

undergoing penile prosthesis surgery, before and after implementing a specific preoperative checklist.

Methods: A total of 173 patients with erectile dysfunction who underwent penile prosthesis implantation from January 1993 to December 2018 were retrospectively reviewed. Patients were divided into two groups, group A (128 patients) were operated from 1993 to 2013, and group B (45 patients) underwent penile implant surgery after implementing our protocol in 2013, consisting on preoperative and postoperative measures as explained below. Statistical analysis was performed using t-Student and Fisher's exact test. Preoperative measures: - Negative urine culture (15 days before surgery) - Glycosylated hemoglobin below 9% in diabetic patients - Antibiotic prophylaxis 1 hour before (Vancomycin or Cefazidime + Tobramycin) Intraoperative measures: - Disposable operating room clothing - Double surgical gloves for the staff - Prosthesis to be handled only by urologist - 10 minutes hand washing for all participating staff with chlorhexidine or povidone iodine - 10 minutes washing of the patient's genital area with chlorhexidine or povidone iodine - Rifampicin plus Gentamicin solution to irrigate the corporotomies - Layered surgical wound closure using absorbable monofilament sutures - Limitation of the operating room traffic.

Results: 173 patients were included in the study. Mean age was 56 years (± 10). Main characteristics of each group are summarized in table 1. In group A, 13 patients (10,2%) presented infection of penile prosthesis, while in group B, only 1 patient (2,2%) presented this complication ($p=0,118$). **Conclusion:** After the implementation of our perioperative checklist we can observe a decrease in the absolute number of infections. Our recommendation is to maintain this protocol and evaluate the Results again when there is a larger sample size.

Policy of full disclosure: None

PO-01-091

PLATELET RICH PLASMA PENILE REJUVENATION AS A TREATMENT FOR ERECTILE DYSFUNCTION: AN UPDATE

Alkhayal, S.¹; Lourdes, M.²

¹Novomed Centres, United Arab Emirates; ²Novomed Centres, Dubai, United Arab Emirates

Objective: Platelet Rich Plasma (PRP) with its known healing and growth factors could play a role in erectile dysfunction treatment. Based on these regenerative properties we explored the efficacy and safety of using PRP for corporeal rejuvenation as a treatment for erectile dysfunction.

Methods: 267 patients suffering from organic Erectile Dysfunction received PRP intra-cavernosal injections according to an established protocol by the American cellular medicine association. TRU PRP obtained using an automatic dual spin Magellan Arterioocyte machine. The PRP had at least 4-5 times the concentration of baseline platelet count (in order to be effective). Patients with Psychogenic or Neurogenic causes were excluded from the study. Patients with grade 1 (very weak) erections, or premature ejaculation were also excluded. Patients filled in IIEF5 Questionnaire before and at least 6 weeks after treatment. GAQ and SEP3 questions were also assessed post treatment. any adverse events were recorded.

Results: Full data could be obtained on 61 patients Mean age of 43y, range (22-80). Mean follow up 11 weeks (4-59) 6 weeks median The mean IIEF-5 score for all patients, before treatment was 12.5 (5-20) and Post treatment IIEF-5 = 17 (5-24), $p < 0.001$. 54 out of 61 patients (88,5%) reported improvement in their erection hardness (GAQ). 48 patients (78%) achieved a successful intercourse (SEP 3). The mean IIEF5 increase for those who expressed improvement was 5.2 points (from 12.5 to 17.7) $P < 0.001$ Median 4, Range 0-13 Results seem to appear about 3-4 weeks post treatment No reported adverse events in any patient.

Conclusion: Platelet rich plasma penile rejuvenation is a safe and effective treatment option for erectile dysfunction. To Achieve satisfactory Results,

High Quality PRP is required and appropriate training should be obtained before administration. Proper patient selection and counselling is necessary. Policy of full disclosure: None

PO-01-092

A STUDY OF SEXUAL AND REPRODUCTIVE DYSFUNCTIONS IN JUVENILE ONSET DIABETIC MEN

Abdel-Latif, M.¹; Taha, E.A.²; Hofny, E.R.M.²; Ezz-El Din, A.M.²; El Shereef, H.K.²; Ali, M.E.M.²; Abdel- Hafez, K.M.²

¹Sohag University, Egypt; ²Assuit University, Egypt

Objective: To evaluate sexual dysfunction and fertility status in men having juvenile onset diabetes comparing them to fertile controls.

Methods: 73 male patients having juvenile onset diabetes mellitus. The study included clinical evaluation, erectile capacity scoring with IIEF-5 score, urine analysis after masturbation, conventional semen analysis and sperm hypoosmotic swelling test of 73 diabetic men and 33 fertile controls.

Results: Prevalence of erectile dysfunction (ED) was 75%, premature ejaculation was 31%, partial retrograde ejaculation was 5% and infertility was 40%. There was a significant decrease in percentage of normal sperm morphology among diabetic patients (41.37 ± 12.38) than controls (57.27 ± 8.11) ($P < 0.001$). Percentage of progressive sperm motility was significantly lower in diabetic patients (33.42 ± 13.38) than controls (54.84 ± 5.92) ($P < 0.001$). There was a significant decrease in sperm HOS % among diabetic patients (62.55 ± 11.69) in comparison to controls (77.36 ± 8.23) ($P < 0.001$). There was no significant difference in sperm concentration (in million sperm/ml) between diabetic patients (69.75 ± 62.11) and controls (74.55 ± 50.78). Similar Results were obtained on comparing between fertile and infertile diabetics.

Conclusion: Diabetic patients had increased prevalence of erectile & ejaculatory dysfunctions and infertility. They also had significantly lower normal sperm morphology, progressive sperm motility and hypoosmotic sperm swelling percentages. They had higher round cell number.

Policy of full disclosure: None

PO-01-093

SIGNIFICANCE OF VARICOCELECTOMY BY MARMAR FOR TREATMENT SECONDARY PREMATURE EJACULATION AND CHRONIC CONGESTIVE PROSTATITIS

Knigavko, O.¹

¹Kharkiv National Medical University, department of Urology, Andrology, Kharkiv, Ukraine

Objective: Varicocele is very often pathology for young men (up to 20%) which traditionally suggested can due to male infertility. Premature ejaculation (PE) - other common disease, which according to different authors suffers from 25 to 40% of men, mostly young. It's noted (ISSM congress, Lisbon, 2018) that operation varicocelectomy improves intravaginal ejaculatory latent time (IELT) in men with both pathologies but reason of it hasn't disclosed yet. We suggested that varicocele (especially bilateral) goes to venous hyperemia of prostate and chronic congestive prostatitis which can be reason of secondary premature ejaculation and decided to check it with this investigation.

Methods: In 2007-2018 in the andrological department of Kharkiv Clinical Center of Urology and Nephrology 1073 patients with premature ejaculation were examined. In this investigation, the Results of diagnosis and treatment of 289 patients with secondary PE and varicocele I-III grade were evaluated. The patients to be divided into 2 groups: Group 1 - 136 patients with diagnosed chronic prostatitis (CP), who underwent antibacterial