functional outcomes and PRO's of total glans resurfacing (TGS) in patients with lichen sclerosus (LS) or localized penile cancer (PC).
Materials and methods: From 2004 to 2018 a consecutive series of patients underwent a TGS for the management of penile lesions, both LS and PC, in a tertiary referral network.
Inclusion criteria were: Age ≤75 years, primary and clinically superficial disease (LS or PC ≤cT1), no erectile dysfunction. Patients affected by buried penis condition, locally advanced disease (PC>cT1), clinically palpable nodes or complaining for non-responsive ED were excluded from the present study. All patients underwent penile-sparing surgery with TGS using a free split-thickness skin graft (STSG) harvested from the thigh. After the procedure, patient were followed-up on a 3-months basis for 2 years, every 6 months for another 2 years and thereafter yearly. Urinary and sexual functions were investigated through the International Prostatic Symptoms Score (IPSS) and International Index of Erectile Function (IIEF) validated questionnaires at baseline and then 6 and 12 months postoperatively. Furthermore, PRO's were extrapolated from a 5-item "ad hoc" created questionnaire Statistical analysis was carried out with STATA software (v.12).
Results: 37 consecutive patients were enrolled in the study. No surgical complications were recorded and 97% of the patients had a complete graft take. The validated questionnaires assessed that neither urinary or sexual function deteriorated after surgery, no significant differences were recorded among pre and postoperative values ($p > 0.05$). An overall improvement of the quality of life was reported by 86.4% of patients. Glans sensitivity was fully maintained in 89.2% of cases. 94.5% of patients reported to be fully satisfied by the aesthetic appearance of the penis and would consider to undergo the same procedure again if necessary. 91.9% of patients would recommend the same procedure to someone else.
Conclusions: TGS represents an excellent surgical option ensuring satisfactory cosmetic and sexual outcomes in the management of selected patients with benign penile lesions (LS) or localized malignant PC.

SC19 Dual implantation of penile prosthesis and ATOMS system for post-prostatectomy erectile dysfunction and urinary incontinence: A feasibility study

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Introduction: Stress urinary incontinence (SUI) and erectile dysfunction (ED) are the most common adverse effects following radical prostatectomy (RP), in 4–40% and 6–68% of cases respectively. Current conservative strategies for post-RP SUI and ED, actually lack in a real efficacy and often patients require further surgical procedures. The management of a concomitant SUI and ED represents a real challenge. In selected patients, dual implantation (DI) of both a continence and penile prosthesis (PP) device may be offered. A variety of continence devices such as the artificial urinary sphincter (AUS) and male slings have been successfully proposed and implanted along with both malleable and inflatable PP. Nevertheless, some issue such as high costs, postoperative complications, revision rates and limited adjustability are still present. A mesh-anchored compressive adjustable cushion, known as the ATOMS system (Adjustable Transobturator Male System) have been introduced to partly overcome these limitations and the aim of our study is to evaluate feasibility and safety of PP and ATOMS® DI.
Materials and methods: Data from 5 consecutive patients were collected. All of them referred to our center complaining for post-RP SUI and ED after ≥12 months and failed conservative strategies. Intra and postoperative complications, operative time, postoperative pain through a visual analogic scale (VAS) at 6, 24 and 48 hours as well as hospital stay were selected as surgical outcomes. Functional outcomes were evaluated 3 and 6 months postoperatively. Continence outcomes included: a 24 hour pad weight and count, the International Consultation on Incontinence Questionnaire-Urinary Incontinence Short Form (ICIQ-UI SF) questionnaire and dry/social continence rate. Sex encounter profile (SEP) items 2/3 and Erectile Dysfunction Inventory of Treatment Satisfaction (EDITS) questionnaire were utilized for measuring erectile function outcomes.
Results: The median follow-up was 14 months. The DI was conducted as a synchronous procedure in 2 cases, whilst a deferred procedure (PP and subsequently ATOMS device) in the remainders. No major intraoperative nor postoperative complications were reported. A single case of a scrotal hematoma was recorded (Clavien-Dindo grade I complication) and managed conservatively. No chronic device-related pain nor late complications occurred. A significant reduction of mean 24 hours pad test, pad count and ICIQ-UI SF values was recorded. Postoperatively, 60% of patients were dry and 80% reached social continence. Additionally, a median EDITS score of 48 was reported 6 months postoperatively and a sharp increase in SEP item 2/3 was detected.
Conclusions: The dual implantation of PP and ATOMS® system may represent a realistic solution for patients requiring to solve a concomitant end-stage ED and SUI after RP, either in a single-stage or a deferred procedure.

SC20 Body mass index and age correlate with antioxidant supplementation effects on sperm quality: Post-hoc analyses from a double-blind placebo-controlled trial

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Introduction: Spermatozoa are vulnerable to lack of energy and oxidative stress as a result of elevated levels of reactive oxygen species. Therefore, it is essential that appropriate nutrients are available during maturation.
Materials and methods: This randomized, double-blind, placebo-controlled trial investigated the effect of 6 months supplementation with carnitines and other micronutrients on sperm quality in 104 subjects with oligo- and/or astheno- and/or teratozoospermia with or without varicocele. Semen analyses were done at the beginning and end of the treatment. In addition to main analyses, post-hoc analyses for age and body mass index (BMI) were carried out. Results were interpreted by dividing the population into two age and BMI classes.
Results: In 94 patients who completed the study, all sperm parameters increased in supplemented patients compared to the placebo group. A significant ($p = 0.0272$) difference in supplementation efficacy was observed for total motility on patients with varicocele and BMI <25. In the same group, also the progressive motility was significantly superior ($p = 0.0159$). For Responder analysis, total motility results were confirmed in both the cited group ($p = 0.0066$) and in the varicocele group with BMI <25 and Age <35 ($p = 0.0078$).
Conclusions: This study suggests that supplementation is more effective in subjects with varicocele younger than 35 years with BMI <25.