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MP81-07 PATIENT-REPORTED ASSESSMENT OF ANATOMICAL, NEUROLOGICAL AND FUNCTIONAL CHANGES OF THE GENITALIA AFTER ANTERIOR URETHROPLASTY: INCIDENCE AND RECOVERY OF FUNCTION

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CONCLUSIONS: Non-guideline directed care of patients with testicular cancer is relatively common among patients referred to two large academic centers, with the most common errors being over-treatment and misdiagnosis. Non-guideline directed care is likely associated with unnecessary treatment-related morbidity and may compromise long-term curative potential.

Table 1. Mismanagement Characteristics

Mismanagement Type	Incidence
Overtreatment	29 (57%)
Chemotherapy cycles	9 (18%)
Chemotherapy regimen	3 (6%)
Unnecessary biopsy for diagnosis	10 (20%)
Inappropriate imaging	16 (31%)
Misdiagnosis	23 (45%)
Misread imaging	8 (16%)
Delay to intervention	6 (12%)
Incomplete serum tumor markers	5 (10%)
Misread pathology	4 (8%)
Undertreatment	3 (6%)
Observation of post-chemotherapy retroperitoneal lymph node > 1 cm	2 (4%)
Radiation (underdosing)	1 (2%)
Inappropriate Treatment	3 (6%)
Transcrotal orchiectomy	3 (6%)
Total	51 (100%)

Source of Funding: None

MP81-07

PATIENT-REPORTED ASSESSMENT OF ANATOMICAL, NEUROLOGICAL AND FUNCTIONAL CHANGES OF THE GENITALIA AFTER ANTERIOR URETHROPLASTY: INCIDENCE AND RECOVERY OF FUNCTION

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INTRODUCTION AND OBJECTIVES: Anterior urethroplasty is thought to cause erectile dysfunction in only a small percentage of patients, but little is known about how the patient perceives other changes to their genitalia after surgery. The purpose of this study was to evaluate patient-reported post-operative anatomical, neurological and functional changes after urethroplasty. We hypothesized higher rates of dysfunction and slower recovery in patients with longer strictures and those undergoing penile urethroplasty.

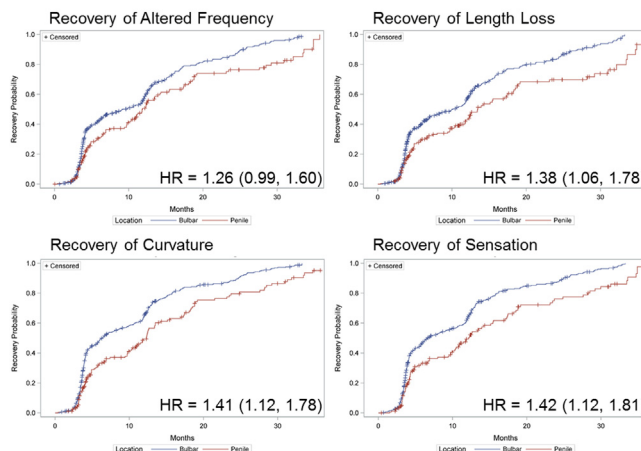
METHODS: We retrospectively reviewed a multi-institutional urethroplasty database for patients that completed a post-operative sexual function questionnaire assessing patient-reported penile anatomical changes. The questionnaire was given routinely at 3 months and then again at all subsequent post-operative visits. Predictors of initial sexual dysfunction were analyzed using logistic regression; recovery of function was assessed with Kaplan-Meier estimations.

RESULTS: A total of 392 men completed at least two post-operative questionnaires. Rates of initial (3 mo) sexual dysfunction were high with 31% of subjects reporting alteration of sexual intercourse (relative to pre-op), 20% reporting de novo penile curvature, 37% noticing loss of penile length, and 22% experiencing decreased penile sensitivity. Partner-reported erectile dysfunction was similar to patient reported rates at 32%. Patients undergoing penile urethroplasty were significantly more likely to report penile curvature (OR 3.65, 95% CI 1.67-7.97) and penile sensation loss (OR 2.86, 1.27-6.44)

versus bulbar repair at early follow-up. Stricture length or repair type (excisional versus buccal) did not independently predict post-operative sexual dysfunction. Recovery of function was predicted for most patients by 3 years (Figure 1), though significantly slower rates of recovery of penile length (HR 1.38), penile curvature (HR 1.41) and penile sensation (HR 1.42) were seen in penile repairs as compared to bulbar repairs.

CONCLUSIONS: Patient-reported rates of genital sensory and anatomical alteration after anterior urethroplasty are high. Recovery is common but can take many years, with higher rates of dysfunction and slower recovery in men undergoing penile urethroplasty.

Figure 1 – Recovery of Sexual Function Over 36 Months (Bulbar vs. Penile Repair)



Source of Funding: None

MP81-08

LONG-TERM OUTCOMES IN PARATESTICULAR SARCOMA: A ROLE FOR HEMISCROTOMETRY

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INTRODUCTION AND OBJECTIVES: Paratesticular sarcoma (PTS) represents a heterogeneous and uncommon group of neoplasms. The literature is confined to small case series with short follow-up. Herein we present an update on our institution's experience in the management of patients with PTS.

METHODS: Patients with PTS managed at Princess Margaret Cancer Center, between 1990-2012 were identified from retrospective chart and pathology archive review. Important relevant clinical pathological variables were collected with study endpoints being local recurrence (LR), metastasis and overall survival. Hemiscrotectomy (Fig 1) was offered either as primary (sarcoma diagnosed after percutaneous transcrotal needle biopsy), completion (after prior unplanned surgery), or as salvage for local recurrence. Central pathology review of available slides was performed and all patients were discussed at a multidisciplinary meeting. Mortality data was obtained from Cancer Care Ontario. Univariate analysis of variables associated with survival endpoints was performed with Cox proportional hazards regression.

RESULTS: Our cohort had 51 men with a median follow-up of 11.02 years (IQR 4.3-18.2). At last follow-up, 21.6% (n=11) of the patients were deceased with 8 cases attributable to PTS. Median overall survival was 13.9 years.

At presentation 92.2% (n=47) of men had localized disease. Completion hemiscrotectomy performed in 25 men found 20% had residual disease present. LR occurred in 12 patients, and with salvage surgery +/- pre-operative radiotherapy, 11/12 were rendered local disease free. Univariate Cox proportional hazards analysis for LR found no hemiscrotectomy (HR 0.21, p=0.02) and positive margin status at initial surgery (HR 4.81, p=0.047) as significant.