INTRODUCTION AND OBJECTIVES: Residual curvature after placement of a penile prosthesis (PP) is a common occurrence with many different opinions on how to "handle" the needed straightening and no objective, multicenter data. We present for the first time a large, prospective, multicenter study that incorporated evaluating what intra-operative management techniques were utilized, how effective and need for adjunctive methods these straightening maneuvers are intra-operatively.

METHODS: A total of 313 [of a total of 1297 (24.1%) PP patients who underwent residual curvature correction techniques from the PROPPER database were included in this analysis. We evaluated 4 curvature correction techniques, up to 3 techniques used per patient, the starting and ending residual curvature for each technique, how much each technique required an additional straightening maneuver, and penile length before and after the procedure.

RESULTS: Wilson / Delk remodeling was the most common first curvature correction technique used (264/313) 84.5%, followed by tunical incision (19/313) 6.1%, incision and grafting (17/313) 5.4%, and plication (11/313) 3.5%. However, the 2 least utilized first techniques required the lowest need for a second curvature correction technique with incision and grafting needing no additional techniques and only one plication (1/11) 9.1% requiring an additional Wilson / Delk remodeling. Meanwhile (14/19) 73.7% of the tunical incisions required an additional Wilson / Delk remodeling. See table for Wilson / Delk remodeling results.

CONCLUSIONS: Residual curvature requiring curvature correction technique after implantation of a PP is a common problem facing prosthetic surgeons. While Wilson / Delk remodeling and tunical incision are the most common first techniques utilized, incision and grafting and plication appear to require little need for a second maneuver.

Source of Funding: Boston Scientific

EXPLORE THE PREDICTORS OF LOW SATISFACTION AFTER PENILE PROSTHESIS IMPLANTATION

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INTRODUCTION AND OBJECTIVES: Despite reportedly high satisfaction with penile implant (PI) surgery, some patients remain dissatisfied. Complications such as infection, mechanical malfunction and erosion remain significant concerns and are major contributors to patient dissatisfaction and regret. We aimed to explore outcomes and complications after PI surgery and to search for predictors of patient satisfaction.

METHODS: All patients who underwent PI surgery were included in the analysis. Comorbidity, demographic and implant information were recorded. Complications recorded included: minor (requiring no re-operation) such as, penile edema, hematoma, superficial wound breakdown; major (requiring hospitalization or re-operation) such as device infection, erosion, mechanical malfunction. Patient satisfaction was defined using a single question posed to the patient 6 months after surgery with a 5-point Likert scale (1 dissatisfied, 2 somewhat dissatisfied, 3 neutral, 4 somewhat satisfied, 5 satisfied). Descriptive statistics were used to define complication rates and multivariable analysis (MVA) was performed to define predictors of high (satisfaction score =-0.5), including degree of complication, Peyronie’s...
RESULTS: 901 patients were analyzed. Mean age 56.6 ± 10.6 years. Mean BMI 30.2 ± 5.1. Comorbidity profile was: diabetes 75%, dyslipidemia 44%, hypertension 33%, cigarette smoker 32%, PD 34%. 76% had a malleable implant and 24% an inflatable implant. 31% had a minor complication and 9% a major complication. 93% had high satisfaction (48%). Patients with any complication had a reduced rate of high satisfaction compared to those without (88% vs 98%; p < 0.001) and likewise with a major complication (64% vs 98%; p < 0.001). On MVA, BMI > 30, number of vascular risk factors, type of implant and DM were not predictive of high satisfaction. Only the absence of a major complication was a significant predictor of high satisfaction (OR 20, 95% CI 9.50, p < 0.001). The presence of PD was almost statistically significant.

CONCLUSIONS: A high percentage of men are satisfied after penile implant surgery. Only the presence of a major complication is robustly linked to a lower likelihood of achieving high satisfaction.

Table 1: predictors of low satisfaction after P1 surgery on MVA:

<table>
<thead>
<tr>
<th>Factor</th>
<th>Odds Ratio</th>
<th>95% CI</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peyronie’s disease</td>
<td>2.1</td>
<td>0.97-4.7</td>
<td>0.06</td>
</tr>
<tr>
<td>BMI &gt;30</td>
<td>1.7</td>
<td>0.8-3.7</td>
<td>0.14</td>
</tr>
<tr>
<td>Number of VRF</td>
<td>1.1</td>
<td>0.7-1.6</td>
<td>0.74</td>
</tr>
<tr>
<td>Inflatable P1</td>
<td>0.9</td>
<td>0.6-1.4</td>
<td>0.73</td>
</tr>
<tr>
<td>Diabetes</td>
<td>0.4</td>
<td>0.2-1.3</td>
<td>0.33</td>
</tr>
<tr>
<td>Major complication</td>
<td>0.05</td>
<td>0.2-0.15</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

Source of Funding: none

MP25-04

COST-EFFECTIVENESS OF IPP VERSUS INJECTION TREATMENT IN PATIENTS WHO FAIL ORAL MEDICATION

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INTRODUCTION AND OBJECTIVES: Erectile dysfunction is reported in up to 50% of men 40 years old and older, with the real number likely higher due to negative reporting bias. Although first line medication options have increased in the last few decades, approximately 30-35% of men still fail oral medications. Furthermore, healthy men are reporting average sexually active life expectancies up to 70 years old. We analyzed the cost-effectiveness of intracorporeal injection (ICI) therapy versus inflatable penile prostheses (IPP) management for patients who fail Viagra therapy.

METHODS: We performed a cost effective analysis using published complication and efficacy data, Medicare reimbursement costs, and commercial cost data. We compared the cost of IPP treatment including rate of infection, mechanical failure and re-operation with ICI treatment over a 15-year time-span, which is the average life of an IPP.

RESULTS: Compared with ICI, IPP was more cost-effective although the overall cost (ICI $15,570 vs IPP $13,571) and health utility (ICI 0.93 vs IPP 0.92) was comparable in both groups. One-way sensitivity analysis showed that injections became cheaper, while maintaining similar efficacy at a cost less than $17.22 per injection. Similarly, when the frequency of monthly sexual intercourse fell below 3.5 times per month, ICI became the less costly option.

CONCLUSIONS: The average sexual lifespan of a healthy man in his 50s is estimated at 15 years and increasing. The price of injections and the rate of monthly injections were significant factors driving costs. Our study shows that IPP is the less costly approach for men overall. However, for men who successfully respond to less costly injection formulations and are happy with a lower frequency of monthly sexual intercourse, ICI may be a less costly option with similar successful outcomes.

Source of Funding: none

MP25-03

NEW DATA REGARDING PENILE LENGTH PRESERVATION AFTER IPP IMPLANTATION

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INTRODUCTION AND OBJECTIVES: The inflatable penile prosthesis (IPP) is the gold standard for the treatment of erectile dysfunction refractory to medical management. Loss of penile length after IPP implantation is a concern for many patients with ED who choose surgical treatment. Evidence of preservation of penile length in the postoperative setting would enhance functional outcomes and could remove a potential barrier to intervention. The purpose of the study was to evaluate the effectiveness of the Coloplast (Minneapolis, MN) Titan® cylinders in maintaining penile length post-IPP implantation in patients treated for ED.

METHODS: A single-armed, multi-center, multi-surgeon, prospective study was conducted with 117 patients. These surgeries were performed via both an infrapubic and a penoscrotal approach. Each penis was measured via flaccid stretch using a Furlow device from the dorsal penile base (pressed against pubic bone) to the tip of the glans. The corpora were engorged intra-operatively with an artificial saline erection (ASE). Corporal cylinders were selected based on measured corporal length without upsizing. Erect measurements were taken during both the ASE and after inflating the implanted device, in both instances from the same positions as preoperatively. Statistical difference and correlation coefficients between the preoperative penile stretch test (PST), intra-operative artificial saline erection (ASE) and erect prostatic length (EPL) were calculated.

RESULTS: The mean patient age was 65.42 +/- 7.8 years. The average preoperative penile stretch was 15.03 cm, artificial erection 14.76 cm, and average erect prostatic length was 15.28 cm. The differences between all three of these measurements reached statistical significance based on the 95% confidence intervals. On average the EPL was 0.25 cm greater than the PST.

CONCLUSIONS: Preoperative penile length was preserved and exceeded in our series, which challenges the conventional wisdom that loss of penile length is a foregone conclusion after IPP placement. This suggests that chronic hypoxia due to lack of neurovascular inputs, or scarring from Peyronie’s disease, radiation, previous surgery, or medical conditions, are the main culprits of loss of penile length as males age. We recommend early intervention in patients that fail conservative therapy for erectile dysfunction to preserve maximal length.

Source of Funding: none

MP25-05

A SURVEY ON KOREAN UROLOGIST’S PRACTICE PATTERN IN SURGICAL MANAGEMENT OF PREMATURE EJACULATION

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INTRODUCTION AND OBJECTIVES: Current guidelines of ISSM for premature ejaculation (PE) do not recommend selective dorsal nerve neurotomy (SDN) or hyaluronic acid gel glans penis augmentation (HA-GPA) with concern of permanent loss of sexual function. However, in Korea many urologists have performed surgical management in PE as one of the treatment modality. This study conducted an e-mail based survey to analyze Korean urologists’ practice pattern and clinical outcomes of surgical treatment in PE.