

MATERIALS AND METHODS

Cavernous nerve injury surgery

To establish a cavernous nerve injury (CNI) model, the rats were anesthetized using 2.5% to 3% isoflurane. A ventral median incision of the abdomen of approximately 3 cm was made, exposing the bladder and prostate. The stellate pelvic ganglion was isolated from the lateral upper part of the dorsal lobe of the prostate. The largest branch of the pelvic plexus, the corpus cavernous nerve (CN), extends toward the corpus cavernosum. The CN was clamped bilaterally for 2 minutes with a non-serrated haemostat (Karl Storz) to induce CN injury and establish the CNI erectile dysfunction (ED) model.

The original gel images of SMA and cleaved-caspase3 are listed below.

