Epitomes

Important Advances in Clinical Medicine

Urology

The Scientific Board of the California Medical Association presents the following inventory of items of progress in urology. Each item, in the judgment of a panel of knowledgeable physicians, has recently become reasonably firmly established, both as to scientific fact and important clinical significance. The items are presented in simple epitome and an authoritative reference, both to the item itself and to the subject as a whole, is generally given for those who may be unfamiliar with a particular item. The purpose is to assist busy practitioners, students, research workers or scholars to stay abreast of these items of progress in urology that have recently achieved a substantial degree of authoritative acceptance, whether in their own field of special interest or another.

The items of progress listed below were selected by the Advisory Panel to the Section on Urology of the California Medical Association and the summaries were prepared under its direction.

Reprint requests to Division of Scientific and Educational Activities,
California Medical Association, 731 Market St, San Francisco, CA 94103

Physical and Psychological Results of Penile Prostheses

PENILE PROSTHETIC insertion procedure has become a common treatment of both organic and functional impotence in men. Schoenberg and co-workers and Marshall and colleagues assessed the social, sexual and psychologic status of patients a year or more after implantation of one type of penile prosthesis (semirigid rod). An extensive and comprehensive questionnaire was sent to 90 randomly selected patients. In all, 49 questionnaires were returned and analyzed by computer. Of those patients who responded, 68 percent rated their postoperative emotional adjustment excellent or good, whereas 20 percent considered their adjustment to be less than adequate. One of the criticisms of the semirigid rod prosthesis is that a quasierect penis is difficult to wear comfortably and unobtrusively, but general activity and participation in sports remained about the same. Only 4 percent of the patients indicated embarrassment in public showers but 18 percent avoided public locker rooms and showers. Overall, 78 percent of patients were completely or somewhat satisfied, whereas 22 percent were rather or completely dissatisfied. Interestingly, 84 percent of the patients who had psychologic impotence were satisfied.

Patients who have functional impotence may be more motivated and "desperate" than the older population in whom impotence resulted from disease or surgical procedures. Because of insufficient numbers and the lack of partner participation in the decision to have the operation and in the appraisal of the results, no statistical conclusions could be drawn. Some of the exaggerated benefits claimed for the penile prosthesis may prove to be invalid when large numbers of patients are surveyed with detailed psychologic inventories.

JOSEPH J. KAUFMAN, MD

REFERENCES

Marshall P, Morales A, Surridge D: Diagnostic significance of penile erections during sleep. Urology 1982 Jul; 20:1-6

Schoenberg HW, Zarins CK, Segraves RT: Analysis of 122 unselected impotent men subjected to multidisciplinary evaluation. J Urol 1982 Mar; 127:445-447

Finney-Flexirod Penile Prosthesis

THE TREATMENT of impotence by the use of a semirigid silicone prosthesis is firmly established. All current double-rod penile implants provide satisfactory coitus and improvements have been mainly directed toward providing more adequate concealment of a permanently rigid penis.

The Finney-Flexirod penile implant has three notable features not found in other designs. The distal tip is tapered to more nearly conform to the tapered tip of a distal corpus. Blunt-tipped implants cause the glans to have a ball-and-socket motion and can produce a so-called SST deformity (the glans falling ventrally). The tapered tip prevents this. This implant has a soft hinged segment that is positioned at the base of the penis to allow it to hang more freely in a dependent position, thereby allowing better concealment. The third improvement in this implant consists of a segmented proximal end that may be trimmed at the time of the operation for a proper fit. The total length of the corpus cavernosum cannot be determined accurately before the surgical procedure and this trimmable tail allows individual fitting. A penis is measured in a