Conclusions: Preliminary results supported that the cognitive and emotional factors, such as the schemas and affect, and the general psychopathology are related with the sexual functioning in general women. Women with a poorer sexual functioning present a significant lack of positive affect, a stronger activation of different cognitive schemas and higher levels of psychopathology.

T09-O-39
Surgical treatment of phimosis of the clitoris in woman presenting sexual dysfunction: a case report
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Sexual dysfunction includes desire, arousal, orgasmic and sex pain disorders. Primary care physicians must assume a proactive role in the diagnosis and treatment of these disorders.

Patient history and physical examination techniques, normal sexual responses and the factors that influence these responses and the application of medical and gynecologic treatments to sexual issues are very important.

Physical examination of the genitalia was performed during an evaluation of women with sexual health problems. Cephalad displacement of the right and left labia minora enables full retraction of the clitoral prepuce and complete exposure of the glans clitoris, under normal circumstances. We defined clitoral examination as abnormal when the cephalad force resulted in varying degrees of incomplete foreskin retraction and limited exposure of the glans clitoris.

We show our technique of circumcision in the case of clitoral phimosis. Under local anesthesia we reduce the prepuce with the cut and we have the exposure of clitoris.

No major complications occur in loss of sensitivity. The patient has a normal intercourse after two weeks.

Clitoral phimosis, a previously undiagnosed physical finding, was identified in 22% of the women. Other than its link to sexual pain, the clinical significance of this finding, in particular the relation to diminished sensitivity and impaired orgasmic.

T09-O-40
Inflatable penile prosthesis: a critical overview of 101 procedures in 82 patients
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Objective: To identify, in our personal experience of 101 inflatable penile prostheses (IPP) in 82 patients, the main prognostic factors influencing post-operative results.

Design and method: Between February 1999 and July 2007, 82 patients, with a mean age of 57.3 years, were implanted (101 procedures) by the same operator, according to the same surgical technique. Three different IPP were used from former Mentor® company (Coloplast®): TITAN® alpha 1 (n=26) and EXCEL® (n=4), and TITAN RESIST® (n=71). 36 procedures were performed on patients with previous penile surgery. The mean follow-up was 22 months [1-104]. The main aetiologies were arterial disease and diabetes (36.6%), veno-occlusive dysfunction (13.4%), Peyronie’s disease (12.2%) and radical prostatectomy (8.5%).

Results: 73.2% of the patients had no early post-operative complication (<6 months). Five patients (6.1%) developed a scrotal haematoma. Ten patients (12.2%) suffered sepsis. Sepsis rate was almost three times lower with the new prosthesis RESIST® (7.0% vs 19.2%). The septic risk was increased after former penile surgery (27.8%). Cylinders migration or reset pump exteriorisation occurred in 9.7% of the patients. The late mechanical dysfunction rate was 10.9%, after a mean period of 35 months. Finally, 89% of the overall patients, and 91% of patients without prior penile surgery had a full functional implant (IIEF=25) in the term of the follow-up.

Conclusions: IPP surgery is simple and with a very low complication rate in patients without prior penile surgery. The Resist® coated IPP allowed an important decrease of the infection rate in the overall implanted population.

T09-O-41
Premature ejaculation among 1,110 university students
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Objective: To study the prevalence and risk factors of premature ejaculation (PE) among university students.

Design and method: The study was carried among Finnish university students, aged 18-35 years, who entitled to health care services provided by the Finnish Student Health Service. The sample size was 5,030 students of whom 45.7% were male. The study material was gathered by means of postal questionnaire. The response rate was 49.2% for males. The final number of the males was 1,110. The comprehensive questionnaire included questions about students’ physical, mental and social health, aspects of health behaviour, external factors affecting health and health behaviour, and use of health services. The presence of PE was determined by asking if the student had suffered from too rapid (<2 minutes) ejaculation during last 6 months. 25 variables were chosen in order to find risk factors for PE.

Results: The prevalence of PE was 8.1%. 33% of the students with and 21% without PE used a lot of alcohol (Audit score >10)(p=0.0099). 11% of the PE students and 5% of non-PE students had erectile dysfunction (p=0.0089). 53% of PE