



Fig. 2. A) 9 weeks after the primary excision; B) demarcation of the glans area; C) re-excision of the glans; D) coverage with the Veriset, which was fixed with a few 4.0 resorbable sutures; E) 3rd postoperative day, F) 7 days after the procedure; G) local wound care with vaseline mixed with baneocin cream; H) final appearance of the glans (week number 8).

Obr. 2. A) Devět týdnů po primární excizi; B) vymezení oblasti glandu; C) reexcize glandu; D) překrytí náplastí Veriset, která byla připevněna několika vstřebatelnými stehy 4/0; E) třetí pooperační den; F) sedm dnů po zákroku; G) lokální péče o ránu za použití vazelíny smíchané s mastí baneocin; H) konečný vzhled glandu (8. týden).

-related serious adverse events were recorded during the 30 days after surgery, and no reoperations for device-related complications were performed during the follow up period after surgery.

Surgeon experience, careful patient selection, patient preference and the type/size of penile lesion will affect the choice of graft to be used. The use of standardized STSG, vascularized penile skin graft, tunica vaginalis graft increases the complexity of the procedure as well as the time and potential morbidity (2, 3, 7). Therefore, for smaller lesions so called off-shelf /ready to use graft material seems to be more convenient and attractive. The ideal graft should not prolong operative time, be readily available, resistant to infection, should not contract, should induce haemostasis, and be cost-effective. However, such a graft has not yet been developed.

In general, major advantages of Veriset™ is its coating with fibrin glue, resulting in no need for fixation. For our first three cases with concomitant circumcision we placed a few resorbable sutures for safety reasons. It seems that, the novel sealant material acts as a scaffold allowing glans epithelium regeneration immediately after inducing sufficient hemostasis. According to our preliminary data Veriset had shown satisfactory haemostatic properties and potential to restore normal super-

ficial glans tissue anatomy. The final cosmesis was regarded highly satisfactory from the surgeon's point of view as well as the patient's perspective, although not measured with standard tools.

The crucial factors for final cosmetic success were postoperative local wound care management and patients' strict adherence to follow up, which are actually required for all reconstructive procedures.

Topical cutaneous application of vaseline/ baneocin cream was indicated for each case. Every patient was fully informed and fully advised about postoperative wound care management. The local application was performed at least 3 times per day in order to induce a relatively wet environment and thus induce continuous healing and regeneration.

Some clinicians may argue, because the process of complete epithelialization took 6–8 weeks, while with an STSG it takes 7–10 days. The STSG technique has proven oncological safety over time and demonstrated superior cosmetic outcomes (2, 3, 7). To our opinion, the extended recovery is relative, because our patients did not suffer from any quality of life reduction, apart from restriction of sexual activity.

We can assume once the healing process has been completed, it seems fair to state that we would not expect any wound related complications. Certainly the oncological safety has to stand the test