lower epigastric artery was performed in one stage with a stage of allocation of vessels on a penis. All patients in the postoperative period accepted PDE-5 inhibitor in small doses.
In the postoperative period studied frequency intra-and postoperative complications, duration of stay of the patient in a hospital, rehabilitation terms.
Results: Duration of operation of 84.3 (63–110) min. Intraoperatsiony and early postoperative complications at the studied patients it was not registered, in all cases anastomosis functioned "adequately", for 1 day spontaneous adequate erections at 9 patients, at 6 patients for the 2nd day were noted. Patients were written out on average for the 5th day. Restriction of physical activities, sports activities at patients – 14 days. During observation, at the operated patients, cases of a recurrence of ED were not recorded.
Conclusions: When carrying out revascularization the method offered by us, at patients notes reduction of terms of an operative measure, due to simultaneous work of two teams of surgeons, rehabilitation term without loss of efficiency of intervention, the minimum cosmetic defect decreases. Also due to antegrade imposing of an anastomosis, fibrinferments of an anastomosis it was not recorded.

GUA-06 New approach to preserve male sexual function after nerve-sparing radical prostatectomy

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Introduction and Objectives: Radical prostatectomy (RP) is a standard surgical treatment for localized prostate cancer. RP is followed by some complications, including erectile dysfunction, reduction in penis length (PL) and penile curvature. Recovering sexual function after RP has been extensively studied. Previous studies have demonstrated positive effect of phosphodiesterase type 5 inhibitor (PDE5-Is) on erectile function in men after RP. Several trials have shown the effectiveness of using of penile extender (PE) to maintain the penis length. The aim of our study is to compare the effect of PDE5-Is, PE and combined treatment (PDE5-Is with PE) on erectile function and PL in men after RP.
Materials and Methods: The study included 80 men who underwent RP. The mean age was 64.6 ± 4.7 years. All of them were interested in preserving sexual function postoperatively. The patients were randomized into 4 groups (Gr): 1 – control – 20 men – did not get any therapy; 2–20 men – were treated by PDE5-Is only; 3–20 men – used PE with the vacuum balanus fixation; group 4–20 patients received combined treatment – PDE5-Is with PE. Therapy continued 3 months after surgery. Symptom score assessment with IIEF-5 and PL measurement were performed before and on the 7, 30 and 90 days postoperatively.
Results: PL measurement showed the average penile shortening 0.7 ± 0.1 cm in 7 days, 0.9 ± 0.1 cm in 30 days, and 1.6 ± 0.1 cm (12.5%) in 3 months after surgery in group 1. The mean penile shortening was 0.7 ± 0.1 cm in 7 days, 1.1 ± 0.1 cm in 30 days and 1.2 ± 0.1 cm (10.3%) in 3 months in group 2 ($p < 0.05$). In group 3 penile shortening was 0.8 ± 0.1 cm in 7 days, followed by penile elongation by 0.2 ± 0.1 cm in 30 days and 0.8 ± 0.1 cm (5.7%) in 3 months ($p < 0.05$). In group 4 the mean shortening was 0.7 ± 0.1 cm in 7 days; elongation 0.2 ± 0.1 cm and 0.7 ± 0.1 cm (6%) in 30 and 90 days, respectively. Despite the difference in the mean increase of PL in the groups 3 and 4, statistical significance was not determined. The mean score of IIEF-5 was 16.5 ± 1.3 before surgery, decreased to 9.7 ± 1.4 to 7 day and increased to 10.1 ± 1.5 and 10.3 ± 1.4 to 30 and 90 days, respectively in group 1. In group 2 IIEF-5 was 16.5 ± 1.3 before surgery, decreased to 9.7 ± 1.4 to 7 day and increased to 13.2 ± 1.6 and 13.4 ± 1.2 to 30 and 90 days, respectively. There was no obtained significant difference between group 3 and control group for IIEF-5 score, as well as between groups 2 and 4.
Conclusions: The effect of combine treatment (PDE5-Is with PE) is superior to the effect of both monotherapy PDE5-Is or PE on erectile function and PL after RP. It is reliable tool of sexual rehabilitation after PR.

GUA-07 Intravesical bacteriophages for treating urinary tract infections in patients undergoing transurethral resection of the prostate: a randomized, placebo-controlled, double-blind clinical trial

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Background: Urinary tract infections (UTIs) are among the most prevalent microbial diseases and their financial burden on the society is substantial. Moreover, the continuing increase of antibiotic resistance worldwide is alarming. Thus, well-tolerated, highly effective therapeutic alternatives are urgently needed. We aimed to compare efficacy and safety of intravesical bacteriophages for treating UTIs.
Methods: In this randomized, placebo-controlled, double-blind trial, 97 patients undergoing transurethral resection of the prostate presenting with UTI were assigned to receive intravesical Pyo bacteriophage (n = 28), intravesical placebo solution (n = 32), or oral antibiotic treatment (n = 37). The primary outcome of the trial was clinical and microbiological treatment response. Secondary outcomes included safety parameters, quantitative microbiological urine assessments and improvement or deterioration of UTI symptoms.
Results: Seven days after surgery, the treatment success rates were similar between the three groups. Compared to the Pyo bacteriophage (5/28 (18%)), the placebo group had 9/32 (28%) (Odds Ratio (OR) 1.8, 95% confidence interval (CI) 0.52–6.2; p = 0.352) and the antibiotic group had 13/37 (35%) (OR 2.49, 95% CI 0.77–8.1; p = 0.129) successes. Also, adverse events were similar between the three groups. They were seen in 6/28 patients (21%) in the Pyo bacteriophage but in 13/32 (41%) in the placebo group (OR 0.4, 95% CI 0.13–1.25; p = 0.116) and in 11/37 (30%) in the antibiotic group (OR 0.65, 95% CI 0.21–2.03; p = 0.452).
Interpretation: Management of UTI in patients undergoing transurethral resection of the prostate is similarly successful irrespective of the treatment chosen. Besides antibiotics, bacteriophages and bladder irrigation appear to have specific beneficial effect on UTI control.

GUA-08 375-miRNA expression and neoadjuvant therapy in high risk prostate cancer

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