

## PATIENT PREPARATION FOR PROCEDURE

- The patient should be showered with shampoo and antibacterial soap, such as Betadine, both the night and morning before the operation.
- The genitals should be shaved in the holding area or the theatre to minimize bacterial colonization. The most common contaminant is *Staph Epidermis*.
- The patient should be placed in lithotomy position on the operating table after the administration of general or spinal anaesthesia.
- Wash patients genitals twice with antibacterial soap and antiseptic for 5 minutes.
- With all drapes placed, perform a third scrub.
- Prepare antibiotic for antibioprophyllaxis injection. Use antibiotic adapted to the bacteria of your region prior to the incision. For example:
  - Inject 2g of *Cefotoxin*, using a slow intravenous injection. For a procedure of more than 4 hours, inject 1g more of *Cefotoxin*.
  - Antibiotics may be continued 48 hours postoperatively.
- In case the patient is allergic to *Cefotoxin*, use:
  - 5 mg/Kg of *Gentamycin* + 1g of *Metronidazol* injected in one injection.

## THEATER PREPARATION

- The implantation of the device must be the first procedure of the morning to reduce chances of bacterial infection.
- Reduce traffic in the theatre. Doors must be closed to avoid unnecessary air movement. A lot of bacteria are airborne.
- Minimize procedure time and time device is exposed to open air. The longer the procedure, the higher the risk of infection.

## INSTRUMENT AND MATERIAL PREPARATION

- Use a sterile gel + a sterile 16 Fr Ch Foley Catheter to calibrate the urethra during the procedure and to drain the bladder.
- Use a sterile gel + a sterile 12 Fr Ch Foley Catheter to drain the bladder after the procedure. The catheter will stay in place overnight after the procedure.
- Prepare two bowls or basins. One will be filled with saline solution for the preparation of the sphincter. A second bowl will be filled with 600 mg *Rifampin* and 640 mg *Gentamicin* in 500ml of saline solution. This will be used to soak the device and to wash the incision area.
- **Instruments:** one electric bistoury, one set of Metzembaum scissors, two anatomic pincets, two Farabeuf retractors, two mosquito clamps, sterile gauzes and a Mayer clamp
- **Sutures:** non-absorbable, monofilament 4/0. This will be used to suture the cuff and the wings of the butterfly, which hold in place the device, preventing it from rotating within the scrotum. Absorbable 3/0 for internal tissue closure. Skin closure depends on what the surgeon works best with.
- All surgeons must use a full gown, hood (no cap) and two pairs of gloves.
- All surgeons must replace their gloves after draping and before handling the device.