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/continence were measured.

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 instability. 19/23 (83%) pts were completely dry, 1/23 (4%) reported persistent 0–1 ppd use and 3/23 reported 1 ppd. Persistent ppi was predicted by more severe pre-operative leakage (5–6 ppd). 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 moderate 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

Donato Dente, Rome, Italy; Giulio Garaffa, Suks Minhas, Andrew Nimal Chistopher, David Ralph, London, United Kingdom*

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

METHODS: Between 2000 to 2010, 146 patients (age 22 – 59 yrs, 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 resevoir 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 phallus 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 complications were recorded.

RESULTS: A prosthesis was inserted in all patients without intraoperative 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 insetion 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 revision rate.

Source of Funding: None

1801

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

Gerard Henry, Shreveport, LA; Culley Carson, Chapel Hill, NC; John Delk II, Indio, CA; Stephen McKim, Chapel Hill, NC; Erin McNamara, Durham, NC; Mario Cleves, Caroline Simmons, Little Rock, AR; 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) infection was staphylococcus (S.) species. In the past few years, infection 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 culture 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 combination of tetracycline and rifampin were evaluated (sensitive = sens; resistant = R).

RESULTS: A total of 38 isolates were cultured out these patients 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. Lugdenesis (all sens), enterococcus faecalis (intermediate sens), Klebsiella pneumonia (sens), yeast, Micrococcus species, Gram + rods, peptostreptococcus species. Culture positive isolates from overtly infected patients (group 2) were 4 S. Epi (all sens), 2 MRSA (sens), 2 Enterococcus Faecalis (sens), S. Haemolyicus, S. Warneri, yeast, E. Coli (tetracycline R), Citrobacter Freudii (R to rifampin).

CONCLUSIONS: Culture isolates grown from patients undergoing revision surgery for clinically uninfected (group 1) reasons appear 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 PROSTHESES USED IN REVISION SURGERIES

Ajay Nehra, Rochester, MN; Culley C Carson, III, Chapel Hill, NC; Angela M Ginkel, Minnetonka, MN*

INTRODUCTION AND OBJECTIVES: Patients undergoing revision 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 follow-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 prospectively 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