

Surgical protocol: Right pudendal nerve release.

Date of surgery: 15 January 2021

Patient: Antonio Pizzarella.

Time of Surgery: 45 minutes

Protocol: neurolysis of the right pudendal nerve by triple entrapment:

- fibrous sacro-sciatic ligament
- pudendal artery-nerve impingement in Alcock's canal
- adipose hernia compressing the pudendal nerve

The patient is installed in decubitus position. A bladder catheter CH 16 is inserted. A subumbilical incision starts the surgery. A Veres needle is inserted and a test is realised to control his good position. The pneumoperitoneum is established at 12 mm of Hg. One 11 mm ports is introduced in the umbilicus. 3 others 5 mm. trocars are introduced under the view control (one in the right iliac fossa, one in the left iliac fossa and the last in the right flank). The patient is placed in Trendelenburg position and the small bowels are placed above the promontory. A longitudinal peritoneal incision along the external edge of the umbilical artery starts the surgery. The plane is open between the umbilical artery and the iliac vessels with preservation of the vas deferens. The obturator nerve, artery and vein are visualized. The surface of the internal obturator muscle is dissected behind the obturator vein. The endopelvic fascia is defat to see the arcus tendineus of the levator ani muscle. The sciatic spine is localised. The coccygeus muscle fibers are incised. The sacro-sciatic ligament is coagulated and cut from the proximal to the sciatic spine. The fibrotic part of the ligament is cut around the spine and the Alcock's Canal is opened. The dissection is stopped when we arrive in the perineal fat. The pudendal elements are medialise and release from the surrounded tissue.

A haemostasis control is done. A suprapubic catheter is inserted under view control and the bladder catheter is removed. The trocars are remove under view control. The umbilical incision is closed using a vicryl 0. Subcuticular suture close the skin incision.

Dr. Renaud Bollens