OBSERVATION OF LOCAL CLINICAL PENILE PROSTHESES INFECTIONS INSTEAD OF IMMEDIATE SALVAGE RESCUE / REMOVAL: MULTICENTER STUDY WITH SURPRISING RESULTS

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Introductions and Objectives
Traditionally, post-operative Inflatable Penile Prosthesis (IPP) patients with culture positive wound drainage and/or greatly increasing erythema / tenderness / swelling or skin fixation of the device several days to months post implantation underwent immediate surgical removal or salvage rescue of their IPP. Medico-legally, many prosthetic urologists were sued for delayed surgical treatment of IPP infections. However, the published literature shows that most IPPs have bacteria present at the time of revision / replacement of clinically uninfected IPPs indicating that the body can heal over infected devices. We evaluated patients with local clinical infections of their wounds / IPPs with close observation instead of surgical therapy.

Methods
At eight centers a total of fifteen patients with locally positive, but no systemic signs and symptoms of wound / IPP infection were reviewed. If the patient had systemic / septic symptoms, immediate surgical treatment was performed. Basic patient demographics and post-operative data were acquired. All patients were carefully and frequently followed on one to two oral antibiotics.

Results
Fifteen patients were retrospectively reviewed. Demographics reveal age of 47 to 70 (mean 59.4), 7 of 15 (47%) being diabetic, 12 Titans / 1 700 / 1 Genesis / 1 Ambicor [has no infection retardant coating] and 11 (73%) were primary implantation with 3 (20%) being replacements and 1 (6.7%) into previous infected IPP scarred corporal bodies. Time to local wound / IPP infection after implantation was 7 to 40 days (mean 20.4 days), 14 (93 %) had incisional wound drainage with some described as large quality of fluid, 3 (20%) had significant swelling, 1 (6.7%) had device skin fixation and 4 (27%) of the 15 patients had significant increase in IPP pain / tenderness. 9 different bacteria isolates were cultured out of the incisional drainage of 7 patients with 3 Staph Epi, 2 pseudomonas, 1 enterococcus, 2 E. coli, 1 staph aurerus, 1 alpha streptococcus and 1 proteus growths. Time to total resolution of symptoms was 21 to 141 (mean 76.2) days with 13 patients having total resolution of symptoms and two currently under observation.

Conclusions
Observation maybe an option for patients with local signs / symptoms of IPP infection, even with incisional drainage of culture positive bacteria, that traditionally indicated immediate surgical intervention. The authors strongly feel that from a medical legal issue this information is important to get into the literature.

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