primary endpoint for this was complete resolution of CL. Time to sling 
post-RP, evaluation (inclusive of history, physical examination, pad-
per-day (PPD) incontinence, and cystoscopy, with video urodynamics 
as needed), operative data, and post-sling CL/incontinence were meas-
ured.

RESULTS: CL resolved in all 23 patients, even those with 
persistent urinary leakage. Time from RP to surgery was 16 mths 
(mean); pre-op pad use was 1–6 pads/day; all patients had stress 
urinary incontinence and CL (no CL alone); none had detrusor insta-
bility. 19/23 (83%) pts were completely dry, 1/23 (4%) reported persis-
tent 0–1 PPD use and 3/23 reported 1 PPD. Persistent ppi was predicted 
by more severe pre-operative leakage (5–6 pads). Transient post-sling 
retention (5–14 days) occurred in 5/23 (22%). No sling infections were 
reported or second surgeries required.

CONCLUSIONS: The Advance Male Sling is supported by 
prospective data as a safe and efficacious treatment for mild to mod-
erate incontinence following RP and this study specifically addresses 
resolution of concurrent climacturia. Multicenter confirmation of these 
results, as well as determination of optimal post-RP incontinence and 
climacturia treatment pathways is warranted.

Source of Funding: None

1800
PENILE PROSTHESIS INSERTION IN GENDER 
DYSPHORIA- LONG TERM RESULTS

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INTRODUCTION AND OBJECTIVES: The aim of this study is 
to report the results of penile prosthesis implantation in patients with 
gender dysphoria who have had a previous phalloplasty.

METHODS: Between 2000 to 2010, 146 patients (age 22 – 59 
years, mean 38.5 yrs) with Gender Dysphoria had a penile prosthesis 
inserted into their phalloplasty. The types of phalloplasty included the 
forearm free flap (n=87), an abdominal phalloplasty (n = 48) and a 
combination of the above in 11 patients. The prostheses used were the 
AMS 700CX in 137 pts and the AMS Ambicor in 9 pts. The reservoir 
component and a single testicular prosthesis had been inserted 3 
months earlier. A single cylinder was used in 104 patients and 2 
cylinders, when the phallic was bulky, in 42 patients. A vascular graft, 
impregnated with silver to reduce infection, was used to form a cap and 
sock around the cylinder to aid with anchorage to the pubis and to 
reduce the chance of distal erosion. The surgical results and compli-
cations were recorded.

RESULTS: A prosthesis was inserted in all patients without 
inhaudulatory complications. After a mean follow up of 20 months 
(range 7 – 123 months), a successful surgical result was declared with 
the prosthesis in a good position and the patient being able to cycle the 
device in 137 patients, although only 69 patients (50%) were having 
sexual intercourse. The revision rate was 31% to include: infection in 23 
patients (16%), erosion 9 pts (6%), mechanical failure 33 pts (24%) and 
elective readjustment of components in 28 patients. Some patients had 
multiple revisions.

CONCLUSIONS: The insetting of a penile prosthesis into a 
phalloplasty technically allows enough rigidity to have penetrative 
sexual intercourse. However the patients must be informed of the 
shorter device life expectancy and the high complication and revi-

Source of Funding: None

1801
POSITIVE CULTURE GROWTHS FROM INFECTION 
RETARDANT-COATED PENILE PROSTHESSES AT THE TIME OF 
REVISION/SAVLAGE SURGERY: A MULTICENTER STUDY

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Anthony Bella, Ottawa, Canada; Craig Donatucci, Durham, NC

INTRODUCTION AND OBJECTIVES: Traditionally, the most 
common bacteria found at the time of inflatable penile prosthesis (IPP) 
revision was staphylococcus (S.) species. In the past few years, 
revision retardant-coated IPPs have been shown to reduce primary 
(virgin) infection rates by about half. There has been speculation that 
these infection retardant-coatings may change the nature of what 
culture isolates will grow in the presence of these coating that are 
suppose to help prevent colonization of the implants. The majority 
of penile prostheses have culture positive bacteria at the time of revision 
surgery (J Urol 172: 153). We evaluated culture isolates from patients 
with known infection retardant-coated IPPs to evaluate the bacterial 
profile.

METHODS: At 4 institutions, more than 200 patients with a 
penile prosthesis underwent revision surgery between November 2000 
and November 2009. Only those patients who already had infection 
retardant-coated penile prostheses placed and grew out positive cul-
ture isolates were included in the study. Patients were further broken 
down into two groups: clinically uninfected revision/replacement (group 
1 = 40 patients) and overtly infected undergoing salvage rescue or 
removal (group 2 = 17 patients). In addition, sensitivities to the com-
bination of tetracycline and rifampin were evaluated (sensitive = sens; 
resistant = R).

RESULTS: A total of 38 isolates were cultured out these pa-
tients with 25 from group 1 and 13 from group 2; some patients grew 
out more than one isolate. Culture positive isolates from the clinically 
uninfected revisions (group 1) were 16 S. Epi (all sens), 3 S. Lugden-
esis (all sens), enterococcus faecalis (intermediate sens), Klebsiella 
pneumonia (sens), yeast, Micrococcus species, Gram + rods, pepto-
streptococcus species. Culture positive isolates from overtly infected 
patients (group 2) were 4 S. Epi (all sens), 2 MRSA (sens), 2 Enter-
coccus Faecalis (sens), S. Haemolyticus, S. Warneri, yeast, E. Coli 
tetracycline R); Citrobacter Freudi (R to rifampin).

CONCLUSIONS: Isolate cultures grown from patients under-
going revision surgery for clinically uninfected (group 1) reasons ap-
pear to have a more traditional bacteria profile; meanwhile, those 
patients with overt infections (group 2) may have a non-traditional 
bacterial profile.

Source of Funding: None

1802
LONG-TERM INFECTION OUTCOMES FOR 3-PIECE ANTIBIOTIC- 
IMPREGNATED PENILE PROSTHESSES USED IN REVISION 
SURGERIES

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INTRODUCTION AND OBJECTIVES: Patients undergoing re-
vision surgery to replace an existing penile prosthesis are known to be 
at higher risk for implant-associated infections than virgin implant 
recipients. The rate of revisions due to infection after long-term fol-
low-up of virgin implants was shown to be statistically significantly lower 
for antibiotic-impregnated inflatable penile prostheses (IPPs) versus 
non-impregnated IPPs. The objective of this study was to determine if 
the frequency of infection events subsequent to revision surgery would 
also be lower with the use of antibiotic-impregnated IPPs.

METHODS: Patient information forms were completed pro-
spectively and voluntarily submitted to the device manufacturer for 
IPPs implanted between May 1, 2001 and December 1, 2007. Records 
from the resulting database were retrospectively reviewed to compare