

were  $12.7 \pm 6.11^\circ$  and  $7.43 \pm 3.82^\circ$  for 1A and 1B subgroups respectively ( $p$ -value  $< 0.040$ ). As regards the parameters of the erectile function of patients according to the IIEF-5 questionnaire, 12 months of follow-up conducted after the operation resulted in  $20.4 \pm 2.82$  and  $22.2 \pm 2.44$  for groups 1A and 1B subgroups respectively ( $p > 0.352$ ). Reduction of the average ICEF score in 1A subgroup can be associated with the rejection of combined surgical intervention. When comparing the duration of an operation, a statistically significant difference was obtained, which are  $211.0 \pm 15.2$  for 1A subgroup and  $194.4 \pm 18.1$  for subgroup 1B with  $p$ -value  $< 0.05$ .

**Conclusion:** Overall, a comparative analysis and discussion of the performed corporoplasty using the tunica vaginalis and buccal mucosa graft showed the slight advantage of the buccal mucosa graft with prolonged surgical intervention. With the use of the tunica vaginalis and buccal mucosa graft, a significant reduction in the angle of curvature was achieved, and the erectile status of the patients was improved, which remained stable in the long-term period 12 months later.

#### GUA-14 Experience of extracorporeal shock-wave lithotripsy (ESWL) in the treatment of urolithiasis in Kyrgyzstan

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**Background:** Extracorporeal shock wave lithotripsy (ESWL) is an effective, well-established method for treatment of renal stones. Rapid acceptance and widespread use of this technique have made this form of stone therapy the first choice of therapy for more than 80% of all patients with urolithiasis. We present the initial experience with ESWL on the 6th generation lithotripter (Modulith SLK intellect) with the electromagnetic principle of shock wave generation in the treatment of urinary tract stones.

**Methods:** A prospective study was conducted among 113 patients who underwent ESWL at the multi-profile medical center "EOS" between January and May 2019 for urolithiasis treatment.

**Results:** There were 124 treatments performed on 113 patients. The main indicators as a number, sex of patients, clinical forms of urolithiasis and the number, type of ESWL are presented in table 1.

**Table 1**  
Indicators of the number, sex of patients, clinical forms of urolithiasis and the sessions type of ESWL

Indicators	Number (%)	Indicators	Number (%)
Number of patients	n = 113	ESWL sessions	124
Age	44 ± 12.5	Nephrolithotripsy	29 (23.4%)
Women	24 (21.2%)	Calicolithotripsy	14 (48.3%)
Men	89 (78.8%)	Pyelolithotripsy	15 (51.7%)
Urolithiasis clinical features:			
Renal calculi:	26 (23.0%)		
Renal calculi	12 (46.2%)		
Ureteropelvic segment	14 (53.8%)	Ureterolithotripsy	95 (76.6%)
Size of calculi		Upper	32 (33.7%)
≤10 mm	9 (34.6%)	Middle	13 (13.7%)
10–15 mm	16 (61.5%)	Lower	50 (52.6%)
15–20 mm.	1 (3.8%)	Duration of treatment:	45 ± 9.9 min
Ureteral calculi:		Min duration	10'
Upper	87 (77.0%)	Max duration	65'
Middle	29 (33.3%)		
Lower	11 (12.6%)		
Size of calculi			
≤10 mm	47(54.02%)		
10–15 mm	76 (87.4%)		
	11 (12.6%)		

As a result of the treatment were observed: complete destruction or stone free (71%), complete destruction with fragments discharge during the day (19%), partial destruction (48%) and partial destruction with fragments discharge during the day (19%). After the seven days follow-up 81% of patients showed complete discharge and 19% showed partial discharge. 2 patients underwent URS with laser crushing due to high density of the stone. There were 7 (6.2%) complications as an exacerbation of pyelonephritis after ESWL which was treated with stenting and adequate antibiotic therapy.

**Conclusions:** ESWL well tolerated and highly effective for the treatment of urolithiasis. The advantages of lithotripsy include, low incidence of complication, technical ease and high level of patient acceptance.

#### GUA-15 Combination treatment with low intensity extracorporeal shock waves and PDE5 inhibitors for vasculogenic erectile dysfunction: a comparative study

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**Background:** Erectile dysfunction (ED) is common in all age groups. Primary treatment with PDE5 is recommended; however, a significant number of men do not respond. Li-ESWT has shown promise as an alternative treatment, but its role remains unclear. We compared the therapeutic effects of both single-modality and combination treatment using Li-ESWT and Vardenafil in patients with mild and moderate stages of ED.

**Methods:** One hundred and nine men with vasculogenic ED were distributed into 4 groups and received different types of treatment (Table 1). Li-ESWT with Duolith SD1 Ultra was delivered over 6 sessions using 3000 shocks with energy density ranging from 0.10 to 0.30 mJ/mm<sup>2</sup>. Frequency was 4.0 Hz. Penile blood flow velocity (PBFV), IIEF-5, EHS scores were measured at baseline (before procedures – BP) immediately after treatment termination (IATT), at 6th months (6mosAT) and 9th months (9mosAT) after treatment. Mixed Design ANOVA was conducted to compare treatment type (Table 1) effects on IIEF-5, EHS and PBFV results across different time points – BP, IATT, 6mosAT and 9mosAT (IBM SPSS Statistics, ver. 23.0).

**Results:** The statistically significant main effects of Treatment Type, Treatment Time and their interaction were revealed for IIEF-5 ( $F(6.5,227.5) = 140.351$ ;  $P < 0.001$ ;  $\eta^2 = .80$ ), EHS ( $F(7.89,276.04) = 33.99$ ;  $P < 0.001$ ;  $\eta^2 = .50$ ) and PBFVs ( $F(5.96,208.28) = 89.14$ ;  $P < 0.001$ ;  $\eta^2 = .71$ ). Following up this interaction indicate that treatment type really does have statistically significant effect on IIEF-5, EHS and PBFV at different time points. The interaction results show that there are no significant differences in IIEF-5 and EHS scores and PBFV measurements between treatment groups at BP point, but single-modality treatment (*Li-ESWT only*) or its combination (*Li-ESWT with PDE5*) improve IIEF-5, EHS and PBFV over treatment time and reveals maximum and stable efficiency after 6 months. The therapeutic effects of single-modal PDE5 treatments are revealed at IATT time point for IIEF-5 and EHS scores only, which decrease to baseline level after 3-month therapy. During the whole single-modal PDE5 therapy PBFV value remained unchanged.

**Table 1**  
Treatment Group Distribution

	Group I	Group 2	Group 3	Group 4
Mild ED (n)	15	21	10	14
Moderate ED (n)	20	25	4	–
Total (n)	35	46	14	14
Treatment	Li-ESWT only	Li-ESWT and Vardenafil 5 mg OD	Vardenafil 5 mg OD only	Control (no treatment)

**Conclusions:** Combination treatment of patients with mild to moderate ED using Li-ESWT and PDE5 inhibitors resulted in more sustained improvement in erectile function than monotherapy with either treatment. The observed increases in penile arterial velocity suggest that Li-ESWT stimulates penile neovascularization with prolonged and stable improvements of erection.

#### GUA-16 Treatment of ureterocele with thulium laser

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**Abstract:** Ureterocele is a cystic dilatation that develops in the intravesical part of the submucosal ureter. Ureterocele is the main anomaly associated with complete renal duplication, but it also occurs in a single system. The overall incidence in autopsies is around one in 4,000 children. Management is controversial with a choice between a non-operative approach, endoscopic decompression, ureteral re-implantation, partial nephroureterectomy, or complete primary reconstruction. In our case, we are doing an endoscopic decompression, with thulium laser. An indication with this technique is intravesical obstruction and contraindication is urolithiasis. It was a 64-year-old male patient with intravesical ureterocele, lower urinary tract obstruction, postvoid urine – 600 ml and Qmax – 4.7 ml/sec. After the surgery imaging control about ureterocele was absent, Qmax was 30 ml/sec, post void urine was normal. After one year, the results of clinical tests were same. An advantage of this technique is a low risk of reflux. We have already done in our center thulium decompression under the 10 patients. All those cases were successful.

#### GUA-17 Ureters implantation method into low-pressure small intestine reservoir

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**Abstract:** Urine derivation after cystectomy, or due to bladder function impairment more has been a pressing problem in urology for more than a century. Various techniques of urinary derivation after cystectomy due to bladder cancer or non-oncologic disease have been suggested. In the present day, more often, the artificial reservoirs are formed from the various intestinal segments. The article describes preoperative preparation of patients, surgical technique and efficiency of the specific method of implantation of ureters into low-pressure small intestine reservoir. It was a 65-year-old female patient with TB damage of the urinary tract. In our case, we are doing

cystectomy and then implantation of ureter into low-pressure small intestine reservoir.

**Results:** After the surgery we have not seen anastomosis stenosis and reflux. The method is technically simple and can be widely used in urology, does not require specific equipment, the risk anastomosis stenosis is quite low. The patient should be under the supervision of the Urologist after the surgery.

#### GUA-18 Estimation the efficacy of retroperitoneoscopic renal cystectomy

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**Objective:** Estimation of the efficacy and safety of the retroperitoneoscopic operations for renal cysts.

**Materials and methods:** Retroperitoneoscopic operations (renal cysts deroofing) were performed for 152 patients.

**Results:** The mean duration of the operations were, 35.7 ± 6.1 min; there were not any intraoperative complications; incidence of postoperative complications were 2.4%; hospital stay was, mean, 2.2 ± 0.1 day; there were not any conversions to open operations and additional procedures in postoperative period.

**Conclusions:** Retroperitoneoscopic renal cystectomy is effective and safe procedure for the treatment of simple kidney cysts.

#### GUA-19 Laparoscopic partial resection of the renal tumors: our initial experience

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**Background:** The relevance of the study of nephron-sparing surgery on kidney tumors is determined by the widespread increase of the early diagnosis and incidence of renal tumors and the desire to preserve not only human life, but also his quality of life, ensuring maximum safe and active longevity.

**Purpose:** To acquaint with the initial experience of laparoscopic partial resection of the renal tumors in the Republican Specialized scientific-practical Medical Center of Urology (Tashkent, Uzbekistan).

**Material and methods:** From October 2016 through August 2019 laparoscopic partial tumor resection was performed in 30 patients. The median age of the patients was 48 years (range: 17–71 years). The size of the tumor ranged from 2.1 × 2.8 cm to 6.8 × 7.4 cm, in the stage – T1a-T2b. For planning the surgical procedure, the recommendations of the “European Scoring System for Laparoscopic Operations in Urology” and the RENAL nephrometric score were used to assess the degree of difficulty of laparoscopic intervention. The degree of complexity of the operation was characterized as “very difficult” (VD: the sum of the criteria is 15–16). The predictive risk according to the RENAL nephrometric score was high in 3 (10%) cases (10–12 points), medium in 15 (50%) (7–9 points), and low in 12 (40%) cases (4–6 points).

All operations were performed according to the standard technique with transperitoneal access, under endotracheal anesthesia.

The effectiveness of surgical treatment was evaluated by the following indicators: duration of surgery, time of thermal ischemia of the kidney, volume of blood loss, frequency of intra- and postoperative complications, length of stay of the patient in the hospital, timing of removal of