

itors. However, reported high rates of noncompliance or failure of oral pharmacotherapy seems likely to increase this operation's popularity in the near future.

Source of Funding: None

1805 SEXUAL FUNCTION BEFORE AND AFTER HOLMIUM LASER ENUCLEATION OF THE PROSTATE (HOLEP) FOR SYMPTOMATIC BENIGN PROSTATIC HYPERPLASIA (BPH)

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INTRODUCTION AND OBJECTIVES: We evaluated the impact of holmium laser enucleation of the prostate to the sexual function of patients with symptomatic benign prostatic hyperplasia.

METHODS: Between June 2008 and June 2010, 159 patients with a mean age \pm SD of 73.3 ± 8.8 years were prospectively recruited in this study. All patients were assessed with the International Prostate Symptom Score (IPSS), 5-item version of the International Index of Erectile Function (IIEF5) before surgery, and at 3, 6, 12 and 24 months. At each visit, peak urinary flow rates (Qmax) and post-void residual urine (PVR) were also evaluated.

RESULTS: HoLEP was performed successfully in all patients. There were no major intraoperative or postoperative complications, and no blood transfusions were required. Significant improvements were seen in IPSS, Qmax, and PVR over baseline at each follow-up visit ($p < 0.05$). On the contrary, IIEF5 scores at 3 and 6 months after surgery were significantly decreased ($p = 0.0001$). At 12 and 24-month follow-ups, IIEF5 scores had recovered to baseline, but no significant erectile function improvement was found after surgery such as IPSS, Qmax and PVR.

CONCLUSIONS: There was a temporary decrease of erectile functions after HoLEP, although, after one year it had recovered to baseline. We should give this information to patients along with the expectation of significant improvements of urinary parameters before HoLEP.

Changes in IIEF5 and urinary parameters

	baseline	3 month	6 month	12 month	24 month
IIEF5	6.3	4.9	5.1	5.4	7.9
IPSS	19.2	10.4	8.3	8.3	9.4
QOL	4.6	2.4	2.0	1.9	1.6
Qmax	9.4	18.4	19.1	20.8	19.2
PVR	247.0	23.0	22.2	26.6	10.4

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1806 CORRELATION OF PROXIMAL AND DISTAL CORPUS CAVERNOSUM BIOPSY WITH COLOUR DOPPLER ULTRASONOGRAPHY IN ISCHAEMIC PRIAPISM

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INTRODUCTION AND OBJECTIVES: Ischaemic priapism is a urological emergency. Ischaemia within the corpus cavernosum results in the development of smooth muscle dysfunction followed by corporal fibrosis if the priapism persists. Colour doppler ultrasonography of the penis is the imaging test of choice to assess blood flow within the corpora cavernosa. However, the Doppler studies can be difficult to interpret in patients who have either a delayed presentation or who have undergone interventions already. The Doppler studies may report areas of perfusion within the proximal corpora despite the clinical picture being consistent with an ischaemic priapism. The aim of the study was to compare the histological changes in the corpora caver-

nosa of patients presenting with ischaemic priapism with the results of the Doppler studies in order to evaluate the predictive value of Doppler ultrasound.

METHODS: Over a 12 month period 12 patients with priapism were referred to our centre. The mean age was 42 years (range 24–58 years) and the median time of developing the priapism was 96 hours (range 24–360 hours). The aetiology was sickle cell disease (5 patients), idiopathic (5 patients) and antipsychotic agents (2 patients) All of the patients underwent a Doppler ultrasound prior to surgical intervention. Biopsies from both distal and proximal ends of both corpora were obtained from all the 12 patients with ischaemic priapism. Biopsies were taken during the γ T-shunt procedure ($n=6$) and proximal open corporotomy procedure ($n=6$).

RESULTS: A total of 11 patients underwent early penile prosthesis implantation, as there was recurrence of priapism after the initial surgical management. Only in one case was the γ T shunt procedure successful, however the patient developed delayed erectile dysfunction secondary to extensive corporal fibrosis. Histological analysis in all cases showed extensive or focal necrosis in both the distal and proximal segments of the corpora cavernosa. By contrast, the ultrasonography studies demonstrated a small amount of flow within the corpora in 50% of cases within the proximal corpora with no indication of the degree of fibrosis in the tissue.

CONCLUSIONS: In men presenting with ischaemic priapism for more than 24 hours, significant histological changes of the corpus cavernosum due to the development of hypoxia and acidosis. The patients may end up with severe erectile dysfunction due to extensive or focal necrosis of the cavernosal smooth muscle. Although colour Doppler ultrasonography of the penis is a useful imaging test in ischaemic priapism the presence of flow within the proximal corpora does not correlate with smooth muscle viability.

Source of Funding: None

1807 REVIEW OF 1103 INFLATABLE PENILE PROSTHETIC SURGERIES PERFORMED IN 2009 DEMONSTRATES ALMOST COMPLETE VARIABILITY FOR IRRIGATION AND ANTIBIOTIC PRACTICE AMONGST ELEVEN HIGH-VOLUME RECONSTRUCTIVE SURGEONS

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INTRODUCTION AND OBJECTIVES: Irrigation during inflatable penile prosthesis (IPP) surgery is considered routine as part of the effort to decrease infection rates. However, little evaluation of this practice has been performed, and there is wide variation between surgeons and sites regarding the type of irrigant utilized (with or without single or combination antimicrobials). There is also a trend toward irrigant type determined by hospital surgical committees. To date, there is little agreement whether to cease irrigation when the IPP is introduced into the penis (this may or may not be a factor for antibiotic impregnated devices) or continue until the end of the procedure. We report a contemporary series focusing on irrigation practices, antibiotic usage and overall rates of infection in both virgin and revision IPP surgeries.

METHODS: 11 high volume penile implant surgeons provided 2009 data for number of cases performed and the primary endpoint of device infection. Type of irrigation fluid utilized, usage of irrigant intraoperatively (cessation at IPP placement versus end of case), and antibiotic regimen (pre-and post- surgery) were determined.

RESULTS: A total of 732 virgin prostheses and 371 revision surgeries comprised this cohort. For the first-time implant cohort, 7 infections occurred (1%), whilst 14 (3.8%) were identified in the revision group. Of the 11 surgeons, only two shared a common irrigation

protocol with type and manner of use varying between centers. Rates of infection were below those in contemporary published literature. Antibiotic usage was variable as well, with a higher percentage of agent selection mandated by the surgeon's institution.

CONCLUSIONS: The lack of uniformity across strategies thought to decrease infection rates for penile prosthesis insertion is of concern; for a 11-surgeon high volume implanter cohort, there was no identifiable consistency for irrigant or antibiotic use. The authors strongly support the formation of an AUA, SMSNA/SUPS or equivalent panel to rigorously review available evidence and offer best-practice guidance regarding use of irrigation and antibiotics. This may be of particular utility to a lower-volume prosthetic surgeon.

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1808

EFFECT OF SACRAL NEUROMODULATION ON FEMALE SEXUAL FUNCTION AND QUALITY OF LIFE

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INTRODUCTION AND OBJECTIVES: Sacral Neuromodulation (SNM) has become an established option in the treatment of Lower Urinary Tract Symptoms (LUTS). Additional benefits such as improved bowel functions and bladder pain have been reported. Improvement in female sexual functions after SNM treatment has been suggested, however, reports examining the effects of SNM on female sexual functions are scarce. The Purpose of this study is to evaluate the effects of SNM on female sexual function and its impact on the patients' quality of life (QoL).

METHODS: From January 2010 to October 2010, female patients underwent SNM InterStim® therapy for voiding dysfunction including symptoms of overactive bladder after failed medical and conservative management, Frequency-Urgency Syndrome & Chronic retention. Patients were screened by percutaneous nerve evaluation (PNE) to assess their response to therapy using a 4-day voiding diary. Patients who experienced 50% or more improvement in their voiding parameters were permanently implanted. Female sexual function index (FSFI), short form of health survey (SF-36), and incontinence questionnaires (UDI-6) were completed in all patients preoperatively and 3–5 months postoperatively.

RESULTS: 19 female patients had SNM InterStim® implanted during that period. 6 patients were excluded from the study because they were not sexually active. The indication (Urge/frequency(6), urge incontinence(5) and urinary retention(2)). SNM treatment significantly improved the total FSFI score ($p=0.028$); the components of arousal and satisfaction showed significant improvement ($p=0.037$) and ($p=0.018$) respectively. Age ($r=0.278$, $p=0.357$); body mass index ($r=-0.037$, $p=0.905$); diagnosis ($r=-0.288$, $p=0.339$); urinary symptoms ($r=0.22$, $p=0.466$) did not show significant correlation with FSFI score improvement. Quality of life showed significant improvement after SNM treatment in five categories.

CONCLUSIONS: Sacral neuromodulation improves patients' QoL and female sexual function particularly the sexual arousal and satisfaction parameters. Further studies are needed to explain whether the improvement of sexual function is caused by direct sacral neuromodulation or as part of the general improvement in patients' QoL.

Table 1: Effects of Sacral Neuromodulation on Quality of life

Table 1

Categories (n = 13)	Physical Functioning (mean±SEM)	Energy (mean±SEM)	Emotional well-being (mean±SEM)	Social Functioning (mean±SEM)	General Health (mean±SEM)
Baseline	53.85 ± 4.708	31.15 ± 6.654	52.00 ± 8.887	52.31 ± 8.428	40.77 ± 4.995
Postoperative (SNM)	70.38 ± 5.047	50.77 ± 7.247	68.18 ± 7.466	83.65 ± 6.989	62.69 ± 5.873
P value	0.002	0.004	0.014	0.005	0.001

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1809

SIMULTANEOUS ADVANCE MALE SLING AND AN INFLATABLE PENILE PROSTHESIS: CONCURRENT PLACEMENT DOES NOT INCREASE POTENTIAL FOR IMPLANT INFECTION

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INTRODUCTION AND OBJECTIVES: The simultaneous placement of the AdVance* male sling and an inflatable penile prosthesis* (IPP) has been shown to be an efficacious combination to address post-prostatectomy stress urinary incontinence (SUI) and erectile dysfunction (ED) under a single anesthetic. Infection of a penile prosthesis is perhaps the most feared complication of implant surgery. Current literature suggests an infection rate of 1–2% when antibiotic coated IPP's are placed in men without risk factors such as diabetes or chronic steroid use.

We present a large series of men who underwent the simultaneous placement of the AdVance sling and an IPP and report on rate of post-surgical infection.

*American Medical Systems, Inc

METHODS: From July, 2007 through July, 2010 seventy-eight (78) men underwent combined AdVance sling and an IPP. Placement of the AdVance sling was through a perineal incision in all patients. Thirty-eight (38) patients had the IPP placed through a transverse scrotal incision, and forty (40) patients had the IPP placed via an infrapubic incision. Follow-up ranged from 4 to 40 months (mean 16 months). Patients were followed up in the clinic at regular intervals after surgery.

RESULTS: One (1) patient developed an infection of the IPP in the post-operative period (1.2%). This patient was treated with immediate salvage of the implant, leaving the sling in-place. He recovered uneventfully and at 12 months post-salvage is completely continent and using his IPP with high satisfaction. No other infections occurred.

CONCLUSIONS: The simultaneous placement of an AdVance male sling and an IPP does not increase the potential for infection of the IPP beyond the expected infection rate when an IPP is placed alone.

Source of Funding: None

1810

MICROSURGICAL DENERVATION OF THE SPERMATIC CORD FOR THE TREATMENT OF CHRONIC TESTICULAR PAIN: A SINGLE-CENTER, SINGLE-SURGEON EXPERIENCE

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INTRODUCTION AND OBJECTIVES: Microsurgical denervation of the spermatic cord has been described as a successful treatment option for patients with chronic testicular pain that is refractory to conservative management. We report our experience, complications, and patient-perceived outcomes with this procedure.

METHODS: Microsurgical denervation of the spermatic cord was performed on 34 testicles of 31 patients from 2007 to 2010. Surgery was offered for treatment of chronic orchalgia after failure of medical therapy and when no identifiable, reversible etiologies were found. Spermatic cord blocks were performed pre-operatively to deter-