



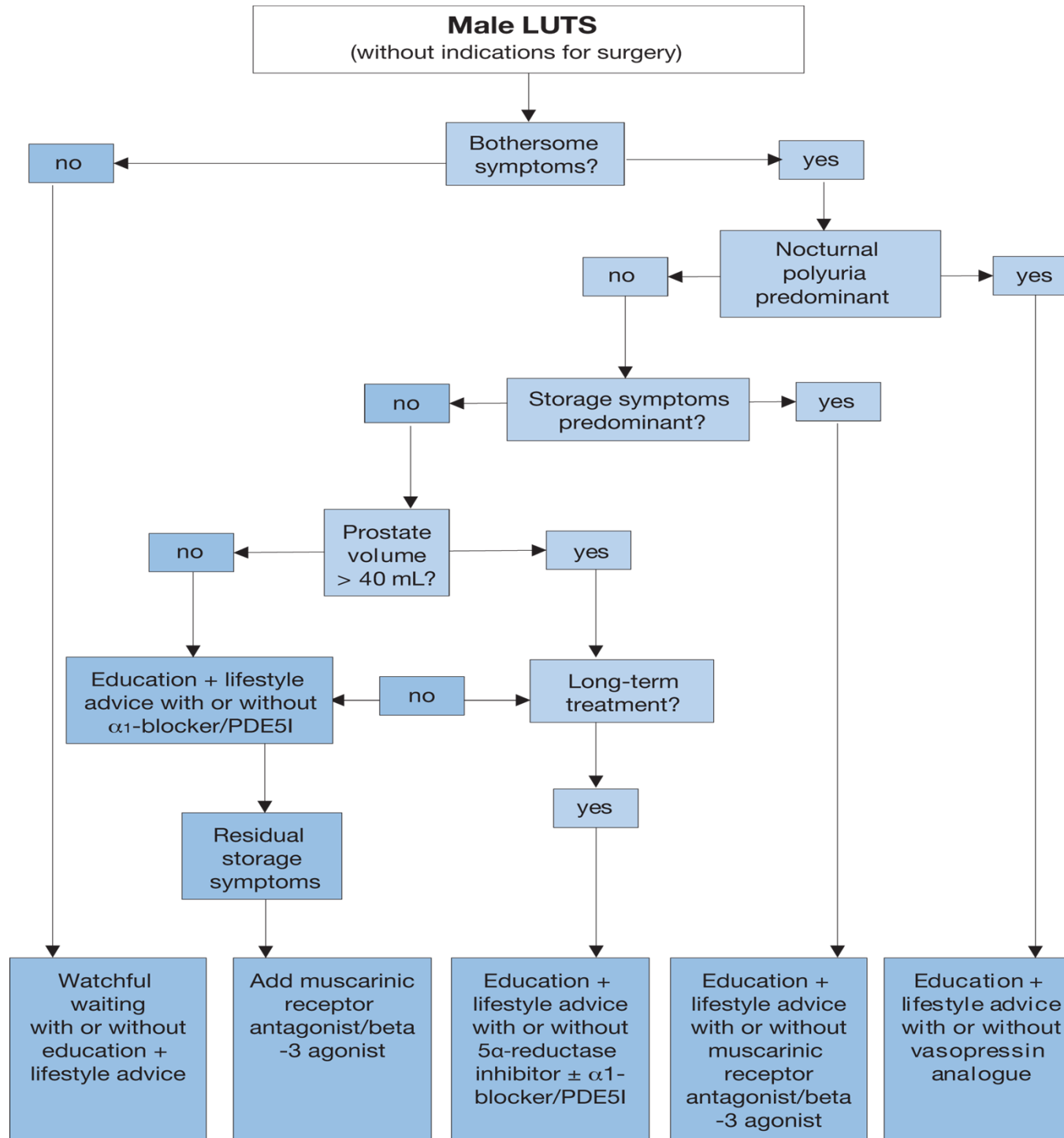
BPH Medikal Tedavisinde ve Androlojik Cerrahide Güncelleme

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Üroloji Anabilim Dalı
Androloji Bilim Dalı

Sunu Akışı

- BPH Medikal Tedavi
- Androloji Cerrahi
 - İnfertilite cerrahi tedavi
 - Varikosektomi
 - ED Cerrahi tedavi
 - Penil protez implantasyonu
 - Peyronie cerrahi tedavi

BPH Medikal Tedavi



Objective impacts of tadalafil on storage and voiding function in male patients with benign prostatic hyperplasia: 1-year outcomes from a prospective urodynamic study.

Matsukawa Y¹, Takai S², Majima T², Funahashi Y², Sassa N², Kato M², Yamamoto T², Gotoh M².

- n=94 hasta
 - 12 ay süre ile tadalafil 5mg/gün
- Tedavi öncesi
 - IPSS 19±5.9
 - Qmax 7.2±3.5 ml/sn
 - PMR 70
 - PV>25ml
- Tedavi sonrası 12. ay
 - IPSS ortalama 7 puan düzelme
 - Qmax
 - Ortalama 2.9 artış
 - BOOI ortalama 42.9

	Baseline Mean ± SD	Month 3 Mean ± SD	Difference in mean change from baseline	p value	Month 12 Mean ± SD	Difference in mean change from baseline	p value
IPSS	19.0±5.9	13.6±6.4	- 5.4	< 0.001	12.1±5.7*	- 6.9	< 0.001
IPSS-voiding	11.2±4.4	8.1±4.6	- 3.1	< 0.001	7.0±4.1*	- 4.2	< 0.001
IPSS-storage	7.8±2.9	5.5±2.8	- 2.3	< 0.001	5.1±2.5	- 2.3	< 0.001
IPSS-QOL	4.9±0.9	3.3±1.4	- 1.6	< 0.001	3.0±1.2	- 1.9	< 0.001

Table 3 Changes in urodynamic parameters

	Baseline Mean ± SD	Month 3 Mean ± SD	Difference in mean change from baseline	p value	Month 12 Mean ± SD	Difference in mean change from baseline	p value
FDV (mL)	134±60	152±58	+ 18	0.04	159±57	+ 25	0.004
MCC (mL)	245±98	264±90	+ 19	0.16	277±92	+ 32	0.02
Q _{max} (mL/s)	7.2±3.5	9.2±3.8	+ 2.0	< 0.001	10.1±4.0*	+ 2.9	< 0.001
PdetQ _{max} (cmH ₂ O)	73.9±28.5	64.1±24.5	- 9.7	0.01	63.0±19.3	- 10.9	0.002
PVR (mL)	70±70	50±47	- 20	0.02	43±45	- 27	0.002
BOOI	59.5±30.9	45.7±28.2	- 13.8	0.001	42.9±23.3	- 16.6	< 0.001
DO	49/94 (52.1%)	34/94 (36.2%)	Improvement rate 30.6%	0.02	27/94 (28.7%)	Improvement rate 44.9%	0.001

FDV first desire to void, MCC maximum cystometric capacity, Q_{max} maximum flow rate, PdetQ_{max} detrusor pressure at Q_{max}, PVR post-void residual urine, BOOI bladder outlet obstruction index, DO detrusor overactivity

Alfa bloker + PDE-5i

- 5 RCT, meta-analiz
- Tadalafil, vardenafil, sildenafil
- PDE-5 alfa blokere eklendiğinde
 - Q max +1.5 ml/s
 - IPSS -1.8
 - IIEF +3.6
- Hasta grupları küçük, uzun dönem sonuçları yok.
- Sadece günlük tadalafil 5 mg BPH için lisanslı
- Tamsulosin, tadalafil ile kombinasyon için FDA onayı olan tek alfa-bloker

Effects of Tadalafil Once Daily on Maximum Urinary Flow Rate in Men with Lower Urinary Tract Symptoms Suggestive of Benign Prostatic Hyperplasia

Claus G. Roehrborn,^{*,†} Christopher Chapple, Matthias Oelke, David Cox,[†] Anne Esler[‡] and Lars Viktrup[†]

- n: 1197 hasta
- Yaş 13.1
- n: 612 tadalafil 5mg
- n:515 placebo

Table 2. Overall Q_{max} results

	Mean \pm SD ml/sec Q_{max} /Median (IQR)	
	Placebo	Tadalafil
No. pts	585	612
Baseline	10.7 (4.4)/10.0 (7.9, 12.8)	10.5 (3.7)/10.3 (8.0, 12.6)
End point	11.9 (5.1)/10.9 (8.5, 14.2)	12.3 (5.0)/11.7 (9.0, 15.0)
Change	1.2 (4.8)/ 0.4 (-1.4, 3.1)	1.8 (4.6)/ 1.1 (-0.7, 4.0)
p Value*		0.003

* ANCOVA LS mean change from baseline.

Summary of evidence	LE
Phosphodiesterase 5 inhibitors improve IPSS and IIEF score, but not Q_{max} .	1a
A three point or greater total IPSS improvement was observed in 59.8% of tadalafil treated men within one week and in 79.3% within four weeks.	1b
An integrated analysis revealed a small but statistically significant median maximum urinary flow rate improvement for tadalafil vs. placebo.	1b

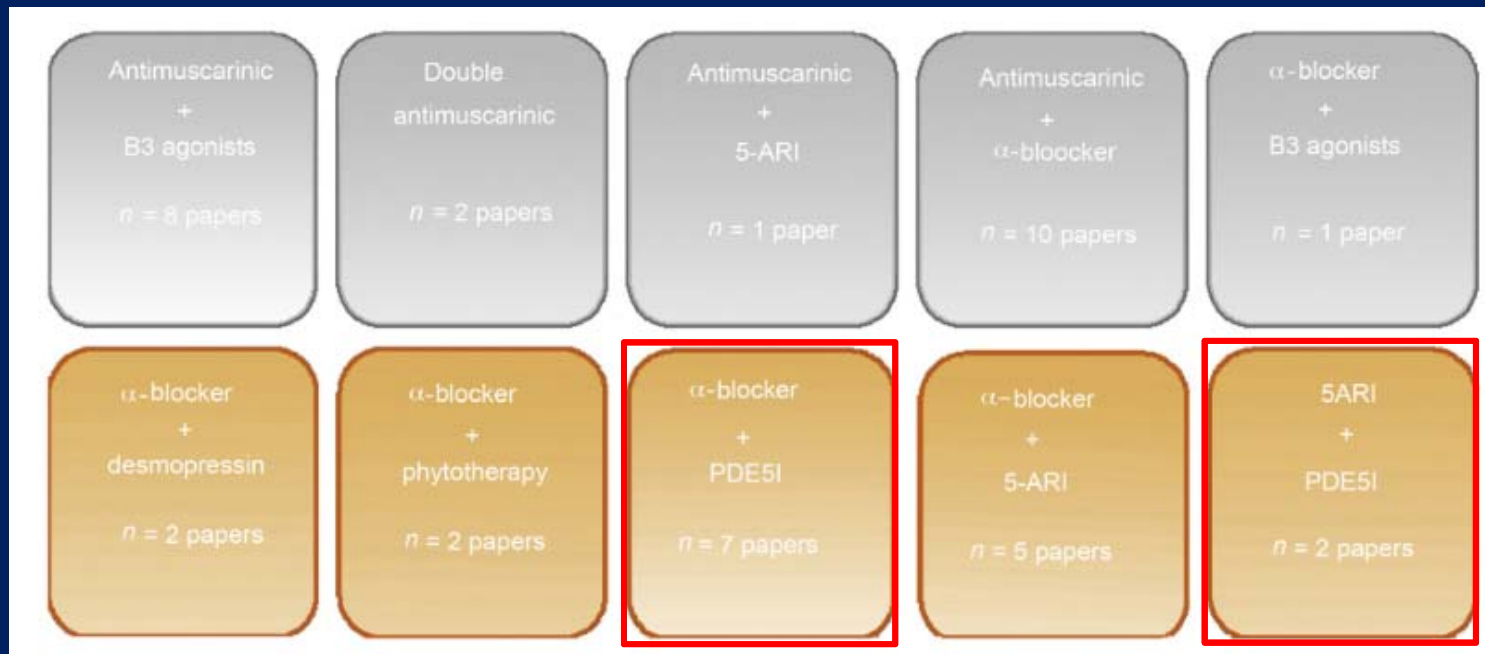
Recommendation	Strength rating
Use phosphodiesterase type 5 inhibitors in men with moderate-to-severe LUTS with or without erectile dysfunction.	Strong

EAU guidelines 2018

J Urol. 2014 Apr;191(4):1045-50

Systematic Review of Combination Drug Therapy for Non-neurogenic Lower Urinary Tract Symptoms

- Toplam 58 yayın incelenmiş
- En sık kombinasyon α -bloker + 5-ARI ile ilgili
 - Orta şiddetli semptomu olanlarda özellikle önerilmekte



	Drug 1	Drug 2	Drug 3	Drug 4	Drug 5	Placebo	Combination 1
Regadas et al (2013) [56]	Tamsulosin 0.4 mg/placebo PdetQmax:-1.22, Qmax: 1.22, IPSS:-6	NA	NA	NA	NA	NA	Tamsulosin 0.4 mg + tadalafil 5 mg/d PdetQmax:-13, Qmax: 1.05, IPSS:-9.75 Significant for PdetQmax and IPSS, vs tamsulosin + placebo
Gacci et al (2012) [59]	Tamsulosin 0.4 mg/d + placebo IPSS:-3.7, OAB-q SF:-2.8, IIEF-5: 0.1	NA	NA	NA	NA	NA	Tamsulosin 0.4 mg/d + vardenafil 10 mg/d IPSS:-5.8, OAB-q SF:-4.5, IIEF-5: 2.6 Significant vs placebo
Kumar et al (2014) [57]	Alfuzosin 10 mg/d IPSS:-9.5, Qmax: 2.9, PVR:-22.8, EDS: 2.3	Tadalafil 10 mg/d IPSS:-6.3, Qmax: 1.6, PVR:-13.8, EDS: 3.3	NA	NA	NA	NA	Alfuzosin 10 mg/d + tadalafil 10 mg/d IPSS:-12.2, Qmax: 4.1, PVR:-56.2, EDS: 4.3 Significant vs baseline and vs monotherapy
Singh et al (2014) [58]	Tamsulosin 0.4 mg/d IPSS:-10.67, IPSS QoL:-4.11, Qmax: 3.11, PVR: 48.18, IIEF-5: 3.96	Tadalafil 10 mg/d IPSS:-6.83, IPSS QoL index:-4.04, Qmax: 2.63, PVR: 48.92, IIEF-5: 5.5	NA	NA	NA	NA	Tamsulosin 0.4 mg/d + tadalafil 10 mg/d IPSS:-6.39, IPSS QoL index:-4.5, Qmax: 3.66, PVR: 79.54, IIEF-5: 6.39 Not significant vs monotherapy alone
Sharifi et al (2014) [54]	Tamsulosin 0.4 mg/d + placebo TWOC at 24 h: 72.5%; 7 d: 62.7%; 3 mo: 47%	NA	NA	NA	NA	NA	Tamsulosin 0.4 mg/d + sildenafil 50 mg/d TWOC at 24 h: 82%; 7 d: 70%; 3 mo: 52% Significant vs monotherapy at 24 h
Casabé et al (2014) [60]	Finasteride 5 mg/d + placebo IPSS:-4.5, IIEF-5: 0	NA	NA	NA	NA	NA	Tadalafil 5 mg/d + finasteride 5 mg/d IPSS:-5.5, IIEF-5: 4.7 Significant vs monotherapy
Roehrborn et al (2015) [61]	Finasteride 5 mg/d + placebo TSS-BPH: 2.0 ± 0.63	NA	NA	NA	NA	NA	Tadalafil 5 mg/d + finasteride 5 mg/d TSS-BPH: 2.1 ± 0.66 Significant vs monotherapy

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Varikoselektomi Etkileri

- Sperm konsantrasyonu, motiliteyi ve morfolojiyi artırmakta
- Sperm DNA fragmantasyon oranını azaltmakta
 - Klinik etkisi?
- Fertilite oranını artırmakta
 - Preop TMSS<5milyon olanların %58.8'inde postop dönemde spontan gebelik ve ya IUI ile gebelik olmakta
 - Preop TMSS 5-9milyon olanların %65'i nde spontan gebelik

Varikosel Tedavi

Tedavi	Nüks (%)
Antegrade sclerotherapy	9
Retrograde sclerotherapy	9.8
Retrograde embolisation	3.8-10
Inguinal approach	13.3
High ligation	29
Microsurgical inguinal or subinguinal	0.8-4
Laparoscopy	3-7

A Novel Approach of Microscopic Subinguinal Varicocelelectomy With a “Pulling” Strategy



Kerong Wu, Guang Yan, Weiqi Yin, Xueqin Chen, Guoyao Wang, and Yue Cheng

- N:52
 - n:26 konvansiyonel mikroskopik subinguinal
 - n:26 yeni yaklaşım
- Nihai cerrahi alan ile orijinal noktaya olan mesafe: 1.8 ± 0.2 cm
- Bağlanan internal spermatic ven sayısında ve operasyon süresinde anlamlı azalma
- Sperm parametreleri ve komplikasyon açısından anlamlı fark yok

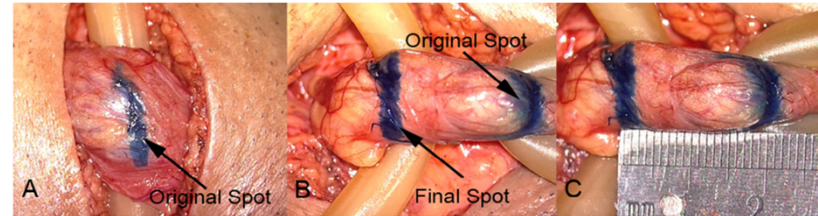


Figure 1. (A) Exposure of the spermatic cord and making a mark with methylene blue in the location of the spermatic cord (original spot). (B) Dissociating the spermatic cord from the external ring, pulling the spermatic cord down and away, and making a mark with methylene blue in the location of the spermatic cord (final spot). (C) Measuring the distance pulled.

Table 1. Operation data and postoperative complications in the 2 groups

	N-MSV	C-MSV	P Value
Operative time (min)	73.2 ± 8.9	79.5 ± 10.7	.014
Microsurgical operative time (min)	34.7 ± 6.5	45.7 ± 8.8	<.001
Number of internal veins	6.9 ± 2.1	9.8 ± 2.2	<.001
Number of testicular arteries	1.3 ± 0.5	1.5 ± 0.6	.095
Number of lymphatic ducts	2.3 ± 1.0	2.4 ± 1.0	.663
Complications			
Hydrocele	1 of 26	1 of 26	1
Scrotal edema	14 of 26	12 of 26	.072
Wound infection	0	0	
Orchitis or epididymitis	0	0	
Testicular atrophy	0	0	
Recurrence	0	0	

C-MSV, conventional microscopic subinguinal varicocelelectomy; N-MSV, novel approach of microscopic subinguinal varicocelelectomy.

Table 3. Comparison of semen parameter increment between the 2 groups

	N-MSV	C-MSV	P
Sperm concentration (million/mL)	12.34 ± 34.64	11.39 ± 53.81	.940
Semen volume (mL)	-0.04 ± 0.76	0.07 ± 1.13	.700
Total sperm count (million)	53.46 ± 142.29	9.78 ± 183.76	.342
PR (%)	8.04 ± 11.50	10.75 ± 10.47	.379
PR + NP (%)	7.84 ± 13.15	11.99 ± 14.18	.279

Abbreviations as in Tables 1 and 2.



A retrospective review of single-institution outcomes with robotic-assisted microsurgical varicocelectomy

Andrew McCullough¹, Leon Elebyjian², Joseph Ellen³, Clay Mechlin⁴

N:140, 258 varikoselektomi, 2012-2015
Ort. yaş: 36.4, ort. infertilite süresi:2.8 yıl

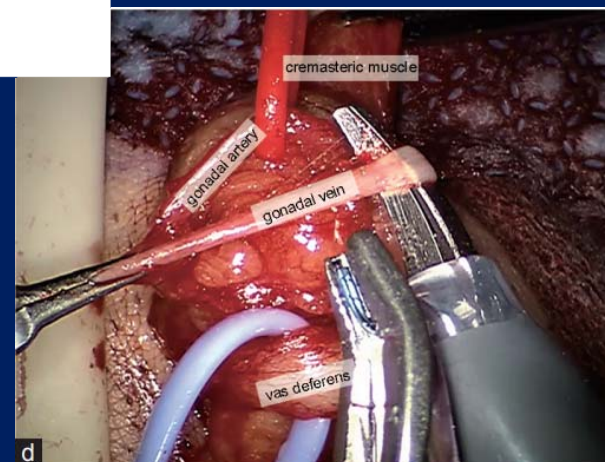


Table 2: Comparison of pre- and post-operative hormone profile, semen analysis, and ultrasound parameters at 3 months in 140 infertile men with varicoceles

Variables	Preoperative value (median)	95% CI	Postoperative value (median)	95% CI	P
Hormone panel					
Testosterone (ng dl ⁻¹)	327	328–378	472	434–521	<0.0001
Free testosterone (pg ml ⁻¹)	9.0	9.2–10.8	13.0	12.9–15.6	<0.0001
Estradiol (pg ml ⁻¹)	22.6	20.7–26.0	22.0	18.5–29.3	<0.64
LH (mIU ml ⁻¹)	4.8	4.7–5.7	5.6	5.7–7.4	<0.04
FSH (mIU ml ⁻¹)	6.0	6.7–8.8	8.4	8.8–11.8	<0.17
SHBG (mmole l ⁻¹)	23.8	23.5–28.6	23.4	21.9–27.5	<0.86
Testis Doppler					
Right testicle volume (ml)	19.1	17.2–19.5	21.5	20.1–23.1	<0.0006
Left testicle volume (ml)	17.9	16.5–18.5	21.9	20.4–23.2	<0.0001
Right testis PSV (m s ⁻¹)	0.06	0.05–0.08	0.0	0.02–0.05	<0.04
Left testis PSV (m s ⁻¹)	0.11	0.12–0.18	0.0	0.02–0.06	<0.0002
Semen analysis					
Semen volume (ml)	3.0	2.5–3.1	2.8	2.3–2.9	<0.32
Semen concentration (×10 ⁶ ml ⁻¹)	7.5	12.5–21.2	10.5	15.8–47.3	<0.03
Sperm motility (%)	30.0	26.7–35.5	23.1	24.4–36.6	<0.89
Sperm morphology, standard of WHO (%)	12.0	14.1–20.7	15	14.1–24.5	<0.52
Sperm morphology, standard of Krueger	1.0	1.0–1.9	0	0.6–1.7	<0.35

CI: confidence interval; FSH: follicle-stimulating hormone; LH: luteinizing hormone; PSV: peak systolic velocity; SHBG: sex hormone binding globulin; Krueger: Krueger strict morphology; WHO: World Health Organization

	RAMV (our series)
Clinical outcomes	
Increase in mean testosterone (ng dl ⁻¹)	127
Increase in mean sperm concentration (×10 ⁶ ml ⁻¹)	14.8
Increase in mean adult left testis volume in adults (ml)	4.3
Patients requiring pain medicines (%)	37.3
Complications (%)	
Injury to testicular artery	0
Hydrocele	0.8
Failure/persistence	9.7
Hematoma	2.7

A retrospective review of single-institution outcomes with robotic-assisted microsurgical varicocelectomy

Andrew McCullough¹, Leon Elebyjian², Joseph Ellen³, Clay Mechlin⁴

N:140, 258 varikoselektomi, 2012-2015
Ort. yaş: 36.4, ort. infertilite süresi:2.8 yıl



RAMV, varikozel onarımı için güvenli ve etkili bir alternatiftir.
Sonuçlar geleneksel mikroskopik tedavi ile benzer!

Table 2: Comparison with varicoceles

Variables						
Hormone panel						
Testosterone (ng dl ⁻¹)						
Free testosterone (pg)						
Estradiol (pg ml ⁻¹)						
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FSH (mIU ml ⁻¹)						
SHBG (mmole l ⁻¹)	23.8	23.5-28.6	23.4	21.9-27.5	<0.86	
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Semen volume (ml)	3.0	2.5-3.1	2.8	2.3-2.9	<0.32	
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Sunu Akışı

- İnfertilite cerrahi tedavi
 - Varikoselektomi

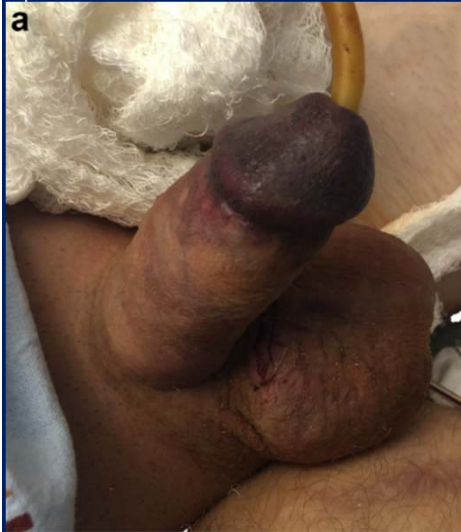
- ED Cerrahi tedavi
 - Penil protez implantasyonu

- Peyronie cerrahi tedavi

Acute Post-Inflatable Penile Prosthesis Glans Ischemia: Review of Incidence, Pathophysiology, and Management Recommendations

- DM ve kardiyovasküler hastalığı olanlarda protez sonrası glans iskemi riski daha yüksek
 - Sigara içiciliği
 - Hiperlipidemi
 - Hipertansiyon
 - Geçirilmiş penil protez operasyonu
 - Pelvik radyoterapi

- Tedavi Yönetimi
- Glans iskemi şüphesi varsa **PROTEZİ ÇIKAR!!!**



Erken postop



Eksplantasyon sonrası Erken Dönem



Eksplantasyon sonrası 21. gün



Multicenter Investigation of the Micro-Organisms Involved in Penile Prosthesis Infection: An Analysis of the Efficacy of the AUA and EAU Guidelines for Penile Prosthesis Prophylaxis

N:227, salvage/explantasyon, 2002-2016

İmplantasyon, enfeksiyon ve eksplantasyon veya kurtarma cerrahisi sırasında kültür/antibiyotik kullanımı kaydedildi

Table 1. Overall culture summary

Cultured organisms	Cultures, n	Cultures, %
Positive cultures	153/227	67
Gram-positive bacteria	111/153	73
Gram-negative bacteria	60/153	39
Fungi	17/153	11.1
Anaerobic bacteria	16/153	10.5
Multiple organisms	38/153	25
Negative cultures	74/227	33

Mevcut AUA ve EAU antibiyotik kılavuzları, bu çalışmada tanımlanan mikroorganizmaların en az %14-38'ini kapsamamaktadır.

Table 5. Organisms covered by current AUA and EAU guidelines*

Recommended antibiotic combinations	Gram-positive efficacy	Gram-negative efficacy	Fungal efficacy	Anaerobe efficacy	All organisms covered
AUA					
Aminoglycoside and first-generation cephalosporin	67% (74/111)	100% (60/60)	None	None	66% (134/204)
Aminoglycoside and second-generation cephalosporin	67% (74/111)	100% (60/60)	None	44% (7/16)	69% (141/204)
Aztreonam and first-generation cephalosporin	67% (74/111)	100% (60/60)	None	None	66% (134/204)
Aztreonam and second-generation cephalosporin	67% (74/111)	100% (60/60)	None	44% (7/16)	69% (141/204)
Aminoglycoside and vancomycin	100% (111/111)	100% (60/60)	None	25% (4/16)	86% (175/204)
Aztreonam and vancomycin	100% (111/111)	100% (60/60)	None	25% (4/16)	86% (175/204)
Alternative agents					
Ampicillin and sulbactam	77% (86/111)	73% (44/60)	None	100% (16/16)	72% (146/204)
Ticarcillin and clavulanate	67% (74/111)	100% (60/60)	None	44% (7/16)	69% (141/204)
Piperacillin and tazobactam	87% (97/111)	100% (60/60)	None	100% (16/16)	85% (173/204)
EAU					
Second-generation cephalosporin or	67% (74/111)	75% (45/60)	None	44% (7/16)	62% (126/204)
Third-generation cephalosporin or	67% (74/111)	85% (51/60)	None	25% (4/16)	63% (129/204)
Penicillin (penicillinase stable)	77% (86/111)	73% (44/60)	None	100% (16/16)	72% (146/204)

AUA = American Urological Association; EAU = European Association of Urology.

*Antimicrobial coverage tables adapted from Gilbert et al.⁹

- Protez proflaktik antibiyoterapi
 - Primer penil protezde aminoglikozit (gentamisin) + vankomisin
 - Sekonder ve ya protez çıkarılması planlanan hastalarda ilave flukanozol iv
 - Protez gentamisin + rifampisin + amfoterisin B ile hazırlanan antibiyotik havuzunda bekletilir
- İTF Androloji Bilim Dalı
 - Primer hasta
 - İntravenöz vankomisin + seftriakson
 - Protez gentamisin + rifampisinli antibiyotik havuzunda bekletilir
 - Sekonder ya da yüksek riskli vaka
 - İntravenöz seftriakson + vankomisin + flukanozol
 - Protez gentamisin + rifampisinli antibiyotik havuzunda bekletilir

Modified Inflatable Penile Prosthesis Reservoir Placement Into Space of Retzius: Comparing Outcomes in Men With or Without Prior Pelvic Surgery

Edward M. Capoccia, MD, Jessica N. Phelps, and Laurence A. Levine, MD

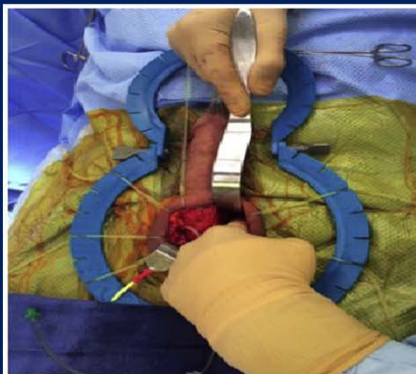
Modified Jorgenson scissors technique
N:246, 174 virgin pelvis, 72 pelvik cerrahi (+)

Komplikasyon açısından anlamlı fark yok
Virgin, 5 inguinal herni, 1 otoinflasyon
Pelvik cerrahi(+), 2 inguinal herni

Table 1. Subject characteristics

Subject information	Virgin pelvis surgery	Prior pelvic surgery
Age at surgery (y), median (range)	61 (23–82)	62 (39–80)
Follow-up (mo), median (range)	27 (1–60)	30.5 (1–60)
Intraoperative complications, n	0	0
Reservoir-related complications, n (%)	6 (3.4)	2 (2.8)
Reservoir location, n		
SOR	169	61
Ectopic	2	14

SOR = space of Retzius.



Place finger into external ring and identify superior aspect of pubis



Place tips of Jorgenson scissors just superior to pubis using index finger as a guide



Scissors elevated to allow controlled perforation of transversalis fascia

Figure 1. Modified Jorgenson scissors technique for reservoir placement.





Outcomes of inflatable penile prosthesis insertion in 247 patients completing female to male gender reassignment surgery

Marco Falcone*[†], Giulio Garaffa*, Arianna Gillo[‡], Dino Dente*, Andrew N. Christopher* and David J. Ralph*

*Institute of Urology, University College London Hospitals, London, UK, [†]Urology Department, Città della Salute e della Scienza, Torino, and [‡]Urology Department, Parini Hospital, Aosta, Italy

- N:247
 - 157 free flap radial arter ,
 - 90 infra-umbilikal pubik flap
- 2 aşamalı PPI
- Extraperitoenal rezervuar yerleşimi / glans sculpture /testis protezi
- Silindir ve pompa yerleşimi
- Takip:20 ay
- Memnuniyet: %88 ,
 - PP kullanma oranı:%77,
 - Partner memnuniyet: %60
- 5 yıl mekanik sağkalım: %78
 - Cihazlar arasında fark yok
- Enfeksiyon: %8.5, Revizyon oranı: %43

Type of complication	Patients, n (%)	Management
Infection of the device	21 (8.5)	Removal +delayed reimplantation
Mechanical failure	38 (15.4)	Replacement of the damaged component*
Patient dissatisfaction	48 (19.4)	Repositioning of the cylinder(s) or insertion of a second cylinder
Total	107 (43.3)	

*Revision surgery included exchange of the affected component only if the device was < 3 years old, otherwise all components were exchanged.

ORIGINAL RESEARCH

First Outcomes of the ZSI 475 FtM, a Specific Prosthesis Designed for Phalloplasty

- Haziran 2016 – Eylül 2017
- n=20 hasta
 - ZSI 475 FtM protez uygulanmış
 - n=11 hasta sekonder (ilk protez AMS Ambicor)
- n=4 hastada protez çıkarılması
 - Enfeksiyon n=1
 - Mekanik problem= 2
 - Dislokasyon n=1
- Memnuniyet oranı %92.8



Table 3. Questionnaire outcomes

Active sexual relation, n (%)	12 (85.7)
IIEF-5, mean (SD)	20.2 (7.9)
SEAR, mean (SD)	84.5 (9.9)
Sexual relationship	78.8 (21.3)
Confidence	93.3 (5.5)
Self-esteem	91.0 (6.5)
Overall relationship	97.5 (6.2)
EDITS, mean (SD)	82 (17.5)

EDITS = Erectile Dysfunction Inventory of Treatment Satisfaction; IIEF = International Index of Erectile Function; SD = standard deviation; SEAR = Self-Esteem and Relationship.

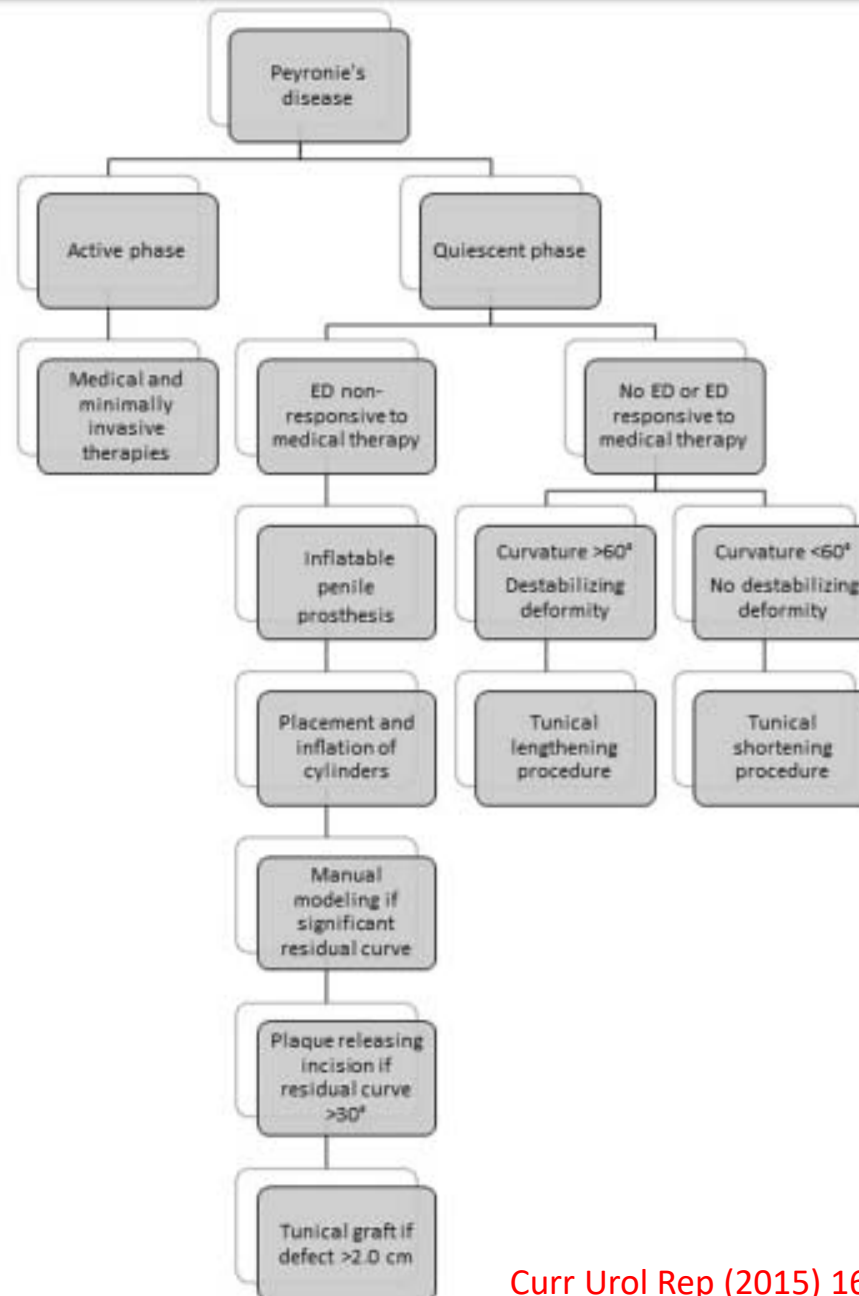


Sunu Akışı

- İnfertilite cerrahi tedavi
 - Varikoselektomi
 - Epididimovasostomi
 - Vasovasostomi
 - TUR-ED
 - Mikro-TESE
- ED Cerrahi tedavi
 - Penil protez implantasyonu
 - Peyronie cerrahi tedavi
 - Priapizm
 - Penil protez implantasyonu

Peyroni Hastalığında Algoritma

Fig. 1 Algorithm for the management of Peyronie's disease



The Multiple-Slit Technique (MUST) for Penile Length and Girth Restoration

- n=138 hasta
 - Penis kısalığı, eğrilik ve şiddetli ED olan hastalara uygulanabilir
- Tunical insizyon açık kalmakta sadece Buck fasyası dartos ve cilt kapatılmakta
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