

**MP-2-5****Management of penile shortening after Peyronie's disease surgery**

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**Objective:** To assess the value, in terms of increasing the length of the penis, of 8 to 12-hour daily application of a penile extender device after penile surgery for Peyronie's disease (PD). A secondary objective was to assess the health related quality of life (HRQOL) outcome in patients using this device.

**Design and Methods:** 30 men, ages 54–64 years (mean: 58), underwent penile surgery for PD. In eight patients the surgical technique was incision of the fibrous plaque and grafting, while the rest 22 underwent plication of the albuginea (Essex technique) 15 of the 30 patients were treated with a penile extender (Andro-penis device) daily over a 4-month period. Length and girth of the penis was measured before and after surgery and after the use of the extender. HRQOL was also determined using the SF-36 survey to compare both groups of patients.

**Results:** Sustained treatment for 4 months with the penile stretching device provided an increase from 1 to 4 cms and an increase in girth of 0.5 to 1.5 cm. Comparing the results of the SF-36 survey a significant difference could be observed between both groups ( $p < 0.001$ ). The use of the device was generally well tolerated, only 2 patients had moderate penile pain. No other complications were recorded.

**Conclusion:** Use of the penile extender device on an 8 to 12-hour daily regimen is an effective and safe way to minimize loss of penile length in patients operated for PD. Its use provides a significant improvement on HRQOL outcomes compared to the control group.

**MP-2-6****Long-term follow-up of penile revascularization**

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**Objective:** The question concerning a place of penile revascularization in clinical algorithm of erectile dysfunction (ED) remains a subject of discussion. The aim of the study was to report long-term success rates for penile revascularization.

**Methods:** The analysis of the long-term results, satisfaction of patients and sexual partners, have been carried out in group of 63 patients with various forms of ED. Age from 20 till 53 years (average 38 years). 41.3% pts. -arterial insufficiency, 26.9% pts. -venous dysfunction (pure venous leak), 31.8% pts. -mixed ED. In 55.6% (35 pts) the arterialization of deep dorsal vein (DDV) was made; in 7 cases (11.1%) - Virag, in 2 cases (3.2%) Furlow-Fisher, in 26 (41.3%) cases Virag in own updating. In 44.4% cases (28 patients) at arterial insufficiency and the mixed forms of ED the arterio-arterial anastomosis have been executed; Michal I-3.2%, Michal II-6.3%, Carmygnani-3.2%, Hauri-11.1%, Hauri in own updating—20.6%. The period of sexual rehabilitation was from 1 till 6 months. Terms of supervision from 5 till 10 years. Efficiency of penile revascularization was estimated in view of late hemodynamic significant complications. For an estimation of efficiency we used IIEF, scale QL.

**Results:** General efficiency of penile revascularization in the general group of patients was 63.5%. Efficiency of DDV arterialization in the remote terms of supervision was 74%, and efficiency of arterio-arterial anastomosis- 50%.

**Conclusion:** Penile revascularization is an effective and physiologic method in correction of vasculogenic ED. In our opinion, techniques of DDV arterialization as in correction of arterial and venous insufficiency of penis are priority.

**MP-2-7****Penile reconstruction with the use of skin grafting**

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**Objective:** Abnormalities of the skin of the penis are common. Patient presentation is variable from repetitive tearing during coitus, malignancy necessitating excision and conditions causing a poor cosmesis. The end result is a significant psychological distress and a variable degree of sexual dysfunction. This paper assesses the use of skin grafting for these conditions in 62 patients.

**Methods:** The patient's aetiologies included: Balanitis Zerotica Obliterans (BXO,  $n = 25$ ), penile carcinoma ( $n = 21$ ), traumatic amputation ( $n = 5$ ), excessive circumcision ( $n = 7$ ), end stage lymphoedema ( $n = 3$ ) and Fournier's gangrene ( $n = 1$ ). All patients with carcinoma had their glans excised with the graft fashioned to form a pseudoglans. All BXO and Lymphoedema patients had the disease area excised and grafted. The traumatic and circumcision injuries just had skin added. Split skin grafts were used for glans and coronal pathology, whereas full thickness grafts were used on the shaft to prevent erectile dysfunction due to graft contraction.

**Results:** All patients were satisfied with the outcome although partial graft loss did occur in 7 of the cancer patients whose wounds healed by secondary intention. The happiest were the BXO and trauma groups where effectively extra skin had been added. Sexual intercourse without pain or tearing of the skin was achieved in 41 patients.

**Conclusion:** Loss of penile skin can cause considerable functional and psychological problems. The penis is a vascular organ and skin grafts have been shown in this study to take reliably and thereby allowing patients to resume sexual activity with confidence.

**MP-2-8****Our method of one-stage urogenital reconstruction in the case of adult exstrophy and epispadias**

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**Objective:** Bladder exstrophy and total epispadias is a very severe congenital abnormality of urogenital system. Unfortunately, in some cases the operative interventions executed in childhood do not result in desirable functional and cosmetic result. The clinical picture at adults includes some syndromes: urination frustration, urinary incontinence, sexual and ejaculation frustration, erectile deformation, syndrome of a small penis, infertility, complex of psychological problems. In the work we represent a method of one-stage urethral and corporeal reconstruction in a combination with glanuloplasty and correction of urinary incontinence.

**Methods:** 25 patients with combined exstrophy-epispadias complex (from 15 till 30 y.o.) underwent one-stage urogenital reconstruction. The method includes: plasty of bladder neck, urethroplasty with the use of penile and scrotum tissue, sphincteroplasty with the use of rectus abdominis, elongation corporoplasty and glanuloplasty. All patients at early children's age have carried numerous operative interventions.

**Results:** In all cases the positive result has been achieved concerning correction of one or several syndromes. Social adaptation was achieved in 95%. In some cases repeated operations (elongation corporoplasty, internal urethrotomy) were carried out. Positive functional result in the relation of adult exstrophy-epispadias complex was achieved in 70%, aesthetic result of operation- in 100% of cases.

**Conclusion:** One-stage penile reconstruction by a suggested technique provides good functional and cosmetic result at the hardest category of patients.

**MP-2-9****Hydrophilic-coated inflatable penile prosthesis: One-year experience**

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**Objective:** Penile prosthesis infections are a devastating complication to both patient and surgeon. Though relatively uncommon, novel efforts are being made to reduce the risk of infection from these elective procedures. The Titan inflatable penile prosthesis (Mentor Corp., Santa Barbara, CA) is coated with polyvinylpyrrolidone (PVP), a