



Fig. 3. A) Dissection and excision of fibrotic tethering tissues of the penis shaft and tunica dartos, and consequent penoscrotal angle repair. B) Complete penis degloving, removal of the scar and postinflammatory tissues. C) Total suspensory ligament release to increase the overall penis length and placement of the testicular prosthesis 2×2.5 cm, after complete lipectomy of Mons pubis. D) The harvesting area (lateral left thigh was used as the harvest area). A pneumatic dermatome is used with slow and steady pressure to harvest the skin graft at a thickness (0.4 mm). Moderately expanded STSG (1 : 1.5 expansion) was harvested to cover the entire penis shaft. E) Placing of tacking sutures from the firm subdermal penis shaft tissues to the penis base and rectus fascia. Consequent STSG coverage. F) The graft was covered with 1 layer of nonadhering dressing (JENONET-Paraffin gauze), followed by the tie-over dressing bolster placement. Penis shaft is wrapped within, and two bolsters are sutured together in order to maintain compression and graft take. Several sutures are placed at the critical sites around the penis base. The bolster was left intact in situ for 5 days. G,H) A continuous negative-pressure dressing (on the harvested area) of 51 mmHg was maintained for 5 days with the patient on the bed rest (VAC-Vacuum Assisted Closure, KCI; Kinetic Concept; Austria). I) 3rd postoperative day – donor site. J) 7th postoperative day – donor site, wound bed is completely granulated, after two VAC cycles for 3 days and one day without VAC. K,L) One week after the procedure the graft is viable, without any signs of inflammation or ischemic changes. M) Two weeks postoperatively the mesh graft was completely taken and epithelialized. N) Final cosmetic result after 2 months

Obz. 3. A) Preparácia a excízia fibrotických tkanív penisu a tunica dartos, následná korekcia penoskrotálneho uhla. B) Tzv. kompletný „degloving“ penisu, odstránenie nežiadúcich pozápálových jaziev a tkanív. C) Po lipektómii v oblasti mons pubis, vykonané kompletné uvoľnenie ligamenta suspensoria penis za účelom získania dĺžky penisu, a umiestnenie testikulárnej protézy $2 \times 2,5$ cm. D) Miesto odberu dermoepidermálneho štepu (ľavá bočná časť stehennej oblasti). Na odber bol použitý „pneumatický dermatóm“. S pomalým a rovnomerným tlakom bol odobratý kožný štep v hrúbke (0,4 mm). Stredne expandovaný štep (expansionia v pomere 1 : 1,5) bol použitý na prekrytie tela penisu. E) Naloženie ukotvovacích stehov v oblasti podkožných vrstiev pri báze penisu a fascie musculi recti abdominis. Implantácia štepu na telo penisu. F) Na miesto štepu bol naložený neprilnavý obväz (JENONET – parafínová gáza), na ktorý bol aplikovaný tzv. „tie-over dressing“. Telo penisu bolo zabalené do dvoch penových vankúšov, ktoré