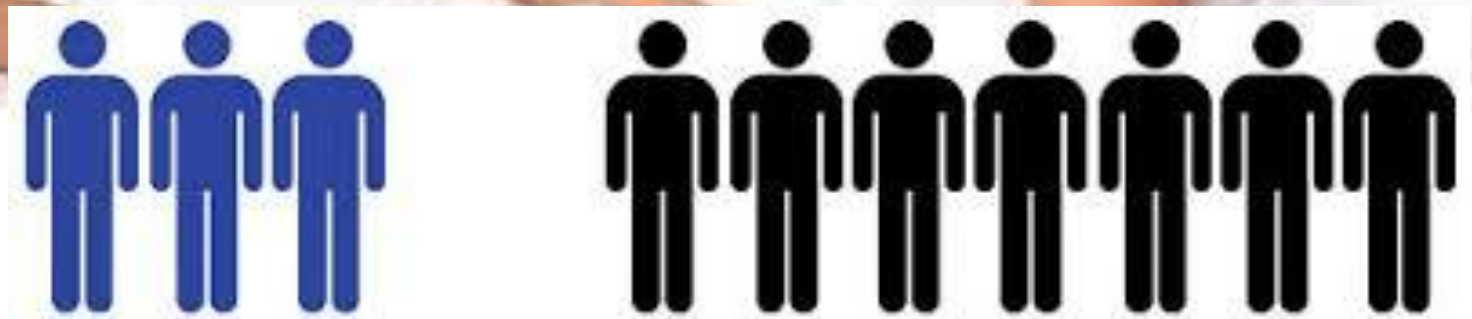
УРО-ПРО
МЕЖДУНАРОДНЫЙ МЕДИЦИНСКИЙ ЦЕНТР

ХИРУРГИЧЕСКОЕ ЛЕЧЕНИЕ ПРЕЖДЕВРЕМЕННОЙ ЭЯКУЛЯЦИИ: СОВРЕМЕННОЕ СОСТОЯНИЕ ПРОБЛЕМЫ.

Яков Миркин

Кузбасская урологическая школа - 2022

30% мужчин страдают от преждевременной эякуляции



Показания для оперативного лечения преждевременного семяизвержения:

- Положительный тест с поверхностными анестетиками (увеличение ВИЗС, заполнение

> J Urol. 1997 Aug;158(2):451-5.

- **Somatosensory evoked potentials in patients with primary premature ejaculation**

Z C Xin [1], Y D Choi, K H Rha, H K Choi

Premature ejaculation symptoms score (PESS)

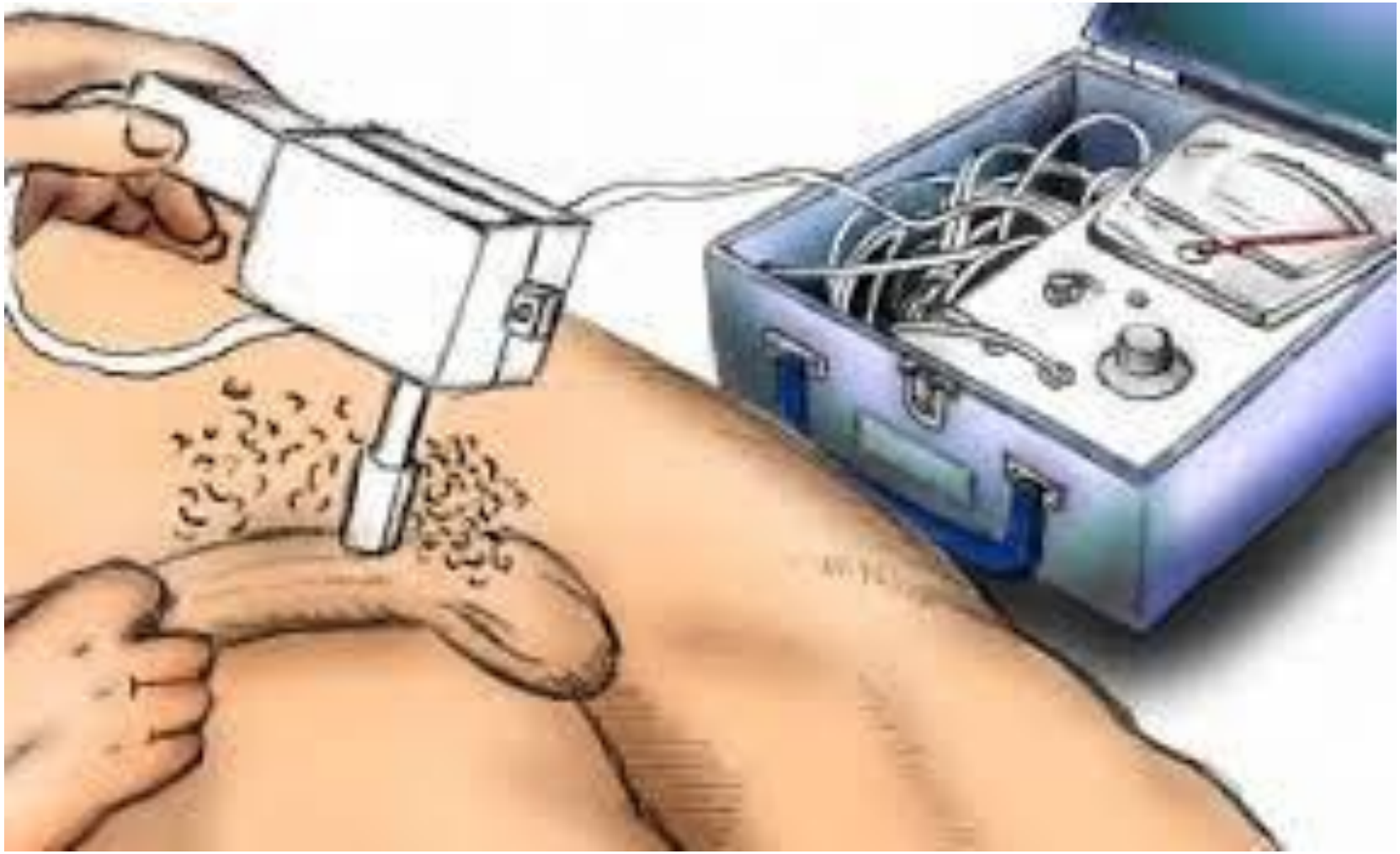
	Not difficult	A little hard	Hard enough	Very hard	Extremely hard
How hard is it for you to delay your ejaculation?	0	1	2	3	4
	Never	Less than in 25% cases	In a half cases	More than in 75% cases	Always
Do you have ejaculation before you wish?	0	1	2	3	4
Do you ejaculate					4

finished with premature ejaculation	0	1	2	3	4	5	6	7	8	9	10

IELT	More than 5 min.	2 – 5 minutes	Less than 2 min.	Less than 1 min.	Before penetration
How long does your sexual intercourse last?	0	1	2	3	4
QOL	Well	Normally	Not very well	Badly	Very badly
What would you think of the fact, that you would live with this problem all your life?	0	1	2	3	4

Стандартизация показаний и методик оперативного лечения???

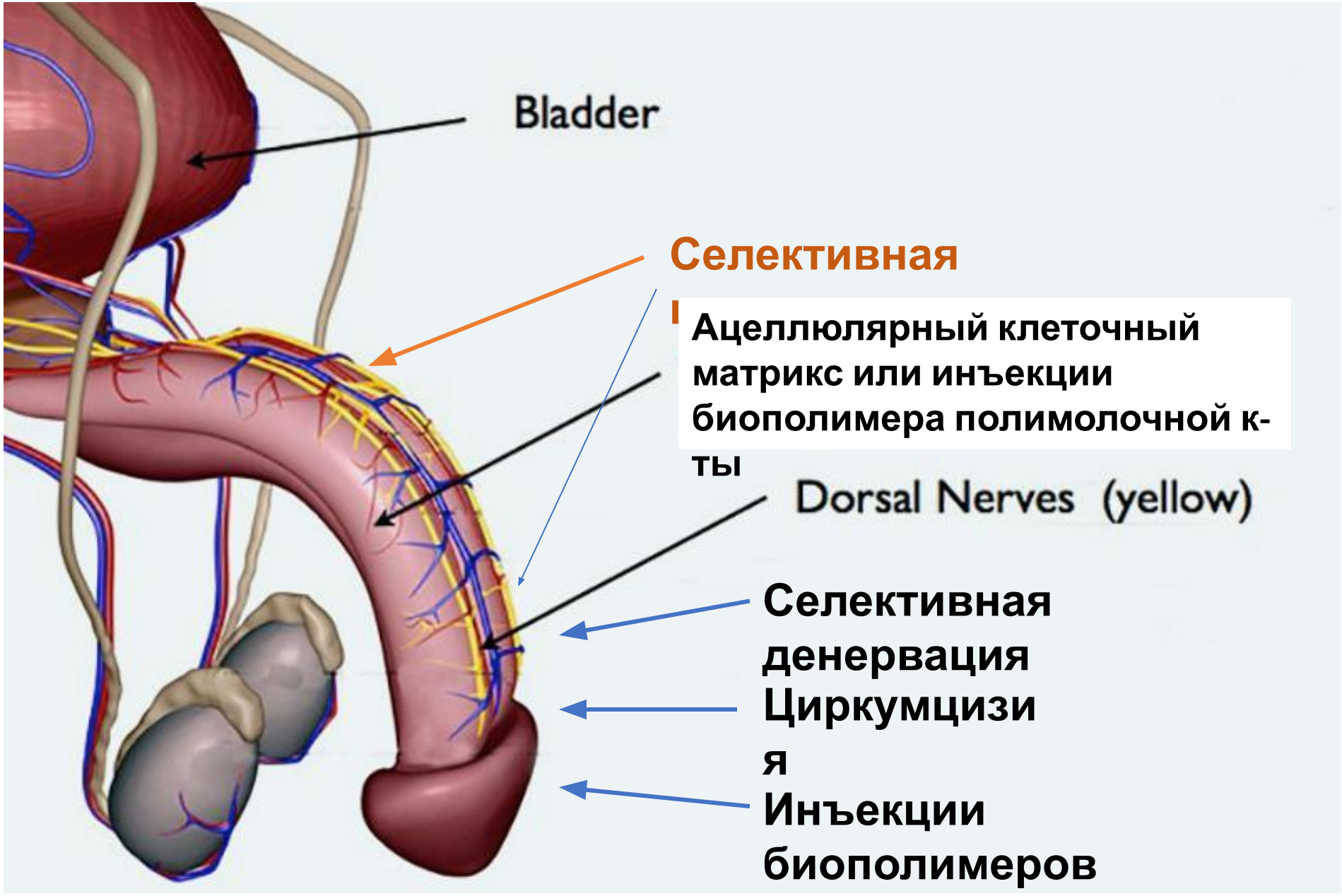
БИОТЕЗИОМЕТРИЯ



Виды хирургического лечения ПЭ

- Циркумцизия
- Френулотомия
- Инъекции филеров
- Инъекции БОТОКСа
- Селективная денервация полового члена
- Радиочастотная абляция дорсального нерва
- Селективная криоденервация полового члена
- “Switch-surgery”

ХИРУРГИЧЕСКОЕ ЛЕЧЕНИЕ ПЭ



Hindawi Publishing Corporation
BioMed Research International
Volume 2015, Article ID 417846, 7 pages
http://dx.doi.org/10.1155/2015/417846

Hindawi

Циркумцизия: результаты

Clinical Study

Effects of Adult Male Circumcision on Premature Ejaculation: Results from a Prospective Study in China

Jingjing Gao,[1] Chuan Xu,[1] Jingjing Zhang,[2] Chaozhao Liang,[1] Puyu Su,[3] Zhen Peng,[4] Kai Shi,[1] Dongdong Tang,[1] Pan Gao,[1] Zhaoxiang Lu,[5] Jishuang Liu,[6] Lei Xia,[7] Jiajia Yang,[1] Zongyao Hao,[1] Jun Zhou,[1] and Xiansheng Zhang[1]

Table 2: Outcomes of IELT and PRO measures for all subjects at baseline and each follow-up visit.

	Baseline (N = 1198)	Follow-up			
		3 months (N = 1122)	6 months (N = 1076)	9 months (N = 1038)	12 months (N = 998)
IELT, minutes					
Circumcision group	1.58 ± 0.74[b,c,d,e]	1.44 ± 0.52[a,f]	1.86 ± 0.80[a,f]	2.08 ± 0.90[a,f]	2.11 ± 0.89[a,f]
Control group	1.55 ± 0.78	1.57 ± 0.75	1.61 ± 0.76	1.59 ± 0.78	1.58 ± 0.74
PRO measures, scores					
(A) Control over ejaculation					
Circumcision group	2.13 ± 0.93[b,c,d,e]	2.05 ± 0.83[a,f]	2.28 ± 1.04[a,f]	2.30 ± 1.02[a,f]	2.52 ± 1.12[a,f]
Control group	2.15 ± 0.85	2.16 ± 0.87	2.13 ± 0.82	2.20 ± 0.86	2.18 ± 0.83
(B) Satisfaction with sexual intercourse					
Circumcision group	2.24 ± 0.89[c,d,e]	2.25 ± 0.92	2.56 ± 0.94[a,f]	2.54 ± 0.92[a,f]	2.58 ± 0.98[a,f]
Control group	2.20 ± 0.84	2.21 ± 0.79	2.20 ± 0.85	2.18 ± 0.87	2.19 ± 0.85
(C) Severity of PE*					
Circumcision group	1.92 ± 0.69[c,d,e]	1.89 ± 0.65	1.54 ± 0.67[a,f]	1.49 ± 0.64[a,f]	1.50 ± 0.62[a,f]

Френулотомия: результаты

J Sex Med. 2010 Mar;7(3):1269-76. doi: 10.1111/j.1743-6109.2009.01661.x. Epub 2010 Jan 14.

The role of short frenulum and the effects of frenulectomy on premature ejaculation

Luigi Gallo [1], Sisto Perdonà, Antonio Gallo

До 1,65 мин

renulum in 59 out of 137 (43%) subjects who came to our
e of study population was 38.2 years (+/-5.3 standard deviation). At baseline period, mean IELT was 1.65 minutes (+/-1.15), and mean PE questionnaire score was 15.8 (+/-2.85). No complications related to surgery occurred. Mean follow-up time was 7.3 months (+/-3.18). After frenulectomy, mean IELT was 4.11 minutes (+/-1.77), and mean PE questionnaire score was 9.85 (+/-3.2). An increase in mean IELT of 2.46 minutes (P < 0.0001) and a reduction in mean PE questionnaire syn

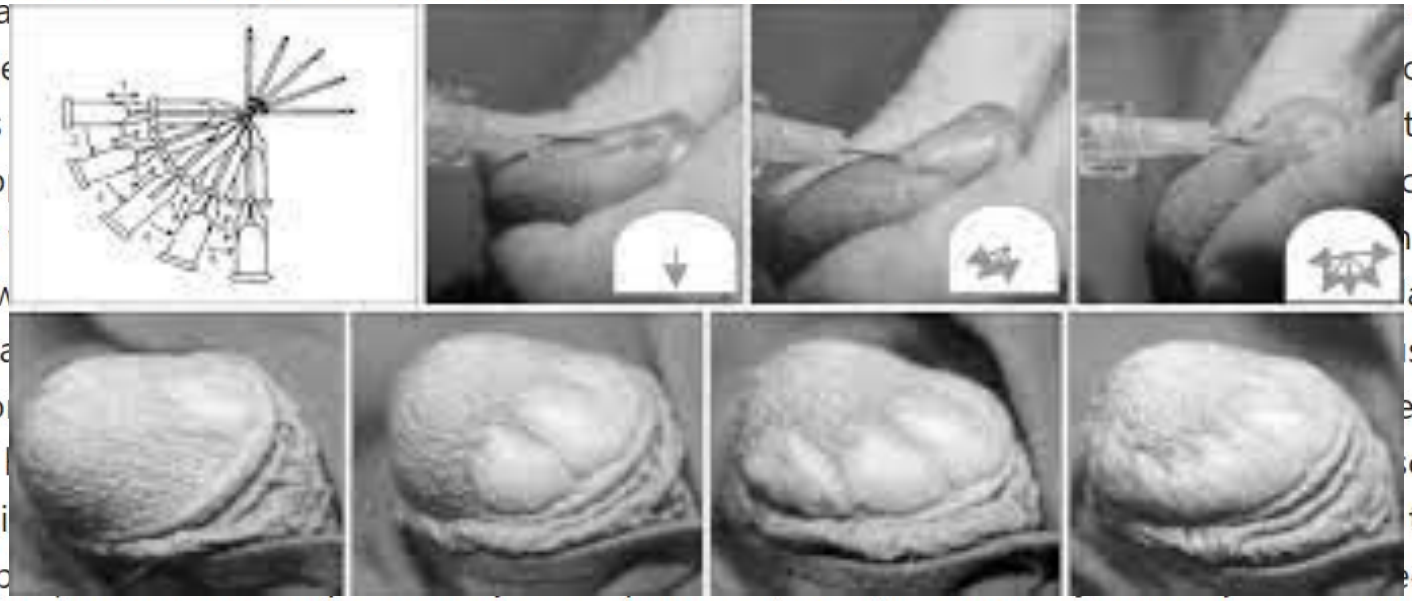
После 4,11 мин

Conclusion: Short frenulum is a genital long PE in our data set. We suggest always ruling out at physical examination the presence of a short frenulum in all patients complaining of PE and to propose frenulectomy as first-line treatment in these cases.

Инъекции филеров: результаты

Treatment of premature ejaculation by glans penis augmentation using hyaluronic acid gel: a pilot study

H Abdallah [1], T Abdelnasser, H Hosny, O Selim, A Al-Ahwany, R Shamloul



Prema of men affecte om various forms tion. The appro of this pilot study PE. Sixty men w anuary 2007 a sing rando ection of 2 ml of cribed fan techni the multip echnique, while 26 patients (53.1%) received it through the multiple-point technique. The mean intravaginal ejaculation latency time (IELT) increased significantly from 2.12 ± 1.16 to 7.71 ± 7.86 min, after 1 month of injection and then dropped to 5.32 ± 3.52 min, but still remaining significantly higher than the baseline values. Results from our present pilot study demonstrated the usefulness of the application of hyaluronic acid dermal fillers in the treatment of PE; however, further investigations in large cohorts with longer follow-up are definitely needed to obtain more consistent results.

Wolters Kluwer

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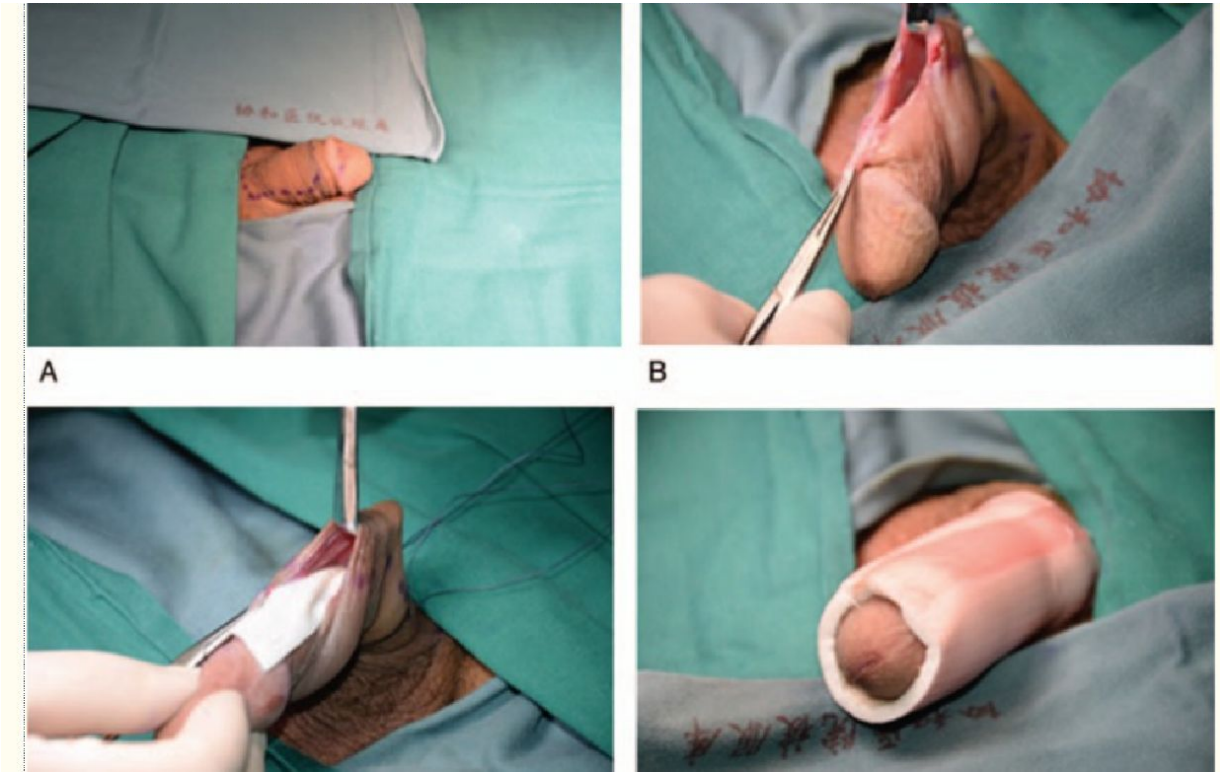
Medicine (Baltimore). 2019 Jan; 98(3): e14109.
Published online 2019 Jan 18. doi: 10.1097/MD.0000000000014109

PMCID: PMC6370163
PMID: 30653133

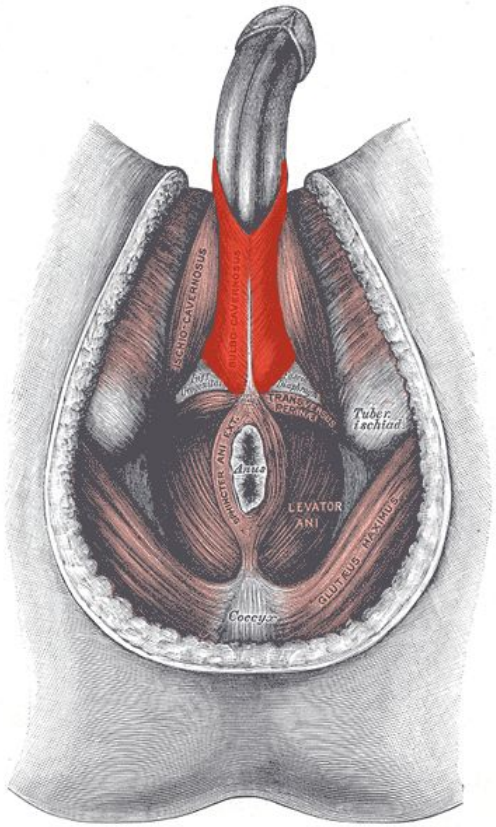
Surgical treatment for primary premature ejaculation with an inner condom technique

Hai Wang, MD,[a] Ming Bai, MD,[b] Hai-Lin Zhang, MD,[b] and Ang Zeng, MD[b,*]

Monitoring Editor: Giuseppe Lucarelli.



Инъекции БОТОКСа:



Randomized Controlled Trial > Zhonghua Nan Ke Xue. 2018 Aug;24(8):713-718.

Иньекция ботулинического токсина в бульбоспонгиозные мышцы для лечения первичной преждевременной эякуляции: предварительное

[Article in Chinese]

Zhong-Tai Li [3], Yan-Feng Li [1], Yong Zhang [3], Yong Luo [1], Tong Zhu [1], Ke Li [1], Qing-Xing Feng [1], Jun Jiang [1]

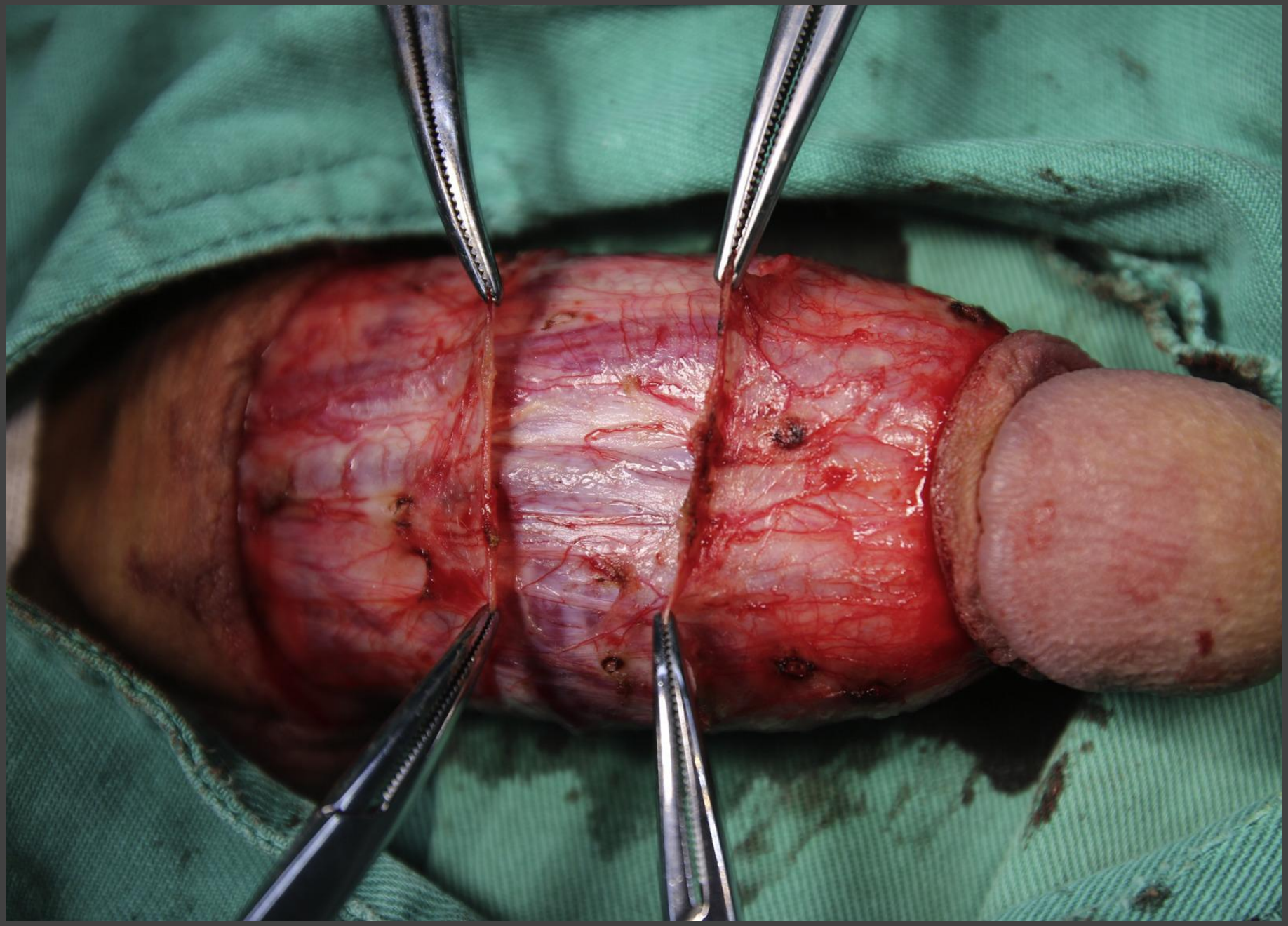
Results: Complete data were obtained from 69 of the patients, 34 in the trial and 35 in the control group. The effectiveness rate was 47.06% (16/34) in the former but 0 in the latter. At 4 weeks after treatment, the patients of the trial group showed a significantly longer IELT than the controls and the baseline ([2.35 ± 1.83] vs [0.79 ± 0.21] and [0.74 ±+ 0.27] min, P < 0.01) and the controls. The patients in the trial group, in comparison with those in the saline control group and the baseline,

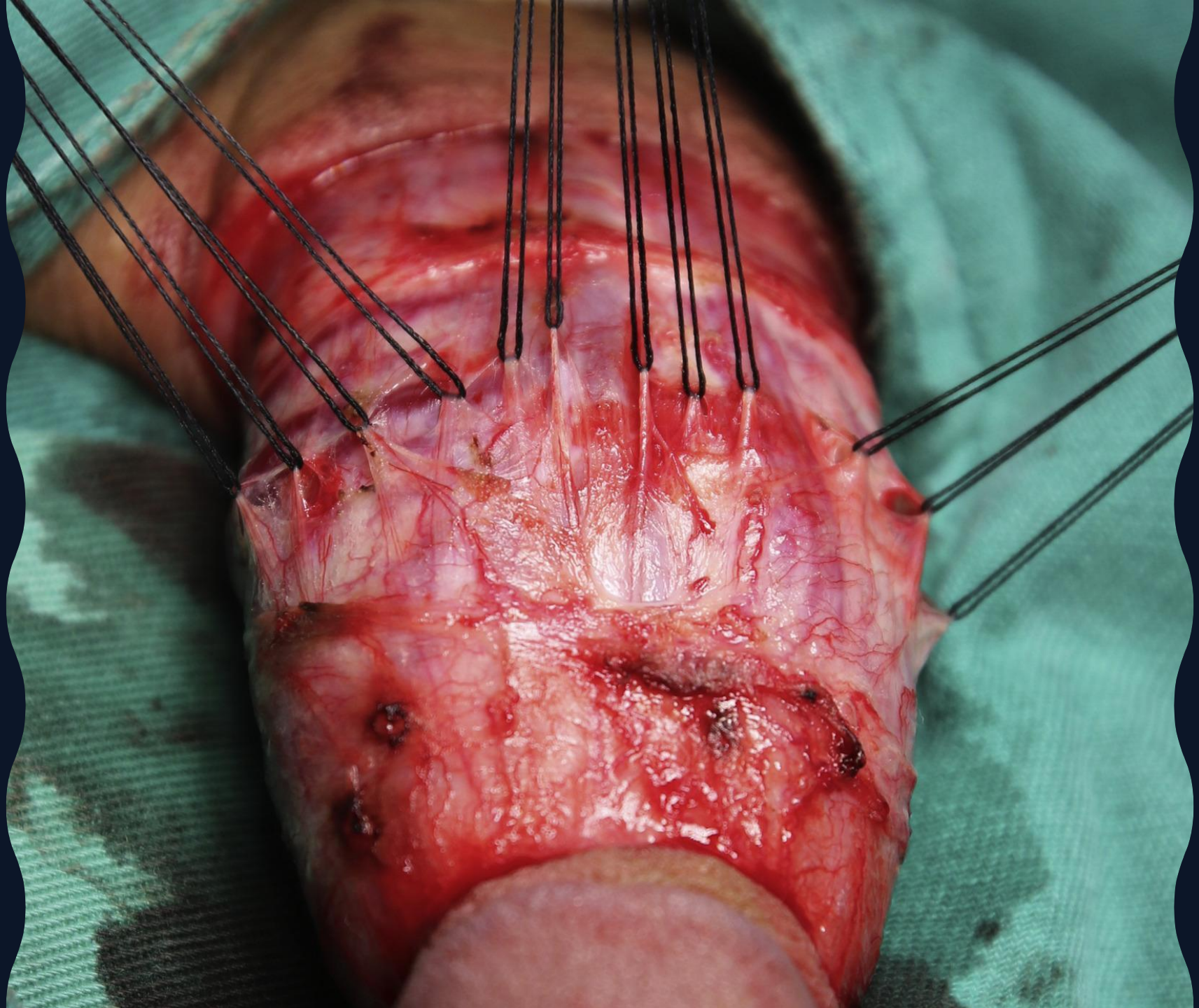
Селективная денервация:

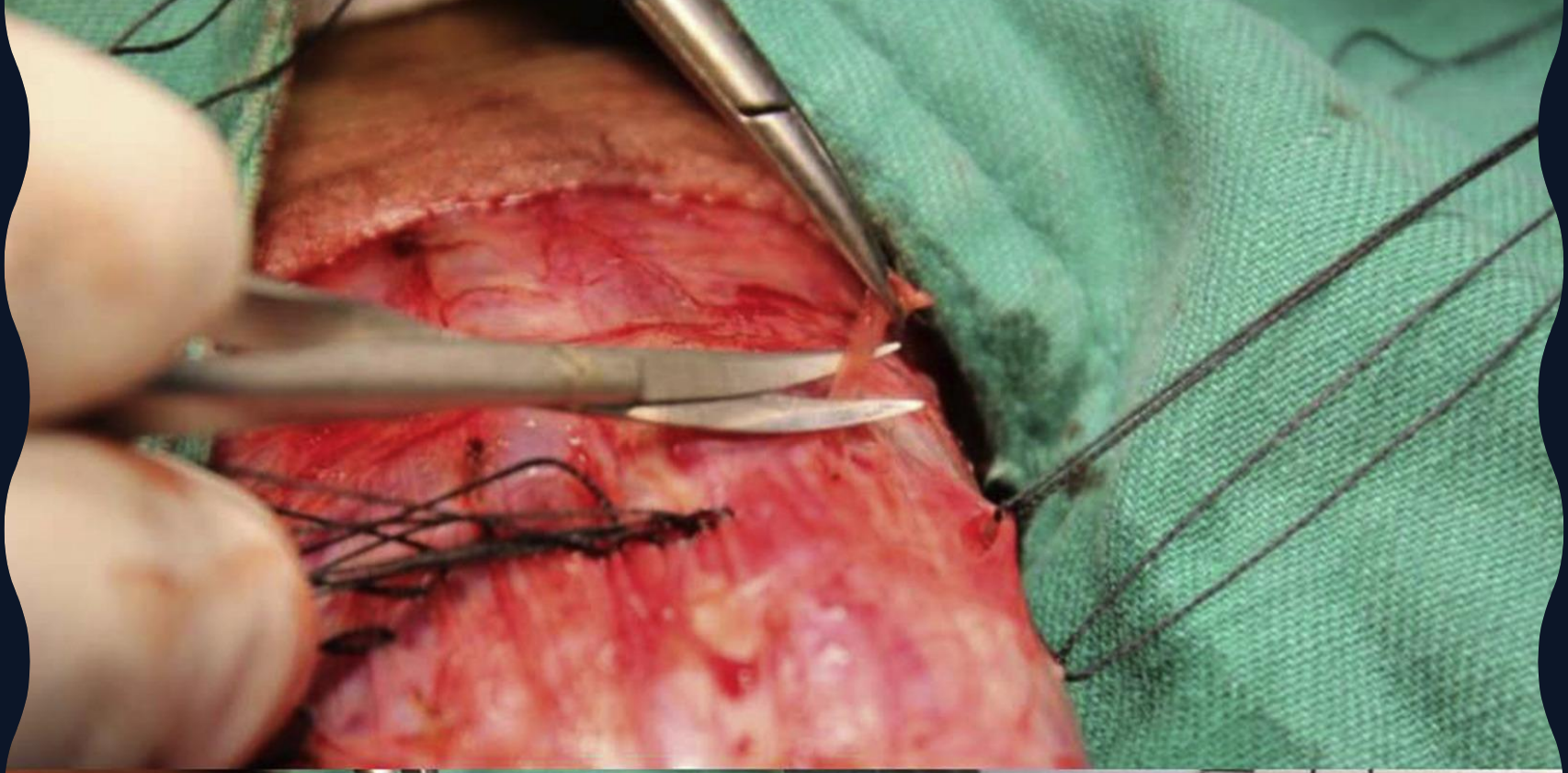
Original Research

Anatomic Basis and Clinical Effect of Selective Dorsal Neurectomy for Patients with Lifelong Premature Ejaculation: A Randomized Controlled Trial

Qian Liu MMSC [1, 2], Sen Li MMSC [1], Youpeng Zhang MMSC [1], Yongbiao Cheng MMSC [1], Jiamin Fan [1], Li Jiang [2], Shan Li [3], Yong Tang [1], Hanqing Zeng MD [1], Jin Wang MD [1], Zhaohui Zhu MD [1]





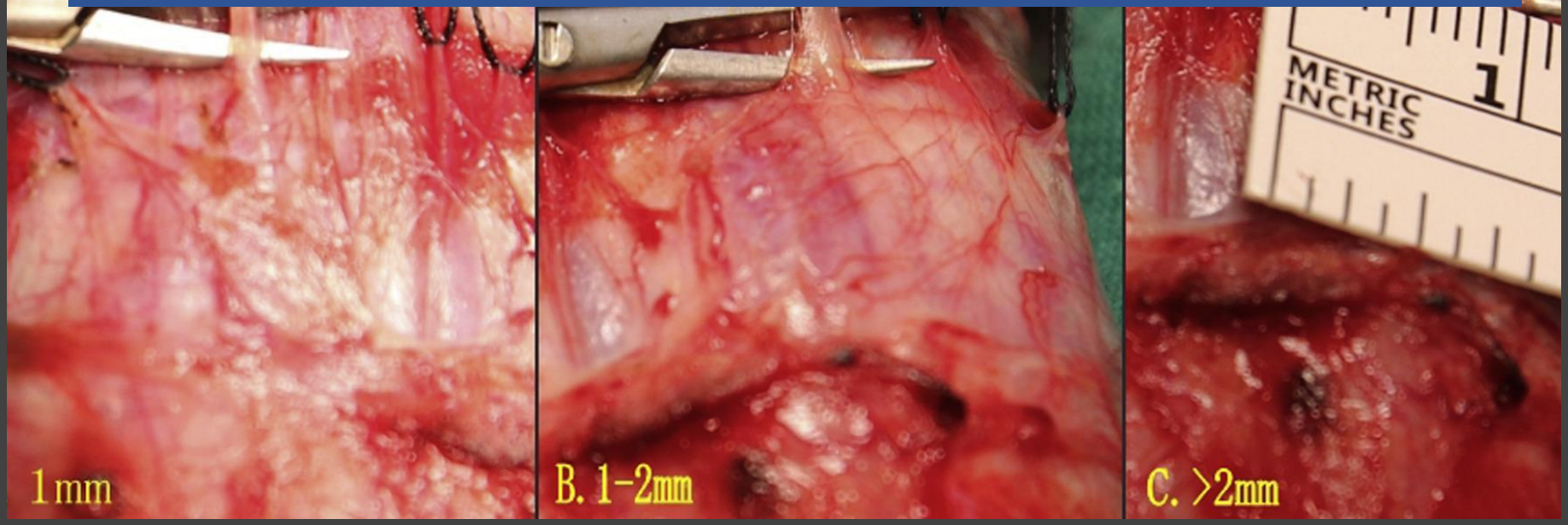


METRIC
INCHES
1
2
1

Критерии пересечения нервов:

1. Все нервы диаметром более 2 мм и менее 1 мм пересекались;

2. Нервы диаметром от 1 до 2 мм сохранялись, но не более 2-х нервов на каждом из участков 11 – 1, 1-5, 7 -11 часов условного циферблата



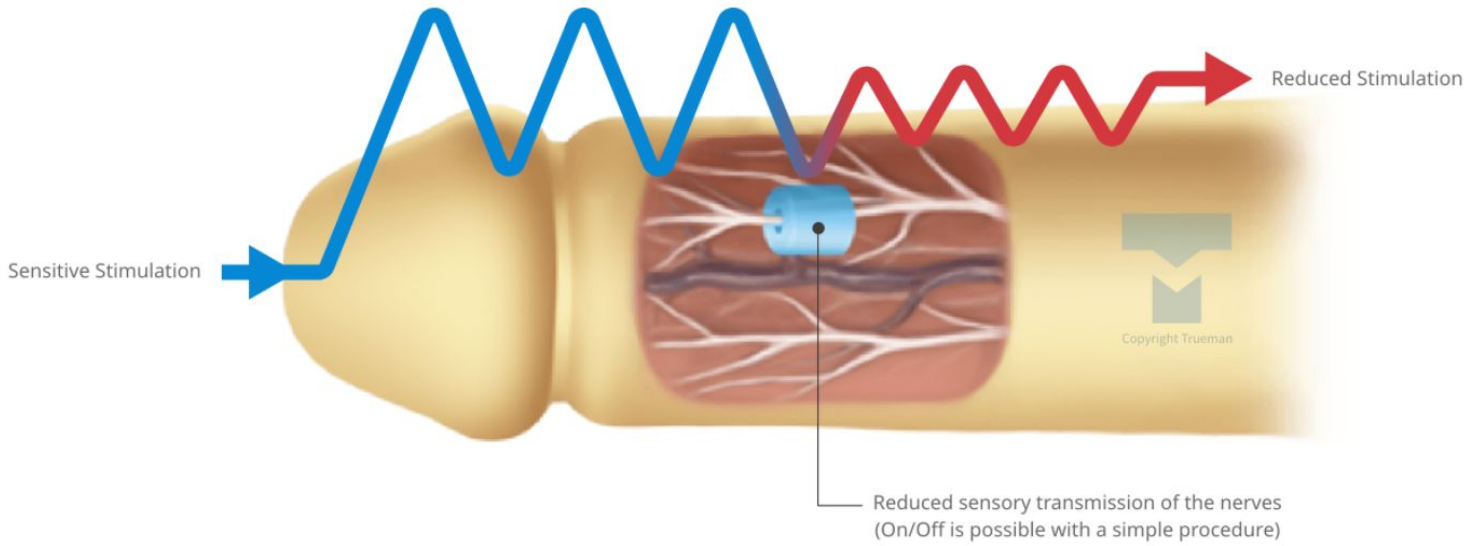
	Group 2a		Group 2b		*P* for group	*P* for pre-post	*P* for interaction
	Change from pre-	Post-	Change from pre-	Post-			
IIEF-5	0.2 ± 1.1	23.5 ± 1.4	-0.4±1.3	22.6 ± 1.4	.291	.051	.250
IELT, s	218.7 ± 208.8	257.7 ± 205.7	9.1±26.4	49.3 ± 26.1	.019	.590	.401
PEDT	–6.9 ± 3.8	8.0 ± 3.3	-0.4±1.7	13.1 ± 2.2	.922	.004	.164
Ejaculation controllability, n(%)	—	36 (81.8)	—	2 (4.2)	<.001*	—	—

“Switch surgery”

TRUEMAN MEDICAL CENTER

TRUEMAN | BRANCH | PREMATURE EJACULATION | PENIS ENLARGEMENT | ERECTILE DYSFUNCTION | BENIGN PROSTATIC HYPERPLASIA

The Principle of the Switch Premature Ejaculation Surgery



Journal of
American

Новые возможности лечения пациентов с преждевременной эякуляцией, резистентной к традиционным методам: радиочастотная нейромодуляция дорсального нерва полового члена.

First published: 02 January 2013 | https://doi.org/10.2164/jandrol.108.007344 | Citations: 17

COTOP

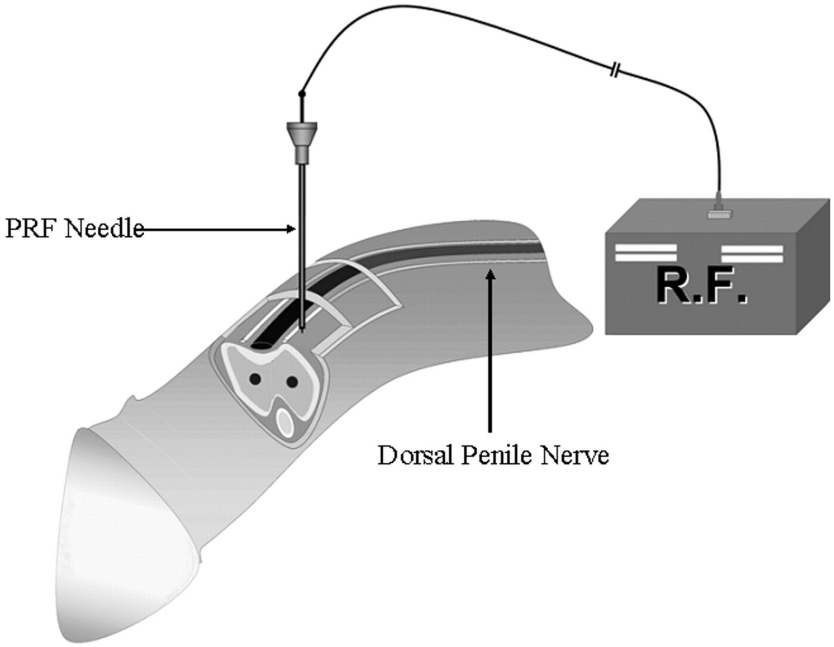
Сначала – сенсорная стимуляция 50 Гц для локализации нерва

Затем РЧА: 45 В, 180 секунд, 42 градуса

Радиочастотная нейромодуляция

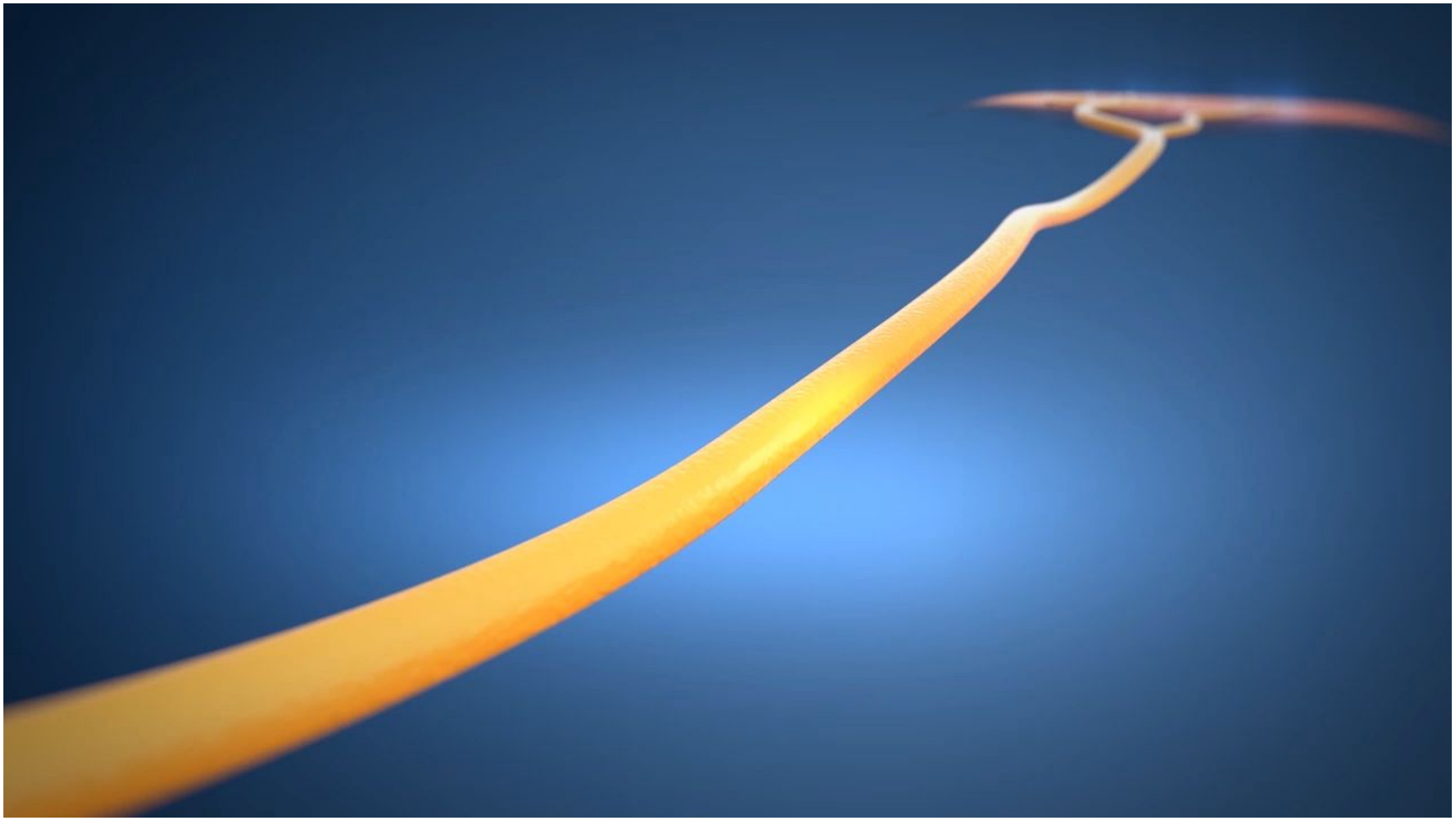
Table Table. . *Characteristics of patients (n = 15) and the results of the study*

	Before PRF	After PRF	P^a
Mean IELT[b]	18.5 ± 17.9	139.9 ± 55.1	
Median (minimum—maximum) IELT	9.8 (1-49.5)	119.9 (71.2-239.9)	.001
Mean SSS of patients	1.3 ± 0.3	4.6 ± 0.5	
Median (minimum—maximum) SSS of patients	1 (1-2)	5 (4-5)	<.001
Mean SSS of partners	1.3 ± 0.4	4.4 ± 0.5	
Median (minimum—maximum) SSS of partners	1 (1-2)	5 (4-5)	<.001



COSMAN
80
1:19
20
250
1.6
80
G4
COSMAN
COSMAN
COSMAN

Селективная криоденервация:



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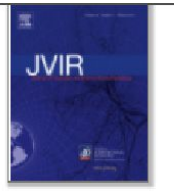
Journal of Vascular and Interventional Radiology

Volume 24, Issue 2, February 2013, Pages 214-219



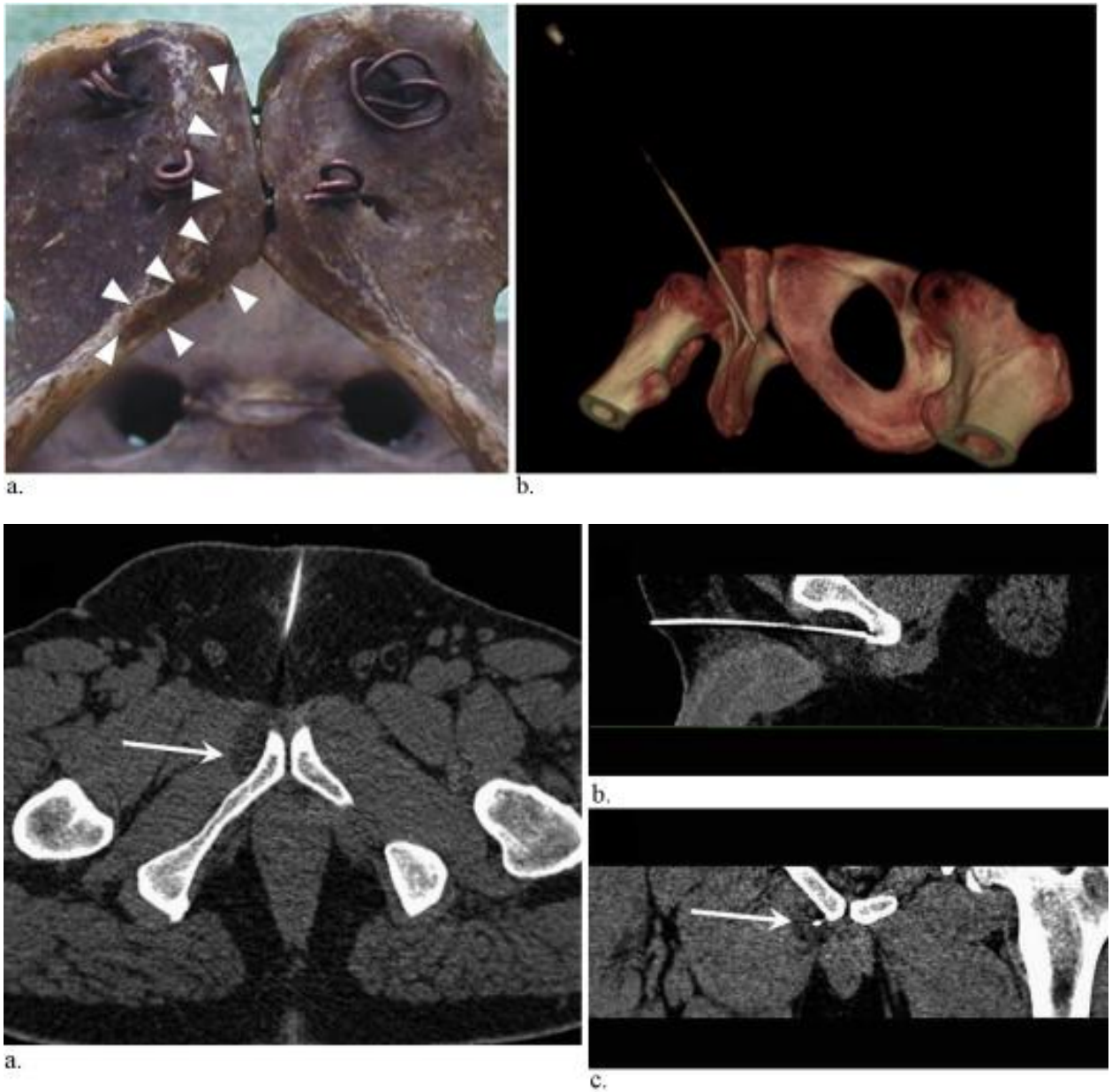
Clinical Study

Percutaneous CT-guided Cryoablation of the Dorsal Penile Nerve for Treatment of Symptomatic Premature Ejaculation

J. David Prologo MD [a], Laura L. Snyder MD [c], Edward Cherullo MD [b], Matthew Passalacqua DO [a], Ali Pirasteh MD [c], David Corn BS [c]

Results

The technical success rate was 100%. Baseline average IELT was 54.7 seconds±7.8 (n = 24), which increased to a maximum of 256 seconds±104 (n = 11; *P* = .241) by day 7 and decreased to 182.5 seconds±87.8 (n = 6; *P* = .0342) by day 90. The mean IELT remained at 182.5 seconds±27.6 at day 180 (n = 23; *P*<.0001) and decreased to 140.9 seconds±83.6 by 1 year (n = 22; *P*<.001). PEP scores improved overall, IELTs significantly improved at 180 and 360 days, and 83% of subjects reported that they would undergo the procedure again if given the same opportunity. There were no procedure-related complications.



(Ice Rod; Galil Medical, Arden Hills, Minnesota) , 17 G криозонд, 10 мин заморозка, 5 разморозка

Percutaneous CT-guided Cryoablation of the Dorsal Penile Nerve for Treatment of Symptomatic Premature Ejaculation – результаты:

24 пациента:

ВИЗС: до 54,7 сек ± 7.8; после (7 дней) 256 ± 104 сек, (360 дней) 182 ± 78 сек.

Осложнения: 4 пациента сообщили об ухудшении качества эрекции. У 2-х из них эрекция восстановилась, а 2-м потребовалась терапия ингибиторами ФДЭ-5; 3 пациента жаловались на боли в области иннервации n. dorsalis penis, один – на отек мошонки.

18th Congress of the European Society for Sexual Medicine

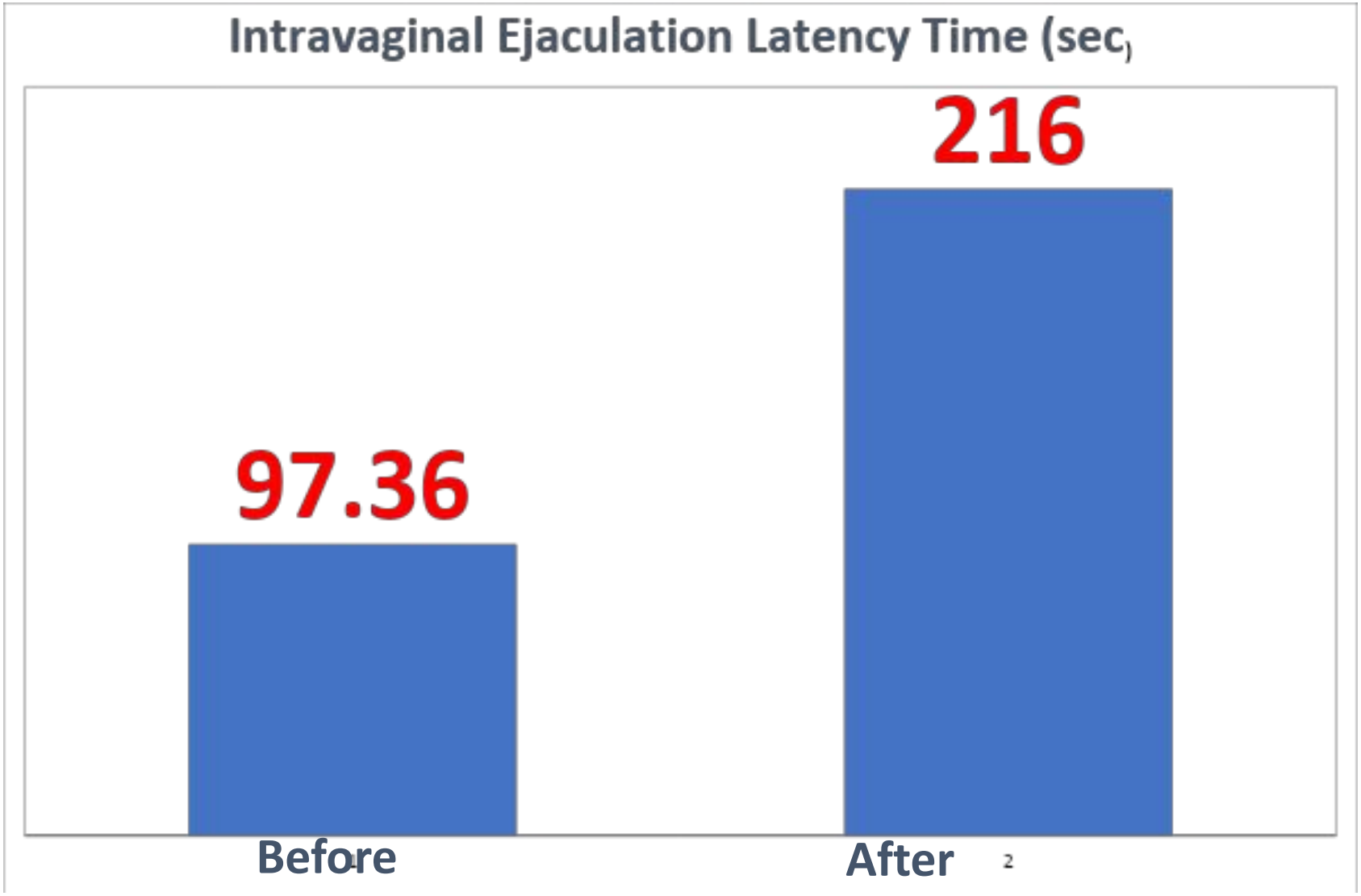
Cryoneurolysis of dorsal penile nerve for treatment of premature ejaculation

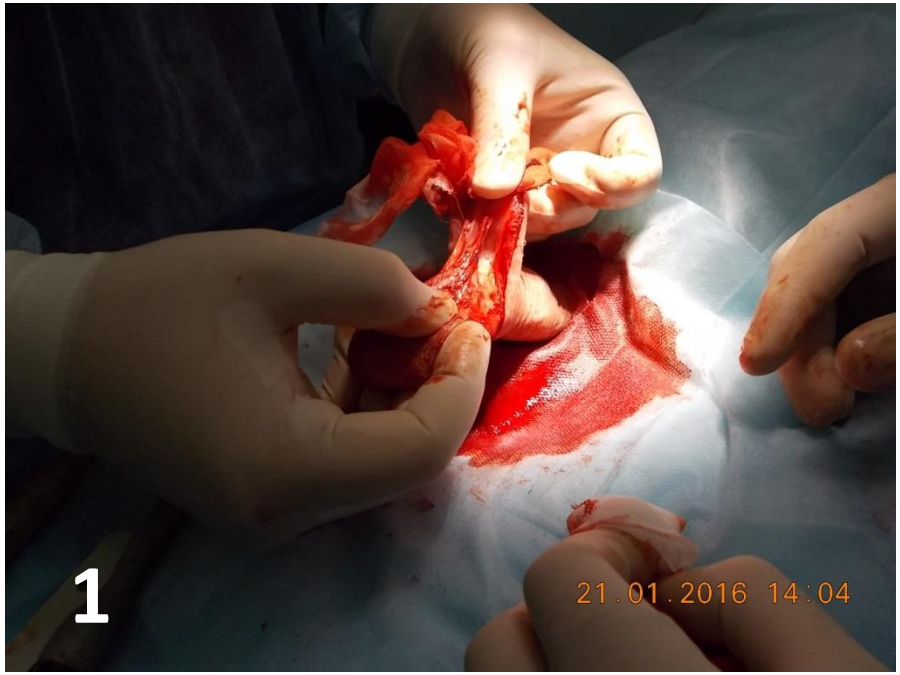
YAKOV MIRKIN

URO-PRO Clinics

MADRID - 2016

12 Patients - results:

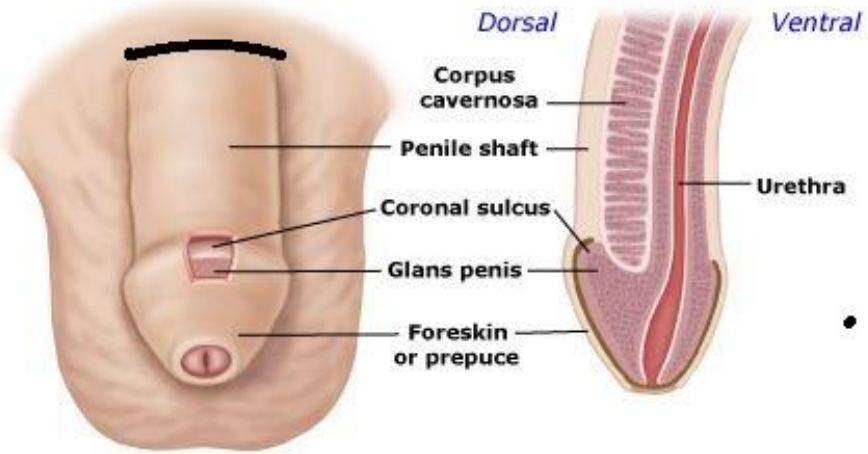


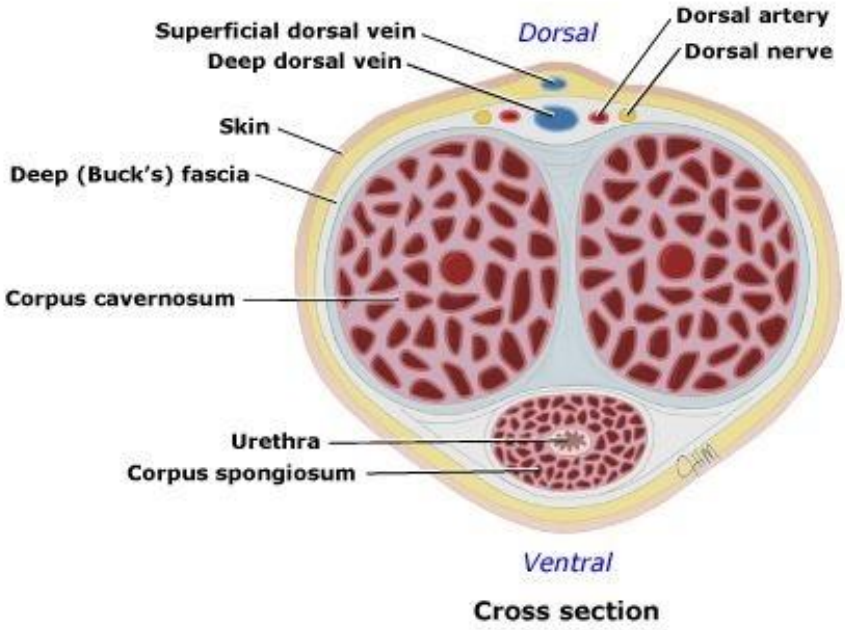


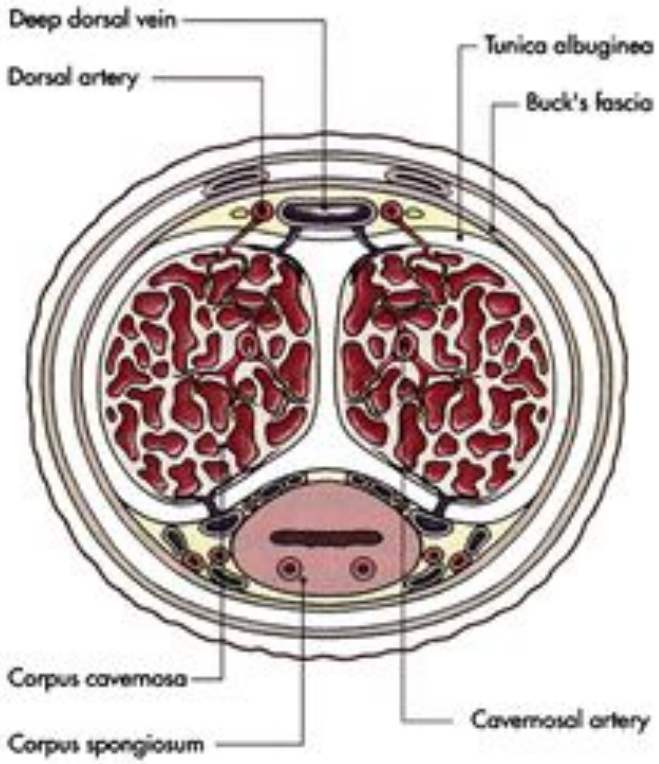
Техника операции №1:

1. Дегловация
2. Локализация нервов
3. Двухкратная заморозка (1 мин заморозка/1 min разморозка)

Техника операции №2 – разрез у основания полового члена







Техника операции №3 – малоинвазивная под УЗ-наведением

Селективная криоденервация:

Температура: - 70 градусов, 3 цикла:

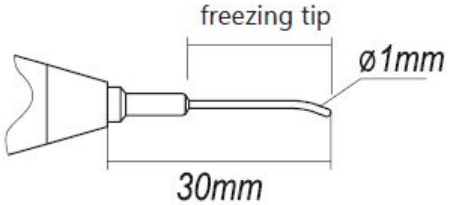
заморозка – 1 минута/разморозка 1 минута

CRYO-S ELECTRIC

type: OP-L008/RF

order/ref. no.

0 6 4010 1 1	reusable, straight, detachable, round tip *Ø1mm*



Microcryoprobe for cryoanalgesia

ВЫВОДЫ:

ХИРУРГИЧЕСКОЕ ЛЕЧЕНИЕ ПРЕЖДЕВРЕМЕННОЙ ЭЯКУЛЯЦИИ ДОЛЖНО БЫТЬ:

- Эффективным
- Безопасным
- Максимально простым для хирурга и пациента
- Малоинвазивным
- “Short recovery time”
- “reversible”
- Воспроизводимым
- Масштабируемым

E-mail: mirkin@urolife.info