

urethra of the membranous urethra should be suspended after the anastomosis. Early postoperative continence rate: we retrospectively analyzed the early postoperative urinary continence in 98 patients with LRP. Fifty-six of them underwent modified LRP and 42 with conventional LRP. The results showed that the 1-month urinary continence rate was 57% in the traditional LRP group and 85% in the modified LRP group.

Conclusions: The fine anatomy of LRP related structures is the theoretical basis for the improvement of LRP surgery. After conducting the modified LRP surgery based on anatomy, the early urinary continence rate in our center was obviously improved.

Keywords: Local prostate anatomy; radical prostatectomy

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AB011. Laparoscopic radical cystectomy, modified Wallace ileal conduit retrospectively

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Abstract: To analyze the experiences of laparoscopic radical cystectomy, modified Wallace ileal conduit retrospectively. To demonstrate the patient positioning, Trocar positioning, operational procedures, key steps and personal experiences of this approach, focusing on the operative techniques and post-operational outcomes of modified Wallace ileal conduit.

Keywords: Laparoscopic radical cystectomy; modified Wallace ileal conduit retrospectively

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AB012. Update on treatments for premature ejaculation

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Abstract: Premature ejaculation (PE) occurs when a man ejaculates before he or his partner want climax to happen. For some men, the problem starts with their first sexual experience (primary PE). For others, it happens after a period of normal sexual functioning (secondary PE). In two five nation (Turkey, USA, UK, Netherlands, and Spain) studies of IELT in men from the general population, the median IELT was 5.4 minutes (range, 0.55–44.1minutes) and 6.0 minutes (range, 0.1–52.7 minutes), respectively. In these samples 2.5% of men had an IELT of less than one minute and 6% of less than two minutes PE. Serotonin is the neurotransmitter of greatest interest in the control of ejaculation and has the most robust data in animal and human models. Waldinger *et al.* hypothesized that lifelong early ejaculation in humans may be explained by a hyposensitivity of the 5-HT_{2C} and/or hypersensitivity of the 5-HT_{1A} receptors. Several forms of pharmacotherapy have been used in the treatment of PE. These include the use of topical local anaesthetics, selective serotonin reuptake inhibitors (SSRI's), tramadol¹⁶⁸, phosphodiesterase type 5 inhibitors (PDE5i), and alpha adrenergic blockers¹⁷⁰. The use of topical local anaesthetics (LA), such as lidocaine, prilocaine or benzocaine, alone or in association, to diminish the sensitivity of the glans penis is the oldest known pharmacological treatment for PE. The introduction of the selective serotonin reuptake inhibitors, paroxetine, sertraline, fluoxetine, citalopram and the tricyclic antidepressant (TCA) clomipramine has revolutionized the treatment of PE. These drugs block axonal re-uptake of serotonin from the synaptic cleft of central serotonergic