Proceedings of the Society for Theriogenology 2013 Annual Conference

Aug. 7-10, 2013 – Louisville, KY, USA

www.therio.org/

Next SFT Meeting:

Aug. 6-9, 2014 – Portland, OR, USA

Reprinted in the IVIS website with the permission of the Society for Theriogenology
Use of a modified Vinsot technique for partial phallectomy due to paraphimosis
Jason Anton, Shelby Hayden, Reed Holyoak, Candace Jacobson
Veterinary Clinical Sciences, Center for Veterinary Health Sciences, Oklahoma State University, Stillwater, OK

Paraphimosis is a self-perpetuating medical condition characterized by marked edema of the internal preputial lamina of the penis due to impairment of venous and lymphatic drainage. Injury, priapism, phenothiazine administration, and severe debilitation are etiologies that may result in paraphimosis. Techniques developed to correct paraphimosis vary from pharmacological intervention to salvage procedures. Frequently, surgery is indicated if the condition does not respond to medical treatment. However, general anesthesia can prove problematic for debilitated patients and surgery tends to be cost-prohibitive for some owners.

A ten-year-old gelding was presented for paraphimosis with recurrent priapism resulting from an injury ten days prior. The erect penis was fully extended from an edematous sheath and showed visible signs of epithelial exfoliation upon presentation. The penis became partially flaccid after a 1% phenylephrine solution was injected into the corpus cavernosum, followed by lavage with heparinized lactated Ringer’s solution. Application of a compressive bandage further reduced penile edema which allowed for penile repositioning and concurrent placement of a probang device. Further evaluation revealed that the probang was causing discomfort due to the recurrent priapism; a sling was subsequently used to support the penis. Recommendation of a partial phallectomy and perineal urethrostomy (PU) were made due to the lack of resolution of the priapism and subsequent paraphimosis.

The modified Vinsot surgical technique, with a subischial perineal urethrostomy, was chosen for the partial phallectomy. The PU was performed as previously described. The modified Vinsot technique followed and was characterized by callicrate band placement proximal to the intended penile amputation site, penile amputation, and healing by second intention.

The modified Vinsot technique is a standing procedure and practical alternative to previously described surgical techniques where general anesthesia is required. Furthermore, the cost for this particular technique can be significantly less and presents an affordable option to owners considering euthanasia.

References