more common in patients with versus without transplant (26.9% vs 3.9%, p 0.021), as was stroke (19.2% vs 0.0%, p 0.05) and diabetes (84.6% vs 53.6%, p 0.016). No significant differences in reoperation rates existed between patients with versus without transplant (7.7% vs 11.5%, p 1.00), nor between the type of organ transplanted (p 1.00). No differences in reoperation rate by implant model (2-piece versus 3-piece) were noted (p 0.47).

CONCLUSIONS: This study shows that outcomes of penile prosthesis placement in solid organ transplantation patients do not differ from those in non-transplant patients. Additionally both 2-piece and 3-piece implants had similar outcomes. Penile prostheses appear to be a safe option for treating erectile dysfunction in solid organ transplant recipients.

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PD22-11
A CUT-OFF HBA1C VALUE OF 8.5% PREDICTS INCREASED RISK OF PENILE IMPLANT INFECTION
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INTRODUCTION AND OBJECTIVES: Uncontrolled diabetes mellitus (DM) marked by elevated glycosylated hemoglobin A1c (HBA1c) values, has been correlated in some studies with an increased rate of infection after penile implant surgery. This study aimed to explore the association between HbA1c level and penile implant infection and to define if a cut-off value existed

METHODS: Between 2009-15 HbA1c levels were obtained on all patients undergoing penile implant surgery. Preoperative, perioperative and postoperative management was identical for the entire cohort. Univariate analysis was performed to define predictors of implant infection. HbA1c levels were analyzed as a continuous variable and sequential analysis was conducted utilizing 0.5% increments to define a cut-off level predicting implant infection. Multivariable analysis was performed with the following factors entered into the model: Diabetes yes/no; HbA1c level; patient age; implant type; vascular risk factor number; presence of PD; BMI and surgeon volume. A ROC curve was generated to define the optimal HbA1c cut-off for infection prediction

RESULTS: 902 implant procedures have been performed over this period of time. The mean HbA1c level = 8 ± 2%, with 81% of men having HbA1c >6%. Mean age = 56.6 years. 685 (76%) implants were malleable, and 217 (24%) were inflatable. 302 (33.5%) patients had also a diagnosis of PD. Overall infection rate was 8.9% (80/902 subjects). Patients who had implant infection had significantly higher mean HbA1c levels, 9.5% vs 7.8% (p<0.001). Grouping the cases by HbA1c level we found infection rates were: 1.3% with HbA1c <6.5%, 1.5% @ 6.5-7.5%, 6.5% @ 7.6-8.5%, 14.7% @ 8.6-9.5%, 22.4% @ >9.5%. (p<0.001). Patient age, implant type, and vascular risk factor number were not predictive. Predictors defined on MVA were: PD, increased BMI, high HbA1C while a high-volume surgeon had a protective effect and was associated with a reduced infection risk. Using ROC analysis, we found that a serum HbA1C cut-off level of 8.5% predicted infection with a sensitivity of 80% and a specificity of 65%

CONCLUSIONS: Uncontrolled DM is associated with increased risk of infection after penile implant surgery. The risk is directly related to HbA1C level. A threshold value of 8.5% is suggested for clinical use to identify patients at increase infection risk

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PD22-12
A RETROSPECTIVE ANALYSIS OF THE INFLUENCE OF HIGH DOSE GENTAMICIN ON IPP INFECTION RATES
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INTRODUCTION AND OBJECTIVES: Penile prosthesis infections remain challenging despite advancements in surgical technique, device improvements and adoption of antibiotic prophylaxis guidelines. This study compares inflatable penile prosthesis (IPP) infections in patients who received standard dose, non-weight-based (NWB) intravenous gentamicin preoperatively versus high dose, weight-based (HD) intravenous gentamicin as antibiotic prophylaxis.

METHODS: This study is a retrospective cohort comparison of 139 consecutive IPP patients who underwent implantation by a single surgeon between November 2014 and April 2015 using 1 gram of IV vancomycin and 80 mg NWB IV gentamicin. These patients were matched with 184 consecutive IPP patients who underwent implantation between May 2015 and December 2015 using 1 gram of IV vancomycin and HD IV gentamicin dosed for 5 mg/kg of actual body weight. Patient data were compiled after extensive review of operative reports, inpatient notes, consult notes, and follow-up visits. Age, comorbidities, overall health status, IPP manufacturer, and oral antibiotics received 2 days prior to surgery were similar between the two cohort groups. Surgical technique and antibiotic irrigation were also indistinguishable between the cohorts. We performed univariate statistical analysis to determine significant predictors of infectious complications.

RESULTS: The NWB patients suffered four postoperative IPP infections (2.8%). Three of four implants were in patients who had undergone primary implantation. One implant patient in the NWB gentamicin cohort had an infection after device removal and replacement. Two of these four patients underwent successful salvage with malleable implants, the rest underwent device explant. In contrast, none of the patients (0.0%) in the HD gentamicin cohort had a postoperative infection. The HD gentamicin cohort included 17 removal and replacement patients.

CONCLUSIONS: An antibiotic prophylaxis regimen consisting of high dose, weight-based gentamicin along with vancomycin reduced the rate of infectious complications in our series of patients undergoing IPP implantation. Further prospective studies are needed to compare NWB and HD gentamicin dosing to determine the utility of this regimen in primary implant and revision implant cases.

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