

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 neoangiogenesis 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 infravesical 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