study, IPP placement was conducted in fresh-frozen cadaveric male pelvises; subcoronal approach was used for one corpus cavernosum and compared to infrapubic or penoscrotal approach contralaterally. Procedures were conducted by two experienced surgeons blinded to the contralateral measurement.

RESULTS: A total of 370 men underwent IPP placement (170 infrapubic, 200 subcoronal). Mean corporal length was 20.4 ± 0.9 cm for infrapubic approach and 22.1 ± 2.2 cm for subcoronal (p < 0.0001, Δ1.7 cm, 95% CI 1.3-2.1 cm). IPP cylinder size was median 20 (IQR 18-20) for infrapubic approach and median 20 (IQR 20-22) for subcoronal approach, with significant differences in distribution (Figure 1; p < 0.0001). RTE use increased significantly from 70% via infrapubic approach to 86% via subcoronal approach (p = 0.0003). In male cadavers (n=6) subcoronal corporal measurement resulted in mean Δ1.5cm over infrapubic and mean Δ1.1cm over penoscrotal.

CONCLUSIONS: In a single high-volume surgeon cohort, adoption of a new surgical approach resulted in a significant 1.7 cm increase in mean corporal length measurement. This may be due to optimized angle for corporal dilation and/or uninhibited corporal elasticity obtained by penile degloving. Further studies in multi-surgeon, multi-institutional cohorts will be necessary to validate initial findings.

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COATED IMPLANTS AND “NO TOUCH” SURGICAL TECHNIQUE DECREASES INFECTIONS AND SHIFTS CAUSATIVE INFECTIOUS MICROORGANISMS IN INFLATABLE PENILE PROSTHESIS – 9 YEAR UPDATE

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INTRODUCTION AND OBJECTIVES: The inflatable penile prosthesis (IPP) is a well-established treatment for medically refractory erectile dysfunction. Infection is the most dreaded complication and the majority of the infections (> 60%) are associated with Staphylococcus species - a bacteria present on skin flora. It has been previously published that the ‘no touch’ enhancement has decreased the infection rate to 0.46%. This study utilizes an expanded patient volume and timeframe to explore whether a ‘no touch’ enhancement to the surgical technique of IPP implantation results in low infection rates. In addition, given the reduction of skin contact with this technique, it explores the causative microorganism cultured from the infected devices.

METHODS: A single surgeon performed 3342 IPP implants between January 2002 and December 2014. Patients receiving each implant were stratified for age and diabetes. Since 2003, infection retardant-coated IPPs were implanted through the standardized penoscrotal approach. Since 2006, the ‘no touch’ enhancement was added to the surgical procedure. Infection rates in the non coated IPP, coated IPP with standard technique and coated IPP implanted with ‘no touch’ enhancement to standard technique were calculated and subjected to statistical analysis.

RESULTS: Patients in all groups were similar for age and diabetes. 132 non-coated implants had an infection rate of 5.3%. In the years 2003-2005, 704 coated devices had a statistically significant improvement in incidence of infection to 2%. In the years 2006-2014 the ‘no touch’ technique enhanced the standard surgical procedure in 2506 patients. 11 infections were observed with an incidence of 0.44%, which is similar to our previous rate of 0.46%. Differentiation between virgin and revision operation displayed no bias in the infection rates. Coagulase negative Staphylococcus, E. faecalis and E. Coli represented the highest incidence of causative organisms, each with an incidence of 2 out of a total 11 infections.

CONCLUSIONS: With an expanded cohort, the ‘no touch’ enhancement to the IPP insertion surgical procedure consistently demonstrates a low infection rate incidence of 0.44%. Furthermore, given the dramatic reduction in skin contact with the procedure, the causative microorganism in IPP infections has shifted away from a majority Staphylococcus.