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MP-033

PRESERVATION OF SEXUAL FUNCTION, WOMANHOOD AND CONTINENCE BY COMBINED UROLOGICAL & GYNAECOLOGICAL APPROACHES IN ONCOLOGIC SURGERY: PERFORMING NERVE-SPARING CYSTECTOMY WITH ILEUM NEOBLADDER AND PELVIC FLOOR REPAIR IN A SINGLE SESSION – RESULTS AFTER 4.5 YEARS AND 86 PATIENTS

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Objective: To prove the long term superiority of the Berliner Neobladder as an operative technique that offers urinary continence as well preserving sexual function in women undergoing cystectomy for bladder cancer we present data after 86 procedures with a mean observation period of 3 years (4.5–0.5). The gold standard for treatment of Invasive bladder cancer is known to be cystectomy with the creation of a neobladder, whenever possible. Our aim was also to take into consideration the adverse effect of pelvic floor destruction that occurs after such radical procedures and offer repair in the same setting.

Material and Methods: A total of 86 women diagnosed with invasive bladder cancer and meeting the criteria for cystectomy and neobladder creation were included in the study. These patients were subjected to a combined urological and gynecological approach silmultaneously. The urological component consisted of a cystectomy, pelvic lymph node dissection and creation of an ileum neobladder and the gynecological component consisted of a hysterectomy, oopherectomy, preservation of the vagina and most notably, colposacropexy with a titanium coated polypropelenium mesh. (TiMESH). It was also our aim to preserve the vagina. If this is not feasible, then rebuilding of the vagina was undertaken in the same session. Our main aim in this study is to evaluate the efficiency in preventing the development of prolapse and the ensuing hypercontinence resulting from this. By performing a nerve sparing procedure with preservation or rebuilding ofthe vagina it was our aim to enable patients to have normal sexual activity and hence offer a better quality of life. A total of 86 patients underwent this procedure between 10/2003 and 04/2008 They were reviewed for recurrence of bladder cancer, urinary continence, and sexual activity. Review consisted of a Questionnaire filled out by the patient regarding sexual activity and quality of life, followed by an interview and a physical urological and gynecological examination with cystoscopy, ultrasound, vaginal examination and functional testing of the pelvic floor (Boney Test etc.).

To stabilize the pelvic floor Patients were motivated to perfom pelvic floor training, magnetic field therapy and Training with the Galileo® Vibration-Trainer.

Results: Our combined Method of operating preserves the vagina & repairs the pelvic floor duringradical oncology surgery. This method has avoided the development of pelvic floor prolapse that would lead to long term complications such as hypercontinence. A total of 64 patients have undergone this combined method at our hospital and all of these patients are completely continent at a mean of 36 months. In addition, 54 patients have resumed full sexual activity. A total of 77 Patients (89.5%) have either sexual intercourse or perform vaginal manipulation. All but 4 Patients (95.3%) are satisfied with their feeling of feminity. In this regard the preservation of the vagina turns out to be an important aspect for the patients. The additional pelvic floor training with the described methods seems highly efficient to optimize the pelvic floor stability after the surgical treatment.

Conclusion: First and foremost, the fundamentals of cancer surgery have not been compromised in any way. In addition to this, a better quality of life has been offered to these patients by the prevention of hypercontinence and by the preservation of normal sexual intercourse.

Disclosure: Work supported by industry: no.

MP-034

EXCISION OF EXTERNAL LAYER OF THE TUNICA ALBUGINEA AS AN ELEMENT OF A NEW, LITTLE-INVASIVE OPERATIVE METHOD FOR CONGENITAL PENILE CURVATURE

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Introduction: After operations done by Essed-Schroeder method many recurrencies appear (10–15%) which are caused mainly by slow cutting of tunica albuginea by the sutures (tunica is only approximated and hold by the sutures). During operations done by Nesbit or Yachia methods corpora cavernosa are opened which lead to intraoperative bleeding. That is why in these operations a tourniquet is used (temporary penile ischaemia appears) which in turn may be the cause of damage of erectile and sensory nerves as well as of erectile tissue. Authors proposed less invasive procedure in which corpora cavernosa are not opened, only external layer of tunica albuginea is excised (internal layer is preserved) and both layers of the tunica are then sutured over invaginated internal layer. This is followed by creation (during wound healing) of a scar joining permanently edges of the tunica. Authors used stratified structure of tunica albuginea for shortening of elongated penile side and for penile straightening. Perovic *et al.* were the first to use this anatomical findings for penile surgery making penis elongation by incisions of external layer of the tunica.

Material and Methods: From October 2006 to April 2008 authors operated on by new method 34 adult men aged from 18 to 63 years (average 26 years) with congenital penile curvature. In 5 patients with associated hypospadias after failed previous reconstruction of distal urethra (done elsewhere) including 2 patients with urethro-cutaneous fistulas at the same procedure penis was straightened. Among 29 patients operated for isolated penile curvature there were 3 patients in whom 2 operations (in each of them) by Essed-Schroeder method were done in other hospitals authors detected recurrence of curvature. Downward penile shaft curvature was detected in 21 patients, downward glans curvature in 4 patients, lateral penile curvature in 9 patients, upward penile shaft curvature in 2, upward glans curvature in 2 patients. In 5 patients curvatures occured at least in two planes (i.e. downward and lateral or upward and lateral). Skin and tunica dartos were incised longitudinally on convex surface of curvature (in patients with hypospadias penis was degloved). Buck's fascia was incised on lateral penis surface to reach tunica albuginea. After compressing a base of penis with a tourniquet artificial erection was produced by saline injection into cavernous body and the top of angle of curvature was marked. Operation was always done on penis in flaccid state, on its convex (longer) surface. In downward curvature dorsal neuro-vascular bundles were separated from the tunica albuginea and on dorsal penile surface bilaterally elliptic fragments of external layer of tunica albuginea were excised. Tunica albuginea was sutured with single absorbable sutures 2/0 orb 3/0 which went through both layers of tunica approximating the edges of its external layer and invaginating internal layer of tunica albuginea. In all patients straigtening of penis was always checked by producing artificial erection. If curvature was still present next excisions of external layer of tunica with following sewing were done until penis was straight. In upward curvatures excisions were done on lower surface of penis on both sides of urethra. In lateral penile curvatures convex penile surface was shortened using above mentioned method.

Results: In all patients penis was straightened during operation. Follow-up examinations which were done from 4 to 22 months after operation showed that all patients well assessed the shape of penis in state of erection. For confirmation that penis is straight authors achieved photos made by patients during erection. Disorders

of superficial sensation on the glans, erectile dysfunction or disturbances of micturicion were not detected in any patient.
Conclusions: 1. Excision of external layer of tunica albuginea and the subsequent invagination of internal layer by the sutures passing through both layers of tunica is effective method in the treatment of congenital penile curvature. 2. Operation is little invasive because there is no need for opening of the cavernous bodies which diminish potential risk of complications. 3. For performing proposed operation knowledge of stratified structure of tunica albuginea is necessary as well as delicate and precise operative technique.

Disclosure: Work supported by industry: no.

MP-035

PENILE GIRTH ENHANCEMENT USING FILLER, AN INJECTABLE HYALURONIC ACID GEL

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Objective: Following increased popularity of augmentation phalloplasty, development of biomaterials and tissue engineering strategy enables new applications of penile augmentation. For the invasiveness of penile girth enhancement of penile body by dermofat graft, the authors created penile girth enhancement by subcutaneous injection of filler. We performed this study to identify the long-term efficacy of penile girth enhancement by filler and to assess both the patient's and partner's satisfaction for 18 months follow-up.
Material and Method: In 41 patients (mean age: 42.5 yrs, range: 27–61 yr) of subjective small penis, Restylane Sub-Q (Q-med, Upssala, Sweden) was injected into the subcutaneous fascial layer of penile body via 22 G cannula with 'Back & Forth Technique' and trimmed with roller. Changes of penile girth at midshaft were measured by tapeline at 1 month for early results and at 18 month for long-term results. Both patient's and partner's satisfaction were assessed by 5 Grade (Gr 0, very dissatisfied; Gr 1, moderately dissatisfied; Gr 2, about equally satisfied and dissatisfied; Gr 3, moderately satisfied; Gr 4, very satisfied). Any adverse reactions were also evaluated.
Result: Mean injected volume of Restylane Sub-Q was 20.56 (18–22) cc. Compared to basal girth of 7.48 ± 0.35 cm, the maximal circumference of midshaft was significantly increased to 11.41 ± 0.34 cm at I month ($p < 0.0001$) and maintained as 11.26 ± 0.33 cm at I8 months after augmentation. Patient's and partner's satisfaction score was 3.71 ± 0.46 and 3.65 ± 0.48 at I month and 3.34 ± 0.53 and 3.38 ± 0.49 at 18 months. All couples were satisfied until 18 months. There was no abnormal reaction in area feeling, texture, and color. There were no signs of inflammation and no serious adverse reactions in all cases.
Conclusion: These results suggest that penile girth enhancement using filler is a safe and effective modality for penile augmentation. Considering the long-term follow-up results of 18 months, penile girth enhancement using filler is a novel, non-invasive alternative of the invasive dermofat graft.

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MP-036

REVISIONS AFTER UNSATISFACTORY CIRCUMCISIONS

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Objective: Appearance of the penis is a very important factor in male self-esteem. An inproper circumcision with bad functional and aesthetical outcome affects seriously the sexuality of the patient.
Material and Method: From 08.2005 to 07.2008 45 revisions were performed because of a bad result after previous circumcision. Mean age was: 27.4/15–51/years. The reasons for repeated operation were: hypertrophic scar 19/42%/, scar wrinkling 12/27%/, incomplete circumcision/to much skin remained 11/24%/, paraphymosis 3/7%/. 34/76%/patients had previous circumcision in another hospital. Local anesthesia with 1% Lidocain, 4 0 atraumatic absorbeable interrupted or running suture used. Standardized postoperative care advised. We present typical case pictures before and after revisions and discuss suggested surgical techniques.
Results: 43 patients/96%/were satisfied with the result after the first revision. Two needed a repeated revision to achieve a perfect result. No complications observed.
Conclusions: Adult circimcision is a genital surgery with the technique that is different from other urological surgery. Hypertophic scar tissue formation, scar wrinkling and incomplete circumcision are the most frequent complications of an improper circumcision technique. Individual incision planning, atraumatic operation technique are necessary to achieve optimal cosmetic and functional result. Instruction of the patient about the adequate postoperative care is necessary to avoid complications and to receive good outcome. Revisions after unsatisfactory circumcisions are important and successful operations.

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MP-037

PHALLIC RECONSTRUCTION IN THE MALE USING THE RADIAL ARTERY FOREARM FLAP

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Objectives: This is a series of 35 consecutive men that had a total phallic reconstruction using the radial artery forearm free flap.
Patients and Methods: The mean age was 39 y (22–54). The indications for surgery were micropenis in 12 patients (Exstrophy 3, 5 alpha reductase deficiency 8, Robinow syndrome1) and following penile amputation in 23 patients (trauma = 8, cancer = 15).
The procedure involves formation of the phallus from the non-dominant forearm with an incorporated neourethra and microsurgical vascular and nerve transfer. A primary urethral anastamosis was performed in 32 patients and a penile implant inserted into 12 patients so far. The surgical outcome, complications and patients' satisfaction were recorded.
Results: After a mean follow up of 23 months (1–69), 100% of the patients are very satisfied with the phallus size and cosmesis. Currently 31 patients void through the urethral meatus, 3 have a Mitroffanoff stoma and 1 patient a suprapubic catheter awaiting revision. Urethral fistulae and strictures requiring surgical correction occurred in 34% of cases. Other complications included an arterial thrombosis requiring re-exploration in 1 patient, partial necrosis of the phallus requiring split skin grafts in 2 patients and penile implant explanation for infection in 2 patients.
Conclusion: Forearm free flap phalloplasty yields excellent cosmetic and functional results for phallic construction. Despite multiple stages and revision surgery, the patient satisfaction is excellent.

Disclosure: Work supported by industry: no.

MP-038

SURGICAL CORRECTION OF PEYRONIE'S DISEASE ASSOCIATED WITH SEVERE DORSAL CURVATURE: LONG-TERM RESULTS OF A MODIFIED ESSED-SCHROEDER TECHNIQUE

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Objective: Surgical correction of severe penile curvature remains a challenge since correction of curvature and preservation of penile