

Infection Control practices for IPP have changed a lot in the last 20 years^{1,2}



Microbial environment constantly changing
Stewardship practices are changing

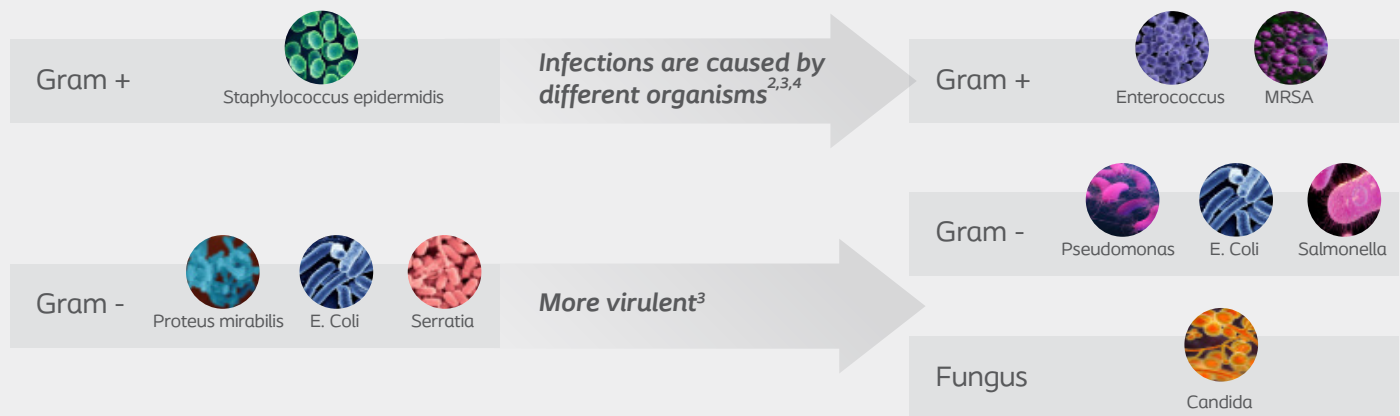
Prophylactic IV
Antibiotics

Device Coatings

Oral Antibiotics

Microbials of concern are very different today than they were 20 years ago²

20 years ago^{2,3}



Guidelines can't keep up with constantly changing infection causing microorganisms¹

2012

- Provide antimicrobial coverage of Gram +/- bacteria for at least 24 h post-op
- Pre-op antibiotics (ABX)
- Provide oral ABX prophylaxis 5-14 days post-op

2016

- IPP should be ABX-impregnated or hydrophilic coated
- Pre-op ABX for Gram +/- bacteria

2018

- Impact of analgesia on antibacterial properties on hydrophilic IPP studied and found promising²

2019

- Specific ABX recommended – duration of therapy changed to <24h

Recommended ABX prophylaxis for IPP only cover 60-80% of microorganisms causing infections²

These changes have reduced IPP related infections by ½ in the last 20 years
but these infections are devastating when they occur.⁴

Virulent and difficult to treat^{2,4}

MRSA infection
can cost over
\$30,000
per infection⁵

Infection
management cost **6x**
more than original
device placement⁶

**Negative
impact**
on patient
satisfaction²

Post-op infections
associated with **30%** of
penile prosthesis litigation
against urologists²

Outdated guidelines² + outdated technology³ = **outdated infection control**



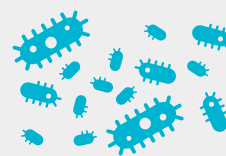
20-year-old
technology



Today's
technology



20-year-old
Staph



Today's
Staph

Why settle for outdated infection control? Take your antibiotic selection into your own hands by reviewing your local antibiogram, helping to avoid catastrophic and costly infections.

References

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