بسم الله الرحمن الرحيم

شبكة المعلومات الجامعية

جامعة عين شمس

التوثيق الالكتروني والميكروفيلم

قسم

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شبكة المعلومات الجامعية

التوثيق الالكتروني والميكروفيلم

بعض الوثائق الاصلية تالفة

بالرسالة صفحات لم ترد بالاصل

Erectile Dysfunction after Radical urologic pelvic surgery
Insight into Etiology and prevention

Thesis

Submitted in partial fulfilment

Of the Degree of MD in urology

By

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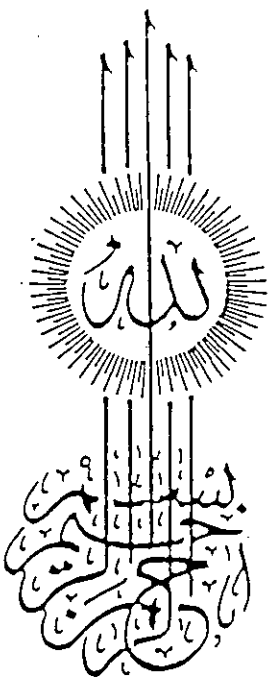

"وَعَلَّمَكَ مَا لَمْ تَكُنْ تَعْلَمُ وَكَانَ فَضْلُ اللَّهِ عَلَيْكَ عَظِيمًا"

صَدَقَ اللهُ العَظِيم

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القصر العيني

محضر

أجتماع لجنة الحكم على الرسالة المقدمة من
الطبيب / حمدي صلاح سالم
توطئة للحصول على درجة ~~الماجستير~~ / الدكتوراة
في جراحة المسالك البولية

تحت عنوان : باللغة الانجليزية : Erectile Dysfunction after Radical urologic pelvic surgery : Insight into Aetiology & prevention

باللغة العربية : [illegible]

بناء على موافقة الجامعة بتاريخ ٤ / ٧ / ٢٠٠٢ تم تشكيل لجنة الفحص والمناقشة للرسالة المذكورة أعلاه على النحو التالي :-

١) [illegible] المشرفين
٢) أ.د عبد الفتاح محمود [illegible] ممتحن داخلي
٣) [illegible] الممتحن خارجي

بعد فحص الرسالة بواسطة كل عضو منفردا وكتابة تقارير منفردة لكل منهم إنعقدت اللجنة مجتمعة في يوم [illegible] بتاريخ ١٦ / ٧ / ٢٠٠٢ بقسم ١٧ مدرج بكلية الطب - جامعة القاهرة وذلك لمناقشة الطالب في جلسة علنية في موضوع الرسالة والنتائج التي توصل اليها وكذلك الأسس العلمية التي قام عليها البحث .

قرار اللجنة : قبول الرسالة

توقيعات أعضاء اللجنة :-

المشرف الممتحن	الممتحن الداخلي	الممتحن الخارجي
[signature]	[signature]	[signature]

(عصام)

I dedicate this work:

To Dr. **H. Torky**

Dr. **I. Shoukry**

Dr. **A. Hussein**

Thank you for being my teachers

I have learned much from you and

I will remain always indebted to you

To my parents

To **Safaa**

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Contents

Introduction

It is well recognized that radical pelvic surgery is the most effective form of treatment for certain pelvic cancers. It is equally well known that fear of impotence after such surgery, has resulted in denying many patients the potential benefits from the operation. Accordingly, increasing interest has developed in recent years among urosurgeons for the preservation of sexual function in patients with bladder or prostate cancer.

It should be stressed that, although cancer cure or control is our main objective, efforts to preserve the patient's quality of life are also very important, so it is important for all urologists, to develop and skill the surgical techniques which avoid impotence.

This study was a trial to practice and examine the efficacy of potency preserving techniques in our department and searching for the possible causes and the possible ways to prevent this problem after radical pelvic surgery.

Review of literature

Anatomy of the penis

The corpus spongiosum and the glans:

The corpus spongiosum lies ventrally in a median groove created by the paired cavernous bodies. The spongiosal sinusoids (Whose centre is the urethra) are larger than that of the cavernosal sinusoids.

The tunica is much thinner in the spongiosum and absent in the glans. At its proximal end, the spongiosum expands to form the bulb of the penis located in the superficial perineal pouch related to the caudal part of the urogenital diaphragm. The striated bulbocavernous muscle covers the bulbous urethra and is responsible for emptying urine and semen from the lumen.

The base of the glans is molded over and attached to the distal rounded ends of the cavernous bodies.

The glans is separated from the body of the penis by a constriction called the neck, adjacent to which is a circumfrential ridge known as corona glandularis. The glans is covered by a double layer- skin from the penile body called the prepuce which has a median fold of skin on the internal part of its lower part and attached to the external urethral meatus (**Gardner** et al., 1969).

The Skin

The skin covering the penis is thin, loosely bound to the shaft, free of adipose tissue, and pigmented on its ventral surface, along the median raphe. Though free of hair for the most part, there are sweat and sebaceous glands. At the distal part of the shaft, the skin folds on itself as the prepuce, then continues as a very thin and adherent layer covering