

cuff placement and an inguinal incision for positioning the reservoir and pump. A single-incision penoscrotal technique has been introduced, permitting access to all components through one operative field. This simplified approach merits evaluation to ensure that surgical convenience does not compromise clinical efficacy or device performance.

Objective: This study tries to determine whether the penoscrotal approach is non-inferior to the conventional perineal route regarding continence outcomes, perioperative safety, and device durability.

Methods: Data were derived from the prospective multicentre SATURN database, including men who underwent primary AUS implantation between 2015 and 2025. Patients were classified according to surgical approach (penoscrotal vs perineal). Baseline comorbidities (diabetes, prior prostatectomy, radiotherapy, etiology of incontinence) and operative variables (cuff size, operative time) were analysed. Functional outcome was defined as continence at 2 years; surgical durability as revision-free survival within 24 months. Continence was analysed using multivariable logistic regression with marginal standardisation, expressed as adjusted risk difference (RD). Revision-free survival was evaluated using a Cox model adjusted for baseline and operative covariates. Non-inferiority margins were set at -10 percentage points for RD and $HR < 1.5$ for durability.

Results: A total of 542 primary AUS implantations were analysed (Penoscrotal $n = 70$, Perineal $n = 472$). Pre-operative factors did not significantly differ between groups. Operative duration was greater in the perineal group (mean 71 min) than in the penoscrotal group (mean 48 min, $p < 0.001$). Infection rates did not significantly differ between groups. At 2 years, continence rates were 82.3 % (penoscrotal) versus 68.4 % (perineal), yielding an adjusted RD = $+0.139$ (95 % CI 0.023–0.248), confirming non-inferiority of the penoscrotal approach and statistical superiority. In the Cox model including operative factors, the adjusted hazard ratio for revision within 24 months was 1.63 (95 % CI 0.89–2.98; $p = 0.11$)-indicating no significant difference in short-term device durability. Early complications did not differ between groups (haematoma OR 0.81 [0.42–1.46]; wound complication OR 0.95 [0.27–2.53]).

Conclusions: In primary AUS implantation, the penoscrotal approach demonstrated similar continence at 2 years with comparable durability and perioperative safety relative to the perineal approach. These findings support the penoscrotal route as a valid and functionally advantageous alternative for experienced surgeons, though longer follow-up is warranted to confirm sustained device survival.

Disclosure: No

Abstract citation ID: qdag118.063

(073) PENOSCROTAL VERSUS PERINEAL AUS PLACEMENT: RESULTS FROM THE SATURN REGISTRY

A. Van Renterghem¹, F. Martens², N. Tiruchelvam³, R. Hamid⁴, F. Van Der Aa⁵, W. Witjes⁶, C. Caris⁶, J. Heesakkers¹, K. Van Renterghem⁷

¹Maastricht University Medical Center

²Radboud UMC

³Cambridge University Hospitals Trust

⁴Royal National Orthopaedic Hospital, Urology

⁵University Hospitals Leuven

⁶EAU Research Foundation

⁷Jessa Hospital

Introduction: The recommended surgical approach for AUS implantation is the perineal approach. Traditionally, implantation requires two incisions: a perineal approach for