

Concerns: PIZZARELLA [REDACTED]

[REDACTED] PADOVA

File n° .:

Dear Consreur, Dear Confrère,

Your patient, Mr PIZZARELLA Antonio [REDACTED] stayed in our Urological Surgery department from 08/05/2024 to 08/05/2024.

Current condition Operated several years ago on a bilateral laparoscopic pudendal neurolysis (here the assistant Made a mistake because was only on the right side not bilatéral)

Burn in the hemi right scrotum and right face of the penis

Clinical examination: Allodynia right scrotum and right face of the penis  
Effective test block at the base of the penis and at the level of the transverse perineal muscle

History : - orchidopexy Conclusion complementary examinations :

Intervention: Neurolysis dorsal nerve of the penis Date: 8/5/24 . Surgeon: Dr. Bollens\ Assistant: Dr. Anesthesiologist: Dr. Hoebbers Protocol: Patient in gynecological position. Disinfection with alcohol. Paper charnps. A median incision at the base of the dorsal surface of the penis, extended laterally to the right towards the root of the scrotum. incision with a plcn elec.trique scalpel per pian . Visualization and preservation of the dorsal surface PEidicle of the penis. Dissection down to corpus cavernosum level. Visualization of the deep dorsal vein and dorsal nerve of the right penis. Dissection in the direction of the base of the penis, following the dorsal nerve of the penis to the level of the previous peroneal dissection. Identification of the inner surface of the fundiform ligament, which is well separated from the dorsal nerve of the penis. Section of ligament with electrosurgery and scissors. Spontaneous volumetric enlargement of the dorsal nerve of the penis. Hemostasis control. Closure of the wall with a subcutaneous 3/0 vicryl overjet. Closure of the skin with an endermic 3/0 vicryl overjet. perineal approach: right perianal ln\_cision\_ up the median rapht DIssect1on to find the fibrous core of the perineum. Localisation of tranvrse muscle du périnée. Dissection following the muscle in direction of the ischiatic tuberosity: Individualization of the superficial middle perineal branch and the P:inc1pal trunk of the pudendal nerve. Liberation of the main trunk at the level of the transverse muscle. Closure with a few subcutaneous stitches. Skin closure with a subcutaneous enderm1c overjet.

Duration: 45 min

Conclusions: perineal pudendal neurolysis

Follow-up: ibuprofen if necessary Videoconference in one month for reassessment