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**CABLE NERVE GRAFTING OF PELVIC NERVES AFTER RADICAL PROSTATECTOMY**

Your Urologist will discuss the options for management of your prostate cancer with you. If radical prostatectomy is decided as the most appropriate form of treatment in your circumstance, your Urologist will discuss with you whether the pelvic nerves that control erection will have to be sacrificed as part of the procedure, or whether it is possible to preserve them on one or both sides.

These nerves are essential in normal penile erectile function and run on the capsule of the prostate. If both nerves are taken and not reconstructed, then potency (the ability to gain erections) occurs in virtually 0%. If the nerves on one side are able to be saved then potency is preserved in about 30% of patients who had erectile function pre-operatively.

If you are having a nerve sacrificing prostatectomy, your Urologist will discuss with you whether you are a possible candidate for nerve reconstruction, what its indications are, and what potential results and success rates you can expect from this new and innovative procedure.

My role as the Plastic & Reconstructive Surgeon is to provide the technical expertise to perform the cable nerve grafting during your prostatectomy. Your Urologist will decide whether the nerves need to be sacrificed, and my job is to replace them if they are removed.

This is usually done by removing a nerve from the back of the calf, called the sural nerve, and using microsurgical techniques to reconnect the cut ends of the removed segment of nerve in the pelvis via the sural cable nerve graft.

Unfortunately, the nerves in the pelvis are not a single trunk and form a plexus (multiple branches). We use a stimulating machine called a Cavermap to help identify the correct nerves. When the nerve graft is placed, unfortunately it is not like plugging an electrical extension cord into a power point and turning on the switch. The proximal cut end will sprout new axons (roots from the nerve cells), which will grow down the nerve graft to the correct site and hopefully reinnervate the structures responsible for erection. The graft itself really acts as a conduit to lead the new axons to the correct destination.

The return of erectile function, if it occurs, may take up to 12 months or longer, as this is the time course for the new axons to grow down the graft to their end organs. Your Urologist will discuss with you what measures you must or may undertake whilst awaiting recovery of erectile function.

## **Complications and Pitfalls**

There is no guarantee of return of erectile function, and since this is a new procedure your Urologist will give you the best guidelines he can at that particular time for potential recovery.

The nerve grafting itself has no major complication and adds very little to the prostatectomy. Our experience has been that the patients have found the added morbidity of the leg wound to be relatively trivial.

You will have a wound in the posterior calf for harvest of the nerve. This usually heals very well and is closed with all absorbable sutures, so none have to be removed. As with any wound, you can get infections, collections of blood or serum, some minor pain, wound breakdown or poor healing, and unfavourable scarring such as hypertrophic or keloid scars. These scars can become raised, red and grow beyond the margins of the wound. Scars can also become stretched, depressed, raised or discoloured. All of these complications are rare in this particular wound, which usually heals without problems and does not concern the patient.

You will not be aware of the surgery undertaken to place the grafts into the pelvis.

The sural nerve that is used for the graft ordinarily supplies with sensation a patch of skin on the outside of the foot. Removal of the nerve may cause a variable area of numbness, which may initially feel unusual or annoying, but ordinarily you would quickly get used to it and not notice the numb area. The area of numbness, if present, may decrease with time.

A more troublesome complication is the formation of a neuroma. This is where new nerve roots sprout from the cut end of the sural nerve and grow into scar, forming a "neuroma." This can cause "electric shocks" or pain if bumped, and can be quite annoying or unpleasant. We have not found this a common problem as the nerve is harvested relatively high in the calf deep to the fascia where neuroma formation appears not to be common.

## **Post Operative Management**

You will not have any sutures to be removed. The wound will have paper strips covering the cut, which you may get wet and pat dry. They should ordinarily stay on for at least a week, and you can remove them yourself when they start to peel off.

You will initially have a compression bandage on your foot and lower leg. This is to control swelling and bruising. This will be removed before you go home. You can get up and walk on your leg from day one, but if you are sitting it is best to keep your leg elevated to help minimise swelling and bruising.

## **Fees**

My fees are based on the AMA (Australian Medical Association) schedule, which are the professional body's recommended rates for specialist surgeons. This means that there will be an out of pocket expense from the Medicare schedule.

If you have any particular financial circumstances, please feel free to let me know. For an estimate of fees please telephone my rooms on 9587 0871.

## **Consultation**

If you have any questions, queries or concerns, I would be more than happy to consult with you personally. You may ring my rooms on 9587 0871 for an appointment. If your surgery is imminent please make this known to the Secretary so that you can be fitted in appropriately.