

10.0 nmol/L to trough levels (measured prior to the following injection) between 15 and 18 nmol/L. IIEF-EF increased from 19.63 to 26.31 with a change from baseline of 5.38. The improvement was statistically significant for the first two years ( $p < 0.0001$  vs baseline and vs previous year) and remained statistically significant vs baseline throughout the observation time and stable compared to previous years. Mean weight decreased progressively from 110.37 to 89.38 by 21.36 kg. The proportion of weight loss was 18.24% in the obese, 13.64% in the overweight, and men with normal weight gained 2.82%. Waist circumference decreased from 109.34 to 99.89 by 11.34 cm ( $p < 0.0001$  for all). Fasting glucose normalised from 113.45 to 95.93 mg/dl, HbA1c from 8.02 to 5.9% ( $p < 0.0001$  for both). At baseline, 11% of patients were within an HbA1c target of 7%, at the end of the observation, all patients completing 7 years of treatment had an HbA1c  $\leq 7\%$ . As an inflammatory marker that may be related to erectile function, hsCRP declined from 4.34 to 0.62 mg/L ( $p < 0.0001$ ). Lipid pattern and blood pressure improved.

**Conclusion:** In hypogonadal men with T2DM, T therapy may improve and preserve erectile function for a prolonged period of time. These changes may be further supported by marked improvements of anthropometric and metabolic parameters.

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#### P-01-020

### MULTIPLE TREATMENT MODIFICATIONS ARE INDEPENDENT OF TIME SINCE FIRST PRESCRIPTION OF A PDE5I RESULTS OF REAL-LIFE OBSERVATIONAL STUDY

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**Objective:** Evaluate compliance and modifications of PDE5is treatment in men with erectile dysfunction (ED) over a minimum 12-mo follow-up (FU).

**Methods:** Data from the last 144 [mean (SD) age: 55.2 yrs; 13.8] consecutive patients treated with PDE5is were analysed. According to FU length patients were stratified into: group 1 (= 12 months), group 2 (13–36 months), and group 3 (>36 months). Health-significant comorbidities were scored with the Charlson Comorbidity Index (CCI). Patients completed the IIEF domains at baseline and at survey; ED severity was stratified according to Cappelleri's criteria. Descriptive statistics and logistic regression models assessed potential predictors of therapy modifications over time.

**Results:** Groups 1, 2, and 3 included 29 (20%), 52 (36.2%), and 63 (43.8%) patients, respectively. Sexual orientation was heterosexual and non-heterosexual in 140 (97.2%) and 4 (2.8%) patients, respectively. A stable sexual relationship was reported by 112 (77.8%). Overall, 69 (47.9%) were PDE5is naive. After prescription, 2 (1.4%) patients never used any PDE5i, 88 (61.1%) used only one PDE5i and 54 (37.5%) used >1. PDE5is treatment significantly improved all IIEF-domains (all  $p < 0.05$ ). Of 144, 108 (75%) patients had a positive SEP3. One (3.4%), 2 (3.8%), and 9 (14.3%) used 3 different PDE5Is in group 1, group 2, and group 3 ( $p > 0.05$ ), respectively. No significant differences were observed among men who took 1, 2, or 3 PDE5is in terms of age, CCI, educational status, sexual relationship, sexual orientation, length of ED, comorbid sexual dysfunction, and previous use of PDE5is. A multivariate logistic regression model revealed severe ED (OR 34.6;  $p = 0.02$ ) and treatment-related adverse events (AEs) (OR 7.2;  $p = 0.03$ ) as the only independent predictors of treatment modifications over time.

**Conclusion:** These findings showed that no clinical predictors but ED severity and AEs were predictive of multiple treatment modifications regardless of time since first prescription of a PDE5I.

**Policy of full disclosure:** None

#### P-01-021

### THREE-PIECES INFLATABLE PENILE PROSTHESIS IMPLANTATION WITH PENOSCROTAL APPROACH AND SCROTAL SEPTUM SPARING TECHNIQUE: DESCRIPTION AND EARLY EXPERIENCE

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**Objective:** Three pieces inflatable penile prosthesis implantation is the gold standard treatment for end-stage erectile dysfunction. The penoscrotal approach is widely performed. We propose a new transverse penoscrotal approach avoiding the division of the scrotal septum, the Scrotal Septum Sparing technique (SSSt). The aim of the study is to evaluate if a less extensive dissection of scrotal tissue during three-pieces inflatable penile prosthesis implantation is feasible and advantageous.

**Methods:** SSSt involves few simple modifications to the standard penoscrotal approach: 1) after the scrotal skin incision the corpora are exposed separately avoiding the division of scrotal septum; 2) a window between the septum and the ventral side of corpus spongiosum is created with blunt dissection; 3) before the insertion into the corpora, one of the cylinders is passed through this window to overlay the connecting tubes with the scrotal septum. The following parameters were recorded: operative time, complications, time elapsed from surgery to the first self activation of the device and to first sexual intercourse.

**Results:** The mean operative time was 90 minutes. 61 patients were implanted with SSSt. The median time to self activation of the device was 14 days. 95% of patients could easily activate the prosthesis between 10 and 15 days after the procedure. The median time to first sexual intercourse including penetration was 32 days. Three patients had small scrotal hematomas that delayed the device handling. One patient had an intraoperative corporal perforation.

**Conclusion:** Our modification of the standard peno-scrotal approach reduces the scrotal tissues dissection. It appears safe and easily reproducible. It could lower postoperative scrotal swelling and pain, moreover provides good hiding of connecting tubes.

**Policy of full disclosure:** None

#### P-01-022

### VENOUS LEAKAGE TREATMENT REVISITED – PELVIC VENOABLATION USING AETHOXYSCLEROL UNDER AIR BLOCK TECHNIQUE AND VALSALVA MANEUVER

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**Objective:** We evaluated the effectiveness of pelvic vein embolisation with aethoxysclerol in aero-block technique for the treatment of impotence due to venous leakage in men using sildenafil for intercourse. The aim of the procedure was to reduce or eliminate the use of sildenafil.

**Methods:** A total of 49 patients with veno-occlusive dysfunction, severe enough for the need of PDE5 inhibitors for vaginal penetration, underwent pelvic venoablation with aethoxysclerol. The mean patient age was 53.5 years. Venous leaks were identified by Color Doppler Ultrasound after intracavernous alprostadil injection. Under local anesthesia a 5F-Angioplasty was inserted antegrade into the deep dorsal penile vein. The pelvic venogram obtained with deep dorsal venography was included. Aethoxysclerol 3% as sclerosing agent was injected after air-block under valsalva manoeuvre in three consecutive steps. A 5F-angiography catheter was placed in the vein of major outflow from the penis. Success was defined as the ability to achieve vaginal insertion