

Conclusions: These observations suggest that sex hormones modulate the vaginal hemodynamics associated with genital sexual arousal. VIP-mediated increase in genital blood flow appears to be hormone dependent. We suggest that genital blood flow may depend on sex steroid hormonal status and any imbalance may contribute to genital arousal dysfunction.

13:30 – 15:30 Moderated Posters 1

Chairmen: **D Ralph** (UK), **M Sohn** (Germany)

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LONG TERM RESULTS OF PENILE PROSTHESIS INSERTION FOR TREATMENT OF ERECTILE DYSFUNCTION: OUR EXPERIENCE WITH 447 PATIENTS

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Objective: To evaluate the long-term results of penile prosthesis surgery performed at one institution comparing satisfaction rates with different type of prosthesis.

Materials and Methods: We review the notes of 447 men who had 504 penile prosthesis implanted between August 1975 and December 2000. The mean follow-up was 50 months (range 1-297) and included a questionnaire or telephone call.

Results: Patients mean age was 52 years (range 21-78) with 404 being primary implants and 43 having had a previous failed implantation elsewhere. Types of prosthesis inserted: 3-piece inflatable device (81), inflatable self-contained device (30), malleable prosthesis (393). Twenty-two patients were lost to follow up and 26 (5,8%) had their prosthesis removed and not replaced. Of the remaining 399 patients, 377 (94,5%) were having sexual intercourse and 338 (84,7%) were satisfied with the outcome. Specific satisfaction rates of different type of prosthesis were as follow: Mentor 3-piece inflatable, 86% (24 patients, mean follow up 32 months, range 1-144 months); AMS 3-piece inflatable, 81% (34 patients, mean 39 months, range 1-142); Mentor malleable, 88% (206 patients, mean 55 months, range 1-199); AMS malleable, 89% (40 patients, mean 59 months, range 1-168) and Small Carrion, 75% (70 patients, 46 months, range 1-297). Overall, the AMS self contained prosthesis were inserted in 25 patients of whom 5 have their prosthesis replaced with a different type and 4 have their prosthesis removed and not replaced. The satisfaction rate of the remained sixteen patients was 81% (mean 46 months, range 1-150).

Conclusion: The majority of patients (84,7%) are extremely satisfied with penile prosthetic surgery. Satisfaction rates with different types of prosthesis are very similar and very high with the exception of Small Carrion prosthesis.

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SILDENAFIL CITRATE AS A TREATMENT FOR COLD GLANS SYNDROME AFTER IMPLANTATION OF PENILE PROSTHESIS

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INTRODUCTION and OBJECTIVE. Some patients w functioning penile prosthesis (PP) refer a degree dissatisfaction during sexual intercourse (SI) due to insuffici engorgement and temperature of the glans (cold glans syndrom CGS). Our aim was to evaluate the effect of sildenafil on response of glans penis during SI in patients with per prosthesis who refer CGS symptoms.

MATERIAL AND METHODS. Fourteen patients who l undergone three-piece flatable penile prosthesis implantat were evaluated. In spite of the normal functioning of the dev all of them referred a degree of dissatisfaction during SI. Ev though stiffness was achieved on activating the prosthesis, all them felt a lack of engorgement and temperature in the gl penis. The patients were advised to have a dose of 100 mg sildenafil about 45 minutes before activating the PP and start SI. All of them followed this scheme at least three times. Tl ticked questions 7, 8, 13 and 14 of the International Index Erectile Function (IIEF) questionnaire with/without having l sildenafil. They also underwent a RigiScan test for penile rigidity register both with inflated prosthesis and sex stimulation without having had sildenafil and after a 100 mg dose of sildenafil.

RESULTS. 12 out of 14 patients (85%) referred more pleas SI on sildenafil. It was related with an increase in penile gl engorgement and sensitivity. The scores obtained in the II questions showed a significant variation (table). Average rigi tip value also showed a significant variation (with/with sildenafil: 53% / 78%, $p < 0.05$). Sildenafil-related morbidity v not found. IIEF question No.

Sildenafil -Sildenafil +P 7+859<0.05 13+14 7 10<0.05

CONCLUSIONS. Sildenafil may be used to improve functio results of the PP in those patients with CGS and increa satisfaction during SI.

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THE LEARNING CURVE IN PENILE PROSTHE SURGERY: THE ROLE OF "CENTERS OF EXCELLENCE FOR PROSTHESIS IMPLANTATION.

Moncada I., Martin-Morales A., Jara J., Bonilla, R., Subira, Hernandez C., Wilson S. K. (USA)

INTRODUCTION and OBJECTIVES. The validity of pe prosthesis implantation has been periodically questioned. Sc follow-up studies reveal poor results in terms of patient-part dissatisfaction, or infection rates whereas other studies reve high index of satisfaction and a very good survival of prosthesis. The objective of this study was to evaluate impact of the learning curve in two Spanish centers.

METHODS. A retrospective clinical record review conducted to study a variety of items including outco morbidity, need of re-operation and a questionnaire to as patient and partner satisfaction. The period of study was fi