were asked about the cosmetic appearance of their penis post-surgery. Six months post-operatively their erectile function was assessed using the International Index of Erectile Function-5 questionnaire (IIEF-5).

Results: The tumour was completely excised in all cases with negative surgical margins. The histology of the tumour was G1 (n=2), G2 (n=3) G2/3 (n=1) and G3 (n=1). No local recurrences have been detected clinically or on MRI scanning (mean follow-up 17 months). Cosmetic results were excellent in all patients, whilst six of the seven patients were potent having satisfactory sexual intercourse (IIEF-5 range 8-22). The remaining patient had erectile dysfunction, which was successfully treated with Sildenafil.

Conclusion: Glans excision and reconstruction with a split skin graft for T1N0M0 SCC of the penis is effective in the surgical treatment of the primary tumour, whilst providing excellent cosmesis and preserving erectile function.

CP6.08

THE LONG TERM RESULTS OF THE TREATMENT OF ERECTILE DYSFUNCTION

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Objective: To evaluate the long-term results of penile prosthesis surgery in the management of erectile dysfunction.

Patients and Methods: A total of 447 men had 504 penile prosthesis implanted between August 1975 and December 2000. Of these 404 were primary implants and 43 secondary. The mean age of the patients was 52 years (range 21-78); 393 were malleable prostheses, 81 were 3-piece inflatable devices, and 30 were inflatable self-contained devices. The outcome was assessed from the medical records with a mean follow-up of 50 months (range 1-297).

Results: Twenty-two patients were lost to follow up and 26 (5,8%) had their prosthesis removed and not replaced. The success rate of the primary operation was 90,8%, which decreased to 80,5% for the first revision and to 62,5% for second revision. The postoperative complications included infection (7,4%), erosion (4,7%), and cavernous crossover (0,9%). Overall mechanical failure occurred in 21 prostheses (4,2%). The overall patient satisfaction was 84,7% with 94,5% of patients having regular sexual intercourse.

Conclusions: The majority of patients (84,7%) who undergo penile prosthetic surgery are extremely satisfied with the result. The surgery is associated with a low complication rate and a good long term outcome.

CP6.09

RADIAL ARTERY PHALLOPLASTY IN PENILE RECONSTRUCTION FOLLOWING AMPUTATION.

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Introduction: Amputation of the penis performed for the treatment of advanced penile carcinoma and following trauma can lead to significant psychological morbidity. The aim of this study was to assess the role of radial artery phalloplasty (RAP) in reconstruction of the penis in these patients.

Materials and Methods: Between 1998 and 2002, 6 patients underwent penile reconstruction using a radial artery forearm free flap. 4 patients had undergone total penectomy for penile carcinoma and 2 patients suffered accidental trauma to the penis. All patients had a single staged procedure, with a primary urethral anastamosis. Microsurgical arterial anastamosis was performed using the inferior epigastric to the radial artery, whilst venous continuity was established with the dorsal vein of the penis and/or long saphenous to cephalic vein. Penile sensory innervation was provided by anastamosis of the dorsal nerve of the penis/ilio-inguinal nerve to the cutaneous nerves of the forearm.

Results: All patients were satisfied with the cosmetic appearance of their neophallus. The mean hospital stay was 21 days. Immediate post-operative complications included: superficial wound infections in 3 patients and a deep wound infection in one, which were successfully treated with intravenous antibiotics. One patient developed urethro-cutaneous fistulae, which was successfully repaired. There were no other urethral complications. There were no significant complications with the forearm donor site.

Conclusion: RAP offers a highly effective means of penile reconstruction in patients who have undergone amputation of the penis secondary to penile carcinoma and trauma. The results are cosmetically acceptable to the patient, although there is a significant risk of wound infections in these patients.

CP6.10

THE MANAGEMENT OF COMPLICATIONS OF PENILE PROSTHESIS INSERTION

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Aim: To analyse the management of complications arising from the insertion of penile prostheses.

Patients and Methods: The notes of 447 men who had 504 penile prostheses implanted between August 1975 and December 2000 were reviewed. The mean follow-up was 50 months (range 1-297). The management and outcome of patients with complications was recorded.

Results: 102 patients experienced complications:
8 developed a peno-scrotal haematoma; all managed conservatively. 25 had a superficial wound infection; all treated with antibiotics and none required removal of the prosthesis. 33 had delayed deep infection and all required prosthesis removal. Of the prostheses which became infected 4,7%, (17) were malleable, 16,4% (10) were 3-piece inflatable and 24% (6) were self-contained. 13 went into urinary retention post-operatively; all subsequently passed a trial without catheter. 16 developed erosion of the prosthesis (9 distally, 4 urethrally, 3 proximally); all had their prosthesis removed and replaced. With regard to cavernous erosion, 11 prostheses were malleable (4,4%), 4 were 3-piece inflatable (6,6%) and one was self-contained (4%). The other reasons for removal of the prosthesis were; that the prosthesis was too short, the reservoir was not in place or mechanical failure. There was no correlation between diabetes and the rate of prosthesis infection. The aetiology of erectile dysfunction was related to diabetes mellitus in 27.3% (122 patients). Diabetes was associated with 36% (12 patients) whose prostheses became infected whereas 64% (21 patients) were non-diabetics. Therefore only 9.8% (12 of 122) diabetic patients who underwent penile prosthesis surgery had their implant infected.

Conclusions: Diabetes does not predispose the patient to a higher risk of prosthesis -related infection. However, the type of prosthesis (self-contained or 3 piece) is associated with a higher risk of infection. Peno-scrotal haematoma without the evidence of infection may be managed without the insertion of a drain. Deep infection and cavernous erosion should be treated by prosthesis removal whereas superficial infection is adequately managed with broad-spectrum antibiotics.

CP6.11
THE LONG-TERM RESULT OF DIFFERENT SURGICAL TREATMENT M ODALITIES IN PEYRONIE'S DISEASE

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Objectives: We assessed the long-term outcome of different surgical techniques for the treatment of disabling penile curvature in patients with Peyronie's disease.
Methods: Seventy-three patients who underwent surgical treatment for Peyronie's disease between January 1994 and December 2001 were retrospectively evaluated. All patients were assessed preoperatively with detailed sexual and medical history, physical examination and penile duplex Doppler ultrasound study. Twenty-six of these patients underwent penile plaque excision and patch grafting with pericardial (n=18) or silastic (n=8) graft material (Group-1). Alternatively, while penile prosthesis implantation and penile modeling was performed in 25 patients, 22 patients were treated with penile prosthesis implantation and silastic (n=15) or pericardial (n=7) patch grafting (Group-2).
Results: The mean follow-up of the patients was 30.6±28.7 months (3 to 120 months). Penile straightening was achieved in 20 (76%) patients in the excision and patch done group. In patients who underwent reconstruction using penile prosthesis, the penile curvature resolved completely in 39 (83%) of patients. Long-term postoperative residual curvatures greater than 30° occurred in 3 (11.5%) and 3 (6.3%) patients in the first and second group respectively. Two (4.2%) penile prosthesis, were explanted in the second for either erosion or infection.
Conclusion: According to our long-term results either pericardial or silastic grafting can be used after plaque incision/excision procedures in patients with Peyronie's disease. In patients with Peyronie's disease and erectile dysfunction, implantation of a penile prosthesis and reconstruction with a graft can provide an acceptable, functionally straight penis without any increased risk compared to prosthesis alone.

CP6.12
CORPORAL VENOUS LEAK REVISITED

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Introduction: Surgical correction of corporeal venous leak (CVL) had many proponents a decade ago. However, poor long term results have markedly decreased the operative treatment of CVL. A case report of trauma induced CVL successfu lly treated by surgery is presented.
Methods: A 35 year old man injured his penis during sexual intercourse. He developed ventral curvature and progressive decreased quality erections over the next 3 years. He was initially treated with oral phentolamine with good results. He then required intracavernosal injection but eventually responded only to vacuum constriction. DICC demonstrated an equilibrium pressure of 36 mm Hg compared to mean arterial pressure of 122 at 3 min. Saline infusion at 170 ml/min produced a maximum pressure of 84 mm Hg. Cavernosography showed a 30 degree ventral curvature in the mid shaft with severe leakage via the corpus spongiosum (CS) and visualization of the deep dorsal vein (DDV) arising at the curve.
Results: Surgical exploration revealed 3 fistulous tracts between the corpora cavernosum (CC) and CS. These tracts were fulgurated and the CC plicated to minimize contact between the CC and CS. The DDV was excised.
Conclusion: The patient is now 5 years post surgery and having good quality erections with mild ventral curvature. He has had no failures at sexual intercourse.

CP6.13
TREATMENT OF PEYRONIE´S DISEASE BY INCOMPLETE CIRCUMFERENTIAL INCISION OF THE TUNICA ALBUGINEA AND PLAQUE WITH BOVINE PERICARDIUM GRAFT

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Objectives: The study of the surgical treatment of Peyronie´s disease by a single surgery in the tunica albuginea and fibrotic plaque and the repair of the defect by bovine pericardium graft.
Methods: Between April 1999 and May 2001, 33 patients who had presented symptoms of Peyronie´s disease for more than 12 months and which had been stable for over 6 months were submitted to surgery. The reason for the surgery was the deformity which made sexual intercourse even with erection difficult or impossible. Two paraurethral incisions were made in Buck's fascia so as to separate the neurovascular bundle from the tunica albuginea. An incomplete circumferential incision, forked at the extremities, was made in the tunica albuginea and in the plaque at the point of maximum curvature, followed by a septal incision for the lengthening of the short side of the penis. A bovine pericardium graft was used to repair the defect in the tunica. All procedures were performed by a single surgeon (P.H.E.). The average follow-up time was of 19.4 months (5-30).
Results: No rejection or retraction of the graft was observed. All the patients maintained the state of preoperative erection with the penis corrected in 87.9% of the cases and with discrete curvature (less than 15°) in 12.1%. All recovered their ability to penetrate with no difficulty. There was, further, an intra operative average increase in the size of the penis of 2.21cm(1-4).
Conclusions: This procedure is effective for all types of penile deformities, regardless of plaque characteristics.

CP6.14
PENILE ENLARGEMENT.

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Penile lengthening and augmentation surgery is attracting more and more men. Nevertheless its objectives, results and ethical