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SINGLE CENTER OUTCOMES WITH SYNCHRONOUS DUAL AUS/IPP INSERTION THROUGH A PENOSCROTAL INCISION

Hypothesis / aims of study
Current gold standard of care therapies for patients with significant post-prostatectomy erectile dysfunction (ED) and stress urinary incontinence (SUI) are the inflatable penile prosthesis (IPP) and the artificial urinary sphincter (AUS). We sought to report our experience with dual synchronous AUS/IPP insertion through a single penoscrotal incision.

Study design, materials and methods
We retrospectively collected data on 33 patients who had synchronous dual insertion of AUS/IPP through a single penoscrotal incision between 2009 and 2014. Collected data included various patient, clinical, and surgical parameters. Post-surgical outcomes including erectile function, degree of incontinence, complications, and patient and partner satisfaction rates were also collected.

Results
The median age of the cohort was 64 (range 51-79). Co-morbidites included hypertension (67%), dyslipidemia (52%), coronary artery disease (30%), diabetes (24%), with 21% of the patients receiving post-prostatectomy radiotherapy. Distribution of AUS cuff sizes was 3.5cm (33%), 4.0cm (64%), and 4.5cm (3%). IPPs were 3-piece in 70% and 2-piece in 30%.

Interpretation of results
At a median follow-up of 19 months (1-92), median SHIM score improved from 5 to 25 and median pads per day decreased from 6 to 1. Median patient and partner satisfaction rates were 9/10 and 10/10, respectively. Complications included 3 infections, 2 AUS cuff leaks, 2 AUS erosions and 1 IPP distal erosion, and occurred more commonly in patients with co-morbidities and/or previous radiotherapy.

Concluding message
Dual synchronous AUS/IPP insertion through a single penoscrotal incision is a safe procedure which can yield excellent results. Diabetes mellitus and previous history of radiotherapy convey a higher risk of device infection and AUS erosion.

Disclosures
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