



Continuation of Baseline Anti-thrombotic Therapy in Men Undergoing Inflatable Penile Prosthesis Surgery: An Update on Outcomes

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Background

- Patients with erectile dysfunction often have cardiovascular risk factors
- Traditionally, anti-thrombotics are held prior to penile prosthesis (IPP) surgery

Objective

- To identify the incidence of postoperative cardiovascular and cerebrovascular events in patients holding anti-thrombotics at time of IPP surgery while assessing risk of postoperative morbidity in men continuing anti-thrombotics.

Methods

- Retrospective review of peri-procedural anti-thrombotic management / morbidity
 - 219 IPP surgeries between July 2017 – June 2019
- Device left inflated 60-80%
- Scrotal drain left in place until post operative day 1

Results

Age, years (IQR)	66 (59,72)
Baseline anti-thrombotic n, (%)	118 (54)
Anti-thrombotic at surgery n, (%)	77 (65)
aspirin 81 n, (%)	62 (80)
aspirin 325 n, (%)	7 (9)
apixaban n, (%)	4 (5)
clopidogrel n, (%)	4 (5)
rivaroxaban n, (%)	1 (1)
warfarin n, (%)	9 (11)
Combination therapy n, (%)	8 (10)

Drain Output, mL	None	Anti-thrombotic	p value
POD 0, (IQR)	85 (40,123)	85 (59, 125)	0.2

Results

- Significant difference in hematoma rate, $p = 0.04$
 - 6 of 77 (8%) on anti-thrombotics
 - 5 on ASA 81 mg, 1 on combination
 - 3 of 135 (2%), NOT on anti-thrombotics
- 41 of 118 (35%) patients on anti-thrombotic pre-operatively, held at time of surgery
- 3 of 41 (7%) holding anti-thrombotics experienced post-operative cardiovascular / cerebrovascular event

Conclusions

- Anti-thrombotics did not increase scrotal drain output
- Anti-thrombotics, increased risk of self resolving hematoma
- Holding anti-thrombotics is not without risk
 - 3 peri-operative cardiovascular / cerebrovascular events
- Additional short and long-term data is necessary

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