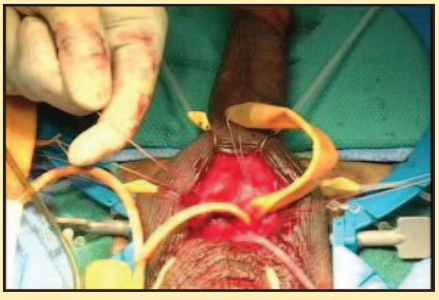
Step 6 For the cylinders, 2-0 vicryl stay sutures are placed and a corporotomy is made with a #15 blade. Next, the Metzenbaum scissors are passed distally, being sure to keep the tips pointed laterally. The corpora are then dilated distally and proximally with the Brooks dilators.



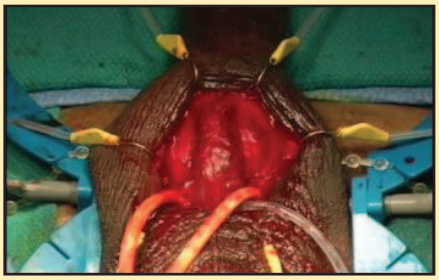
Step 7 The Furlow inserter is used to obtain distal and proximal measurements. Both dilators are then placed into the proximal corpora. They should be equally distant to allot for a proximal perforation. The corpora are also irrigated to check for a distal urethral injury.



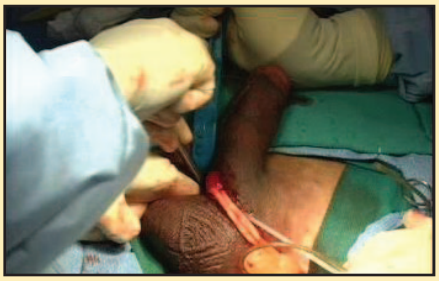
Step 8 The Furlow inserter is then used to position the cylinders. The proximal portion of the penile cylinder must be placed first. Once they are in position, the stay sutures are tied.



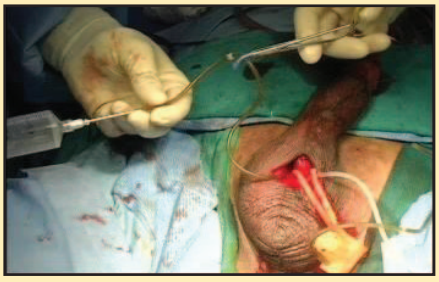
Step 9 The retractor is removed for preparation of reservoir placement. The bladder is also drained to prevent injury.



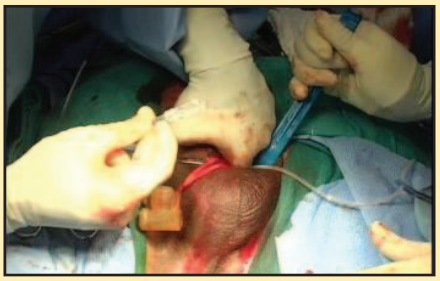
Step 10 Dissection of the external inguinal ring is now performed. The index finger is used to palpate the pubic tubercle and the inguinal ring can be palpated lateral to this. The supplied baby deaver is then used to hook the right external inguinal ring. Next, pierce the transversalis fascia with the Metzenbaum scissors to enter the retropubic space.



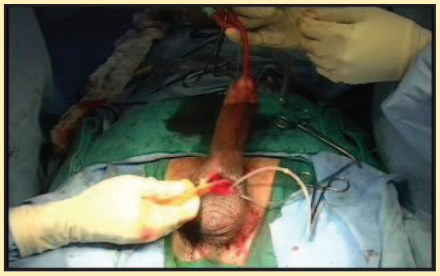
Step 11 Once this space has been created, the reservoir for the inflatable penile prosthesis can be placed. Next, trim the tubing and fill the reservoir.



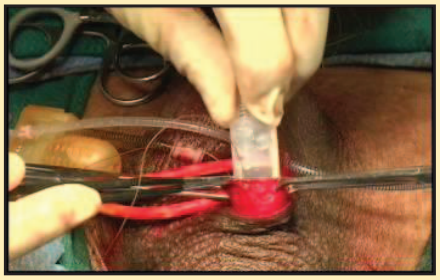
Step 12 The pressure regulating balloon for the artificial urinary sphincter is placed on the contralateral side. A large defect in the left external inguinal ring is not necessary because of the small size of the balloon.



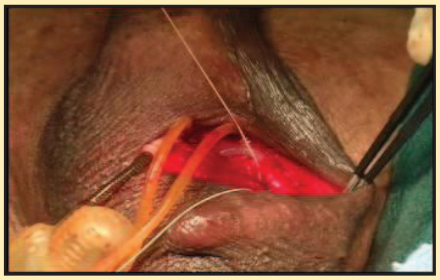
Step 13 After connecting the tubing and securing the system, inflate the penile prosthesis to check the position of the cylinders.



Step 14 Place the AUS control pump in a subdartos pouch that is created by a 12-millimeter Brooks dilator. A pursestring suture with 3-0 vicryl is then placed to help position and secure the pump. Once the control pump has been positioned and tubing trimmed, cycle the pump two to three times prior to leaving it in the deactivated position.



Step 15 Place the pump for the inflatable penile prosthesis in the midline of the scrotum. Trim the excess cortex sheath and isolate the tubing for each component.



As with any surgical procedure and implant, there are inherent risks. Although rare, some of the most severe risks include failed treatment, infection, erosion, and bladder and mechanical complications. The amount of clinical experience involving simultaneous implants of both devices is limited. These and other factors could require surgical revision or explant of one or both devices. See the *Instructions for Use* (IFU) for complete information (indications, contraindications, warnings, etc). For additional product and risk information, visit www.AmericanMedicalSystems.com.

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