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Title (type in  
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LETTERS)PENOPLASTY FOR PENILE INTUSSUSCEPTION: AN AID IN SECURING  
CONDOM CATHETERS

**Aims of Study:** External urinary collection devices (EUCD) are often used for long term bladder management particularly in spinal cord injury patients. Dislodgment of EUCD often occurs because of mobile penile skin intussusception. In the spinal cord injury population, collection device dislodgment often results in incontinence and can lead to significant skin decubiti. Various surgical options such as circumcision, penile prosthesis, penile fat injection, and penile lengthening procedures have had disappointing results. Consequently spinal cord patients are managed with indwelling foley catheter. Herein we present a simple, effective surgical technique for penile intussusception that prevents EUCD dislodgment.

**Methods:** Split-thickness skin graft (STSG) penoplasty involves proximal penile skin excision with replacing it with STSG harvested from the patients thigh. A foam splint dressing is fashioned to stabilize the penis and protects the STSG and the urine is drained by Foley catheter. The dressing is removed in one week and the external collection device is resumed at 4-6 weeks if the graft is well healed.

Four male spinal cord injury (2 cervical, 2 thoracic) patients, mean age 44 years (range 33-53 years) had developed significant penile intussusception/condom catheter dislodgment, all patients eventually were managed with indwelling foley catheter for a mean of 7.5 years (range 1-22 years). Three patients had 4 prior failed surgical attempts to prevent catheter dislodgment including: circumcision (1), scrotal reduction (1), penile prosthesis (2).

**Results:** All 4 patients had a STSG penoplasty with no postoperative morbidity. With a mean follow-up of 12 months (range 10-28 months) all patients are satisfied and wearing condom catheters as their bladder management.

**Conclusion:** STSG penoplasty is a simple, effective, reliable method for management of penile intussusception/condom catheter dislodgment.