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The article provides valuable insights into the use of the subcoronal approach for inflatable penile prosthesis (IPP) placement. The authors have conducted a respectable job in dispelling the concerns previously associated with glans necrosis in this method, and several notable advantages have been highlighted in the article.

One striking advantage is the significantly lower rate of infection observed in their study compared to other studies. Another is the ability to perform the primary procedures under local anesthesia with and without mild sedation in certain cases.

A noteworthy modification suggested by the authors is to perform the subcoronal incision over the previous scar vs proximal incision in circumcised patients, which has proven to be useful in protecting against skin necrosis. Another aspect worth appreciating is the authors' policy of randomizing the IPP brands used, effectively eliminating the potential influence of the device type on results.

However, there are some weaknesses that should be acknowledged. The study design is retrospective, which limits the ability to establish causal relationships. Additionally, the lack of a comparison group and the limited generalizability due to the study being conducted at a single center, are factors that need to be considered. Furthermore, there could be a potential selection bias given that all surgeries were performed by a single surgeon.

In conclusion, while it is true that most urologists currently lean towards scrotal or infrapubic approaches, this article serves as a strong advocate for the subcoronal approach in cases where the surgeon possesses the required confidence and expertise. The presented findings offer compelling evidence of the advantages and safety of this method. Further research, including prospective studies and multi-center trials, would be beneficial to validate the outcomes of the subcoronal approach.