The final purpose of the present study is to identify the eventual patient’s sexual disorders and their role in impairing an adequate familiar and social re-integration.

**T05-O-19**

The “Apollo” tissue expander: a novel approach to penile shortening due to fibrosis


**Purpose:** We report our initial experience with the Apollo tissue expander in the treatment of patients affected by severe penile shortening and erectile dysfunction due to La Peyronie’s disease.

**Material and methods:** Eleven patients, with penile shortening and erectile dysfunction, due to IPP, were considered for Apollo tissue expander implantation from 2000 to December 2006. Apollo is a cylindrical-shaped tissue expander, which is inserted into the corpora cavernosa to obtain their lengthening, by a progressive expansion. Each expander has a rigid case containing an expansion camera, made of soft silicone, that slides into the case, as a piston. The Apollo is placed with the same surgical procedure used for a non-inflatable penile prosthesis. Two weeks after surgery, the patients start the expansion cycle by injecting 2-3 ml of saline solution into an expansion camera.

**Results:** The mean operative time was 65 ± 12 min. No complications occurred. All patients started expansions two weeks after surgery. The mean lengthening of the penis was 4 cm. This results were obtained with a cycle of 6-8 expansions, twice-a-month. No reported patients intercourses during this period. Once the maximum length has been obtained, Apollo was substituted with an inflatable penile prosthesis in 3 cases and without one in the other 8 cases. All patients completed at least an one-year follow-up. All patients are satisfied with the final results.

**Conclusions:** Our experience shows that the Apollo tissue expander is a safe and efficacious device to treat penile shortening due to IPP, with high satisfaction rate.

**T05-O-20**

Plaque incision surgery with tunica vaginalis patch for penile curvature in La Peyronie’s disease: preliminary report

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**Purpose:** Peyronie’s disease in men with significant penile curvature is often treated with plaque incision/excision and grafting; when erectile dysfunction is associated, a penile prosthesis implantation is mandatory. We present our initial experience of plaque incision surgery with tunica vaginalis patch and concomitant implantation of penile prosthesis in patients with severe curvature due to IPP.

**Material and methods:** Nine patients, with severe penile curvature and erectile dysfunction, due to IPP, were considered from January 2006 to October 2007. A circumferential subcoronal and a longitudinal penoscrotal incisions were made. An H-shaped incision was made on the tunica albuginea. The albuginea defect was measured. Through the penoscrotal incision, an adequate tunica vaginalis patch was obtained to restore the defect and it was sutured to the albuginea. Then the penile prosthesis was placed in a standard fashion.

**Results:** The mean operative time was 200 ± 15 min. In four patients with mild erectile dysfunction a soft penile implant was placed; in five patients with complete erectile dysfunction an inflatable penile prosthesis was positioned. The mean follow up is 13.4 months. We recorded complications in only 1 patient (scrotal hematoma with spontaneous resolution). All patients are able to achieve sexual intercourse. No recurrence of penile curvature have been observed. Only one patient is unsatisfied, due to penile shortening.

**Conclusions:** Our experience shows that the plaque incision surgery with tunica vaginalis patch and concomitant implantation of penile prosthesis in patients with severe curvature due to IPP is a safe and efficacious technique, with encouraging satisfaction rate for patients.

**T05-O-21**

The modified Nesbit’s corporoplasty in penile curvature due to La Peyronie’s disease: our experience


**Purpose:** We restrospectively analized the results of our proposed technical modification to Nesbit’s operation, designed in order to increase the precision and to simplify the correction of penile curvature in patients with La Peyronie’s disease.

**Material and methods:** From september 2001 to november 2007, 49 patients were considered for a surgical treatment of penile curvature and underwent a modified corpo- roplasty procedure.

**Surgical technique:** One or two couples of Allis clamps are applied to grasp and gather the tunica albuginea on the convex side of the penis, and they are reajusted till the penis is completely straightened. One 2-zero polyglycolic U-shaped knot is applied on each side of the Allis clamps. They