CONCLUSIONS: Our data reveals an approximate 12% overall IPP dissatisfaction rate, implant non-use and less frequent use than desired rate at both 1 and 2 year time-points. The most common reasons given for implant non-use included device problems (most often pump) and dissatisfaction (most often length). Health decline and partner status were the most frequently cited reasons for implants used less often than desired. The use of more or less rear tips did not affect dissatisfaction rates. These data aid in pre-operative counseling and provide a realistic expectation to patient and provider.

<table>
<thead>
<tr>
<th>IPP Dissatisfaction Rates from the PROPPER STUDY</th>
<th>1 Year Follow-up</th>
<th>2 Year Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Dissatisfied</td>
<td>6.9% (30/432)</td>
<td>6.9% (16/233)</td>
</tr>
<tr>
<td>Dissatisfied</td>
<td>3.7% (16/432)</td>
<td>4.7% (11/233)</td>
</tr>
<tr>
<td>Total Dissatisfaction</td>
<td>10.7% (46/432)</td>
<td>11.6% (27/233)</td>
</tr>
</tbody>
</table>

Source of Funding: ROPPER study sponsored and funded by American Medical Systems (AMS); Registered at www.ClinicalTrials.gov. Identifier: NCT01383018.

PD40-11
CONSERVATIVE THERAPY IS A FEASIBLE AND EFFECTIVE OPTION IN PATIENTS WITH LOCALIZED INFECTION AFTER PENILE IMPLANT SURGERY
Mohamad Habous*, Jedda, Saudi Arabia; Osama Laban, Tabouk, Saudi Arabia; Osama Abdelwahab, Benha, Egypt; Richard Santucci, Detroit, MI; Saad Mahmoud, Jedda, Saudi Arabia; John Mulhall, New York, NY

INTRODUCTION AND OBJECTIVES: Traditionally penile implant (PI) infections have been managed by removal with immediate or delayed replacement. Recently, conservative therapy (CT) using antibiotic therapy has received increased interest. We aimed to investigate the success rate and predictive factors affecting the outcome of CT in PI infection patients.

METHODS: Patients diagnosed with early, localized PI infection were considered candidates for CT. Exclusion criteria included fever > 37.5 Celsius, scrotal pump fixation to skin, WBC >13,000 and appearance of any sign of toxemia like malaise or rigors. In patients with purulent drainage, culture swabs were taken and the antibiotic was chosen based on sensitivity results. Oral antibiotics were used until the local infection was completely resolved. Patient were evaluated weekly during this process.

RESULTS: 37 patients constituted the study population. Mean age = 58±1.5 (37-85) years. All were diabetic. Mean BMI =31±0.8 (24-47). PI was maliable in 33 and inflatable in 4 cases. Culture results (n=19) included: Staph epidermidis (8), Pseudomonas (4), E coli (4), Staph aureus (3). Mean time to complete healing was 48±2.3 (29-97) days. 4/37 needed the PI removed due to failure to respond and onset of systemic symptoms at a mean time-point of 75±1.8 days after CT commencement. 2/37 has PI removal because of persistent penile pain despite complete wound healing, at a mean time point of 128±2.5 days after CT commencement. The remaining 31 has complete infection resolution and resumed their normal sexual activity.

CONCLUSIONS: CT of localized PI infection appears to be a viable option for such patients with the majority of patients retaining their implant and resuming satisfactory sexual activity.

Source of Funding: none

PD40-12
COMPARISON OF TWO DIFFERENT APPROACHES IN CLITORAL RECONSTRUCTION DURING M TO F SEX REASSIGNMENT SURGERY
Giovanni Liguori, Trieste, Italy; Paolo Uman*, Duino-Aurisina, Italy; Nicola Pavan, Michele Rizzo, Trieste, Italy; Milos Petrovic, Izola, Slovenia; Stefano Bucci, Giorgio Mazzon, Giangiaccomo Ollandini, Carlo Trombetta, Trieste, Italy; Emanuele Belgrano, Duino-Aurisina, Italy

INTRODUCTION AND OBJECTIVES: Many surgical techniques have been described to consent transgenders to reach harmony between physical and mental state of being. In 2010 we introduced some improvements to our original peno-scrotal inversion technique especially in the construction of neoclitoris. The aim of this study is to compare perioperative morbidity, aesthetical and functional satisfaction in patients undergone M to F Sex Reassignment Surgery (SRS) with our standard (technical new technique) and new technique (neourethrorclitoroplasty).

METHODS: Between 2006 and 2014 123 consecutive M to F SRS have been performed at our Department by the same equipe. Patients were assigned into two groups. In the first group called Standard group (SG) 57 patients underwent M to F SRS with our original technique (period 2006-2009) and in the second group called Neourethrorclitoroplasty group (NG) 66 patients underwent M to F SRS with our new technique (period 2010-2014). The main differences between the two surgical techniques are the clitoral-urethral complex construction, the size of the clitoris and its location relative to the neovagina. We retrospectively compared the operative time, hospital stay and perioperative complications. Aesthetical satisfaction was evaluated before and after SRS using a newly constructed questionnaire based on five-point Likert-type scale whereas the sexual functioning (sexual arousal, lubrication, orgasm, satisfaction and pain) was assessed using Female Sexual Function Index (FSFI).

RESULTS: The mean operating time was 312 minutes for the SG and 274 minutes for the NG; mean hospital stay was 10.5 and 12.8 days for SG and NG respectively. Perioperative complications between the two groups were comparable. In the new and improved technique the clitoris is larger and closer to the anterior neovaginal wall. The urethral flaps are used in continuity with the previously spatulated urethral plate in order to surround the neoclitoris and construct the urethral neoprepuce. No skin flap divides clitoris and urethra and there are no additional scars above the neoclitoris. Few months after surgery patients are able to appreciate some degree of wetness in the neoclitoris area and there is no hair growth.

CONCLUSIONS: Patients had undergone SRS with the new technique are very satisfied with the finally aesthetic result. The sexual functioning is higher in NG than SG and most of them reported ability to reach orgasm. The operative time, hospital stay and complication rates were comparable in both groups.

Source of Funding: None