Intraoperative Laser Angiography in Bladder Exstrophy Closure

A Simple Technique to Prevent Catastrophic Penile Injury

Martin Kaefer, Kahlil Saad, Patricio Gargollo, Benjamin Whittam Richard Rink, Molly Fuchs, Diana Bowen, Rama Jayanthi for the Pediatric Urology Midwest Alliance



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COMPLETE PRIMARY REPAIR OF EXSTROPHY

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Classic Bladder Exstrophy (N= 18)
Cloacal Exstrophy (N= 6)

18 performed on day one of life

Dry intervals (N=21)



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Pediatric Urology

CASE REPORT

Penile loss following complete primary repair of bladder exstrophy







Figure 2 Right glanular atrophy following CPRE.

Potential Reasons

Direct Vascular Injury
Vasospasm
Compartment Syndrome





Figure 2 Right glanular atrophy following CPRE.

How to limit vascular compromise

Sound surgical technique Adequate hydration Neuroaxial blockade



Algorithm

Dissection of Bladder and BN

Measure Penile Perfusion

(Intraoperative Laser Angiography)

Above Threshold



CPRE

1

Below Threshold



Staged Approach



Study



1) Beginning of Case



2) Initial Dissection



CPRE ?

Staged ?



3) Pubis Together

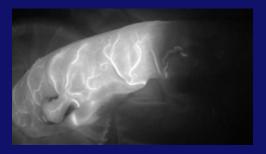
4) End of Case



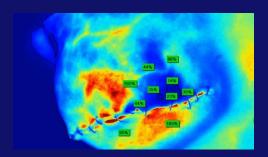


Indocyanine Green





Ischemic Bowel



Breast Flap



Study (Surgeon is Blinded)



1) Beginning of Case



2) Initial Dissection



3) Pubis Together

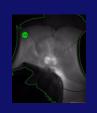


4) End of Case



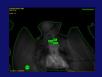
Results (N=6 Male)





341%



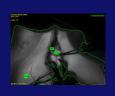


304%

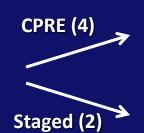
1) Beginning of Case







128%



76.5%

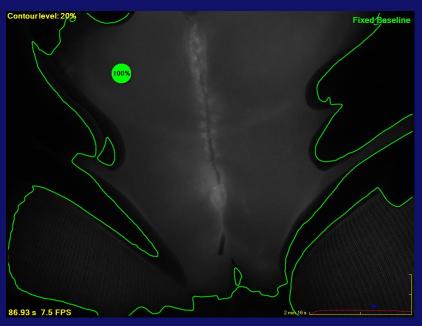
141%

3) Pubis Together

4) End of Case







Female Exstrophy



Intraoperative Laser Angiography Conclusions

Easily to use

Penile Perfusion is reduced when pubis is apposed.

Marked reduction in penile blood flow may occur without any outward clinical signs.

In the immediate postoperative period, there may be greater reduction with CPRE as opposed to a staged repair.



Objectives

Prospective Evaluation of

Penile Viability
Penile Length and Width
Long Term Penile Function





Postoperative Day 1

















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