PD44-11
AN ARGUMENT FOR PRE-OPERATIVE PELVIC IMAGING PRIOR TO SECONDARY PENILE PROSTHESIS SURGERY

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INTRODUCTION AND OBJECTIVES: The risks of secondary penile prosthesis (PP) surgery (revision, replacement or explant) include catastrophic complications such as visceral organ injury, vascular injury, and failure to remove a PP component. Preoperative imaging is a potentially useful strategy to mitigate risk and facilitate surgical planning. Our objective was to evaluate the potential clinical utility of CT imaging prior to secondary PP surgery.

METHODS: CPT codes and retrospective chart review was used to identify 84 men who underwent CT at our center after primary PP surgery from 2003-2018 (including men who underwent primary surgery at our center and men who had primary surgery outside). CTs were reviewed by a fellowship-trained prosthetic urologist for PP component locations, distances from the reservoir to the nearest iliac vessel, and presence of rear tip extenders (RTEs) in the proximal crura (using CT bone window). Findings were compared with available op notes.

RESULTS: Atypical reservoir locations were found in 8/84 (9.5%) men. 5 reservoirs were intraperitoneal, 2 were subcutaneous, and 1 was in the thigh adjacent to the femoral vessels. Primary PP surgery op notes were available for 76 men. Reservoir locations were discordant from the op note in 15/76 (20%), including 8 reservoirs on the opposite side and 7 in a different anatomical compartment. Median distance from the reservoir to the nearest iliac vessel was 0.23 cm (IQR = 0.0-0.87). The reservoir was in direct contact with an iliac vessel in 28/84 (33%) men, and in direct contact with the bladder in 47/84 (56%) men. The proximal crura of the penis were evaluable on 69/84 CTs, which allowed for identification of 6/69 (9%) suspected proximal perforations and 4/19 (21%) patients in whom RTEs were identified on CT but were not included in the op report.

CONCLUSIONS: Unexpected and potentially perilous PP component locations are common. Pelvic CT prior to secondary PP surgery can help an implant plan surgical approach, anticipate adjunctive surgical maneuvers (i.e. RTE sling), and definitively determine if RTEs are present. CT can also identify high risk cases in which planned involvement or availability of other specialists may be prudent (e.g. for laparoscopic retrieval of an IP reservoir, see Figure).

Figure: Preoperative CT scan with intraperitoneal penile prosthesis reservoir (arrow) and corresponding laparoscopic findings at time of penile prosthesis revision surgery

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PD44-12
20-YEAR FOLLOW-UP AFTER PENILE PROSTHESIS IMPLANTATION — FUNCTIONAL AND QUALITY OF LIFE OUTCOMES

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INTRODUCTION AND OBJECTIVES: Hydraulic penile prostheses have shown an overall good mechanical reliability up to 10 years after surgery. However, few data have been published over 10 years. We looked at long-term complications, functional and quality of life (QoL) outcomes following 3-piece inflatable penile prosthesis implantation (IPP) in patients treated more than 17-years ago at a single center.

METHODS: Baseline, perioperative and follow-up (FU) data of 51 consecutive patients submitted to IPP before 2001 were analyzed. All patients were implanted with AMS (CX/Ulterm plus) 3-piece prostheses. Patients were reassessed to evaluate rate of complications and functional outcomes. The validated questionnaire Quality of Life and Sexuality with Penile Prosthesis (QoLSPP) was used to assess patient’s QoL. Kaplan Meier analysis estimated the probability of prosthesis survival (defined as working device/not-explanted). Cox regression analysis assessed predictors of IPP failure.

RESULTS: Median (IQR) FU was 206 months (145, 257), Etiology of erectile dysfunction (ED) was vasculogenic (N = 20; 39%), Peyronie disease (N = 15; 29%), pelvic surgery (N = 4; 7.8%), organic other than vasculogenic (N = 3; 5.9%) and others (N = 9; 18%). Of 51, 42 (83%) and 9 (17%) patients were implanted with either a penoscrotal or a suprapubic approach, respectively. Throughout the FU, 24 (49%) patients experienced complications [mechanical failure (79%); pain (12%); orgasmic dysfunctions (4.2%); device infection (4.2%)]. The estimated IPP survival was 53% (95%CI: 36-67) at 20-year FU. Baseline characteristics (age; Charlson Comorbidity Index; BMI; ED etiology) were not significant predictors of IPP failure over time at Cox regression analysis. At 20-year FU, 41% (95%CI 19-49) were still using the device. Among them, QoLSPP median (IQR) domain scores were high: functional 22/25 (20, 23), relational 17/20 (15, 18), personal 14/15 (12, 15), and social 14/15 (11, 15).

CONCLUSIONS: Long-term FU data after penile prostheses implantation showed that almost 50% of the devices still properly work after 20 years, with 40% of patients still using the device with high satisfaction and QoL outcomes. Both patients and physicians should be aware of the long life and outcomes of IPP.

Source of Funding: none

Prostate Cancer: Localized: Surgical Therapy II

Podium 45

Sunday, May 5, 2019 9:30 AM-11:30 AM

PD45-01
ASSOCIATION OF LOCAL ANAESTHETIC WOUNDS INFILTRATION AND ULTRASOUND TRANSVERSUS ABDOMINAL PLAINE (US-TAP) BLOCK IN PATIENTS UNDERGOING ROBOT-ASSISTED RADICAL PROSTATECTOMY: A DOUBLE-BLIND RANDOMIZED CONTROLLED TRIAL

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INTRODUCTION AND OBJECTIVES: To determinate benefits of the association of local anaesthetic wounds infiltration and US-TAP block with ropivacaine on postoperative pain, early recovery and hospital stay in patients undergoing robot assisted radical prostatectomy (RARP).

METHODS: The study is double-blinded randomized controlled trial. Our hypothesis was that the association of wound infiltration and US-TAP block with Ropivacaine would decrease immediate postoperative pain and opioids use. Primary outcomes included postoperative pain and opioids demand during the hospital stay. Secondary outcomes were nausea/vomiting rate, stool passing time, complications and functional outcomes. The validated questionnaire Quality of Life and Sexuality with Penile Prosthesis (QoLSPP) was used to assess patient’s QoL. Kaplan Meier analysis estimated the probability of prosthesis survival (defined as working device/not-explanted). Cox regression analysis assessed predictors of IPP failure.

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CONCLUSIONS: Long-term FU data after penile prostheses implantation showed that almost 50% of the devices still properly work after 20 years, with 40% of patients still using the device with high satisfaction and QoL outcomes. Both patients and physicians should be aware of the long life and outcomes of IPP.

Source of Funding: none
use of pro-kinetics, length of hospital stay and 30-days readmission to the hospital for pain or other US-TAP-block related complications.

RESULTS: A total of 100 patients who underwent RARP were eligible for the analysis; 57 received the US-TAP block with 20 ml of 0.35% Ropivacaine (US-TAP-block group) and 43 did not receive US-TAP block (no-US-TAP group). All the patients received the local wound anaesthetic infiltration with 20 ml of 0.35% Ropivacaine. US-TAP block group showed a decreased mean NRS (2.7 vs 1.8; p = 0.04) and reduced use of opioid (8 vs 2; p = 0.01) in the first 24 h. Moreover, we found a shorter mean LOS (4.7 vs 4.2; p = 0.04) with a reduced use of pro-kinetics during the hospital stay (31 vs 12; p = 0.001). No US-TAP-block related complications to were reported.

CONCLUSIONS: Association of anaesthetic wound infiltration and US-TAP block with Ropivacaine as part of a multimodal analgesic regimen can be safely offered to patients undergoing RARP and ePLND. It improves the immediate post-operative pain control, reducing opioids administration and is associated to a decreased use of pro-kinetics and shorter hospital stay.

Source of Funding: none

PD45-02

OPIOID USE BEFORE AND AFTER RADICAL PROSTATECTOMY: NATIONWIDE POPULATION-BASED STUDY

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INTRODUCTION AND OBJECTIVES: In the United States, there are more than 115 deaths per day from an overdose of opioids. Previous studies from the US have reported that approximately 5% of opioid-live surgical patients become chronic opioid users after a single prescription postoperatively. The aim of our study was to examine the risk of chronic opioid use following radical prostatectomy (RP) in a different health care system.

METHODS: We assessed filled prescriptions for opioids in 25,703 men in Prostate Cancer data Base Sweden (PCBaSe)[1] who had undergone retropubic or robot-assisted RP in 2007-2018. Opioid use was examined in three time periods: preoperative (13 months to 1 month before RP), perioperative (1 month before and 1 month after RP), and postoperative (1 to 12 months after RP). Multivariable logistic regression was used to assess the risk of transition to chronic opioid use, defined as one or more opioid prescription(s) in three consecutive months more than two months after surgery.

RESULTS: The median age at RP was 64 years and 86% of men had a Charlson comorbidity index of 0. A total of 1.9% of men had filled an opioid prescription in the preoperative period, followed by a spike in the perioperative period (59%), which sharply decreased in the second month. In the postoperative period, the percentage of men who had filled an opioid prescription was 2.3% (i.e. 0.4% higher than in the preoperative period). Among chronic late users, 43% were new users. Unmarried status, low educational level, retropubic RP, high comorbidity, and more advanced risk category were predictors of transition to chronic use of opioids.

CONCLUSIONS: Slightly more than half of Swedish men received opioid prescriptions surrounding radical prostatectomy. The absolute number of patients who became chronic opioid users after surgery was low. Socioeconomic status, comorbidity, cancer characteristics, and surgical approach were all associated with risk of becoming a new chronic user after radical prostatectomy.

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