female students accepting to participate in the research have been reached. The main target was to reach the total number. The number of participants attending from School of Health is 267, from School of Physical Education and Sports is 51, from School of Health Services is 108, from the Faculty of Forest Engineering is 108. The data of the study were obtained by completing a questionnaire form which was developed by the researchers and fully pretested. The IQ-2-1 questionnaire (Incontinence Impact Questionnaire) Quality of Life Scale and face to face method was applied. Statistical analysis of the data will be achieved using the SPSS 11.5 package program, with the percentage, frequency, and chi-square test.

Results: 534 questionnaires collected in the study of the data obtained from 185 persons (35.6%) showed urinary incontinence. The other data has been analyzed.

Conclusions: At the end of the research, it is recommended that an education programme about UI should be planned for the development of knowledge and attitude of university students. Health staff should take an effective role to fulfil the requirement and reach the right data of the youth.

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**S41 INGUINAL AND GENITAL ORGAN ANOMALIES AMONG YOUNG MEN IN TURKEY AND CONSCIOUSNESS ABOUT THESE ANOMALIES**

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Introduction & Objectives: External genital abnormalities represent the most common congenital abnormalities. Proper, not delayed diagnosis and treatment of certain abnormalities (undescended testis, hypospadia, varicoceles) is of great importance for future fertility potential of children. We designed a cross-sectional study in order to determine the prevalence of inguinal hernia and genital abnormalities, treatment ratio and social consciousness among Turkish young men.

Material & Methods: A total of 2061 young men attending to Turkish army in Izmir were included into the study. All soldiers were examined by same urologist in a special room and inginal and genital abnormalities were recorded. According to the anomalies found, the treatment they had taken, the age of treatment, the treatment results and their knowledge about the illnesses were investigated.

Results: The average age of the subjects was 20.3±1.0 (range 19−27) years. A total of 746 anomalies were identified in 681 (33.0%) males. The anomalies according to frequency were varicocele (24.2%), meatal stenosis (4.0%), penile curvature (2.0%), inguinal hernia (1.8%), undescended testis (1.8%), hypospadia (0.9%), hydrocoele (0.7%), atrophic testis (0.4%) and retractive testes (0.4%), 18 (0.9%) men were not circumcised. Among these, only 35 (4.7%) of them had operations in the past including varicocelectomy, inguinal hernioplasty, orchidectomy, hypospadias repair.

Conclusions: Inguinal and genital system abnormalities are the most encountered anomalies seen at birth. Unfortunately the rates of inguinal and external genital organ anomalies were quite high. Actually, most of these anomalies had to be anomalies seen at birth. Unfortunately the rates of inguinal and external genital abnormalities were quite high. Actually, most of these anomalies had to be anomalies seen at birth. Unfortunately the rates of inguinal and external genital abnormalities were quite high. Actually, most of these anomalies had to be anomalies seen at birth. Unfortunately the rates of inguinal and external genital abnormalities were quite high. Actually, most of these anomalies had to be anomalies seen at birth. Unfortunately the rates of inguinal and external genital abnormalities were quite high.
penis was detected in 3.6% of all subjects (n=15). Average CI was 0.59 in whom circumcision complications occurred, which was significantly higher than average CI of the cases with no complications (p<0.001).

**Conclusions:** Untreated CGA rate was higher among low-income population, and circumcision consultation should be considered as an opportunity to diagnose CGA. Penile CI calculation before circumcision, might help predict complications beforehand. Stricter legal regulations must be enforced regarding who may or may not do circumcision.

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**OUTCOME OF TIPU TECNIQUE IN CHILDREN AND ADULTS WITH PRIMARY DISTAL AND MIDPEEN HYPOSPADIAS**

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**Introduction & Objectives:** Patient’s age has been suggested as one of the factors that affect the outcome in hypospadias surgery. The aim of this study was to investigate the effect of patient’s age on surgical outcome and patient’s satisfaction in distal and midpenis hypospadias.

**Material & Methods:** A total of 43 patients (22 adult and 21 children) with distal or midpenis hypospadias underwent primary tubulized incised plate urethroplasty (TIPU) repair. All patients or parents filled in a questionnaire evaluating their functional and cosmetic satisfaction. Success rates, complications, cosmetic appearance and patient’s satisfaction were evaluated.

**Results:** The mean age was 23 years for adults and 12 months for children. The mean follow-up time was 12 months. The mean length of the tubulised neourethra was 16 mm for adults and 14 mm for pediatric age group. The mean operation durations were 62 and 75 minutes for adults and pediatric groups, respectively. No infection, fistulae formation or failure was observed. Meatal stricture was noted in two pediatric patients and urethral diverticula in one. Patient’s satisfaction rates were 82%-96% in adults and 76%-95% in children (P<0.05).

**Conclusions:** TIPU is an easy technique with satisfactory cosmetic results and low complication rates for hypospadiac patients. According to our study, adults have satisfactory results as well as children have on the outcome in primary distal and midpenis hypospadias surgery while TIPU technique was used. However, these results of the present study must be confirmed by studies which contains a large number of patients.

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**TRAUMATIC PENILE INJURY-10 YARES EXPIRINACE**

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**Introduction & Objectives:** We have been analyzed traumatic penile injury according by type, frequency, erectile function, preservation of penile length and maintenance of the ability to void standing. Four type traumatic penile injury have been required surgical treatment: penile fracture, penile amputation, penetrating penile injury and soft tissue injury.

**Material & Methods:** 26 patients was treated for penile trauma during 2000. to 2009. years on urology unit of emergency centre of Belgrade. All patients was been examined, laboratory, ultrasound of penis and UCG has been performed. Follow up was performed in 1, 3, 6 and 12 month.

**Results:** Age was been from 18 to 72 years (x=37.5). Penile fracture was been in 11 (42%) patients, amputation (self mutillation) in 2 (8%) patients, penetrating injury in 3 (12%) patients and soft tissue injury in 10 (38%) patients. loss of penis was been in 2 patients, young schisophrenics who performed automutilation. Erectile function was been preserved in all patients with penile fracture and penetrating injury. Urethral injury was performed in 2 patients with penile fracture and they had urethral stricture on follow up.

**Conclusions:** The most penile trauma was penile fracture 42%. In cases of penile amputation we havn’t perform reimplantation. erectile function was been preserved in all patients with penile fracture and penetrating injury. 2.18% patient with penile fracture had urethral stricture on follow up.

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**MANAGEMENT OF COMPLEX URETHRAL DISTRACTION DEFECT BY APPENDICOVESICOSTOMY TECHNIQUE**

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**Introduction & Objectives:** End to end anastomotic urethroplasty is a treatment of choice in pelvic fracture urethral distraction defect. Surgical repair of those patients with post-traumatic complex posterior urethral defects, who have undergone failed previous surgical treatments, remains one of the most challenging problems in urology. We report our experience on management of patients with history of long urethral defect (defect longer than 10 centimeters) and one or more failed urethrotomies by appendicovesicostomy technique as a urinary diversion.

**Material & Methods:** From 2001 to 2007, we evaluated data from 30 patients aged 28 to 76 years (mean age 42.5) in whom the appendicovesicostomy technique was performed. All cases had history of one or more failed procedures for urethral reconstruction including urethroplasty in order to manage their long posterior urethral defect. Appendix was cut at its base with respect to its blood supply and simply sutured to a silt in superior part of bladder. The appendix tip was bringing cut through umbilicus if possible.

**Results:** 29 patients performed catheterization through the appendicular stoma without difficulty and stomal stenosis. Only one appendicular stenosis was seen during follow up period. Mild stomal incontinence occurred in one patient in the supine position who became continent after adjustment of the catheterization intervals. There was no dehiscence, necrosis or perforation of the tube.

**Conclusions:** Based on our data, Mitrofanoff procedure seems to be a reasonable technique in patients with very long complicated urethral defect who cannot be managed with routine urethropastic techniques.