

Tactra™

Malleable Penile Prosthesis

Penoscrotal approach

This guide illustrates the step-by-step placement of the Tactra™ Malleable Penile Prosthesis through a penoscrotal incision. The Tactra Penile Prosthesis is the next-generation malleable prosthesis designed for ease of implantation and durability, offering both excellent rigidity and dependable concealment in a device that is natural to the touch.¹



Step 1: Incision and dissection²

Use of a Scott Ring Retractor may aid in access and visualization during the procedure.

Make a penoscrotal incision to allow adequate access to the corpora.

Laterally retract corpus spongiosum to avoid urethral injury.

Dissect through Dartos and Buck's fascia to expose tunica albuginea.

Place parallel stay sutures into both the left and right corpora cavernosa.

Make approximately a 3-4 cm corporotomy.¹

Step 2: Corporal dilation²

Using a series of progressively larger dilators, dilate both corpora proximally and distally to accommodate the prosthesis diameter.

Note: *It is recommended to dilate approximately 1 mm beyond the diameter of the device to be implanted. Use care to avoid crossover through the intracavernosal septum during corporal dilation.*

Disposable dilators are also available and allow for dilating and measuring in one step.

Ensure distal dilation is done carefully to protect the urethra and direct the dilator laterally to avoid a urethral injury.

Step 3: Repeat dilation on contralateral side²

Perform Field Goal Test to confirm no proximal perforation.

Step 4: Length and sizing²

Stretch the penis to approximate an erection. Use the Furlow, Sizers, or disposable dilators to measure the proximal and distal corporal lengths and add them together to attain the total intracorporal length.

The implant should be sized such that there is not excessive pressure on the glans of the penis which could lead to pain and potential for erosion.

Step 5: Evaluate fit for girth²

After dilating the corpora, select two dilators whose total diameter equals the total diameter of the cylinders to be implanted. Simultaneously insert the dilators side by side into the proximal ends of the corpora cavernosa to evaluate the overall fit.

Repeat this step for the distal ends of the corpora.

Optional: A "Pinch Test" may be performed by squeezing the dilators or cylinders to form a space between them. If a space cannot be created, they are too wide and should be downsized to the next diameter down.

Note: If you cross over through the intracavernosal septum to the contralateral side, remove and place the dilator into the contralateral side and reposition the cylinder on the ipsilateral side.

Step 6: Insertion²

The proximal or distal end can be inserted first at the discretion of the physician.

Repeat on contralateral side.

Step 7: Closure²

Confirm proper sizing and implant placement.

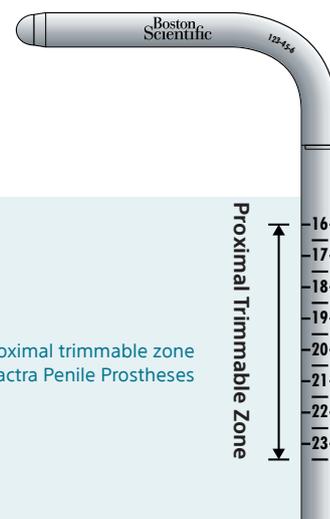
Close corporotomies with preplaced sutures.

A drain and/or a compressive dressing may be considered.

The Tactra™ Malleable Penile Prosthesis is designed to provide a discreet appearance and a rigid, durable erection.¹ For the best long-term result, use the widest diameter device that fits the patient's anatomy.

Diameters	Length
9.5 mm	14 cm - 23 cm
11 mm	16 cm - 25 cm
13 mm	18 cm - 27 cm

8 cm proximal trimmable zone for all Tactra Penile Prostheses



1. Data on file with Boston Scientific.

2. Tactra Malleable Penile Prosthesis Directions for Use. Boston Scientific. 2018.

This guide is not intended to substitute for clinical training. Contact your Boston Scientific representative if you would like to receive further training and/or a product in-service.

Caution: U.S. Federal law restricts this device to sale by or on the order of a physician.

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Prior to using these devices, please review the Instructions for Use for a complete listing of indications, contraindications, warnings, precautions, and potential adverse events.

The Tactra™ Malleable Penile Prosthesis is intended for use in the treatment of erectile dysfunction (impotence) in adult males. Implanting a penile prosthesis will damage or destroy any remaining natural ability to have a spontaneous erection, as well as make other treatment options impossible.

Men with diabetes, spinal cord injuries, or skin infections may have an increased risk of infection. Implantation may result in penile shortening, curvature or scarring.

Potential adverse events may include device malfunction/failure leading to additional surgery, device/tissue erosion, infection, and pain/soreness. MH-611819-AA

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