**Using fascia lata during corporoplastic with phalloprosthesis**

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For surgical treatment fibroplastic a penis induration the set of surgical techniques, including a plication of tunica albuginea, excising and a section of a plaque and corporoplastics for defect closing, and also phalloprosthetics was offered. Corporoplastic with phalloprosthesis is the best method of treatment of Peyronie disease with ED for improving sexual life of patients. When excision of plaques formed tunica defect that closes Buck fascia or graft.

At a combination of deviation of a penis and erectile dysfunction by a choice method is endocavernosal phalloprosthetics as any correction of deviation without prosthetics at the given category of patients won't restore ability to lead sexual life and it is inherently senseless. If there is a difficult deformation of a penis or degree of deformation of more than 30 %, except the equipment of prostheses additional correction of deviation by methods corporoplication or corporoplastic is necessary. To patients for whom the penis shorting is significant, the combined operation intracavernosal implantations of prostheses in a combination with corporoplastic and possible ligamentotomia with the subsequent traction of cavernous bodies the extender also is spent.

To patients with spacious pathological process, risk factors of development of erectile dysfunction, in particular with a weak erection in a distal part of a penis, at width of a planned graft more than 4 cm at which there can be an instability of eregation penis on a site of corporoplastic, we simultaneously with corporoplastic implanted semihard unicomponent prostheses with a smooth surface. Diameter of implants made 10мм.

From 2004 for 2016 77 patients with Peyronie disease and ED were operated using corporoplastic with phalloprosthesis. Tunica defect was closed :

1-st group 17 patients Buck fascia

2-nd group 21 patients Allotransplants (Cook, Synovis bovine pericardium)

3rd group 39 patients fascia Lata

The observation period in the postoperative period has made from 6 months till 8 years. The augmentation of functional length of a penis has made 1,5-2,2 cm. Penis straightening was estimated in 6 months of observation. Relapse of deviation at patients of the given group it is noted.

At 21 (75 %) of patients, the complementary erection has remained. At 25 % of patients the complementary erection hasn't remained, however penis rigidities was enough for penetration vagina and carrying out frictions.

Thus, as a result of implantation of semihard prostheses with a smooth surface of small diameter at patients managed to avoid instability of eregation penis, aggravation of erectile dysfunction and to reduce the area of damage of a tissue of cavernous bodies and in most cases to keep a complementary erection.

Results in groups: 1-st: 3 episode of postoperative bleeding ( in one case p/o fibrosis and re-operation)

2-nd: one inflammation and one re-operation cases

3-rd : any significant complications

Using fascia lata during corporoplastic with phalloprosthesis is safe, secure, reliable and inexpensive method. Autograft is especially recommended for countries where Allotransplants aren't registrated.