

Post-operative antibiotics following placement of a penile prosthesis

Alex Tatem¹, Jason R. Kovac²

¹Department of Urology, Indiana University, Indianapolis, Indiana, USA; ²Men's Health Center, Indianapolis, Indiana, USA

Correspondence to: Dr. Jason R. Kovac, MD, PhD, FACS, FRCSC. Men's Health Center, 8240 Naab Road, Suite 220, Indianapolis, Indiana 46260, USA. Email: jkovac@urologyin.com.

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One of the most devastating complications that can occur following a penile prosthesis is infectious in nature (1,2). Consequently, both proper patient selection and risk management are essential for prosthetic surgeons. In a recent paper by Palma-Zamora *et al.* (1) published in the current issue of *Translational Andrology and Urology*, the authors present data discussing the short-term (30-day) adverse outcomes that can occur post placement of a penile prosthesis. The authors identified an overall 30-day complication rate of 11%; of which 45% were infectious in etiology (1). Diabetes was present in 29% of patients (1) and although there is some debate regarding the importance of hemoglobin A1c in diabetic patients undergoing prosthesis placement, optimizing peri-operative glucose control for all diabetic patients is essential in reducing the risk of infectious complications (3,4). Given the significant consequences of infection, a brief discussion regarding post-operative antibiotic usage is warranted.

In a 2013 consensus statement of 16 top prosthetic surgeons, anywhere from 5–14 days of post-operative oral antibiotics was preferred (5). A multitude of different oral antibiotics were used including quinolones, cephalosporins, penicillins and sulfa drugs (5). In geographic regions where methicillin-resistant *Staphylococcus aureus* (MRSA) was prevalent, the consensus was to use trimethoprim-sulfamethoxazole (Bactrim) or, in cases of sulfa drug allergy, doxycycline (5). Unfortunately, given the current state of research and methodological challenges, expert opinion is the best level of evidence available. While no randomized controlled trials to support this practice, recent case reports

and small retrospective studies have found success in managing even local infections with conservative measures that include oral antibiotics (6,7). At the present time, although further study is required, the use of post-operative prophylactic antibiotic usage is justified.

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Footnote

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