SMSNA 2016
Take Home Messages
Erectile Dysfunction

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ED Abstracts

• Approximately 71 total abstracts

• Hundreds of authors, dozens of locations

• Wealth of information available
Everyday ED Management

• Causes of ED

• Oral and alternative medications

• Penile duplex Doppler US

• Intracavernosal Injection therapy
Everyday ED Management

• Inflatable prosthesis placement

• Post-op complications

• Revision, removal and replacement
Causes of ED

• Clinical Characteristics of Young Men with Erectile Dysfunction
  • Common clinical and pathologic characteristics of men under 30
  • Retrospective chart review of DDU patients
  • January 2014 to November 2015

Avant, R¹; Ziegelmann, M¹; Savage, J¹; Trost, L¹
¹: Mayo Clinic, USA
Causes of ED

• Median Age – 23 (19.3-26.5)
• Median BMI – 25 (22-26)
• Median IIEF – 7 (6-21)
• Median T – 474 (417-583)
• 15% of patients with venous leak

• Conclusion – Majority have normal lab and DDU findings, a distinct disease process exists

Avant, R¹; Ziegelmann, M¹; Savage, J¹; Trost, L¹
1: Mayo Clinic, USA
Causes of ED

• Cardiology Referrals, Cardiac Risk Stratification and Cardiac Catheterizations Procedures Generated From A High Volume Erectile Dysfunction Practice

• Define compliance of Cardiology referrals
• Risk stratify sexual activity
• Tabulate catheterizations performed
• 3412 patients, January 2013 to December 2014
Causes of ED

• Only 38.4% (1312) completed referrals

• 19.9% low, 37.6% intermediate, 17.6% high risk for sexual activity and IPP

• 182 (13.8%) underwent cardiac cath

• Conclusion – large % have >intermediate risk, compliance is poor

Steixner, B¹
1: Jersey Urology Group, USA
Oral Medications

• Cessation of Phosphodiesterase 5 Inhibitor Use in Men with Erectile Dysfunction Following Testosterone Therapy

• Evaluate the rate of PDE5i discontinuation in men with hypogonadism and ED following treatment with T
• Retrospective review of 86 men
• SHIM, IPSS, T, free T, LH, FSH, and SHBG used

Lin, JS¹; Pastuszak, AW¹; Ohlander, SJ²; Hakky, TS¹; Lamb, DJ¹; Lipshultz, LI¹
¹: Baylor College of Medicine, USA; ²: University of Illinois at Chicago, USA
Oral Medications

• Conclusion

  • In men with hypogonadism and ED, T results in increased serum T levels and improvement in sexual function

  • In men on T and PDE5i, T may facilitate discontinuation of PDE5i in a subset of men with higher serum testosterone levels

Lin, JS¹; Pastuszak, AW¹; Ohlander, SJ²; Hakky, TS¹; Lamb, DJ¹; Lipshultz, LI¹
¹: Baylor College of Medicine, USA; ²: University of Illinois at Chicago, USA
Alternative Medications

- Safety and Effectiveness of Botulinum Toxin in the Treatment of Severe ED: A Pilot Study
  
  - Evaluate the safety and efficacy of Botox in PDE5i and ICI nonresponders
  - Prospective, single blind, randomized study of 24 patients
  - Treatment group 50U of Botulinum toxin A
  - DDU, EHS, SHIM, SEP

Ghanem, H¹; Abdel Raheem, A¹; Fathy, I¹
1: Andrology department, Cairo University Hospital, Egypt
Alternative Medications

• Mean PSV improved from 24.6 to 34.9 cm/s
• Mean SHIM improved from 5.58 to 10.25
• Mean EHS improved from 2 to 2.75
• 1 case of prolonged erection, no systemic AEs

• Conclusion – Intra-cavernosal BTX-A may turn PDE5i non-responders and ICI failures to responders

Ghanem, H\(^1\); Abdel Raheem, A\(^1\); Fathy, I\(^1\)
1: Andrology department, Cairo University Hospital, Egypt
Alternative Medications

• The Efficacy of Platelet-Rich Plasma (PRP) as a Supplemental Therapy for the Treatment of Erectile Dysfunction (ED): Initial Outcomes

• Early review of PRP outcomes for ED
• 9 patients from August 2015 to August 2016
• One PRP treatment added to meds and VED
• IIEF used, only moderate patients (IIEF 10-21)

Banno, JJ1; Kinnick, TR1; Roy, L2; Perito, P3; Antonini, G4; Banno, D1
1: Midwest Urological Group, USA; 2: Studio PRP, USA; 3: Perito Urology, USA; 4: Rome University, Italy
Alternative Medications

- Average pre-PRP IIEF score 15.6 (range 12-20)
- Average post- PRP IIEF was 19.9 (range 11-27)
- No significant difference, but effect size large
- No AEs, no SEs reported

- Conclusion – PRP may represent a safe and viable option as a supplementary therapy for penile rehabilitation

Banno, JJ¹; Kinnick, TR¹; Roy, L²; Perito, P³; Antonini, G⁴; Banno, D¹
1: Midwest Urological Group, USA; 2: Studio PRP, USA; 3: Perito Urology, USA; 4: Rome University, Italy
Penile DDU

• Predictors of Increased Intracavernosal Injection Requirements at Penile Ultrasound

• Identify predictors for increased dosing requirements to achieve adequate rigidity
• Retrospective, January 2014 to November 2015
• 262 men, 30/1/10 mix, 0.1 mL up to 1.0 mL

Avant, R¹; Ziegelmann, M¹; Savage, J¹; Trost, L¹
¹: Mayo Clinic, USA
Penile DDU

- Mean IIEF-6 score was 12.4 (SD 10.2),
- Mean 2.1 injections (SD 1.1) with 0.34 cc (SD 0.34) given

- Conclusion – Lower IIEF scores, coronary disease, and DM may require higher medication volumes

Avant, R¹; Ziegelmann, M¹; Savage, J¹; Trost, L¹
¹: Mayo Clinic, USA

Dartmouth-Hitchcock
ICI Therapy

• Patient Errors in an Intracavernosal Injection Program

• Retrospective review, ICI ≥ 6 months
• Minor errors – no response, bruising, expired meds
• Major errors – self titration, double injection
• Multivariate analysis to predict major errors

Teloken, P¹; Ortega, Y¹; Narus, J¹; Garcia, D¹; Wochasty, N¹; Mulhall, J¹
1: Memorial Sloan-Kettering Cancer Centre, USA

Dartmouth-Hitchcock
ICI Therapy

• 42% committed at least one error, 12% ≥ 1
• No response 8%, bruising 34%, expired 18%
• Self titration 5%, double injecting 4%

• Conclusion – Predictors of major error were young age, graduate education, ICI for < 1 yr

Teloken, P¹; Ortega, Y¹; Narus, J¹; Garcia, D¹; Wochasty, N¹; Mulhall, J¹
¹: Memorial Sloan-Kettering Cancer Centre, USA
IPP Placement

- Subphallic Fingersweep: A Novel Improvement to the Infrapubic Placement of an Inflatable Penile Implant

- Elimination of contralateral tubing cross-over across the corporal bodies

Shah, B1; Beilan, J1; Baumgarten, A1; Bickell, M1; Carrion, R1
1: University of South Florida, USA
IPP Placement

- Ipsilateral (pink), contralateral (green) cylinders and reservoir (blue) clamped and unconnected
- Finger creates a sub-phallic window and U-shaped aortic clamp used to pass contralateral tubing
- After passing the green tubing through the window connections made

Shah, B¹; Beilan, J¹; Baumgarten, A¹; Bickell, M¹; Carrion, R¹
¹: University of South Florida, USA
IPP Placement

• A Novel Technique Describing the use of a Video Laryngoscope to assist in Ectopic Reservoir Placement during Inflatable Penile Prosthesis Surgery

• Avoiding complications, better anatomic visualization
• Feasibility study, 5 consecutive patients

Srivastava, A¹; Maria, P¹
1: Montefiore Medical Center, Albert Einstein College of Medicine, USA
IPP Placement

- Surgeon’s finger inserted in EIR
- Video laryngoscope inserted in EIR
- Space is created between belly of the rectus abdominus and the transversalis fascia

- Conclusion – No increase in OR time, space easily identified even in prior pelvic surgery patients

Srivastava, A¹; Maria, P¹
¹: Montefiore Medical Center, Albert Einstein College of Medicine, USA
Post-op Complications

• Complication and Post-surgical Infection Rate in American Medical Systems Inflatable Penile Prosthesis Surgeries - A Single Surgeon Study

• Complication and infection rate with InhibiZone coated IPP via modified “No Touch” technique
• 214 men, January 2006 to December 2015

Habibian, DJ\textsuperscript{1}; Fazzari, M\textsuperscript{1}; Katz, AE\textsuperscript{1}; Mellinger, BC\textsuperscript{1}
\textsuperscript{1}: Winthrop University Hospital, USA
Post-op Complications

• 190 new IPPs, 24 remove/replacements
• 1 new IPP infection, 2 new IPP erosions
• 8 new IPP mechanical malfunctions
• No secondary implant infections
• 2 secondary IPP mechanical malfunctions

• Conclusion – InhibiZone and modified NTT reduce infection rate to <0.5%, low malfunction rate

Habibian, DJ¹; Fazzari, M¹; Katz, AE¹; Mellinger, BC¹
1: Winthrop University Hospital, USA
Post-op Complications

• Assessing ' Failure to Cure' after Penile Prosthesis Surgery: Do Patient Perceptions Count?

• Introduce Failure To Cure (FTC) in the context of PPI
• Do post-surgical outcomes meet all ideal criteria, including ease of use and patient satisfaction?
• 185 patients, January 2011 to December 2013
• FTC was defined as POP that were not complications

Pineda, MA¹; Burnett, AL¹
1: Johns Hopkins Medical Institutions, USA
Post-op Complications

• 124 patients successfully contact (67%)
• 16 (12.9%) required reoperation
• 8 complications (3 infection, 4 erosion, 1 pain)
• 8 FTC (4 malposition, 4 malfunction)

• Conclusion – Patient assessment of success may differ from that of physician. POP encompass more than complications and include FTC cases. Factors that predispose to POP include previous IPP, obesity, and ICI history

Pineda, MA1; Burnett, AL1
1: Johns Hopkins Medical Institutions, USA
Revision, Removal and Replacement

• A Novel Approach For Inflatable Penile Prosthesis Reservoir Removal

  • Novel laparoscopic technique for IPP reservoir removal at explantation
  • 2 infected IPPs requiring complete removal
  • Lighted hand-held retractor in PS incision, lap tools used to dissect and remove reservoir
  • No blind dissection or counterincision needed

Staller, A1; Wagenheim, G1; Wang, R1
1: The University of Texas Medical School at Houston, USA
Revision, Removal and Replacement

- The Subcoronal Approach: A Sound Technique for Salvage Penile Prosthesis Surgery
  - Subcoronal incision can be successfully used in revision and salvage implant cases
  - 7 cases performed at 2 institutions

Beilan, J\textsuperscript{1}; Baumgarten, A\textsuperscript{1}; Bickell, M\textsuperscript{1}; Hakky, T\textsuperscript{2}; Carrion, R\textsuperscript{1}
\textsuperscript{1}: USF Health Morsani College of Medicine, USA; \textsuperscript{2}: Advanced Urology Institute of Georgia, USA
Revision, Removal and Replacement

• Circumcision incision was used to deglove the penis and dissect down to the corporal bodies
• 3 IPP revisions, 3 “salvages” (previous explant performed), 1 new IPP

• Conclusion – Excellent exposure, avoidance of scar tissue, adequate penile cosmesis

Beilan, J¹; Baumgarten, A¹; Bickell, M¹; Hakky, T²; Carrion, R¹
1: USF Health Morsani College of Medicine, USA; 2: Advanced Urology Institute of Georgia, USA
Thank you!

See you in Boston, May 2017!