

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, 0.55–44.1 minutes) 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

neurons by 5-HT transporters, resulting in enhanced 5-HT neurotransmission and stimulation of post-synaptic membrane 5-HT receptors.

Keywords: Premature ejaculation (PE); tricyclic antidepressant (TCA); phosphodiesterase type 5 inhibitors (PDE5i)

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AB013. Diagnosis and treatment of premature ejaculation

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Abstract: The definition of premature ejaculation has not yet been agreed upon in the international community, which can be divided into primary premature ejaculation, secondary premature ejaculation, variability premature ejaculation and premature ejaculation likely erectile dysfunction. The diagnosis can be carried out based on the patient's medical history, the sexual evaluation table and the neurological examination of the premature ejaculation in China, Neurologic examination including the sensory evoked potentials of the penile dorsal nerve (DNSEP) and the sensory evoked potentials of the penis glans (GPSEP). Treatment methods can choose psychological counseling, behavioral therapy, drug therapy and surgical treatment. Drug therapy including topical drugs, serotonin reuptake inhibitors (SSRI), receptor blockers, type 5 phosphodiesterase inhibitors (PDE5i), etc., of the latest medications can choose hydrochloric acid of dapoxetine (Priligy) treatment.

Keywords: Premature ejaculation diagnosis treatment

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AB014. Clinical observation on systematic desensitization therapy for 35 cases of simple premature ejaculation

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Background: Explore new treatments for patients with simple premature ejaculation.

Methods: Thirty-five patients with simple premature ejaculation were treated by desensitization under the assistance of desensitization machine, and no local anesthetics or oral medicine were used to treat premature ejaculation. We observe the total time of sex life and Single vaginal pumping time before and after treatment; another method is for the absence of frequent sexual partners to compare the time and number of pumping on the treatment machine were compared before and after treatment.

Results: After 1 or 6 treatments, 35 patients achieved satisfactory results. The total time of sexual life was extended from less than 1 to 20–30 minutes; Single vaginal pumping times were increased by less than 50 times to 500 or more times in husband and wife's lives, and 1,000 or 2,000 times on the desensitization machine. The effective rate of the patients currently treated is 100%.

Conclusions: Systematic desensitization, out of the way drugs used to treat simple premature ejaculation, brought the gospel for many patients, also provide this method for the treatment of patients with premature ejaculation or without frequent sexual partners, is a very simple and effective treatment method.

Keywords: Simple premature ejaculation; systematic desensitization