Title

MP64-15 OUTCOMES FOLLOWING SURGERY FOR ADULT ACQUIRED BURIED PENIS: A MULTI-INSTITUTIONAL RETROSPECTIVE INVESTIGATION UTILIZING A NOVEL STAGING SYSTEM BASED ON THE STANDARDIZED EVALUATION OF THE PENIS, ABDOMEN AND SCROTUM

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RESULTS: A total of 69 reports were analyzed, of which 47 met the inclusion criteria. TP used for gender affirmation were not identifiable in the dataset. The adverse events were classified as injury (68.1%), malfunction (29.8%), and other (2.1%). A detailed examination of the event description narratives found deflation (57.4%), positioning (14.9%), and infection (10.6%) to be the top three device problems. The majority of TP involved were manufactured by Coloplast (97.8%) and the device was the Torosa® saline-filled (95.7%). The severity of events was 78.7% minor (level 1) and 21.3% major (level 2-4). The LexisNexis search yielded eight legal cases related to TP, with three mentioning TP outcomes. Among these cases, one case reported no negative effects, while two were associated with adverse events. One case involved mislabeling leading to improper implantation, while the other was related to TP illness leading to subsequent removal.

CONCLUSIONS: For patients seeking improved body image, TP remains a safe option. However, complication do occur, though usually minor and associated with a limited number of associated lawsuits. The most prevalent complications observed were injury events and deflation, with the Torosa® saline-filled being the most common brand. These findings underscore the importance of continued research and surveillance to ensure patient satisfaction and well-being when opting for TP.

Testicular Prosthesis (n=47)		
Event Type	Injury	32 (68.1%)
	Malfunction	14 (29.8%)
	Other	1 (2.1%)
Device Problem	Deflation	27 (57.4%)
	Positioning	7 (14.9%)
	Infection	5 (10.6%)
	Other	8 (17.0%)
Manufacturer	Coloplast	46 (97.8%)
	Unknown	1 (2.1%)
Brand Name	Torosa® saline-filled testicular prosthesis	45 (95.7%)
	Unknown	2 (4.3%)
Gupta Severity Classification System	Level 1	37 (78.7%)
	Level 2	10 (21.3%)
	Level 3	0 (0.0%)
	Level 4	0 (0.0%)

MP64-14

SURPRISING SUCCESS: AI'S POTENTIAL HEAVY IMPACT IN TREATING UROLOGICAL TRAUMA

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INTRODUCTION AND OBJECTIVE: ChatGPT is an artificial intelligence with a publicly accessible user-friendly interface. It employs deep learning, a subset of machine learning based on artificial neural networks, to "speak" to the user. It is among the more popular of several artificial intelligence modalities that will likely be a large part of information gathering sources in the near future, employed by patients and physicians alike. Considering that responses to trauma are often algorithmic in nature, one may assume artificial intelligence would be excellent at managing trauma consults. This project is designed to assess ChatGPT's clinical competency compared to the American Urological Association (AUA) guidelines regarding the evaluation and management of urological trauma.

METHODS: Each key point from the AUA guidelines for urotrauma was prompted to ChatGPT as a case presentation, clinical next-step recommendations, a general question, or a request for validation of information. The answers were then sorted into 3 categories all relative to the AUA guidelines: complete and accurate (CA), incomplete but accurate (IA), and incorrect or misleading (IM).

RESULTS: There are 45 key points within the AUA guidelines for urotrauma, divided into 5 sections of renal, ureteral, bladder, urethral, and genital. For renal trauma, ChatGPT obtained 8/9 CA, 0/9 IA and 1/9 IM. For ureteral trauma, the results were 10/12 CA, 2/12 IA and 0/12 IM. For bladder trauma, 5/6 were CA, 1/6 were IA and 0/6 were IM. For urethral, 6/8 were CA, 0/8 were IA and 2/8 were IM. Finally, for genital trauma, 10/10 were CA, and 0/12 were IA and IM. In total, 39/45 (87%) were CA, 3/45 (6%) were IA, and 3/45 (6%) were IM.

CONCLUSIONS: Trauma is often managed according to an algorithm in order to simplify decisions in a high-stress environment. With 93% of the answers having some form of accuracy, 87% of answers being accurate and complete and only 6% being incorrect or misleading, it appears ChatGPT is almost ready for urological trauma-related queries at this point in time. Considering minor inaccuracies could have dire consequences, it should be used in accordance with clinical acumen as an assistant, rather than full guidance. The near future may regularly involve artificial intelligence incorporated algorithms for the treatment of trauma.

ChatGPT Concordance with AUA Urotrauma Guidelines Key Points
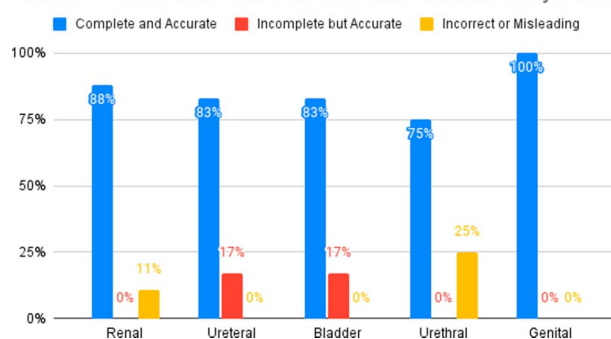
MP64-15

OUTCOMES FOLLOWING SURGERY FOR ADULT ACQUIRED BURIED PENIS: A MULTI-INSTITUTIONAL RETROSPECTIVE INVESTIGATION UTILIZING A NOVEL STAGING SYSTEM BASED ON THE STANDARDIZED EVALUATION OF THE PENIS, ABDOMEN AND SCROTUM

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INTRODUCTION AND OBJECTIVE: To evaluate the rates of complications and post operative outcomes in men with AABP utilizing data from a multi institutional cohort of patients based upon the Trauma and Urologic Reconstruction Network of Surgeons (TURNS) Penis, Abdomen and Scrotum (PAS) classification and novel staging system.

METHODS: Patients with AABP within a multi institutional dataset were retrospectively recategorized into their respective PAS stages based upon their PAS classifications, Figure 1. Descriptive and operative characteristics, 90 day post operative complications, need for revision surgery and treatment success were collected as outcomes.

RESULTS: 129 patients were classified according to their respective PAS stages. Treatment success and need for revision surgery was noted in 91% and 14% of men. Complications were noted in 47/129 (36%) of men, Table 1. The most common complications were surgical site infections and superficial wound dehiscence managed non

operatively. On multivariate analysis, the presence of LS, OR 9.51, 1.59 - 94.3, p=0.025 and escutcheonectomy OR 9.34, 2.52 - 42.2, p=0.002 were associated with increased odds of complications, Table 2.

CONCLUSIONS: Surgery for AABP is safe and effective. Most complications are managed conservatively. This staging system which utilizes the PAS classification system was unable to predict outcomes and complications however it does allow for future reliable and reproducible investigations in this highly heterogenous patient population. Future investigations with larger patient cohorts are needed to better evaluate the ability of the PAS staging system in predicting outcomes.

Figure 1: Adult Acquired Buried Penis Staging System Utilizing the TURNS Classification System Based on Standardized Evaluation of the Penis, Abdomen and Scrotum

Table 1: Descriptive Characteristics and Outcomes of all 120 patients within the Trauma and Urologic Reconstruction Network of Surgeons (TURNS) Adult Acquired Buried Penis Database stratified according to the PAS Staging System

		Stage 1	Stage 2	Stage 3	Stage 4	Total
Number of Patients		17	60	14	38	129
Age (mean)		63	54	60	57	57
BMI (mean)		40	43	44	45	43
Current or previous tobacco abuse n (%)		7 (41)	31 (53)	6 (43)	12 (32)	56 (44)
Diabetes n (%)		4 (24)	24 (40)	5 (36)	14 (37)	47 (36)
Hemoglobin A1c		6.3	6.8	6.8	5.9	6.5
Coronary Artery Disease n (%)		3 (18)	5 (8.6)	2 (14)	5 (13)	15 (12)
Etiology of AABP n (%)	Obesity	1 (5.9)	14 (23)	1 (7.1)	9 (24)	25 (19)
	LS	14 (82)	34 (57)	3 (21)	17 (45)	68 (53)
	Lymphedema	0 (0)	5 (8)	10 (71)	9 (24)	24 (19)
	Other	2 (12)	0 (0)	0 (0)	0 (0)	2 (1.6)
	Previous Surgery	0 (0)	7 (12)	0 (0)	3 (7.9)	10 (7.8)
Follow-up, months, (mean)		11.2	11.9	14.0	14.2	12.7
Admission following surgery n (%)		7 (41)	41 (71)	11 (85)	28 (74)	87 (69)
Length of Stay, days, (mean)		1.8	2.1	4.9	4.1	3.0
Prescribed Antibiotics at time of Discharge n (%)		1 (5.9)	22 (37)	4 (29)	11 (29)	38 (30)
Any Complication* n (%)		2 (12)	22 (37)	7 (50)	16 (42)	47 (36)
Complication* by type, n (%)	No complication	15 (88)	38 (63)	7 (50)	22 (58)	82 (64)
	Surgical Site Infection	1 (5.9)	13 (22)	2 (14)	6 (16)	22 (17)
	Wound Dehiscence	1 (5.9)	2 (3.3)	4 (29)	3 (7.9)	10 (7.8)
	Reburying	0 (0.0)	4 (6.7)	0 (0.0)	2 (5.3)	6 (4.7)
	Graft Loss	0 (0.0)	0 (0.0)	0 (0.0)	3 (7.9)	3 (2.3)
	Urinary Tract Infection/Hematuria	0 (0.0)	1 (1.7)	0 (0.0)	1 (2.6)	2 (1.6)
	Cardiac Complication	0 (0.0)	1 (1.7)	0 (0.0)	1 (2.6)	2 (1.6)
	Bleeding Complication	0 (0.0)	1 (1.7)	0 (0.0)	0 (0.0)	1 (0.8)
	Death	0 (0.0)	0 (0.0)	1 (7.1)	0 (0.0)	1 (0.8)
Treatment Success		15 (88)	53 (90)	11 (85)	36 (95)	115 (91)
Underwent Revision Surgery n (%)		2 (13)	9 (15)	2 (15)	5 (13)	18 (14)

* Complications were recorded from moment of discharge to 90 days post-operatively.
* As defined as exposure of the genitalia/penis at last follow-up.
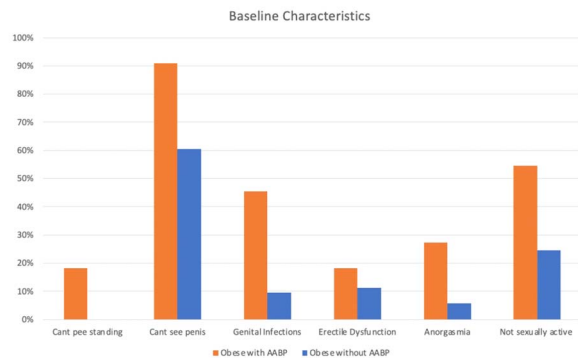AABP: Adult Acquired Buried Penis; LS: Lichen Sclerosus

Table 2: Multivariable analysis and odds ratios of all 129 patients within the Trauma and Urologic Reconstruction Network of Surgeons (TURNS) Adult Acquired Buried Penis Database

		Treatment Success* OR	CI	P value	Underwent Revision Surgery OR	CI	P value	Complications† OR	CI	P value
PAS Stage	1	ref			ref			ref		
	2	0.83	0.06-9.01	0.88	0.25	0.02-2.85	0.25	1.09	0.13-10.8	0.93
	3	0.27	0.01-6.52	0.41	0.54	0.02-11.8	0.69	8.01	0.63-138	0.12
	4	6.34	0.33-137	0.22	0.15	0.01-1.99	0.14	1.93	0.23-20.5	0.55
Age		1.00	0.94-1.06	0.99	0.97	0.92-1.01	0.17	0.99	0.95-1.03	0.56
BMI (kg/m²)		1.00	0.92-1.08	0.96	1.02	0.96-1.10	0.52	1.03	0.98-1.09	0.23
Tobacco Abuse ^		1.33	0.31-6.11	0.70	0.66	0.19-2.12	0.49	1.07	0.40-2.83	0.90
Diabetes		0.97	0.24-4.24	0.97	2.03	0.60-7.11	0.26	2.43	0.93-6.62	0.075
CAD		0.79	0.12-7.11	0.82	0.29	0.01-2.23	0.31	9.51	1.59-94.3	0.025
Etiology of AABP	Obesity	ref			ref			ref		
	Lichen Sclerosus	0.44	0.04-3.33	0.45	0.65	0.12-3.66	0.62	0.23	0.05-0.87	0.035
	Lymphedema	1.22	0.08-23	0.89	0.66	0.07-5.13	0.69	0.58	0.11-2.91	0.51
	Other	5,987,809	0.00-NA	0.99	0.00		0.99	0.00		0.99
	Previous surgery	0.30	0.01-9.97	0.44	5.85	0.65-56.1	0.11	1.79	0.23-16.9	0.59
Surgery	Panniculectomy	0.12	0.02-0.76	0.028	2.14	0.46-9.27	0.31	1.59	0.45-5.81	0.47
	Escutcheonectomy	0.74	0.11-4.30	0.74	2.46	0.56-12.8	0.25	9.34	2.52-42.2	0.002
	Penile Skin Excision w/o graft	0.31	0.03-2.34	0.30	2.28	0.49-13.3	0.32	2.35	0.71-8.17	0.17
	Penile Skin Excision w/ graft or FCF	3.66	0.66-24.9	0.15	0.58	0.13-2.40	0.45	1.94	0.65-6.13	0.24
	Serotectomy	1.22	0.21-6.53	0.81	2.42	0.56-13.9	0.27	1.83	0.60-6.03	0.30

*Defined as exposure of the genitalia at last follow-up
† Any complication noted from date of discharge up to 90 days post-operatively.
^ Current or former tobacco abuse
PAS; Penis, abdomen and scrotum
CAD; Coronary artery disease
FCF; Fasciocutaneous penile skin flap

MP64-16
BURIED PENIS AND BARIATRIC SURGERY, A MIGHTY MOTIVATOR

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INTRODUCTION AND OBJECTIVE: Adult acquired buried penis (AABP) is a syndrome in which the penis is enclosed under skin and fat, often due to obesity. While the incidence of AABP is not known, it is expected to be increasing with the rising rates of obesity in our country. Previous studies have reported that weight loss-based treatments for AABP have questionable efficacy. We aim to evaluate how bariatric surgery effects men with AABP.

METHODS: Patients who underwent weight loss surgery by three surgeons at University of California, San Francisco (UCSF) between 2009 and 2021 were contacted for participation. Interested participants were sent an online REDCap survey including questions on demographics, urinary function, and sexual function. Men were considered to have AABP if they answered "yes" to the question, "Have you ever had trouble exposing the penis to urinate or have sex?". Chi squared analysis with Yates correction was used to determine significance.

RESULTS: 64 men had complete data, 11 of whom had AABP. Figure 1 shows the baseline characteristics of the men with AABP and those without. 18% of men with AABP could not pee standing, 91% could not see their penis, 45% had issues with genital infections, 18% could not get an erection, 27% could not orgasm, and 55% were not sexually active. Interestingly, when compared to men without AABP, men with AABP were more likely to have improvement of symptoms after surgery and had a significantly greater increase in sexual activity and erectile function (Figure 2).

CONCLUSIONS: AABP prevalence is likely increasing as obesity rates continue to rise and was found in 1 in 6 men undergoing bariatric surgery. While bariatric surgery is an effective, durable treatment option for obesity, only 1% of candidates undergo surgical intervention. Our data suggests that bariatric surgery may be an effective option for symptom management in some men with AABP. Further study is needed to identify those men who have no change or worsening of AABP symptoms after bariatric surgery. Improvements seen in our cohort of men may motivate more to undertake surgical treatment for weight loss.

Figure 1 – Comparison of baseline characteristics of men with AABP vs those without AABP