with erection or intercourse. None reported curvature of the penis. Using an analog scale, all patients reported being either 'very satisfied' or 'satisfied.' CONCLUSIONS: In our pilot study, this approach has led to restoration of sexual function in all of our patients who have attempted such. Also, we had a high degree of satisfaction and minimal morbidity. As obesity continues to become more prevalent, a significantly buried penis will likely become more common, but may be treated effectively with significant benefits for the patient.

**Source of Funding:** None

## 1258
### SEXUAL DYSFUNCTION IN MORBIDLY OBESE MALE IS REVERSED AFTER GASTRIC BYPASS SURGERY

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INTRODUCTION AND OBJECTIVES: The effects of weight loss on sexual function and sexual hormones have not been well studied. The present study evaluates the impact of gastric bypass in this context.

METHODS: We prospectively studied 20 morbidly obese men (Body Mass Index - BMI over 40) for 24 months, divided in two groups: 10 patients underwent gastric bypass, group A and 10, group B, kept on weekly follow up. None of the men were taking PDE5 inhibitors. All patients completed the International Index of Erectile Function questionnaire (IIEF5) before and after surgery. Serum estradiol, prolactine (PRL), luteinizing (LH) and follicle-stimulating (FSH) hormones, free and total testosterone (FT and TT) were measured in both groups at baseline (time 0), surgery- 4 months after baseline (time 1) and final evaluation in the end of the study (time 2).

RESULTS: From times 0 to 1, group A presented a mean BMI reduction of 12.6 ($p<0.0001$), while group B, 2.1 ($p>0.05$). The reductions between times 0 to 2 were 25.0 ($p<0.0001$) and 0.7 ($p>0.05$) for group A and B respectively. BMI average between the two groups was similar at time 0 ($p=0.6055$), and different at times 1 ($p=0.0033$) and 2 ($p<0.0001$). Increase in IIEF5 scores ($p=0.0469$), FSH and TT levels ($p=0.0025$ and $p=0.0349$ respectively), and reduction in PRL levels ($p< 0.0001$) were observed in group A from times 0 to 2 and 1 to 2. There were no changes from times 0 to 1. Group B did not present any significant change on the parameters analyzed.

CONCLUSIONS: Surgery induced weight loss increased sexual function quality measured by IIEF 5 questionnaire, reduced PRL levels and increased FSH and TT levels. The hormonal impact verified could justify the sexual function improvement. By the other side, weight loss through lifestyle modifications impacted positively the BMI without hormonal or sexual impact. New studies are warranted in the field to support our data.

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## 1259
### DRAIN CULTURES IN PENILE PROSTHESIS IMPLANTS

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INTRODUCTION AND OBJECTIVES: Hematoma formation, ecchymosis and scrotal swelling are reported complications of penile implant surgery. A way to avoid these complications is the use of closed suction drain systems. This strategy is gaining acceptance but there is still some reluctance based on the potential for higher risk of prosthetic infection. The aim of this study was to evaluate the results of drain cultures and correlate them with postoperative complications.

METHODS: Between January 2007 and June 2008, 63 patients underwent penile prosthesis implantation in our center. All of them had organic erectile dysfunction (ED). Amongst ED etiologies 35% had diabetes, 13% had radical pelvic surgery. 7 prostheses were malleable, 6 two-component hydraulic and 50 were three component hydraulic (AMS 700 CX). Every patient received perioperative antibiotic coverage, surgical field preparation with 10-min scrub wash and insertion of urethral catheter. All procedures were performed using penoscrotal incisions. Following the implant a single, closed suction Jackson Pratt drain was placed over the surgical bed at the conclusion of the case. Post-operative drain outputs were recorded. The drain and urethral catheter were removed on the next morning after surgery. After removal of the drain under sterile conditions a culture of the tip and the portion near to skin surface were done independently. Maki´s semiquantitative method was used to evaluate drain tube contamination. Mean follow-up was 13 months (4-24).

RESULTS: Patient's average age was 64 years (45-76). Mean operative time was 80 min (60-130). 9 out of 63 patients drained more than 30 ml with a mean volume of 76 ml (40-150). Drain cultures were positive only in 4 out of 63 cases (6%) (Table 1). None of these patients developed any signs of infection. One patient developed a scrotal hematoma despite drainage (1,5%), but did not show any infection. There were 2 implant infections: one caused by P. aureginosa and other by P. mirabilis. In these cases drain cultures were both negative.

CONCLUSIONS: Cultures from drain tubes used in penile implant surgery are infrequently positive. There is no relationship between penile implant infections and closed suction drainage.

Table 1: Positive drain cultures

| Case | Drain Tip | Drain near skin surface |
|---|---|---|
| 1 | S. haemolyticus | Negative |
| 2 | M. morganii | Negative |
| 3 | S. epidermidis | S. Epidermidis |
| 4 | Negative | E. Faecalis |

**Source of Funding:** None

## 1260
### INFECTION RETARDANT COATED VERSUS NON-COATED PENILE PROSTHESIS CULTURES DURING REVISION SURGERY: A MULTICENTER STUDY

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INTRODUCTION AND OBJECTIVES: Previously published papers have shown that the majority of clinically uninfected penile prostheses have organisms growing in the implant spaces at reoperation (J Urol 172: 153, 2004). Virtually all 3-piece penile prostheses (IPP) placed in the United States have infection retardant coatings; InhibiZone on the American Medical Systems 700 series and hydrophilic coating on the Coloplast Titan series. These coated penile prostheses appear to reduce infection rates by close to half in published studies in primary implantation. However, these infection retardant coated prostheses have not been shown to reduce revision / replacement infection rates without the addition of a revision washout (J Urol 173: 89, 2005). This is the first investigation of whether these infection retardant coated implants have lower cultures rates at the time of clinically uninfected revision surgery as compared to penile prostheses without coating.

METHODS: At four institutions, cultures were prospectively obtained from clinically uninfected penile prostheses at revision surgery. Immediately upon surgical exposure of the pump, cultures were obtained. If a bacterial biofilm was noted on any component, it was additionally cultured. We compared the original paper's 77 patients, none of whom had coated penile prostheses, to 20 patients with infection retardant coatings on their IPP. Culture positivity rates, culture isolates of patients with Staphylococcus species and number of patients with more than one isolate cultured was compared RESULTS: During revision surgery for non-infected IPPs, culture positive bacteria had been found in 54 of 77 (70%) patients with non coated IPP. A similar number, 12 of 20 (60%), of patients with coated IPPs showed positive cultures. Of the 54 non-coated patients, 49 (90%) had positive culture for Staphylococcus genus, while 10 (83%) of the 12 patients with coated IPP had a cultured isolate of the Staphylococcus genus. 3 (5.5%) of the 54 non-coated patients grew more than one culture isolate versus none (0%) of the 12 coated IPP patients having more than one isolate cultured.

CONCLUSIONS: Positive cultures and visible bacterial biofilm

have been shown to be present on clinically uninfected IPPs at the time of revision surgery in the majority of patients whether or not the IPP is coated with infection retardant coating.

**Source of Funding:** None

## 1261
### VACUUM PROTOCOL AND CYLINDERS THAT LENGTHEN ALLOW IMPLANTATION OF LONGER INFLATABLE PROTHESES REDUCING COMPLAINTS OF SHORTENED PENILE LENGTH

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INTRODUCTION AND OBJECTIVES: The inflatable penile prosthesis (IPP) has been used to treat erectile dysfunction for 35 years. Significant improvements in design have resulted in superior device reliability and markedly reduced infections. However, loss of penile length following IPP procedures remains the most common patient complaint. Here we describe a pre-operative and post-operative patient vacuum protocol used in conjunction with implantation of the AMS 700 Momentary Squeeze (MS) LGX™ or CX™ cylinders to decrease the complaint of reduced penile length, and assist in setting realistic patient expectations.

METHODS: Patients are instructed to use a vacuum erection device each day up to 2 months prior to IPP implant. The penis is placed in the chamber and the device is pumped to slight patient discomfort. The constriction ring is not applied and the negative pressure induced penile erection is maintained for 10 minutes. Patients with Peyronie's Disease use the vacuum device twice a day. To monitor progress the vacuum device is marked with a pen at the first induced erection and weekly thereafter. After two months, the AMS CX™ is utilized for patients with compromised corpora (e.g. Peyronie's disease) and those requiring 24 cm cylinders. The AMS LGX™ is implanted in those with normal corpora. After IPP surgery, the penis is left 50% erect for 48 hours and then deflated to 25%. Partial inflation is maintained for 9-14 days. Most patients begin to cycle the device at 9-14 days. Patients then leave the device inflated for up to one hour daily for 2 months post-operatively. This promotes capacious capsule formation around the inflated and lengthened cylinder.

RESULTS: Preoperative use of the vacuum device results in enhanced corpus cavernosum dilation and maximization of cylinder length. Average implanted cylinder length (cylinder + RTEs) has increased 5.5cm since the institution of the protocol (p value <0.0001.) Protocol patients do not complain of reduced penile length and tend to experience less pain allowing earlier device utilization.

CONCLUSIONS: When the preoperative vacuum protocol is combined with implantation of larger size AMS LGX™ or AMS CX™ cylinders and postoperative capsule formation is manipulated, we believe the surgeon is provided with the greatest opportunity to restore penile length to that which was present with the patient's natural erection.

**Source of Funding:** American Medical Systems

## 1262
### COLOPLAST TITAN INFLATABLE PENILE PROSTHESIS WITH ONE TOUCH RELEASE PUMP: INITIAL RESULTS.

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INTRODUCTION AND OBJECTIVES: The Coloplast Titan inflatable penile prosthesis (IPP) was recently modified with a One Touch Release (OTR) pump, to facilitate deflation of the device. The OTR pump is currently supplied as a separate unit, but will be available pre-connected to the cylinders in the near future. The objective of this investigation was to assess the ease of implantation and use of the OTR pump.

METHODS: Twenty consecutive patients with organic erectile dysfunction, non-responsive to medical therapy, were implanted with a Coloplast IPP containing an OTR pump. Informed consent was obtained pre-operatively, and the new pump configuration was demonstrated. Implantation was via either a standard scrotal or infrapubic approach. All procedures were done on an outpatient basis by an experienced (>1000 cases) surgeon, with vancomycin and gentamicin antibiotic prophylaxis. Follow-up was obtained during routine post-operative office visits.

RESULTS: Short-term (1-2 month) follow-up was available for 100% of patients. There were no prosthetic infections. Subjectively, the OTR pump posed no difficulties during intra-scrotal insertion, compared with the previous Titan pump. Objectively, all of the OTR pumps functioned normally during device preparation, intra-operative device testing, and post-operative patient education visits. All patients were able to inflate and deflate the OTR pump during their post-operative teaching session.

CONCLUSIONS: This preliminary, short-term study indicates that the Coloplast Titan IPP with OTR pump functioned as specified by the manufacturer. Compressing the pump bulb transfers fluid to the cylinders. One firm squeeze on the release pads opens the release valve, allowing cylinder deflation. There were no instances where the valves malfunctioned. The OTR pump subjectively seemed to make deflation easier and less uncomfortable for the patients, compared to the original pump. A larger series with longer follow-up is planned, and will be needed to confirm these preliminary results.

**Source of Funding:** None

## 1263
### OPEN RANDOMIZED PROSPECTIVE STUDY TO EVALUATE THE USE OF A CONTINUOUS LOCAL ANESTHETIC INFUSION FOR PAIN MANAGEMENT FOLLOWING PENILE PROSTHESIS PROCEDURE

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INTRODUCTION AND OBJECTIVES: Optimizing postoperative pain control remains a challenge following the insertion of the inflatable penile prosthesis. Our objective is to determine if the use of a local anesthetic elastomeric infusion pump will decrease the number of narcotic pain pills postoperatively in patients after undergoing penile prosthesis implantation.

METHODS: An open, prospective, randomized, double-blind study was performed involving patients who underwent penile prosthesis implantation. After informed consent was obtained pre-operatively, twenty patients were randomized to receive continuous wound perfusion through the ON-Q pain management system (I Flow Corporation) of either 0.5% bupivacaine or 0.9% NaCl . The patients were also given a prescription for oral narcotics. Each patient recorded the number of narcotic pain pills used and pain control satisfaction for postoperative day (POD) one through seven. Reduction in the number of narcotic pain pills used was the primary end-point with reduction the amount of postoperative pain and satisfaction being secondary endpoints. Two patients were excluded from the study for improper survey completion.

RESULTS: Eighteen patients recruited were used for data analysis. The average number of pain pills taken by the study group over the first post-operative week was 6.9 compared with an average of 20.0 in the control group. When analyzing the data, the control group consistently used more oral narcotics to control pain. However, the difference is only statistically significant ($p<0.05$) for POD's 1 through 3. The difference was no longer noted beginning on POD number 4 coinciding with the day the pain pump was removed. There was no statistical significance in subjective data of daily or overall satisfaction in the study group versus the placebo group. No adverse outcomes were noted in either group. This device has been used in over 250 prosthetic surgeries with no adverse outcome.

CONCLUSIONS: This prospective, randomized trial has shown that infusion of local anesthetic after penile prosthesis is an effective way of controlling pain with an overall decrease in the need for oral narcotics.