No-Touch Technique

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Prior to no touch technique, and with limited set of instruments, exposure of penile corpora cavernosa is gained.

Midline vertical incision

Five yellow hooks utilized to expose subcutaneous tissue on midline to Buck's fascia.

After initial instruments and gloves that previously contacted patient's skin are removed, no touch technique, markedly reducing contact with patient's skin, begins.

Using new set of sterile surgical gloves, sterile loose surgical drape is brought onto surgical field.

Sterile loose surgical drape covers entire surgical field so there is limited contact with patient's skin.

FIGURE 1

The No-Touch Technique is designed to reduce penile prosthesis infection by markedly limiting contact with the patient’s skin. Surgery is started with a limited set of instruments: two DeBakey forceps, one scalpel, one marking pen, one Bowie, and five yellow hooks. Exposure is obtained by dividing skin and all subcutaneous tissue on the midline to the level of Buck's fascia. Five blunt yellow hooks are utilized to expose the crus of the penis and secured to the Scott retractor. Instruments and bovie that have touched the patient’s skin are removed from the surgical field. Gloves are also removed and changed to new ones. A sterile loose surgical drape that markedly limits contact with the patient’s skin is brought onto the surgical field to cover it.
FIGURE 2

A small opening is made in the drape over the incision and four additional blunt yellow hooks are used to secure the drape to the edges of the incision. The entire procedure is performed through this opening. The tunica albuginea of each corpus is identified, tagged with 3-0 PDS on a RB-1 needle. A corporotomy is made at the crus of the right corpus cavernosum. Dilation of the distal and proximal corpus cavernosum is performed using a Dilamezinsert device; note, skin is not touched.
FIGURE 3

After dilation and measurement of each corpus cavernosum, the Furlow introducer is used to push the Keith needle through the glans penis; note, skin is not touched.

As corporotomy is closed, pump does not touch scrotal skin.

Proximal portion of penile prosthesis cylinder placed into right crus; note, skin is not touched.

After dilation/measurement of corpora, Furlow introducer used to push Keith needle through the glans penis; note, skin is not touched.
FIGURE 4
After placement of the second cylinder, the prosthesis is inflated and the position of the distal tip of each cylinder is assessed by palpating the glans through the drape. The pump and reservoir are subsequently placed through the same aperture in the surgical drape, also without touching the patient’s skin. Buck’s fascia is closed, covering all device components, prior to drape removal. After the surgical drape has been removed, final skin closure can be fashioned. The No-Touch Technique allows a three-piece penile prosthesis to be placed that markedly limits contact with patient’s skin.