

# ARCH ITAL UROL ANDROL

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# Sexual dysfunctions after transurethral resection of the prostate (TURP): Evidence from a retrospective study on 264 patients

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**Summary** Objectives: Benign prostatic hyperplasia (BPH) and sexual dysfunctions are diseases with a high prevalence in aged men. Several studies have found a link between BPH and LUTS resulting from deterioration in sexual function in men aged 50 years and older for whom TURP is considered the gold standard. The impact of TURP on sexual functions still remain uncertain, nor is it clear what pathophysiological mechanism underlying the emergence of new episodes of Erectile Dysfunction (ED) following TURP in patients with normal sexual function before surgery, while retrograde ejaculation and ejaculate volume reduction represent a clear side effect; derived from BPH treatment. The aim of this study was to retrospectively evaluate the effects of transurethral resection of the prostate (TURP) on sexual function in patients operated in the period 2008-2012 at the Department of Urology of the University Hospital P. Giaccone, and at Villa Sofia-Cervello Hospital-Palermo. Secondary objective was to reconnect the sample data to interventional practice and international standards. Materials and methods: The retrospective longitudinal study was conducted on 264 of the 287 recruitable patients, aged between 50 and 85 years, suffering from BPH who underwent to TURP in the period 2008-2012. Telephone interviews were conducted and the International Index of Erectile Function (IIEF) was administered to assess sexual function. Patients enrolled were asked to respond to the test by referring at first to their sexual status in the period before surgery and subsequently to the state of their sexual function after treatment so as to obtain, for each patient, a pre- and post-TURP questionnaire in order to get comparisons that correspond to reality and to avoid overestimation of the dysfunctional phenomenon.

Results: In the pre-TURP, the 94.32% of the sample reported being sexually active, with good erectile function in 41.3% of cases, ED mild/moderate in 51.5% and complete ED in 1, 5% of cases; good libido in 62.9% of cases, lack of libido in 31.4% of cases and absent in 5.7% of cases (the latter data corresponded to patients not sexually active); to be sexually satisfied in 29.5% of cases, slightly dissatisfied in 11, 7% of cases, moderately in 35.3% of cases, dissatisfied and very dissatisfied in 23.5% of cases (of which 17.8% sexually active and 5.7% non-active). In the post-TURP 89.4% of the sample

reported being sexually active, with good erectile function in 39.1% of cases, DE mild/moderate in 46.9% and complete DE in 4% of cases; good libido in 53.8% of cases, lack of libido in 33.7% of cases and absent in 13.5% of cases (including 1.9% of sexually active and 10.6% of non-active); to be sexually satisfied in 29.5% of cases, slightly dissatisfied in 9.5% of cases, moderately in 35.3% of cases, dissatisfied and very dissatisfied in 17.8% of cases (of which 14.8% sexually active and 10.6% inactive). Retrograde ejaculation was referred in 47.8% of those sexually active after TURP (42.8% if we consider the whole sample).

Conclusions: TURP had no negative impact on erectile function in contrast to ejaculatory function. Of the 109 patients with good erectile function in pre-TURP, 5.8% reported a worsening of erectile function after TURP. Among the 136 patients with ED moderate/mild pre-TURP 3.7% reported a worsening in the post-TURP, 16.2% reported an improvement, while 9.5% stopped any sexual activity. In 3.7% of the cases a complete ED was reported after TURP, while a decline of libido and sexual satisfaction was detected in all patients with worsening of sexual function. Retrograde ejaculation was observed in 48% of those sexually active after TURP. Particular attention has to be paid to the psychological aspects, both before surgery and in the postoperative period, which may become an important factor in the decline of sexual activity.

**KEY WORDS:** Benign prostatic hyperplasia (BPH); Erectile Dysfunction (ED); Transurethral resection of the prostate (TURP); International index of erectile function (IIEF); Low urinary tract symptoms (LUTS).

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## INTRODUCTION

Benign prostatic hyperplasia (BPH) and sexual dysfunctions are disorders that occur with high prevalence in aged men. Several studies have found a link between Low Urinary Tract Symptoms (LUTS) due to BPH and deterioration of sexual function in men over the age of 50 (1) and for which transurethral resection of the prostate (TURP) is considered the gold standard treat-

ment despite the new minimally invasive surgical options (2, 3). However, the impact of TURP on sexual function still remain uncertain and contradictory, with a number of patients who actually refers new episodes of ED following endoscopic resection (4). Nor is it clear what pathophysiological mechanism is underlying the emergence of new episodes of ED after TURP in patients with normal sexual function before surgery. Recent studies have shown that the treatment of LUTS by TURP lead to an overall improvement of sexual function in patients suffering from ED and ejaculatory discomfort existing before surgery, and that this proportion of patients is still higher than that of those who have any kind of sexual disorders as a result of TURP (5, 6). Similar considerations also apply to other aspects of sexual function, such as libido, ejaculatory orgasm and comfort, with the exception of retrograde ejaculation and ejaculate volume reduction which represent a clear side effect derived from BPH treatment. Several comparative studies that have linked sexual outcomes after TURP with those obtained with the use of new minimally invasive techniques have also shown similar results except for retrograde ejaculation (7). However, to date none of these new techniques in respect to TURP in the treatment of BPH (8). Therefore primary objective of this study was to understand if the sexual dysfunction's area, especially erectile dysfunction, should be considered severable from the long-term complications of endoscopic resection surgery as the more recent literature would seem to indicate. Secondary objective was to connect our data to surgery good practice and international standards.

## MATERIALS AND METHODS

At the Department of Urology of the University Hospital "P. Giaccone" and the "Villa Sofia-Cervello" Hospital of Palermo, according to the inclusion criteria listed in Table 1, was conducted a longitudinal retrospective study on a group of 287 recruitable patients who underwent to TURP after diagnosis of BPH from January 2008 to December 2012 (Table 1).

The patient list was obtained by consulting University Hospital's electronic archives and by verification of Villa Sofia-Cervello Hospital's records.

All patients were contacted by telephone and, after explaining the purpose of the study, they were interviewed after obtaining consent to participate in total anonymity about the sensitive data. Telephone interviews were conducted and the International Index of Erectile Function (IIEF) was administered to assess sexual function. Patients enrolled were asked to respond to the test by referring at first to their sexual status in the period

before surgery and subsequently to the state of their sexual function after treatment so as to obtain, for each patient, a pre- and a post-TURP questionnaire in order to get information about outcomes corresponding to reality and avoid over estimation of dysfunctional phenomenon. Speculation about libido, its eventual decay and overall satisfaction derived from sexual intercourse may also allow to have a complete picture of the psychological component of sexual health and to hypothesize the impact on the recovery of sexual function after surgery.

## RESULTS

Of the 287 patients recruitable, 23 were lost for various reasons (refusal to join the study, health status deteriorated, inability to understand the questions and/or not compliance to the test, patients not found by phone). Therefore, the sample was composed of 264 patients aged between 50 and 85 years. To overcome the bias "age" related to the time frame of the study (5 years), the average age of the sample was calculated to T0 (before-TURP) = 67.9 years and T1 (after-TURP) = 71.3 years. Of the 264 patients enrolled, 249 (94.32%) reported having been sexually active in the pre-TURP and at IIEF 109 (41.3%) reported adequate erectile function; 136 (51.5%) reported episodes of mild or moderate ED; while only 4 cases (1.5%) reported complete erectile dysfunction (Figure 1). Also before-TURP libido (Figure 2) was reported as good in 166 patients (62.9%), while it was poor in 83 patients (31.4%) in combination with mild to moderate ED. The 15 patients (5.7%) not sexually active claimed that they had no sexual desire, and we have no other data about the status of their sexual function.

Regarding the satisfaction derived from sexual activity pre-TURP (Figure 3), among the sexually active patients: 78 (29.5%) were satisfied; 31 (11.7%) were slight dissatisfied; 93 (35.3%) were moderately dissatisfied; the remaining 47 (17.8%) showed a severe degree of dissatisfaction.

The sexually active patients in the post prostatic resection period were 236 (89.4%) and at IIEF: 103 (43.6%) reported a satisfactory erection capacity; 124 (52.5%) a moderate or mild ED; while the presence of complete erectile dysfunction was found in 9 individuals (3.8%) (Figure 4).

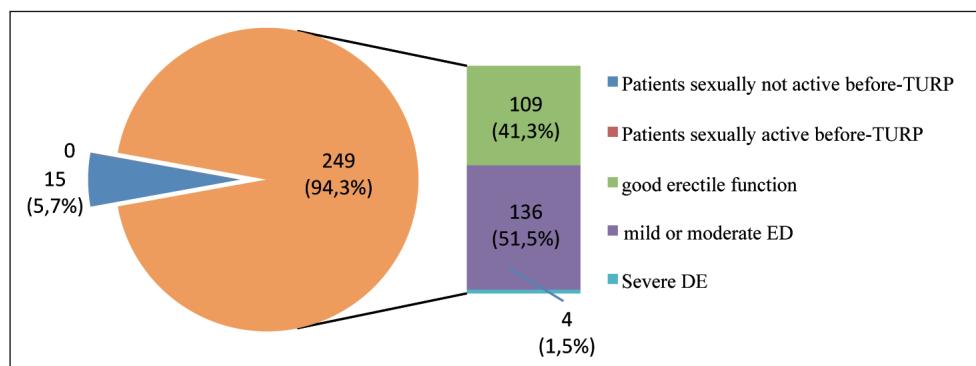
Following TURP, 89 patients (37.7%) among those sexually active had low libido; in 28 patients (10.6%) who had not had sexual intercourse after surgery, libido was absent. Furthermore, while in 4 patients suffering from Severe ED before surgery was not found a decreased libido, in 5 new cases of ED following TURP was present a total decay of sexual desire (Figure 5).

After TURP, 89 patients (37.7%) among sexually active ones had low libido; no libido was present in 28 patients (10.6%) who had not had sexual intercourses after operation. Moreover while no decrement of libido was detected in 4 patients with complete ED before surgery, in 5 new cases of ED after TURP a complete decrement of sexual desire was found (Figure 5).

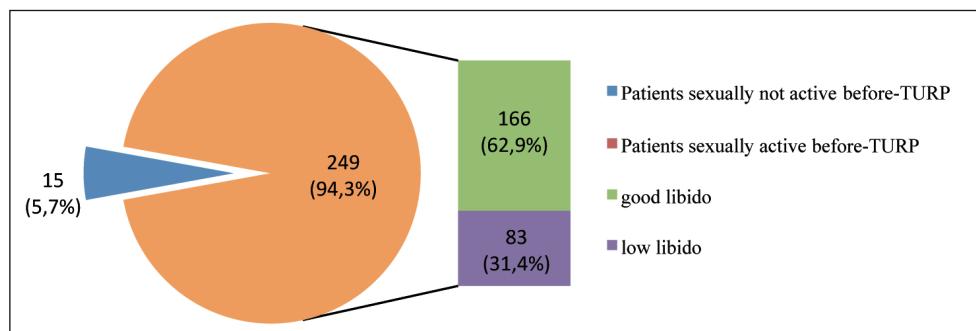
After operation 78 patients (29.5%) kept on being satisfied; 25 patients (9.5%) were a little unsatisfied; 94 (35.6%) mildly unsatisfied; 39 sexually active patients (14.8%) were highly unsatisfied, as well as 13 patients

**Table 1.**  
Inclusion criteria.

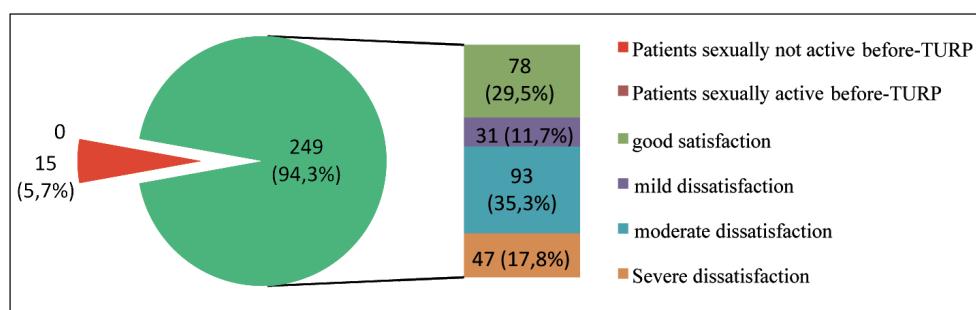
- Aged between 50 and 85 years
- Suffering from BPH and LUTS symptoms
- Undergoing TURP in the period January 2008 - December 2012
- Compliance to the interview and IIEF



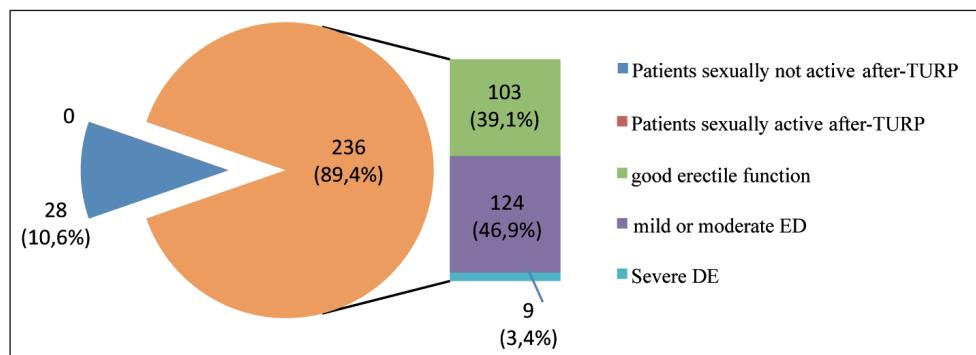
**Figure 1.**  
Erectile function  
before-TURP.



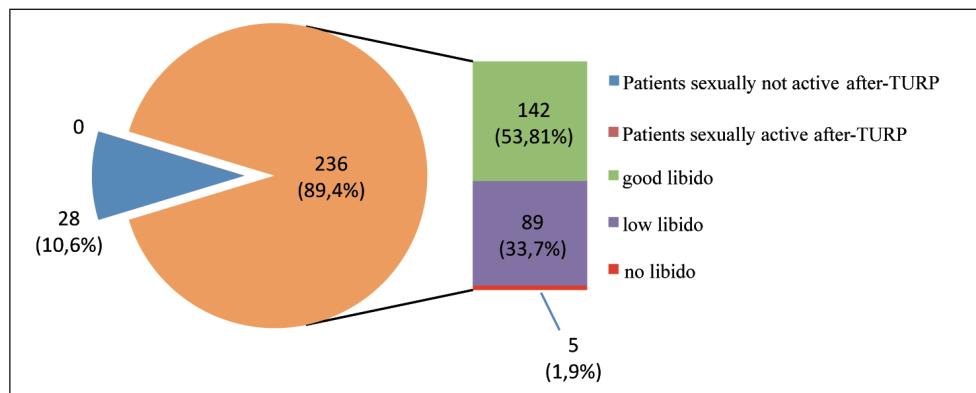
**Figure 2.**  
Sexual desire  
before-TURP.



**Figure 3.**  
Sexual satisfaction  
before-TURP.

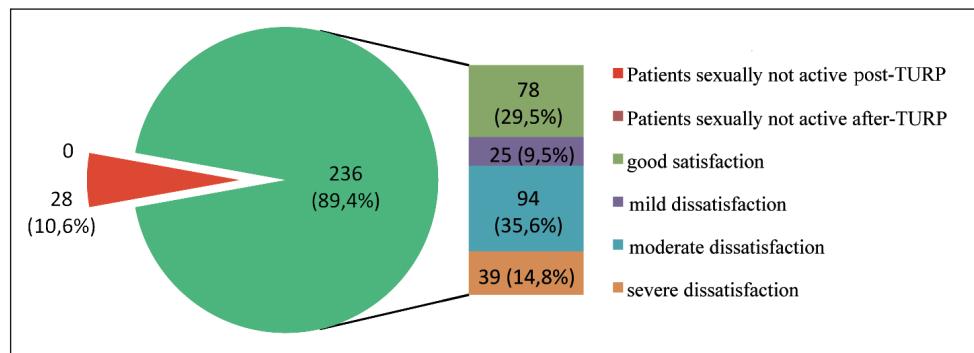


**Figure 4.**  
Erectile function  
after-TURP



**Figure 5.**  
Sexual desire  
after-TURP.

**Figure 6.**  
Sexual satisfaction after-TURP.



who stopped sexual activity after operation and became not sexually active.

Absence of ejaculation or an important decrease of ejaculated volume, before surgery, were seen after TURP in 113 patients (47.8% considering the sexually active patients; 42.8% considering the whole sample).

## DISCUSSION

The survey about the sexual dysfunctions before and after surgery for bph allowed to obtain post-surgical outcomes scientifically verified.

It is noteworthy (Figures 1 and 4) that 103 of 109 patients with good sexual function before TURP maintained the same state of functionality after operation, in contrast to 6 patients who referred a low or mild decrement. However, considering the average age of the sample, there is the doubt that this decrement may be related to increasing age, as the epidemiological data suggest. Comparing our data pre and post-TURP (Figure 7) we may infer there are no significant variations in erectile function. In addition we found that in 22 (16.2%) of 136 patients with low/mild ED pre-TURP little improvements of the frequency of dysfunctional episodes were detected. Even the percentage of patients with mild/low ED reporting a noteworthy pejorative change of the sexual condition in the questionnaire about the post-operative period is restrained: only 13 (9.5%) of 136 initial patients stopped

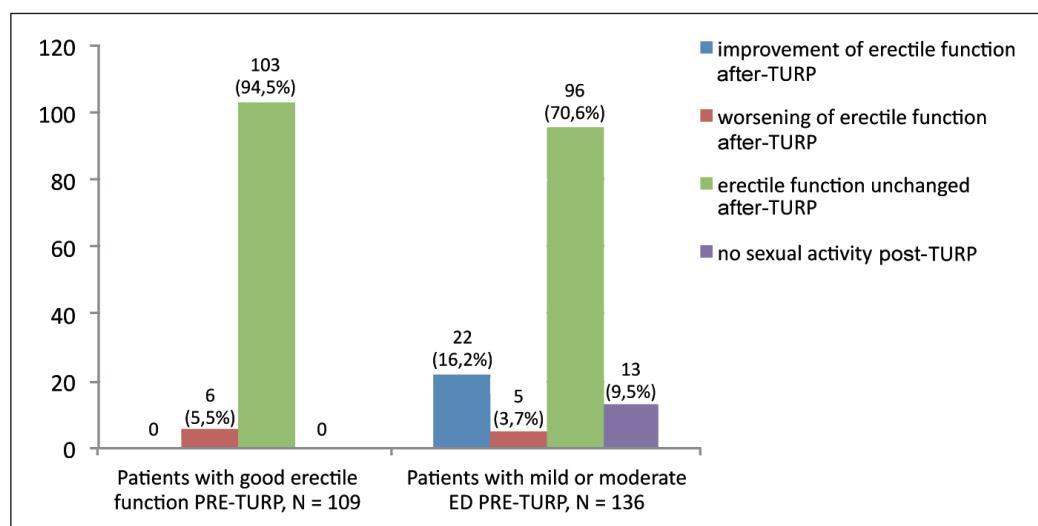
any sexual activity after operation. In these patients, considering the retrospective study, there is no way to evaluate the possible onset of functional worsening but we may suppose the onset of (psychological vicious circle) major psychological agitation related to operation.

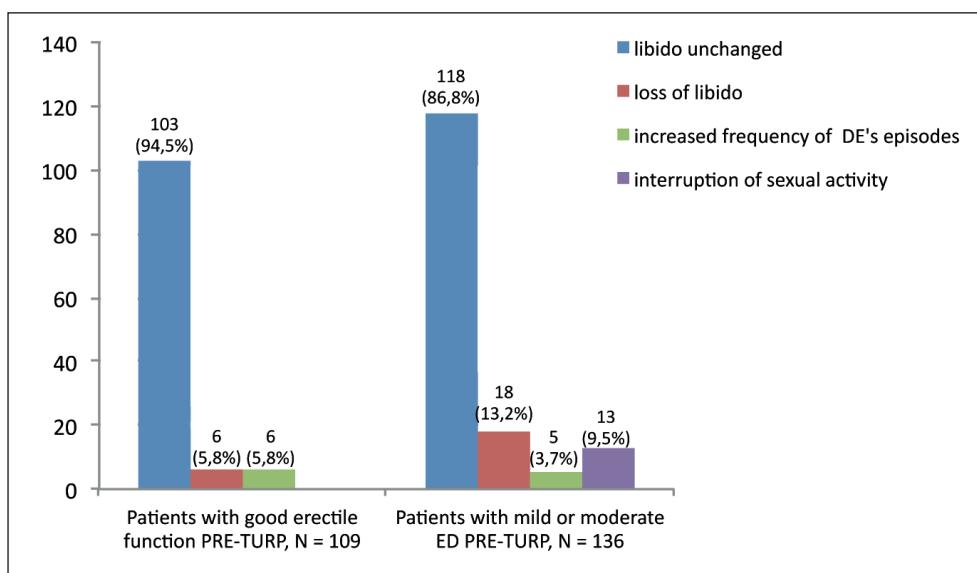
A further factor making us to think there might be a possible psychological cause for the decrement of sexual function in patients with LUTS in BPH, and eventually also in the same patients after surgical therapy, was the finding of a contemporary decrement of libido.

In 83 (61%) of 136 patients who already had a mild/low ED before surgery, a poor sexual desire was detected in association with a low satisfaction from sexual intercourse. Several Authors have explained this situation (9), finding out a condition of psychophysical discomfort due to symptoms of BPH, that could act on the patient's feeling of a disease state. Such feeling, that often lasts more than the moment of surgery and, therefore, the subsequent overcoming of symptoms, would affect the sexual desire significantly, inducing setbacks on frequency and quality of patient's sexual activity.

Moreover, a further decrement of libido has been always detected in 24 patients who referred a worsening of their sexual function after operation, in terms of higher incidence of ED and interruption of sexual activity (Figure 8). In similar studies (10) analogous data have been related to a psychological effect due to operation itself that may interfere with consciousness of own sexual capacity (11).

**Figure 7.**  
Changes in sexual function after-TURP.





**Figure 8.**  
Association between decreased libido and impaired sexual function.

The satisfaction derived from sexual intercourse, highly connected to the capacity of completing the sexual intercourse successfully, indeed, decreases with the increase of frequency of ED episodes, and it expires in patients who have a complete ED or no sexual activity.

Considering other specific aspects of sexual functionality, the patients did not report any problems in the orgasm or in a possible painful or late ejaculation when they had a complete sexual intercourse. On the contrary, as we expected, the failed ejaculation or a considerable decrement of ejaculation volume, not present in the preoperative period, were detected in 47.8% of sexually active patients after TURP (the 42.8% of sample). These conditions are caused by the operation of prostatic resection that wrecks a lesion of closure mechanism of bladder neck during ejaculation with consequent retrograde ejaculation. It is important to underline that the absence of a normal ejaculation might be felt as a deficiency of patient's sexual capacity what does not allow him to complete nor-

mally a sexual intercourse. Therefore this functional consequence of TURP would deserve higher attention during the preoperative counselling (12).

It must be emphasized that the data referred to cases of patients with complete ED pre-TURP (1.6% of total pre-TURP sexually active patients, 1.5% of sample) are compatible with indexes of incidence of the phenomenon in the general population (Figure 9) (13, 14). At the same time, the increase of number of completely dysfunctional patients after TURP (3.4% of sexually active patients after TURP), among patients who had ED already before therapy, may not be indicative of a possible damage caused by the surgery. In fact, this condition should be related with patients' age, as a consequence of the ageing or other newly occurring diseases during the period of observation, in some cases as long as 5 years.

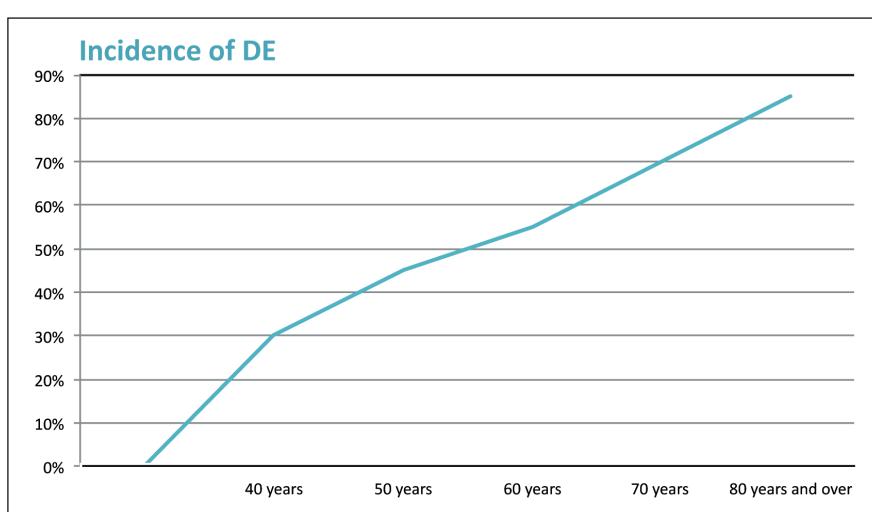
Several authors have reported some peri-operative complications after TURP, such as drilling of prostatic capsule or a not well known effect of thermal lesion on the surrounding nervous structures, may represent important risk factors for the progress of ED in the short or long term (15).

Through our survey it was not possible to determine if such complication has presented.

However, not detecting significant data about a higher presence of de novo ED episodes after TURP is somehow re-assuring, considering the frequency of these peri-operative complications in the surgical reality.

Finally, the data about a low improving of erectile function in a restricted group of patients of our sample, condition detected in other similar studies (5), do not allow to confirm an effective benefit to sexual health in its various aspects due to the operation of

**Figure 9.**  
Effect of varying degrees of ED in the general population  
(Adapted by writers from data by Feldman HA et al., 1994 and Lyngdorf P. et al., 2004).



prostatic resection. Moreover, in our sample the frequency of sexual dysfunction significantly from the incidence of dysfunctional situation in the general population with same age. In addition it must be said there is an over-evaluation of the sexual deficit considered consequent to TURP, because we were not able to search the presence of contemporary diseases and risk factors that notoriously may influence adversely the sexual activity. However, TURP is demonstrated to influence adversely none of sexual health aspects, except for ejaculatory function. Since in case of ED a variable level of decrement of libido was always detected, we might consider the psychological aspect may have a certain importance in dysfunctional patients, even when it is not the "primum movens".

## CONCLUSIONS

The identified concordance between the latest literature about this thorny topic and our results, although with the limits of a retrospective study, allows us to deduce a common consciousness of the effects of TURP on sexual function is going to be gleaned. From the analysis of our data no direct correlation between ED and the most used surgical therapy for BPH is found out. Always considering the effects on ejaculation, that by now notoriously affect a large proportion of patients, the TURP is in any case the gold standard in the treatment of symptomatic prostatic adenoma. It derives that the specialist can indicate TURP with science and consciousness as a preferential option of treatment for patients who ask for this kind of therapeutic approach, wishing anyway a recovery of their sexual life. It is apparent that the specialist must pay particular attention to the psychological implications, both in the preoperative and in the postoperative time, that may start a vicious circle and become cause, in some cases primary cause, of the decay with consequent avoidance of sexual activity in this kind of patients.

According to actual researches, the patient can be reassured and correctly taught about the real possibilities of recovery and/or improvement of his own sexual function. In addition it would be desirable requiring assessments to evaluate the patient's sexual history before the prostatic resection that might help doctor (and patient himself) to understand what results will be present in the post-operative period. That means a specialist's higher consciousness who, relating with the patient at the time of the choice of the best therapeutic option, will be able to choose TURP, confident to guarantee with good probability a correct recovery of sexual functionality in the post-operative time in the post-operative time, clearly just in case it was previously satisfying previously and the requirements and conditions were adequate.

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- i) list of abbreviations.

## SUMMARY

The Authors must submit a long English summary (300 words, 2000 characters). Subheadings are needed as follows: Objective(s), Material and method(s), Result(s), Conclusion(s). After the summary, three to ten key words must appear, taken from the standard Index Medicus terminology.

## TEXT

For original articles concerning experimental or clinical studies, the following standard scheme must be followed: Summary - Key Words - Introduction - Material and Methods - Results - Discussion - Conclusions - References - Tables - Legends - Figures. Case Report should be divided into: Summary - Introduction (optional) - Case report(s) - Conclusions - References (Discussion and Supplementary Figures, Tables and References can be submitted for publication in Supplementary Materials).

## SIZE OF MANUSCRIPTS

Literature reviews, Editorials and Original articles concerning experimental or clinical studies should not exceed 3500 words with 3-5 figures or tables, and no more than 30 references.

Case reports, Notes on surgical technique, and Letters to the editors should not exceed 1000 words (summary included) with only one table or figure, and no more than three references. No more than five authors are permitted.

As an accompaniment to Case reports manuscripts for the print version of Archivio Italiano di Urologia e Andrologia (AIUA), authors may submit supplementary materials for posting on [www.aiua.it](http://www.aiua.it).

The material is subject to the same editorial standards and peer-review procedures as the print publication.

## REFERENCES

References must be sorted in order of quotation and numbered with arabic digits between parentheses. Only the references quoted in the text can be listed. Journal titles must be abbreviated as in the Index Medicus. Only studies published on easily retrieved sources can be quoted. Unpublished studies cannot be quoted, however articles "in press" can be listed with the proper indication of the journal title, year and possibly volume. References must be listed as follows:

## JOURNAL ARTICLES

All Authors if there are six or fewer, otherwise the first three, followed by "et al.". Complete names for Work Groups or Committees. Complete title in the original language. Title of the journal following Index Medicus rules. Year of publication; Volume number: First page.

Example: Starzl T, Iwatsuki S, Shaw BW, et al. Left hepatic trisegmentectomy Surg Gynecol Obstet. 1982; 155:21.

## BOOKS

Authors - Complete title in the original language. Edition number (if later than the first). City of publication: Publisher, Year of publication.

Example: Bergel DIA. *Cardiovascular dynamics*. 2<sup>nd</sup> ed. London: Academic Press Inc., 1974.

## BOOK CHAPTERS

Authors of the chapters - Complete chapter title. In: Book Editor, complete Book Title, Edition number. City of publication: Publisher, Publication year: first page of chapter in the book.

Example: Sagawa K. *The use of central theory and system analysis*. In: Bergel DH (Ed), *Cardiovascular dynamics*. 2<sup>nd</sup> ed. London: Academic Press Inc., 1964; 115.

## TABLES

Tables must be aimed to make comprehension of the written text easier. They must be numbered in Arabic digits and referred to in the text by progressive numbers. Every table must be accompanied by a brief title. The meaning of any abbreviations must be explained at the bottom of the table itself. (If sent by surface mail tables must be clearly printed with every table typed on a separate sheet).

## FIGURES

(Graphics, algorithms, photographs, drawings). Figures must be numbered and quoted in the text by number. The meaning of all symbols, abbreviations or letters must be indicated. Histology photograph legends must include the enlargement ratio and the staining method. Legends must be collected in one or more separate pages. Please follow these instructions when preparing files:

- Do not include any illustrations as part of your text file.
- Do not prepare any figures in Word as they are not workable.
- Line illustrations must be submitted at 600 DPI.
- Halftones and color photos should be submitted at a minimum of 300 DPI.
- Power Point files cannot be uploaded.
- If at all possible please avoid transmitting electronic files in JPEG format. If this is unavoidable please be sure to save the JPEG at the highest quality available and at the correct resolution for the type of artwork it is
- PDF files for individual figures may be uploaded.

## MANUSCRIPT REVIEW

Only manuscript written according to the above mentioned rules will be considered. All submitted manuscripts are evaluated by the Editorial Board and/or by two referees designated by the Editors. The Authors are informed in a time as short as possible on whether the paper has been accepted, rejected or if a revision is deemed necessary. The Editors reserve the right to make editorial and literary corrections with the goal of making the article clearer or more concise, without altering its contents. Submission of a manuscript implies acceptance of all above rules.

## PROOFS

Authors are responsible for ensuring that all manuscripts are accurately typed before final submission. Galley proofs will be sent to the first Author. Proofs should be returned within seven days from receipt.

# L'EXPO DELL'UOMO: L'ANDROLOGIA TRA MEDICINA E CULTURE

**XXXI CONGRESSO NAZIONALE**

**SOCIETÀ ITALIANA DI ANDROLOGIA**



**NAPOLI**

**5 - 8 giugno 2015**

**HOTEL ROYAL CONTINENTAL**

**Presidente SIA**

Giorgio Franco

**Presidente del Congresso**

Vincenzo Mirone

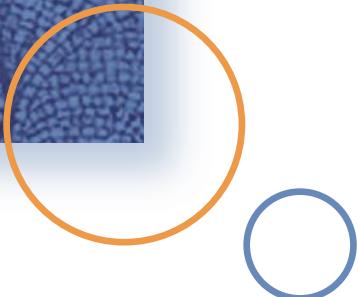
**Coordinatore**

Alessandro Palmieri



# XXXI CONGRESSO NAZIONALE SIA

Napoli, 5-8 giugno 2015



**Presidente SIA**  
**Giorgio Franco**

**Presidente del Congresso**  
**Vincenzo Mirone**

**Coordinatore**  
**Alessandro Palmieri**

## PROGRAMMA

### Corsi

#### Venerdì 5 giugno

- AUDITORIUM**
- Pomeriggio**
- Corso aula 1: Andrologia e Dipendenze
  - Corso aula 2: Urgenze in Andrologia
  - Corso aula 3: Bioetica e Medicina Sessuale
  - Corso aula 4: SIA-FISS Salute Sessuale  
2.0: i Cambiamenti dei Comportamenti Sessuali

### Congresso

#### Venerdì 5 giugno

- AUDITORIUM**
- Pomeriggio**
- Cerimonia Inaugurale
  - Premiazione Concorso Letterario "SIAmoTuttiScrittori"

#### Sabato 6 giugno

- AULA 1**
- AUDITORIUM**
- Mattina**
- Corso MMG La Prevenzione in Andrologia
  - Presentazione Candidati ed apertura del seggio elettorale
  - Letture Magistrali - What's up in Andrology in Russian Federation and Arabia
  - Tavola Rotonda - La PMA in Italia in era di eterologa
  - Letture Magistrali - State of the art in male infertility
  - Simposio Satellite
  - Tavola Rotonda - HPV nel maschio, capire e far capire
  - Sessione presentazione video in 3D

- AUDITORIUM**
- Pomeriggio**
- Spazio giovani
  - Letture Magistrali - Urethral surgery today
  - Chirurgia step-by-step: il pene curvo -
  - Casi N.A.S.A. (National Academy in Surgical Andrology)

- Simposio Satellite**
- Dibattito su Casi Clinici - How would you do in case of...
  - Golden Communications
  - Sessualità e LUTS
  - Spazio SIA - Incontro tra i Soci

#### Domenica 7 giugno

- AULA 1**
- AUDITORIUM**
- Mattina**
- Corso Infertilità Maschile. Dal Laboratorio alla Clinica
  - Corso aperto al pubblico
  - Golden Communications
  - Letture Magistrali
  - What's up in erectile dysfunction and penile surgery
  - Dibattito Aperto - Andrological Education in Europe
  - Simposio Satellite
  - Dibattito Aperto - Cambiare Sesso in Italia

- AUDITORIUM**
- Pomeriggio**
- Sessione presentazione video in 3D
  - Il meglio della produzione scientifica SIA 2014
  - Tema Congressuale SIA - Andrologia del Futuro tra Fisica e Metafisica
  - Simposio Satellite
  - Tavola Rotonda - Consenso informato per la chirurgia andrologica
  - Talk Show
  - Sport e alimentazione: fonti di benessere/malessere nella nostra società
  - Infezione delle Vie Genitali

#### Lunedì 8 giugno

- AUDITORIUM**
- Mattina**
- Short communications
  - Premiazione short communications
  - Conclusioni e Chiusura del Congresso



**Segreteria Scientifica e Organizzativa**  
SIAS Congress Team  
Simona Santopadre  
siascongressteam@andrologiaitaliana.it  
www.andrologiaitaliana.it



**Segreteria Organizzativa**  
Emilia Viaggi Congressi & Meeting  
evcongressi@emiliaviaggi.it  
www.emiliaviaggi.it

**Sede del Congresso**  
HOTEL ROYAL CONTINENTAL  
Via Partenope, 38/44 - Napoli

## Il ruolo della SIEUN

La **SIEUN** (Società Italiana di Ecografia Urologica, Andrologica, Nefrologica) riunisce diversi medici specialisti e non che si occupano di tutte quelle metodiche in cui gli ultrasuoni vengono utilizzati a scopo diagnostico ed interventistico in ambito uro-nefro-andrologico.

La SIEUN organizza un **Congresso Nazionale** con cadenza biennale e diverse altre iniziative in genere con cadenza annuale (corsi monotematici, sessioni scientifiche in occasione dei congressi nazionali delle più importanti società scientifiche in ambito Uro-Nefro-Andrologico).

Dal 2001 la SIEUN è affiliata all'ESUI (European Society of Urological Imaging); pertanto tutti i soci possono partecipare alla iniziative della Società Europea.

L'Archivio Italiano di Urologia e Andrologia è l'**organo ufficiale** della SIEUN.

Questa pagina permette una informazione puntuale sulla attività della nostra Società e consente al Consiglio Direttivo della SIEUN di comunicare non solo ai soci, ma ad una platea più ampia, ogni nuova iniziativa.

## Corso di Perfezionamento in Ecografia Urologica, Andrologica e Nefrologica Università di Bari AA. 2014-2015

Anche per l'A.A. 2014-2015 verrà espletato il corso di Perfezionamento in Ecografia Urologica, Andrologica e Nefrologica che si terrà presso la Urologia 1° Universitaria del Policlinico di Bari, coordinato dal Prof. a.c. P. Martino.

Tra i docenti figurano diversi soci della SIEUN.

Sito web: [www.uniba.it](http://www.uniba.it) area formazione post laurea.

Informazioni: Prof. Pasquale Martino - e-mail: [pasqualeluciomartino@libero.it](mailto:pasqualeluciomartino@libero.it) - Tel. 0805594101

Sig.ra Giacoma Loverro - e-mail: [giacoma.loverro@uniba.it](mailto:giacoma.loverro@uniba.it) - Tel. 080.5578719

## 20° Congresso SIEUN 2016



## 20° Congresso SIEUN

Il 20° Congresso SIEUN si terrà nella primavera del 2016 in Sicilia. Maggiori informazioni verranno inserite sul sito SIEUN ([www.sieun.it](http://www.sieun.it)). Presidente del Congresso sarà il dott. Michele Barbera.

## QUOTE ASSOCIATIVE 2015

● Socio ordinario - Euro 70,00    ● Socio Junior - Euro 35,00

## I PUNTI SIEUN (una possibilità di incontro tra Soci SIEUN e di contatto con altri specialisti)

Presso i punti SIEUN i nostri soci potranno essere continuamente informati su tutte le attività e le iniziative della Società e rinnovare il pagamento della quota associativa.

## I PROSSIMI APPUNTAMENTI SIEUN

La SIEUN nel 2015 continua ad essere presente con relazioni e letture nei congressi delle più prestigiose Società scientifiche di Urologia, Andrologia ed Ecografia.

Sul sito SIEUN le informazioni aggiornate.

## RINNOVO PAGAMENTO QUOTA 2015

La segreteria della Società

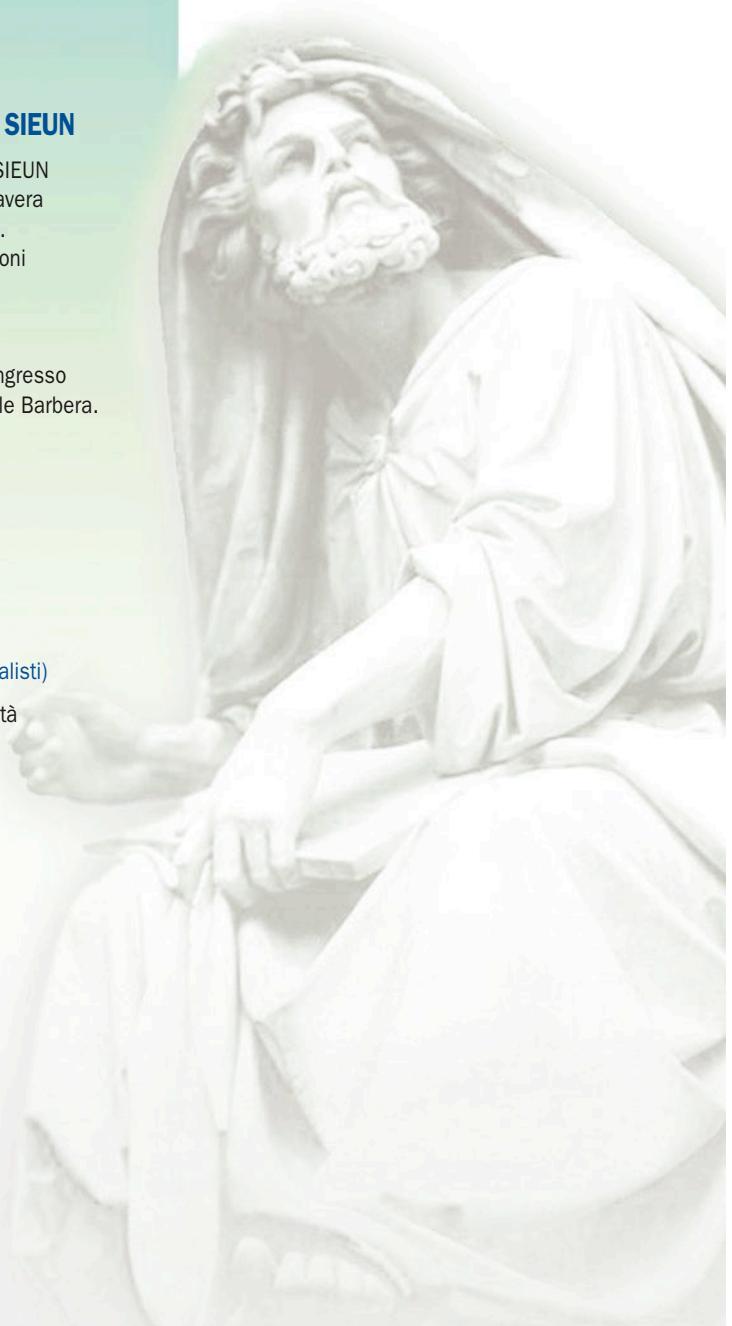
**ELLERRE CENTRE** [ellerre@ellerrecentre.it](mailto:ellerre@ellerrecentre.it)

è a disposizione per ulteriori informazioni.

**Via S. Matarrese, 47/G - 70124 BARI - Tel. 080.5045353 - Fax 080.5045362**  
[www.ellerrecentre.it](http://www.ellerrecentre.it)

Chi intende iscriversi alla Società o rinnovare la sua iscrizione sappia che la quota associativa è di: EUR 70,00; dal 2009 è prevista anche una quota ridotta di EUR 35,00 per i medici specializzandi.

# Società Italiana di Ecografia Urologica Andrologica Nefrologica



# Nasce il Core Curriculum Uro-Oncologico Certificate

Da quest'anno, la SIUrO, seguendo la propria mission, ha deciso di ampliare la propria offerta formativa strutturandola in un percorso finalizzato alla preparazione del professionista che voglia utilizzare l'approccio multidisciplinare nella gestione dei pazienti affetti da neoplasie urologiche. Momento iniziale e nucleo del nuovo percorso formativo è il Core Curriculum Uro-Oncologico di Bertinoro, la cui prima edizione risale al 2009. In questi anni 80 medici tra urologi, oncologi medici e radioterapisti oncologi, si sono confrontati in un "cimento" multidisciplinare che si proponeva di colmare i gap culturali e conoscitivi delle diverse discipline. Dall'esperienza maturata in questi anni e dai suggerimenti avanzati dai partecipanti,

nasce il Core Curriculum Uro-Oncologico Certificate (Uro-oncology Core Curriculum Certificate). Questo percorso formativo intende offrire, nell'arco di un biennio, la possibilità di acquisire le competenze teoriche e pratiche del professionista multidisciplinare, attraverso la partecipazione ad eventi identificati da SIUrO. A tali eventi, indipendentemente dai crediti ECM, la SIUrO attribuirà un certo numero di Crediti CCC (Core-Curriculum Certificate).

**Per ottenere la certificazione SIUrO sarà necessario ottenere almeno 100 Crediti CCC nell'arco del biennio.**

Il percorso sarà articolato e potrà essere personalizzato scegliendo tra diverse tipologie di eventi

## SCHOOLS (corsi residenziali di 3/5 gg – sede Bertinoro o Firenze) 25/40 CREDITI CCC (a seconda della durata del corso)

Derivando direttamente dal Core-Curriculum Uro-Oncologico, le Schools (Winter, Spring, Summer, Autumn) costituiscono il nucleo del percorso formativo e, pertanto, ne è formalmente raccomandata la frequenza.

## "COCKTAIL" EVENTS

Serie di eventi scientifici (meetings, corsi, congressi) organizzati o patrocinati da SIUrO (aventi quindi tutti i requisiti di multidisciplinarietà previsti) e accreditati oltre che ECM anche da crediti CCC(Core Curriculum Certificate)

## INDOOR EVENTS

Partecipazione giornaliera o su 2 giornate alle attività quotidiane di diverse Unità o Servizi Operativi (Urologia-Radioterapia-Oncologia-Diagnostica per immagini etc) di Centri accreditati SIUrO.

SIUrO diffonderà un elenco completo degli eventi "cocktail" e indoor che verrà pubblicato e aggiornato periodicamente sul sito.

## SIUrO per la Tutela Legale

Da quest'anno SIUrO sarà in grado di offrire, ai propri Associati, attraverso un accordo con la Compagnia **ROLAND**, una polizza di Tutela Legale di assoluto prestigio e far sì che il medico possa contare su una reale protezione in caso di controversie o contenziosi legali che possono capitare nel corso della vita professionale.

## LA COMPAGNIA ASSICURATRICE

Abbiamo scelto ROLAND che è una compagnia di assicurazione internazionale per la Tutela Legale con sede principale in Germania, a Colonia.

Da oltre 50 anni, ROLAND è specialista per soluzioni di tutela legale per Imprese, Manager, Professionisti, Enti e Privati. Ha 1.300 collaboratori nel mondo che assistono oltre 1,2 milioni di clienti e i loro Intermediari in Europa.

Nei 2010 il gruppo ROLAND ha raccolto premi per circa 305 milioni di Euro qualificandosi come uno degli assicuratori leader per la tutela legale in Europa.

La **Tutela Legale targata SIUrO**, oltre a prevedere il tradizionale **rimborso di spese legali e processuali**, prevede anche un servizio di consulenza legale specializzato e garantito da un ampio network di legali fiduciari che assicura al medico un'assistenza di altissimo livello. Il parere qualificato vi permette di capire immediatamente come affrontare la situazione e quale è la normativa vigente in materia.

Ecco perché la nostra Convenzione vi da finalmente la tranquillità di cui avete bisogno in caso dobbiate far valere le vostre ragioni nel corso di un processo, certi di avere il migliore supporto e la difesa più efficace, e potendo contare su maggiori possibilità di successo.

Per maggiori informazioni, consultare le **FAQ** o rivolggersi in Segreteria SIUrO

[tutalegale@siuro.it](mailto:tutalegale@siuro.it)

The poster features a large bridge over a river at sunset, with autumn leaves scattered on the ground in the foreground. The text includes:

- XXV congresso nazionale SIUrO**
- 21-23 GIUGNO 2015 ROMA**
- Università Cattolica del Sacro Cuore
- FACOLTÀ DI MEDICINA E CHIRURGIA "A. GEMELLI"
- Largo Francesco Vito, 1
- PRESIDENTE SIUrO: GIANFRANCO CONTI PRESIDENTE ONORARIO: GIGLIOLA SICA
- SECRETARIATO ORGANIZZATIVO: Over Group, Via dei Fiori, 4 - 26100 Cremona, tel. 0372 23310, fax 0372 569805, info@overgroup.eu, www.overgroup.eu
- SECRETARIATO SCIENTIFICO: Società Italiana di Urologia Oncologica, Presidente: Gianfranco Conti, via Dante 17 - 40126 Bologna, tel. 051 346024, fax 051 346024, segreteria@siuro.it, www.siuro.it

# Società Italiana di Urologia Oncologica

Chi intende iscriversi alla SIUrO trova le istruzioni ed i moduli necessari sul sito internet [www.siuro.it](http://www.siuro.it)

È possibile pagare la quota associativa annuale on-line:  
con carta di credito collegandosi direttamente al sito [www.siuro.it](http://www.siuro.it) o tramite bonifico bancario intestato alla Società Italiana di Urologia Oncologica, presso Unicredit Banca  
IBAN: IT31A0200802483000000737405, avendo cura di specificare il nome del socio pagante

Per ottenere ulteriori informazioni è possibile contattare la segreteria  
Via Dante 17 - 40126 Bologna  
Tel/Fax +39 051 349224 - Cell +39 345 4669048  
e-mail: [segreteria@siuro.it](mailto:segreteria@siuro.it) [www.siuro.it](http://www.siuro.it)

UROP  
DECIMO  
CONGRESSO  
NAZIONALE  
**10**

**28 - 30 MAGGIO 2015**  
Atahotels Naxos Beach  
Giardini Naxos **Taormina**



**Stefano Pecoraro**  
Presidente UrOp  
**Rosario Leonardi**  
Presidente del Congresso

UrOP Urologi Ospedalità Gestione Privata

#### CHI PUÒ FARNE PARTE

Possono far parte dell'Associazione con la qualifica di Socio Ordinario gli Specialisti in Urologia e gli specializzandi in Urologia operanti in strutture assistenziali urologiche dell'Ospedalità a gestione Privata; con la qualifica di Socio Corrispondente gli studiosi italiani o stranieri che abbiano dimostrato un particolare interesse per l'Urologia.

#### ISCRIZIONE

Iscriversi è semplice, basta scaricare la scheda di adesione presente sul sito [www.urop.it](http://www.urop.it), compilarla in tutte le sue parti prendendo visione dell'informativa sulla privacy ed inviarla via fax al numero 089 771330, allegando la fotocopia di un valido documento di riconoscimento.

#### QUOTA SOCIALE

La quota sociale per l'anno 2015 è stabilita in € 100,00 e dà diritto alla ricezione della rivista "Archivio Italiano di Urologia e di Andrologia", organo ufficiale della Associazione.

Il pagamento della quota sociale 2015 potrà essere effettuato mediante bonifico bancario come segue:

**UrOP - Banca Prossima - Filiale di Milano  
Piazza Paolo Ferrari 10 - 20121 Milano**

**IBAN IT28 R 03359 01600 1000 0010 7877**

Inserire nella causale del bonifico bancario il proprio Nome e Cognome seguito dalla dizione QS2015.

#### INFORMAZIONI

Per richiedere informazioni contattare il Dr. Stefano Pecoraro all'indirizzo e-mail [presidenza@urop.it](mailto:presidenza@urop.it) oppure al seguente recapito telefonico **333 7451321**.

## PROGRAMMA PRELIMINARE

### Ieri oggi e domani Il congresso che vorrei...

#### Giovedì 28 Maggio 2015

##### SALA POLIFEMO

**Hands on: PERCORSO FORMATIVO SU SIMULATORI APPLICATO ALLE NUOVE TECNOLOGIE**  
(rivolto a 30 specializzandi urologi)

10.30-16.00 Coordinatori: Giorgio Bozzini - Mario Pulvirenti - Gianluca Salerno - Domenico Veneziano

##### SALA ULISSE

**Workshop: L'IMPORTANZA DELLA CONSULENZA PSICOSESSUALE**

- 14.30-15.30 • La chirurgia protesica
- La terapia medica nell'ejaculazione precoce

Intervengono: Adele Fabrizi, Roberta Rossi

15.30-16.30 Workshop: **Avanafil: un'innovazione terapeutica nel trattamento del paziente con disfunzione erektil**

Intervengono: Rosario Leonardi, Stefano Pecoraro

##### SALA ACI GALATEA - COMUNICAZIONI E VIDEO

10.30-12.30 1. IPB - Moderatori: Gaspare Fiacavento - Giovanni Bartolotta

2. Andrologia - Moderatori: Giovanni Liguori - Vincenzo Favilla

3. Oncologia - Moderatori: Luigi Orestano - Gennaro Musi

4. Calcolosi - Moderatori: Sebastiano Tanasi - Sebastiano Bruschetta

5. Uroginecologia - Moderatori: Flavio Forte - Marcello La Martina

12.30-13.30 **UrOP Practice: Comunicazioni e video di urologia ed andrologia pratica**

Coordinatori: Giuseppina Cucchiara

Moderatori: Stefano Bottari, Andrea dell'Adami

Interventi preordinati: Franco Mantovani, Fabio Pacifico, Vittorio Imperatore, Michele Valitutti, Maurizio Carrino

13.30-14.00 Lettura: indovina chi invito a tavola: Alex Mottrie

**Chirurgia Nefron Sparing**

14.00-15.30 Tavola rotonda:

**NEOPLASIA VESCALE NON MUSCOLO INVASIVA AD ALTO RISCHIO:  
COME "CONSERVARE" LA VESICA. ONCOLOGI ED UROLOGI A CONFRONTO**

Coordinatori: Roberto Giulianelli

Moderatori: Maurizio Brausi, Giuseppe Morgia, Carlo Magno

- Neoplasie vesicali ad alto rischio: quale rischio di recidive e progressioni? L'esperienza dell'EORTC - Vincenzo Serretta
- La corretta resezione vesicale: "Textbook TURBT" - Renzo Colombo
- È possibile migliorare la nostra classica resezione in luce bianca? Hexwix NBI o...? Risultati a confronto - Tommaso Brancato
- La neoplasia vesicale pT1HG: una "unica" malattia? Il parere dell'anatomopatologo - Giuseppe Soda
- Terapia adiuvante: oggi solo e sempre BCG?... E se non ci fosse più... - Alessandra Mangiameli
- Cellule tumorali circolanti... il futuro? Come aumentare le nostre certezze - Ettore De Berardinis

15.30-17.00 **Pillole di utilità: Quando la BEM non ci aiuta**

Coordinatori: Luca Carmignani

Moderatori: Luca Cindolo, Massimo Lazzeri, Giuseppe Vespaiani

RENE: Ottavio De Cobellis

ALTE VIE URINARIE: Mario Falsaperla

VESICA: Maurizio Aragona

PROSTATA: Antonio Salvaggio

URETRA: Giuseppe Romano

17.00 -17.30 Lettura magistrale: **Anatomia funzionale del pavimento pelvico**

Salvatore Rocca Rossetti

18.00-19.30 **Inaugurazione del Congresso**

Saluti delle Autorità e del Presidente del Congresso

Apertura del Congresso

L'UrOP una realtà nello scenario scientifico ed assistenziale dell'Urologia Italiana

Stefano Pecoraro

#### Venerdì 29 Maggio 2015

##### SALA POLIFEMO

**HANDS ON: PERCORSO FORMATIVO SU SIMULATORI APPLICATO ALLE NUOVE TECNOLOGIE**  
(rivolto a 30 specializzandi urologi)

8.00-16.00 Coordinatori: Giorgio Bozzini - Mario Pulvirenti - Gianluca Salerno - Domenico Veneziano

##### SALA ULISSE

**WORKSHOP: QUANDO IL FARMACO NON BASTA: IL COUNSELING PUNTO CHIAVE NELLA TERAPIA DELLE PATOLOGIE URO-ANDROLOGICHE?**

16.00-17.30 Intervengono: Tommaso Cai, Ferdinando Fusco, Nicola Mondaini

##### SALA ACI GALATEA

**Alfa litici ed inibitori delle 5 Alfa riduttasi: Un gioco di squadra o meglio battitori liberi**

Coordinatore: Domenico Tuzzolo

Moderatori: Giuseppe Salvia, Giuseppe Sepe

8.30-8.40 Alfa litico pro e contro - Serena Maruccia

8.40-8.50 Inibitore 5 Alfa riduttasi pro e contro - Nicola Ghidini

8.50-9.00 Terapia di combinazione pro e contro - Giuseppe Cardo

9.00-11.30 **Live recorded surgery in house STEP BY STEP**

**CARCINOMA PROSTATICO TECNICHE CHIRURGICHE A CONFRONTO**

Coordinatore: Carmelo Boccafoschi

Moderatori: Vito Pansadoro, Giorgio Guazzoni, Alex Mottrie, Manlio Schettini

##### Prostatectomia

Open

• Retropubica - Roberto Olianas

• Perineale - Antonio Vitarelli

##### Laparoscopica

• Extra peritoneale - Gaetano Grosso

• Intraperitoneale - Franco Gaboardi

##### Robotica

• Intra peritoneale - Bernardo Rocco

• Extra peritoneale - Giuseppe Ludovico

• Retzius sparing - Albo Bocciardi

Step video registrati:

• Isolamento e legatura del Santorini

• Isolamento dell'apice

• Preservazione dei fasci vasculo-nervosi

• Tecniche di ricostruzioni posteriori

• Anastomosi Vescico uretrale

11.30-11.50 Lettura: Uro-onco units: una sfida nel futuro - Vincenzo Mirone

11.50-13.30 **Live recorded surgery in house**

##### IPB

Coordinatore: Rosario Leonardi

Moderatori: Antonino Calarco, Roberto Cusumano, Rino Oriti

##### Chirurgia dell'IPB in OFFICE

• UroLift - Paolo Dell'Orto

• Laser contact vaporization (LACOV) - Rosario Leonardi

• Vaporizzazione KTP - Giovanni Ferrari

• TUVP - Luca Carmignani

##### Chirurgia di enucleazione dell'adenoma

• HoLeP 120 watt. - Angelo Porreca

• TUEPA Vito - Pansadoro

• B TUEP - Barbara Gentile

Col patrocinio di:



13.00-14.00 **Tavola Rotonda: Risk Management: Responsabilità professionale ed assicurazioni. Esperti a confronto**

Coordinatore: Sergio Invernizzi

Moderatori: Danilo Di Trapani - Antonio Rizzato

• Magistrato: Gaetano Siscaro

• Assicuratore: Francesco Ruberto

14.00 -14.30 **Lettura**

Luca Carmignani

14.30-16.30 **Andrologia Chirurgica a cura del MAB**

Saluto del Presidente MAB

Coordinatore: Salvatore Sansalone

Moderatori: Manuel Belgrano, Alessandro Palmieri

• La corretta visione del benessere maschile: Paolo Verze

• Microchirurgia del varicocele: Manuel Belgrano

• Chirurgia dell'IPP: Patch autologo ed eterologo Mauro Silvani

Patch di mucosa buccale Alessandro Zucchi

• Chirurgia protesica per DE: punti critici e complicatezze: Stefano Pecoraro

• Protesi peniene cosa c'è di nuovo: Stefano Di Nicola

• Chirurgia protesica dell'incontinenza maschile: punti critici e complicatezze:

Roberto Olianas

16.30 -17.00 **Workshop: URO-ONCOLOGIA: Strategie condivise per un corretto timing terapeutico**

Moderatore: Dario Giuffrida

Oncologo: Francesco Ferraù

Urologo: Carlo Pavone

17.00-17.30 **TOP GUN UROP: in diretta dalla Sala Polifemo la gara finale per gli Hands On**

17.30 -18.00 **Fluggi Water: Ureteral Relaxation from Sensory Nerve Terminal Activation**

Presenta: Mauro Vermiglio

Relatore: Pierangelo Geppetti

## Sabato 30 Maggio 2015

### SALA ACI GALATEA

**Cosa offre di nuovo il mondo dei device**

Coordinatore: Francesco Maselli

Moderatori: Pasquale La Rosa - Francesco Mastroeni - Michele Pennisi

8.00-8.10 **Endourologia - Michele Di Dio**

8.10-8.20 **Uroginecologia - Gabriella Mirabile**

8.20-8.30 **Andrologia - Donato Dente**

8.30-9.30 **Assemblea generale dei Soci**

9.30-11.00 **Hot topics in chirurgia andrologica**

Moderatori: Rosario Leonardi, Salvatore Sansalone

Ischemic priapism: Giulio Garaffa

Penile surgery of lengthening and girth restoration: Paulo Egydio

11.00-13.00 **Live recorded surgery in house STEP BY STEP**

**Chirurgia della calcolosi**

Coordinatore: Guido Giusti

Moderatori: Michele D'Anca, Gianfranco Savoca

• Calcolosi dell'uretere: Alberto Saita

• RIRS: Ferdinando De Marco

• ECIRS: Cesare Scalfone

• Percutanea: Manlio Cappa

**Chirurgia renale**

Coordinatore: Carlo Aragona

Moderatore: Marco Carini - Sergio Leoni

• Neoplasie dell'alto apparato urinario: Gennaro Musi

• Plastica del giunto pieloureterale: Francesco Greco

13.30-14.00 **Take Home Message a cura dei giovani UROP**

Oncologia: Marcello Scarcia

Calcolosi: Cristian Ranno

Ipertrofia prostatica: Francesco Pisanti

### SALA EPICURO

#### CORSO ACCREDITATO ECM - ID EVENTO 122700

#### COME AFFRONTARE LE PATOLOGIE URO-ANDROLOGICHE SUL TERRITORIO.

#### SINERGIE TRA MMG E SPECIALISTA UROLOGO

ID Provider: 829 - N. ore formative: 6 - N. partecipanti: 100 - N. crediti: 6

Destinatari dell'iniziativa: Urologi, Medici di famiglia, Internisti

09.15-09.30 Registrazione dei partecipanti

09.30-11.30 **I SESSIONE - INFETZIONI DELL'APPARATO URINARIO**

Presidente: Marcello Rizzo

Moderatori: Carmelo Di Gregorio - Egidio Mignosa

Relazione: Quando e come prescrivere un antibiotico - Franco Lugnani

Relazione: Quando e perché non prescrivo una terapia antibiotica - Guglielmo

Beneventano

Relazione: L'uso di anticoagulanti/antiaggreganti quando sospenderli, come sostituirli e quando riprenderli Matteo Di Biase - Rosario Leonardi

11.30-12.30 Discussione sui temi trattati

12.30 -13.00 **II SESSIONE - ANDROLOGIA**

Presidente: Antonino Spampinato

Moderatori: Santi Inferrera - Rosanna Alei

Relazione: PDE5i. Un farmaco nella penna del MMG? - Salvatore Campo

Relazione: L'eiaculazione precoce: perché il paziente non si cura - Ferdinando Fusco

13.00 -14.00 Discussione sui temi trattati

14.00 -14.30 **III SESSIONE - MARCATORI TUMORALI PROSTATICI: MITO O REALTÀ**

Presidente: Gabriele Marascia

Moderatori: Luigi Spicola - Marcello Curti Giardina

Relazione: PSA - Effetto sulla popolazione: Eccesso di aspettative e abuso prescrittivo - Carmelo Falletta

Relazione: PCA3: Incide realmente su quando e quante biopsie fare? - Fabio Galasso

14.30 -15.30 Discussione sui temi trattati

Relazione: Il test predittivo di progressione - Rosario Leonardi

15.30 -16.00 Compilazione dei questionari ECM e fine dei lavori

### SALA ESCULAPIO

#### CORSO ACCREDITATO ECM - ID EVENTO: 122704

#### L'ASSISTENZA DEL PATIENTE URO ANDROLOGICO DAL RICOVERO ALLA DIMISSIONE

N. ore formative: 4 - N. partecipanti: 100 - N. crediti: 4

Destinatari dell'iniziativa: Infermieri

08.45-09.00 Registrazione dei partecipanti

Presidente: Antonio Napoli

Moderatori: Rosina Ceccarelli, Graziella Sanfilippo - Vincenzo Costanzo

09.00-09.30 Relazione: Il counseling infermieristico in Urologia - Tatiana Bolge

09.30-10.00 Relazione: Criticità durante il ricovero - Domenico Arena

10.00-11.00 Relazione: La gestione delle nuove tecnologie in sala operatoria - Chiara Bernazzali

11.00-11.30 Relazione: La riabilitazione nel post-operatorio - Sandro Sandri

11.30-12.00 Relazione: La gestione delle Urostomie - Federico Enzo

12.00-13.00 Relazione: Come organizzare un percorso strutturato e continuativo per la formazione e l'aggiornamento del personale infermieristico - Giancarlo Minaldi

13.00-13.15 Compilazione dei questionari ECM e fine dei lavori

**Responsabile Scientifico:** Rosario Leonardi

**Destinatari dell'iniziativa:** Urologi, Internisti, Medici di Famiglia, Infermieri

**Ore formative:** 22 Id **Provider:** 829 **N. partecipanti:** 300

**Evento non accreditato ECM**

**Sede del Congresso**

Atahotel Naxos Beach Via Recanati, 26 98035 - Giardini Naxos/Taormina (ME)

**Segreteria nazionale ed organizzativa**

Via Gorizia 51 - 95129 Catania

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