studies were limited by small case numbers, short-term follow-up. Evidence to support the reversal of ED by chronic administration of a PDE5 inhibitor is still lacking. An improvement of endothelial function is not equivalent to recovery of erectile function. The downside of continuing to promote the precept of chronic dosing as a cure for ED might result in the emotional and financial cost to our patients, the disillusionment by our referring colleagues, and the loss of our scientific credibility.

Keywords: Erectile function; phosphodiesterase type 5 (PDE-5) inhibitors; oral pharmacotherapy
doi: 10.3978/j.issn.2223-4683.2014.s063

Cite this abstract as: Jiann BP. Controversial issues in erectile dysfunction. Transl Androl Urol 2014;3(S1):AB63. doi: 10.3978/j.issn.2223-4683.2014.s063

AB64. Research & development of automatic vacuum therapy device for penile rehabilitation

Jiuhong Yuan

Department of Urology, West China Hospital, Sichuan University, Sichuan xxx, China

Abstract: Prostate cancer is the most common solid-organ cancer in men and one of the leading causes of death. Radical prostatectomy is the gold standard for the localized cases. Unfortunately, radical prostatectomy is associated with erectile dysfunction and penile shrinkage even under cautious cavernous nerve preservation. To improve the patients’ quality of life and the acceptance of the radical prostatectomy, penile rehabilitation after radical prostatectomy is now widely applied in clinical practice. Currently, penile rehabilitation methods include the use of phosphodiesterase type 5 inhibitors, intracavernosal injection/intraurethral suppository, the vacuum erectile device, or combination therapy. Vacuum therapy utilizes negative pressure to distend the corporal sinusoids and to increase blood inflow to the penis. Clinical data indicated that vacuum therapy is the only penile rehabilitation method that may preserve penile length, improves patient and partner sexual satisfaction, and allows earlier return of spontaneous erection. However, its mechanism is obscure and its regimen is not based on scientific evidence instead on empirical knowledge. To explore the underlying mechanism of vacuum therapy after radical prostatectomy, a rat-specific vacuum erectile device was designed and applied to the bilateral cavernous nerve crush rat model. A serial of articles were published and based on these scientific data, an automatic vacuum device is being developing by our group.

Keywords: Automatic vacuum therapy; penile rehabilitation; prostate cancer
doi: 10.3978/j.issn.2223-4683.2014.s064

Cite this abstract as: Yuan J. Research & development of automatic vacuum therapy device for penile rehabilitation. Transl Androl Urol 2014;3(S1):AB64. doi: 10.3978/j.issn.2223-4683.2014.s064

AB65. Experience in the use of synthetic fillers in phalloplasty

Dae Yul Yang

Department of Urology, Kangdong Sacred Heart Hospital, Hallym University, Seoul, Korea

Abstract: Penis size has been a source of anxiety for men throughout history, and men often feel the need to enlarge their penises in order either to improve their self-esteem or to satisfy and impress their partners. Many different types of penile enhancement surgery are performed all over the world, although there are medico-legal issues and paucity of scientific data. An ideal procedure for phalloplasty should rely on two principles: minimal incision with limited scarring and no interference with the erectile function. Several techniques have been described to increase penile length, including cutting the suspensory ligament with or without V-Y plasty of the lower abdominal skin, possibly with fat, dermis, autologous rib cartilage, or synthetic material graft to prevent reattachment of the suspensory ligament. Liposuction or lipectomy has been used for patients with a large infrapubic pad of fat. Surgery to enhance the penile girth includes lipoinjection, dermal
free or pedicle grafts, and venous grafting for the corpora cavernosa, injection of synthetic dermal filler. Currently, as the need for safer, effective and less-invasive procedures is increasing, enhancement procedures using injectable products are in high demand. Injectable soft-tissue substitutes provide an affordable, nonsurgical alternative for correcting contour defects and soft tissue augmentation with autologous fat, silicone, collagen, and hyaluronic acid, dextran filler, polylactic acid.

We have developed two synthetic fillers; Cross-linked dextran and polymethylmethacrylate mixture (Lipen-10), Polylactic acid (PLA) filler.

Penile lnjection of ; Cross-linked dextran and polymethylmethacrylate mixture (Lipen-10) and Polylactic acid filler led to significant increase in penile size, showed a good durability and was well-tolerated, without serious adverse events.

Glans penis augmentation has been performed in real practice, although it is not an established procedure. We evaluated the efficacy and safety of injectable cross-linked dextran gel for glans penis augmentation. Gel was injected into the lamina propria layer of the glans penis by the fanning technique in 18 patients. The glandular size was measured, at baseline and at 6 months after injection. As a result, there was a size increase of more than 45%. 16 subjects (88.8%) were satisfied, whereas only two (11.1%) were dissatisfied.

These procedures are still experimental nature and have complexity of the patient’s psychological status, selection of the surgical technique is still highly controversial, and none of the proposed methods has been unanimously approved. In spite of this, we report our experience with cross-linked dextran and polymethylmethacrylate mixture (Lipen-10), Polylactic acid (PLA) filler, for phalloplasty and glanduloplasty performed safely with good efficacy.

Keywords: Synthetic fillers; phalloplasty; penis

doi: 10.3978/j.issn.2223-4683.2014.s065

AB66. The self-estimation index of erectile function-no sexual intercourse (SIEF-NS): a multidimensional scale to assess erectile dysfunction in the absence of sexual intercourse

Zhang Zhichao, Yuan Yiming, Gao Bing, Peng Jing, Cui Wanshou, Song Weidong, Xin Zhongcheng, Guo Yinglu

Andrology Center of Peking University First Hospital, Peking University Institute of Urology, Beijing, China.

Introduction: A new concept of Erectile Dysfunction with No Sexual Intercourse (ED-NS) is proposed to acknowledge the subpopulation of patients who are unable to achieve or sustain an erection in the absence of sexual intercourse. Since the commonly used ED diagnostic tool, International Index of Erectile Function Questionnaire is not able to adequately assess the erectile function (EF) in the absence of intercourse, the researchers developed a new 10-item questionnaire to better evaluate the EF in this special patient subpopulation: Self-Estimation Index of Erectile Function-No Sexual Intercourse (SIEF-NS).

Aim: To validate the reliability, sensitivity and specificity of SIEF-NS.

Methods: The study was carried out in three phases. Phase one applied component analysis to 126 ED-NS patients to search for the primary factors and Cronbach's alpha standardized statistic values for SIEF-NS. Phase two applied discriminant analysis to participants' (212 ED-NS patients and 193 normal controls) scores on each question item, each factor and the overall 10-item questionnaire. Phase three investigated SIEF-NS's capability of evaluating treatment effect on 41 ED-NS patients. Reliability, sensitivity and specificity were defined and used to evaluate the performance of SIEF-NS.

Results: EF by autonomic response (factor 1) and EF with potential sexual partners (factor 2) are the two primary factors with eigenvalues greater than 1.0. High degree of internal consistency was observed for the two factors and