Management of penile shortening after Peyronie's disease surgery
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Objective: 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 (Essed 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 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
Kovalev, V; Russia; Kardeva, S; Danovich, V; Lesbeva, N; Shein, V; Nephedov, G

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 33 years (average 38 years). 41.3% pts. - arterial insufficiency; 26.9% pts. - venous dysfunction (pure venous leak); 55.6% 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; Medial I-3.2%, Medial II-6.3%, Caryngmann-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 DDA 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 vasoclogenic ED. In our opinion, techniques of DDA 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: In cases of penile shortening surgery outcomes, the use of penile stretchers (Andro-penis device) has yielded good results. The purpose of this study was to report long-term follow-up results for patients using penile stretches.

Methods: A total of 30 men underwent penile surgery for Peyronie's disease (PD). The procedure included incision of the fibrous plaque and grafting, or plication of the albuginea (Essed technique). Fifteen 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 were measured before and after surgery and after 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 cm 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, with only 2 patients reporting moderate penile pain. No other complications were recorded.

Conclusion: The use of penile extenders 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-2-8
Our method of one-stage urogenital reconstruction in the case of adult exstrophy and epispadias
Kovalev, V; Russia; Kardeva, S; Danovich, V; Lesbeva, N; Shein, V; Nephedov, G

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 mixed syndromes: urinatiooniation, bladder incontinence, sexual and ejaculatory dysfunction, erectile deformation, syndrome of a small penis, infertility, complex of psychological problems. In the work we represent a method of one-stage urethral and corporal reconstruction in a combination with glanuloplasty and correction of urinary incontinence.

Methods: 25 patients with combined exstrophy–epispadias complex (from 15 to 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. 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