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 functions of patients with symptomatic benign prostatic hyperplasia.

METHODS: Between June 2008 and June 2010, 159 patients with a mean age ± 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 as such as IPSS, Qmax and PVR.

CONCLUSIONS: There was a temporary decrease of erectile function 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.

Source of Funding: None

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-
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.  

Source of Funding: None

**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=−0.288p=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.

Source of Funding: None

**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.

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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-