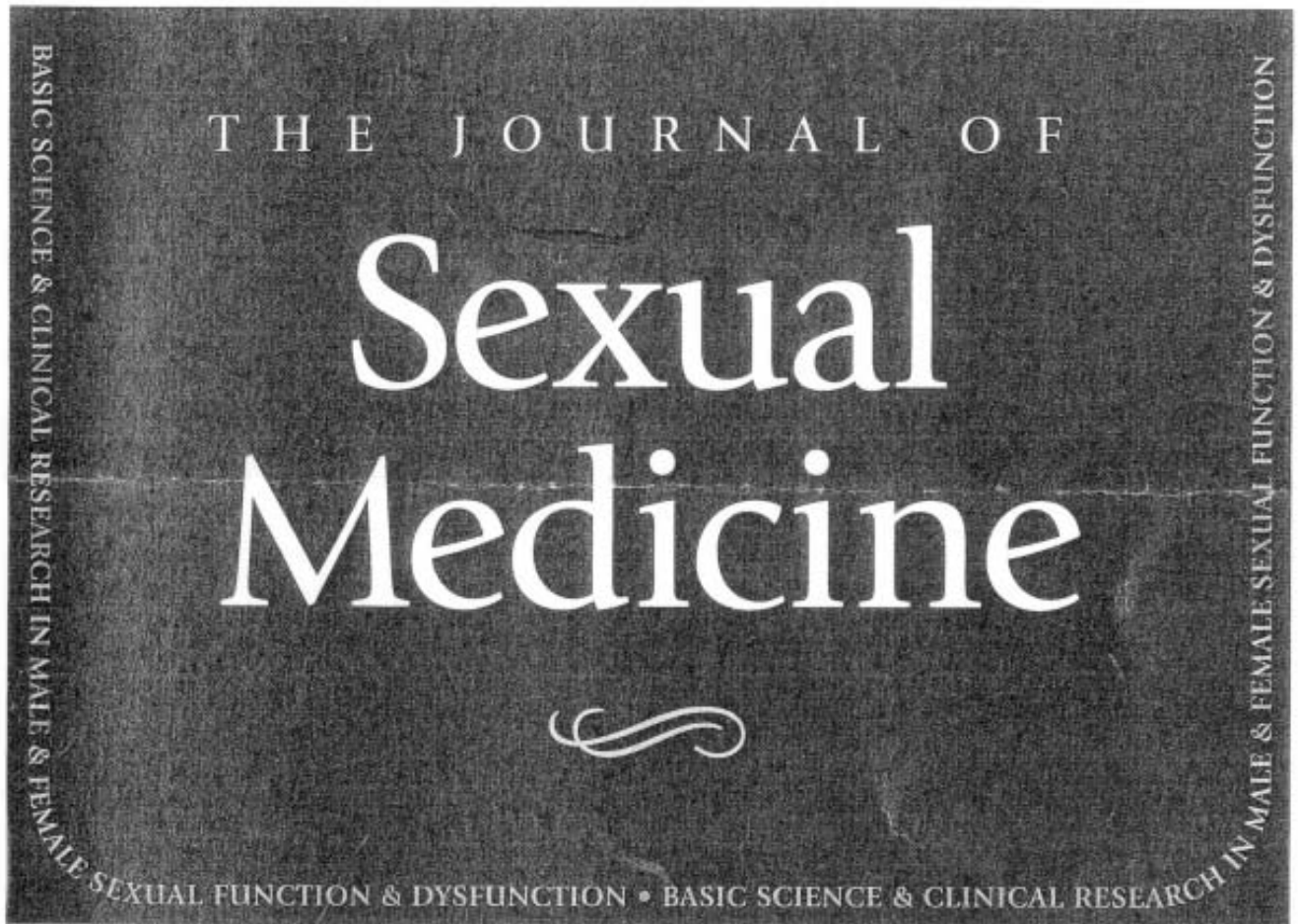


BOOK OF ABSTRACTS
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ret. The objective of our study was to evaluate the feasibility of the application of the laparoscopic technique in The Clinical Municipal Hospital in Cluj following the anastomotic operative time, blood loss, learning curve, urinary continence and the progression of erectile function after the laparoscopic operation.

Methods: We included in this study our first 20 patients who underwent laparoscopic radical prostatectomy in our clinic since September 2004. 7 of the cases were pT1bN0M0, 10 patients cT1cN0M0, 4 patients cT1cN0M0 and 4 patients with cT2bN0M0 with Gleason score from 7 + 7 to 4 + 5. We evaluated the radicality of the procedure following PSA and pathology data. The morbidity of the procedure was evaluated by blood loss, intraoperative complications, and postoperative analgesic scale. We included the patients in a series and the PSA was measured and IIEF and quality of life were evaluated at every month during the first year postoperatively.

Results: The operative time decreased from 11 hours to the average of 3 hours and 10 minutes with a median value of 323 minutes. The excision time decreased significantly while the reconstruction time remained almost the same (136 minutes). The intraoperative blood loss ranged between 150 ml and 1200 ml with a median value 130 ml. In one patient the conversion to the classic open approach was done because of uncontrollable bleeding from the venous complex. No other major intraoperative incidents were encountered, small bleedings from the vesicle and parietal vessels. 3 out of 20 patients (15%) are incontinence-free and 15 out of 20 (80%) encountered spontaneous erection until the present date. 3 patients with erectile dysfunction required favorable to 5PDE inhibitors. In our first patient at 6 months PSA increased at 7 ng/ml. Positive margins were found in 4 patients of 20 (20%).

Conclusion: The technique can be implemented with good results if the team has already experience in the laparoscopic procedures. The damage of the sexual life after radical prostatectomy is more complex than implementing a nerve sparing method. The treatment of the sexual deficits after a correct surgical procedure still requires a multidisciplinary team.

Policy of Full Disclosure: No financial interest whatsoever was or will be granted on this paper.

P-04-230

Prospective study on the effects of a penile stretching system (Phallosan) for penile augmentation in patients with normal sized penises

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Objective: Up to now no published controlled trials on the efficiency of penile stretching systems for penile augmentation have been published in peer-reviewed journals. Numerous stretching systems are available in the internet. In view of the dubious results of surgery for penile augmentation, a new stretching device, developed in Germany, was tested in an prospective study at our institution.

Methods: The Phallosan Stretchsystem consist of a modified condom-urinal which is out under tension in a belt system, worn for at least 5 hours per day. Prospectively 36 male volunteers with normal-sized penises, interested in penile augmentation were included in a protocol. 24 pts. were evaluable for success after 3 and 6 months. Before, during and after 6 months daily application of the device, patients answered a questionnaire with 20 questions concerning penile length, erection and sexual satisfaction. Penile length and diameter was measured and documented in the flaccid and "stretched" state.

Results: Penile length significantly changed in flaccid and stretched state, more pronounced under stretched conditions (plus 1,8 cm). 15 men reported an improved quality of erection, 13 men improved rigidity. 80 % were subjectively content with the results and prolonged the continuous use of the device outside the study. There was a significant correlation between length gain and duration of daily use.

Conclusion: Continuous use of a stretching device can produce penile length augmentation after 6 months. Measurements under "stretched" conditions coincide with subjective results. Further trials in patients with penile deformities (Peyronie's disease) should be accomplished.

P-05 Pharmacology / Pharmacotherapy

P-05-231

Sexual adverse reactions of drugs used for psychiatric disorders—analysis of individual case safety reports in the Swedish and who adverse drug reaction databases
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Objective: Depression and psychosis may be associated with sexual dysfunction. Drugs used for the treatment of these conditions have sexual adverse reactions. We studied the type and frequency of individual case safety reports (ICSR) of sexual dysfunction with evidence antidepressants and antipsychotics.

Methods: The Swedish database for adverse drug reactions (SWEDIS) and the World Health Organization (WHO) adverse drug reaction database were analyzed for ICSR associated with the use of modern antidepressants (citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, venlafaxine and mirtazapine) and antipsychotics (risperidone, olanzapine, clozapine, quetiapine, ziprasidone, aripiprazole, haloperidol and haloperidol). Attention was given to all sexually related symptoms reported in the two databases.

Results: In SWEDIS, sexually adverse reactions represented 2.1% (84/4097) of all reported reactions for the antidepressants. Libido disturbances (4/18) were the most frequent reported adverse reaction followed by ejaculation disorders (22/84) and erectile dysfunction (14/84). For antipsychotics, sexual adverse reactions represented 1.2% (18/1150) out of all reported reactions. In this category, ejaculation disorders (6/18), erectile dysfunction (6/18), and priapism (3/18) were the reported reactions. In the WHO database antidepressant drugs were mainly associated with libido disturbances (231/4096) followed by ejaculation disorders (136/4096) and erectile dysfunction (111/4096). The antipsychotics, priapism (486/1302) was the most frequent reported reaction followed by ejaculation disorders (313/1302) and erectile dysfunction (296/1302).

Conclusion: The use of antidepressants and antipsychotics are associated with a spectrum of sexually related reactions. Compiling data from ICSR, antidepressant and antipsychotic drugs have similar sexual adverse reactions when compared within their own class of drugs.

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P-05-232

Methylene blue in the treatment of intraoperative penile erection during endoscopic surgery

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Objective: Penile tumescence resulting in partial or total erection at the time of cystoscopy or transurethral surgery under anesthesia is a relatively frequent phenomenon. Performing the procedure during penile erection may lead to complications and surgery has to be delayed or postponed. Methylene blue (MB) has been shown to be an effective agent to treat pharmacologic induced priapism. Aim of the study was to test the efficacy and safety of MB to treat intraoperative penile erection during cystoscopy.

Methods: From Jan 2004 to August 2005 20 male patients (22–65) presented with an intraoperative penile erection. Any rigidity or tumescence interfering with the planned procedure were seen as trouble. MB (50mg) was injected intravenously (i.v.) and left for 1 min. MB was then repeated and the penis compressed for additional 1 min.

Results: All men were treated successfully by the administration of MB. Demarcosence was achieved quick and with no irritation in the urethral procedure. The primary side effect was a transient blue dis-