849

MANAGEMENT OF LUTS AND RESIDUAL URINE WITH TAMSULOSIN: EXPERIENCE OF DEVELOPING COUNTRY

Bochorishvili G.

National Centre of Urology, Adult Urology, Tbilisi, Georgia

INTRODUCTION & OBJECTIVES: Benign prostatic hyperplasia (BPH) is the most common benign tumour in males and a major cause of LUTS in most males over 50. Tamsulosin is widely employed in the therapy of benign prostatic hyperplasia. Increase of the volume of the residual urine (RU) is characteristic for unmanaged BPH and the number of patients is resulted with development of AUR and urosepsis. Last years in Georgia had increased number of patients with RU and AUR as a result late referral of the patients to urologists caused with social and economic crisis. In the majority of cases this patients can not effort treatment because of absence of state supported insurance system and high costs of radical surgical cure.

MATERIAL & METHODS: 89 Males with RU and AUR were evaluated from April 2003 to September 2004. History, physical examination, DRE, PSA, uroflow, sonography was performed in all patients. Sonography and uroflow studies were performed before treatment and in 1, 3, 6, 12 month. 33 Patients with abnormal DRE and elevated PSA > 6.0 ng/ml were excluded from the study. 5 Patients out of 56 had AUR. All 56 patients underwent different treatment for RU and AUR. In 51 patients the suprapubic cystostomy and in 5 patients indwelling catheter for 14 days was placed. All patients were treated with Tamsulosin 0.4 mg for 8 weeks (with initial dose 0.8 mg for a week).

RESULTS: Existing dilatation of the upper urinary pathways disappeared in 44 out of 56. Mean prostatic volume from 53 ml reached 42 ml in 1 month time and did not alter after further study. In 51 patients cystostomy tube was clamped and they were requested to urinate in the urodynamic lab in a month time after cystostomy placement. The mean Q_{max} before treatment from 7 ml/s increased to 12 ml/s. 2 patients with indwelling catheters after removal necessitated placement of suprapubic tubes because of big amount (> 250 ml) of RU. Cystostomy was removed in 42 patients in 45 days. Uroflow pointed to increase of mean Q_{max} to 14, 2ml/s in 3 months in 39 patients and disappearance of the RU. Long term follow up (in 12 month) of 35 patients out of 39, according to investigations and IPSS, did not reveal presence of the LUTS.

CONCLUSIONS: Tamsulosin in combination with suprapubic cystostomy could be considered as useful and cost effective treatment in men with obstructive symptoms.

P50 PENILE DISORDERS
Saturday, 19 March, 12:15-13:45, Room 5.3/Hall 5

851

THE ROLE OF SURGERY FOR PENILE DYSMORPHOPHOBIA

Li C.Y., Kumar P., Christopher N., Minhas S., Ralph D.

Institute of Urology, Urology, London, United Kingdom

INTRODUCTION & OBJECTIVES: Amongst patients requesting penile lengthening surgery, penile dysmorphophobia is the commonest presenting complaint; others include congenital micropenis and Peyronie's disease. Whatever the underlying aetiology, penile shortening is the main focus of concern, which may be subjective or objective. Various penile lengthening procedures have been described for the treatment of this problem; most with unsatisfactory results. The aim of this study was to assess the role of surgical intervention in the treatment of penile dysmorphophobia.

MATERIAL & METHODS: Patients who presented to a single unit requesting a penile lengthening procedure during 1998 to 2003 were included. Patient assessment included objective measures using stretched flaccid penile length and subjectively with satisfaction rate. All were recommended for psychiatric assessment or counselling. Operations performed included division of suspensory ligament with or without suprapubic fat pad excision, VY plasty and insertion of a silicone buffer.

RESULTS: A total of 42 patients underwent penile lengthening surgery, with a mean age of 38 years at presentation (range of 16-67yrs). The mean increase in penile length was 1.1 ± 1.2 cm after surgical intervention, showing no significant increase compared to pre-operative stretched penile length ($p = 0.19$). Only 52% reported an increase in stretched penile length. The outcome was also measured using patient satisfaction. In this series, 62% of patients were dissatisfied with the results of surgery. Additionally, 55% of patients subsequently had more surgery in an attempt to further enhance their penile length. Of all those requesting further surgery, only 36% were eventually satisfied with their penile length.

CONCLUSIONS: Patients presenting with penile dysmorphophobia often have unrealistic expectations concerning the outcome of surgical interventions which increase their penile length. Division of suspensory ligament and/or other augmentation techniques may appear to increase penile length, however not significantly and they are not a cure for penile dysmorphophobia. With such a high postoperative rate of dissatisfaction, surgical treatments should be discouraged. Patients should be encouraged to seek psychological help primarily, with surgery reserved only for those who have realistic expectations.

850

LONG-TERM FOLLOW-UP STUDY TO EVALUATE THE EFFICACY AND SAFETY OF DOXAZOSIN GITS IN PATIENTS WITH BENIGN PROSTATIC HYPERPLASIA

Chung B.H., Hong S.J., Korean Doxazosin Gastrointestinal Therapeutic System Study Group, Seoul, South Korea

Yonsei University Medical School, Department of Urology, Seoul, South Korea

INTRODUCTION & OBJECTIVES: Benign prostatic hyperplasia (BPH) is a major cause of morbidity in aging men. Doxazosin gastrointestinal therapeutic system (GITS) eliminates the need for subtherapeutic dose titration by changing drug-delivery rate and pharmacokinetic profile. This study assessed the long-term efficacy and safety of doxazosin GITS in Korean patients with BPH in usual care conditions.

MATERIAL & METHODS: In this 12-month, open-label, multicenter, noncontrolled, flexible-dose study, 475 men (≥ 40 years) with clinical evidence of BPH were enrolled from 40 centers. Patients were evaluated at baseline, 1, 2, and 6 months for dose adjustment based on treatment response (efficacy) and 12 months for final efficacy. The primary efficacy variable was Clinician's Global Assessment of Change (CGAC; improved, no change, or worse). Secondary efficacy variables were International Prostate Symptom Score (IPSS), quality of life (QoL), maximum urinary flow rate (Q_{max}), and postvoiding residual (PVR) urine volume. Adverse events (AEs) and blood pressure (BP) were also recorded.

RESULTS: 186 patients completed the study. Most patients (n=155; 83.8%) improved, and 31 patients (16.2%) had no change in symptoms based on the CGAC. Mean change of IPSS and QoL from the baseline were –9.0±6.8and –1.6±1.4, respectively (both $P<0.05$). Q_{max} and PVR urine volume were significantly improved compared with baseline (Q_{max} 10.5±4.3 vs 13.7±6.3, PVR urinevolume 39.1±37.0 vs 23.2±33.7, $P<0.05$). Decrease in systolic and diastolic BP from baseline in hypertensive patients (n=52) was significantly greater than in normotensive patients (n=134) (SBP/DBP –9.5±18.4/–13.4±10.9 vs –3.3±12.5/–1.4±9.5, $P<0.05$). A total of 47 AEs were reported in 41/475 patients (8.6%). Most frequently reported AEs were dizziness (2.7%), impotence (1.1%), dry mouth (1.1%), prostatic disorder (0.6%), and postural hypotension (0.4%).

CONCLUSIONS: Treatment with doxazosin GITS for 12 months resulted in significant improvement in IPSS, QoL,Q_{max}, and PVR volume, demonstrating that doxazosin GITS is effective and well tolerated as long-term therapy for Korean patients with BPH.

852

SURGICAL TREATMENT OF PEYRONIE'S DISEASE: RELAXING CORPORAL INCISION AND VENOUS GRAFTING WITH SOFT SILICONE PROSTHETIC IMPLANT

Colombo F., Guerrer C.S., Romanò A.L., Piedra Aguilera J., Guarneri A., Austoni E.

San Giuseppe Hospital, School of Medicine, Department of Urology, Milano, Italy

INTRODUCTION & OBJECTIVES: Surgical therapies used to date for La Peyronie's disease produce good results but cause penis retraction. The authors propose a personal surgical technique that makes use of an intracavernous cylinder, soft but axially rigid in consistency, in association with tunical relaxing incisions and saphenous vein grafting, in this exact sequence.

MATERIAL & METHODS: Between March 1997 and April 2004, 172 patients presenting with PD underwent this 3-phase personal surgical procedure. Complete plaque excision was necessary only for 14 patients (8.1%); in the remaining 158, a single incision was placed in 134 cases (84.8%) and double incisions were used for 24 patients (15.2%). Penile length was measured intraoperatively, before and at the end of surgery, then at the later control visits. All patients were asked to answer a questionnaire administered over the telephone at 12 months post-surgery, so that only 151 patients were eligible for questionnaire.

RESULTS: Average penile lengthening was approximately 1.5 cm, this result was confirmed at the 6-month control visit. The use of soft silicone implants, which provide axial rigidity, allows the entire patient to achieve penetrative intercourse. The presence of complementary erections produces engorgement, which undoubtedly is a positive result from an aesthetic viewpoint, but is not at all crucial for penetration. 113 out of 151 patients (75%), answered the questionnaire: 107 expressed complete satisfaction, while 6 patients reported glans paresthesia. No major complications were noted; for 10 patients circumcision was repeated because of preputial edema. In 6 cases there was a local, postoperative infection, which was treated conservatively with a prolonged antibiotic therapy.

CONCLUSIONS: This technique allows to successfully solve penile retraction, caused by traditional surgery for PD. The technique is easy to carry out, has low risks of complications and ensures very high rates of patients and partner satisfaction.