T05-P-11

Sexual activity in patients with long-term urethral catheter

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Objective: The literature data regarding sexual activity in patients with permanent urethral catheter is scarce. Our study aimed to evaluate the particularities of sexual habits in these patients.

Methods and method: We evaluated the sexual activity of 321 male patients with long-term (more than 12 months) urethral catheter that were referred between January 1996 and June 2007 to our department for various urologic pathologies. All patients received a questionnaire in which were asked about the presence of any sex-related activity and were asked to describe it. All patients were also evaluated regarding the quality of life (QoL score).

Results: Only 304/321 patients (94.7%) chose to respond to our questionnaire. 211/304 patients (69.4%) reported no sexual activity during the period of urethral catheterization. 81/304 patients (26.7%) described some sexual-related activity but without any intercourse. 79 of these 81 patients had stable female partners. 12/304 patients (3.9%) reported sexual intercourse, all of them with stable female partners. Regarding sexual intercourse 10 of them had the urethral catheter removed temporarily and being catheterized by the female partner after the act. Two of these patients described sexual intercourses with the catheter. The sexual active patients had a mean QoL score with 1.2 points higher than those with no such activity.

Conclusion: The presence of sexual activity in patients with long-term urethral catheterization seems to improve the quality of life. This kind of sexual activity occurs usually in stable couples in which the female partner is indulgent and receptive to innovative solutions.

T05-P-12

Embryology and anatomy of the female erectile organs

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Introduction: In sexology textbooks, the embryology and the anatomy of the female erectile organs are neglected. A correct knowledge of female sexual anatomy and functioning is very important in sexual education and therapy.

Embryological development of the female genital organs

Only the body of the uterus and the uterine tubas are formed by the Müllerian ducts; the vagina develops from the urogenital sinus. The female external genital organs develop, as in the male, from the phallus, from the urogenital folds and from the labioscrotal swellings.

Anatomy of the female erectile organs

Vulva is constituted by the labia majora and the vaginal vestibule, with an erectile apparatus: clitoris, bulbs and corpus spongiosum, labia minora, corpus spongiosum of the female urethra. Corpus spongiosum of the female urethra is present in every woman and the female urethral sensitivity has not been well investigated until now. The correct term to indicate the whole female erectile organs should be female penis from embryological and anatomical points of view.

Conclusion: The erectile structures are the same in female and in male. The clitoris is only a part of the male penis. The vagina is mainly a reproductive organ; the vaginal orgasm and G-spot are not based on scientific evidence. In sexology textbooks the female genital anatomy should include all the erectile structures responsible for the female orgasm. Every woman has the right to have a sexual health and sexual pleasure: the female orgasm is possible in every woman because it is caused by female erectile organs.

T05-P-13

Comparison of sexual function among breast cancer, gynaecological cancer and healthy women

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Objective: This study’s main goal was to evaluate the impact of two surgical procedures, mastectomy and hysterectomy in sexual functioning in women with breast cancer and gynaecological cancer, comparing them with a non-clinical group.

Methods and methods: 60 women between 28 and 62 years of age submitted to either mastectomies (30) or hysterectomies (30) were considered. The non-clinical group is made up of 50 healthy women.

The FSFI (The Female Sexual Function Index - Portuguese version) and the SDS (Zung’s Self-Rating Depression Scale - Portuguese version) were used.

Results: When comparing the non-clinical to the clinical group, results suggest a higher prevalence of sexual function changes and a higher presence of depression symptoms. Concerning sexual function there are no differences in the depression symptoms and in most FSFI dimensions between both sub-groups (mastectomized and hysterectomized), however there are some differences in the dimensions referring to lubrication, sexual pain and vaginism, these problems are more accentuated in hysterectomized patients. The incidence of sexual pain and vaginism doesn’t show significative differences between mastectomized patients and...