

is associated with poor quality of life. Voiding and sleep patterns should be strictly evaluated in elderly patients to define which of urological disease or sleep disorder is primitive factor. Various medical options to control voiding and/or storage symptoms with sleep disorder have chosen as monotherapy or combination therapy including alpha-blockers, anticholinergics and antidiuretic hormone for urinary symptoms as well as good sleep hygiene practice of sleep disorder and hypnotics for insomnia. Therefore, to clarify underlying disease to cause patient's chief complaint is essential resulting to maximize therapeutic results. This lecture will provide pathogenesis, diagnostic approach, ideal pharmacologic treatment with underlying action mechanism and cognitive behavior therapy in elderly with simultaneous sleep disorder and urological disease.

Keywords: Sleep disorder; elderly patients; urological disease

doi: 10.21037/tau.2017.s021

Cite this abstract as: Park NC. Management of sleep disorder in elderly patients with urological disease. *Transl Androl Urol* 2017;6(Suppl 3):AB021. doi: 10.21037/tau.2017.s021

AB022. New strategy for inflatable penile prosthesis reservoir placement and removal

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Abstract: Inflatable penile prostheses (IPP) have been utilized reliably as a definitive treatment for medically refractory erectile dysfunction (ED) over the last four decades. The device consists of two intra-corporal penile cylinders, a pump placed in the scrotum, and a fluid-containing reservoir. However, placement of an IPP reservoir in a patient with multiple lower abdominal/pelvic surgeries is technique challenge. The Conceal low

profile reservoir and Cloverleaf are designs to allow ectopic placement and to avoid potential bladder, bowel or vascular injury. Another rare but potentially devastating complication of IPP implantation is infection of the implant. In the event that an implant becomes infected, all components of the IPP need to be removed. Removal of reservoir has also been surgically challenging due to its location; either deep in the space of Retzius of the pelvis or high in the abdomen between the muscular fascia. This presentation will discuss new strategy for IPP reservoir placement and removal.

Keywords: Inflatable penile prostheses (IPP); erectile dysfunction (ED)

doi: 10.21037/tau.2017.s022

Cite this abstract as: Wang R. New strategy for inflatable penile prosthesis reservoir placement and removal. *Transl Androl Urol* 2017;6(Suppl 3):AB022. doi: 10.21037/tau.2017.s022

AB023. Scrotal exploration and microsurgical vasoepididymostomy in azoospermic patients due to non-vasectomy, non-traumatic etiologies

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Background: Non-iatrogenic, non-traumatic obstructive azoospermia (OA) includes causes like congenital bilateral absence of vas deferens (CBAVD), blockage at rete testis, or obstruction distal to internal inguinal rings. The blockage could be potentially identified at scrotal exploration and corrected with microsurgical vasoepididymostomy (VE). The