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WILEY-BLACKWELL

PS-04-004

EXCISION OF ELLIPTIC FRAGMENT OF EXTERNAL LAYER OF TUNICA ALBUGINEA AS A NEW, LITTLE-INVASIVE METHOD OF OPERATIVE TREATMENT OF CONGENITAL PENILE CURVATURE—LATE RESULTS

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Objective: After operations by Essed-Schroeder method, many recurrencies appear (10–15%). After Nesbit or Yachia methods, recurrence rate is lower but corpora cavernosa are opened. Authors proposed less invasive procedure.
Methods: From 2006 to 2011, authors operated on 85 adult men with congenital penile curvature. Downward curvature was detected in 52 patients, lateral in 33, upward in 10. In 10 patients, curvatures occurred at least in two planes. Skin and tunica dartos were incised longitudinally on convex surface of curvature. In downward curvature, dorsal neurovascular bundles were separated from tunica albuginea and elliptic fragments of external layer of tunica were excised. Tunica was sutured with single absorbable sutures which went through both layers of tunica invaginating internal layer. In all patients, straightening of penis was always checked by artificial erection. If curvature was still present next excisions were done. In upward curvatures, excisions were done on both sides of urethra. In lateral penile curvatures, convex penile surface was shortened. Antiandrogens were given orally 3 days before and 14 days after operation.
Results: In all patients, penis was straightened during operation. Follow-up examinations, which were done 6 months to 4.5 years after operation, showed that in 83 patients penis was straight, and in two recurrence (2.3%) of 15–20 degrees curvature was detected, in one of them reoperation was done. Disorders of superficial sensation on glans, erectile dysfunction, or disturbances of micturicion were not detected in any patient.
Conclusion: (i) Excision of elliptic fragment of external layer of tunica albuginea with subsequent invagination of internal layer by sutures passing through both layers of tunica is an effective method in the treatment of congenital penile curvature. (ii) Operation is little invasive because there is no need for opening of cavernous bodies, which diminish potential risk of complications. (iii) For performing proposed operation, knowledge of stratified structure of tunica albuginea is necessary as well as delicate and precise operative technique.
Policy of full disclosure: None.

PS-04-005

THE OUTCOMES OF THE T SHUNT PROCEDURE AND INTRACAVERNOUS TUNNELING (SNAKE MANEUVER) FOR THE MANAGEMENT OF THE ISCHEMIC PRIAPISM

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Objective: Ischemic priapism, which is refractory to conventional medical and surgical intervention, results in necrosis of the corpus cavernosum smooth muscle with resultant erectile dysfunction and penile shortening. The aim of this study was to assess the outcome of the T-shunt procedure and intracavernous tunneling for the management of the ischemic priapism.
Methods: Over a 24-month period, 15 patients presented with prolonged ischemic priapism. The mean age was 40.2 years (range 31–69) and the median duration of priapism was 96 hours (range 24–168). The etiology was sickle cell disease (four patients), idiopathic (five patients), and antipsychotic agents (six patients). All cases had an unsuccessful aspiration and intracorporal administration of sympathomimetics and underwent "T-shunt" procedure and intracavernous tunneling with a size 8 Hegar dilator each side. All patients completed an IIEF-5 questionnaire pre- and 3 months postoperatively, and all had cavernosal muscle biopsies at the time of shunting.
Results: Of the 15 patients, T shunting and snake maneuver failed to treat the priapism in eight cases and they had an early penile prosthesis implantation. In the remaining seven cases, the "T shunt" was successful; however, the patients developed delayed erectile dysfunction secondary to extensive corporal fibrosis. All patients had histological evidence of cavernosal smooth muscle necrosis. The average IIEF-5 score in all of the patients preoperatively was 24. After a median follow-up of 3 months, the patients with early penile implantation had already resumed successful sexual intercourse, and the overall satisfaction rate was 96% according the IIEF-5 score. By contrast, the average IIEF-5 score in the group of patients with T-shunt procedure was 4.
Conclusion: In ischemic priapism of more than 24 hours duration, the T-shunt technique may result in immediate resolution of ischemic penile pain and rigidity, but the patients usually develop delayed erectile dysfunction secondary to extensive corporal fibrosis.
Policy of full disclosure: None.

PS-04-006

COATED IMPLANTS AND "NO TOUCH" SURGICAL TECHNIQUE DECREASE THE RISK OF INFECTION IN INFLATABLE PENILE PROSTHESIS IMPLANTATION TO 0.46%

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Objective: The inflatable penile prosthesis (IPP) is a well-established treatment for erectile dysfunction. Infection is the most dreaded complication. Infection retardant coatings on modern implants have lowered the infection rate approximately 50%. This study explores whether a "no touch" enhancement to the surgical technique of IPP will further decrease infection rates. The "no touch" technique ensures that neither the surgeon, the instruments nor the implant touches the patient's skin.
Methods: A single surgeon performed 2,347 IPP between January 2002 and June 2011. In 2002, noninfection-retardant coated implants were used and the remaining years infection retardant-coated IPPs were implanted. During the years 2003–2006 coated devices underwent penoscrotal implantation. Since 2006, the "no touch" enhancement was added to the surgical procedure. Patients in the various groups were stratified for age, diabetes, and type of implant. Infection rates in the non-coated IPP, coated IPP with standard technique, and coated IPP implanted with "no touch" enhancement were calculated and subjected to statistical analysis. The two company's implants were scrutinized for their individual infection rates in each group.
Results: Patients were similar for age and diabetes. One hundred thirty-two non-coated implants had an infection rate of 5.3%. In the years 2003–2005, 704 coated devices had improvement in incidence of infection to 2% ($P \leq 0.05$) In the years 2006–2010, the "no touch" technique enhanced the standard surgical procedure in 1,511 patients. Only seven infections were seen yielding an infection incidence of 0.46%. There was no difference in the two manufacturer's infection rates in any of the groupings. Differentiation between virgin and revision operation displayed no bias in the infection rate.
Conclusion: Infection retardant coatings lower the risk of infection from 5.3% to 2%. The "no touch" enhancement to the surgical procedure further decreases the rate of infection to 0.46%. Neither manufacturer showed statistical superiority in survival from revision for infection.
Policy of full disclosure: J. Francoise Eid is a consultant for AMS and Coloplast. S. K. Wilson is a consultant for AMS and Coloplast.