

Early Experience and Rigidity Results with Titan[®] XL/ Large Cylinders

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Introduction

Literature emphasizes the importance of penile rehabilitation “right sizing.” Data show trends of longer cylinder implantation. Authors conducted a study of Titan XL IPPs. Critical data considered assessment of rigidity and RTE use in large anatomy patients.

Methods

- N=16 Titan XL IPPs
- 2 implant centers (2/2009-10/2009, assessments at 90-365 days post-op)
- Cylinder lengths 24cm, 26cm, 28cm.
- Differences between physician vs. patient inflated IPP rigidity were obtained.
- No baseline exclusions (table 1).

Table 1: Baseline Demographics

Medical History Condition	n/N (%)
Diabetes Mellitis	1/16 (6%)
Vascular Disease	6/16 (38%)
Pelvic Surgery	0/16 (0%)
Pelvic Trauma	0/16 (0%)
Post-cancer Treatment	5/16 (31%)
Psychological Causes	0/16 (0%)
Other	6/16 (38%)
HTN	2/16 (13%)
Malfunctioning penile prosthesis	3/16 (19%)
Severe impotence	1/16 (6%)
Peyronie's Disease	3/16 (19%)
Modeling conducted	2/3
Device maintained enough pressure to sufficiently model subject's anatomy	2/3

Results

- All cases were penoscrotal technique (24cm-44%, 26cm-44%, 28cm-12%).
- 2/16 (12.5%) revisions, (1) with previous implant=22cm (+3cm RTE) and new implant=28cm (no RTE); (2) with previous implant=18cm (+2cm RTE) and new implant=24cm (no RTE).
- Physicians performed greater number of pumps to achieve perceived full inflation (mean 30.4+/-14.6, patient vs. 44.4+/-8.3, physician, (p=0.0003)) and as a result achieved a higher rigidometer reading (mean 1500.0+/-342.5, patient vs. 1787.5+/-212.5, physician (p=<0.0001)).
- Physicians demonstrated less buckling (Patient – 69%, Physician – 0%).
- Surgeons were able to maximize cylinder size in the large anatomy IPP patients as 87% of the cases used either zero (56%) or 1cm (38%) RTE's.

Conclusions

Maintaining penile rigidity in the larger anatomy patients is imperative for prosthetic specialists. Titan XL cylinders provide rigid erections with limited use of RTE's and are efficacious in patients' ≥24cm.

