



Curriculum Vitae

Dr. Ahmed Mahmoud Al-Adl



Ahmed M. Al-Adl received a M.D. in Urology from Zagazig University in 2005 and is currently assistant professor of urology in Benha University. He is now professor of Urology Department in Benha University, Egypt. A strong advocate of hands-on, inquiry-based learning, he involves his urology residents and undergraduate students in a variety of problem-solving, and technology-infused activities that provide them with opportunities to use their skills to help patients. In addition, he is a member of many of Urologic Associations and a reviewer in specialized eminent journals. He believes that Urology is a field where surgical competence, compassion, and sensitivity are paramount to patient care. Medical ethics, moral, patients' rights and how to break bad news are important skills the medical teacher should know and apply it to his students, nurses and patients.

Personal Information:

Name : Ahmed Mahmoud Ahmed El-Adl
Date of Birth : 10 – 4 – 1963
Religion : ISLAM
Place of Birth : Dakahlia – Egypt
Marital Status : Married – having 4 offspring
Military status : Finished
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Summary of Qualifications:

<u>Degree</u>	<u>Specialty</u>	<u>University</u>	<u>Date</u> (month & year)
• M.B.B. Ch.	Medicine	Zagazig University	2\1988
• M. Sc.	Urology	Zagazig University	1\1993
• MD	Urology	Zagazig University	1\2005

Academic and Practical Experiences:

Current Job:

Employer: Benha Faculty of Medicine
Job Title: Professor of Urology
From: 11/2014 **Till date**

Previous Jobs:

	<u>Employer</u>	<u>Job Title</u>	<u>From</u>	<u>To</u>
•	Benha University Hospital	Resident	1989	1993
•	Benha University Hospital	Assistant Lecturer	1999	3/2005
•	Benha University Hospital	Lecturer and consultant	3/2005	11/2014
•	Elite Medical Center Riyadh - KSA	Consultant urology	2006	2008
•	Al-Adwani General Hospital – Taif- KSA	Consultant urology	2008	2015
•	Benha University Hospital	Assist. Professor of Urology	11/2014	Till date

Membership of Societies & Associations:

Society / Association

Date

- Egyptian Urologic Association 1994
- Arab Urologic Association <http://araburo.net/db/index.php> 2014
- European Urological Association (EAU-98824) 2014
- American Urological Association (ID 00858870) 2014

Computer Skills:

- **Very Good:** Windows, office, internet skills, and medical statistics.

Language Skills:

- **Arabic** **Excellent**
- **English** **V. good**

My Teaching Statement:

I believe that teaching is the cornerstone in human civilization, in my opinion medical teaching is not just giving students the medical knowledge, but it is how to help them to think and to apply their knowledge to their practical life. Urology is a field where surgical competence, compassion, and sensitivity are paramount to patient care. I have been believing that my personal strengths and experiences will allow me to succeed in this field.

My wish to teach is one of the main reasons I would like to be a professor. In my opinion, the purpose of teaching is to provide the best possible environment for the learning process. In addition, students should learn to think like surgeons (critically, with a practical bent). I believe my role, as a university teacher, is to help undergraduate and post graduate learners in achieving the goals they have set in their education as urologists and other health professionals. This includes assisting learners to examine the profession and practice of

urology and to identify those areas in which they need to develop additional skills (new attitudes, values and beliefs, and new competencies). They will devote energy to learning that is relevant to them and their professional goals. They have varied backgrounds, experiences, beliefs, and values. My role is to assist learners to identify the relevance of the information and skills they are encountering in their educational programs. A climate of learning that validates questioning behaviors and encourages critical thought around particular issues is more likely to result in a student who is willing to take those risks and participate more actively in the learning situation.

Active Learning

I believe that learners must be actively involved in the teaching process. Passive learning situations tend to reinforce a dependent role in the learning situation; active learning aids students to gain those skills, which they will continue to use in their professional and personal lives. I find that learning situations that encompass thought-provoking questions encourage students to reflect on the meaning of content, information, attitudes, values, beliefs, and skills. My goal in most teaching/learning situations is to encourage thoughtful reflection, to "prompt them to think!" To this end, I use frequent questions in the classroom and clinical settings and try to select teaching/learning strategies that involve students actively. My preferred method of teaching is to intersperse

lecture with problems to solve or questions to discuss. This mixture is the most successful in facilitating learning across the three types of learners that I have seen. The first type wants to read about the subject, so at the end of each class I assign reading for the next class. The second type wants someone to explain the subject, so during class I talk through the material in my own words. The third type wants to work the subject out, through discussion or with hands-on examples. All three types benefit from the repetition inherent in my style. I try to start each session with motivation for the material that I will cover. By providing a motivating problem or question from the beginning, I generate interest in the following discussion. When the tools have been developed and we solve the problem or answer the question, students see how the material just discussed can be used in a meaningful way.

Critical thinking

I strongly believe that students need skills in, and an attitudinal commitment to, critical thinking in their learning situations and urology practice. To facilitate lifelong learning, students must be assisted in the development of these skills. They must also develop a belief that those skills and questioning attitude have benefit and are valued by others in the system. I have tried to convey that belief through my actions as teacher. I have organized my courses, both classroom and clinical, to raise relevant issues and have tried to involve students actively in the examination of these issues. I have incorporated learning experiences in cognitive, affective and psychomotor domains to assist learners to develop those skills, abilities, values, and beliefs, which will enable them to assist other individuals in a variety of situations. I believe these students have the potential to participate actively in the health care situation to strengthen the system through their questions and critical analysis. I have tried to organize the courses I have taught to encourage students to critically analyze various issues and problems. I have also tried to indicate my willingness to question the usual practices in light of research-based evidence or client and learner perspectives. I have encouraged students to do the same.

My commitment to educational interactions with my students has prompted my participation in a number of educational experiences to develop my personal skills as a teacher. I have participated actively in college and university faculty development programs, culminating in my participation in these experiences. I have also participated in national level conferences committed to excellence in university teaching as training of trainers "TOT" held in the Egyptian Ministry of Health and Population, General Directorate of Egyptian Board and courses concerning the development of university staff skills through the project of the Ministry of Higher Education aiming to upgrade the professional level of the university staff in all Egyptian universities such as: "Thinking skills development" and "Effective communication skills". I have tried to incorporate the findings of these studies into my teaching interactions with students. I have also facilitated dissemination of these findings through my participation in, and presentations at, provincial and national conferences.

Student Interactions

I believe that students learn from interactions with faculty and other students in non-class time. I have tried to be available and accessible to students who are registered in courses I am teaching as well as those who have completed my courses. I have continuing interactions with many of these students in my professional capacity as a faculty member. I have tried to encourage student attendance at various regional and national professional student organizations.

Patient Education:

Medical teaching is not just directed to medical professionals, but also to the community. So “health education” is of paramount importance. Medical ethics, moral, patients’ rights and how to break bad news are important skills the medical teacher should know and apply it to his students, nurses and patients. In my practice I’m giving enough time to my patients giving them the chance to ask me and to know everything about the details of medical and surgical treatments that I offered them. The ethical dilemma in Urology is very important and it should be taught very well, because Urology is a very fine field of medicine, so students should know how to take the good decision in the right situation. In these areas discussion with senior and junior colleagues are mandatory.

Fields of Interest:

•	Male sexual dysfunction and Male Infertility
•	Uretroscopic and nephroscopic surgery
•	Transurethral endoscopic surgery
•	Open surgery of the urinary tract
•	Pediatric urology

Workshop / Conference	Year
The Annual Conference of the Department of Urology, Faculty of Medicine, Benha University	2019
54 th The Egyptian Urologic Association annual meeting	2019
31 st Saudi Urological Association Annual Meeting: Challenges and controversies	2019
Medical educational program, MOH, KSA, Ref No: 19000050589	2019
FMS safety, HAZMAT update program, Al Adwani General Hospital, Taif, KSA	2018
Medication Error and LASA, Al Adwani General Hospital, Taif, KSA	2018
Occurrence variation report, Al Adwani General Hospital, Taif, KSA	2018
53 rd The Egyptian Urologic Association annual meeting	2018
Self-Study and External Auditing, FLDC, Benha University, Egypt	2017
Electronic websites management, FLDC, Benha University, Egypt	2017
17 th annual conference in Al Sahel Teaching hospital, Cairo, Egypt.	2016
The 26th Saudi Urologic Conference Madinah - KSA.	2014
The 25th Saudi Urologic Conference in collaboration with American Urological Association Jeddah - KSA	2013
The 24th Saudi Urologic Conference King Abdel Aziz University, KSA	2012
An application Training for Extracorporeal Shock Wave Lithotripsy (ESWL) Dornier MedTech Europe -Postfach 1129- 82230 Wassling	2012
Course of Development of Staff Teaching Skills (Windows) ICTP, Benha University, Egypt	2011
Course of Development of Staff Teaching Skills (Word) ICTP, Benha University, Egypt	2011
The Healthcare and Quality Al-Adwani Geberal Hospital- Taif- KSA	2010
Egyptian Urologic Association (Update of Operative Female Urology) Damietta General Hospital	2009
Continuous Medical Education Program Elite Medical and Surgical Center in collaboration with Saudi Council for Health Specialties	2008
12- Stem Cell Between Dream and Reality Benha University, Egypt	2008
Course of Development of Staff Teaching Skills (Presentation) ICTP - Benha University, Egypt	2008
Course of Development of Staff Teaching Skills (Ethics of Scientific Research) FLDP, Benha University, Egypt	2008
Course of Development of Staff Teaching Skills (Financial and Legal Aspects) FLDP, Benha University, Egypt	2008
First International Conference of Quality Assurance and Accreditation Center Cairo University, Quality Assurance and Accreditation Center, Cairo, Egypt	2008
The 16th Annual Cardiovascular Conference Saudi MOH and King Faisal Hospital- Taif- KSA	2008
Continuous Medical Education Program- Elite Medical and Surgical Center in collaboration with Saudi Council for Health Specialties	2007
The 19th. Saudi Urological Conference	2006

The First Uro-Oncology Update course In Collaboration with Saudi Urologic Association	2006
Training Of Trainers (TOT)	2005
Optimization of assisted reproductive techniques (ART) practice	2005
Course of Development of Staff Teaching Skills (Thinking skills program)	2005
Course of Development of Staff Teaching Skills (Effective communication skills).	2005
Update in women health	2004
Transvaginal tape (TVT) training course	2002
TOEFL Course	2000
Preparatory course of University Staff members	1999

Conferences and Training Courses:

Course Title	Location	Date
1- Preparatory course of University Staff members	Benha University, Egypt	10 / 1999
2- TOEFL Course	CDELTA (Center for Developing English Language Teaching in Ain Shams University, Cairo	6 / 2000
3- Transvaginal tape (TVT) training course	Benha University, Egypt	9 / 2002
4- Update in women health	Qalubeya Medical Syndicate and the Egyptian fertility and Sterility society	12 / 2004
5- Training Of Trainers (TOT)	Ministry of Health and Population. General Directorate of Egyptian Board	5 and 6 / 2005
6- Optimization of assisted reproductive techniques (ART) practice	Benha University, Egypt	11 / 2005
7- Course of Development of Staff Teaching Skills (Thinking skills program)	FLDP, Benha University, Egypt	4-7/9 / 2005
8- Course of Development of Staff Teaching Skills (Effective communication skills).	FLDP, Benha University, Egypt	19-22/9/ 2005
9- The 19 th . Saudi Urological Conference	King Saud University K.S.A.	11 / 2006
10- The First Uro-Oncology Update course In Collaboration with Saudi Urologic Association	King Faisal Hospital and research Center, Saudi Arabia	13- 14/12/2006
11- Continuous Medical Education Program	Elite Medical and Surgical Center in collaboration with Saudi Council for Health Specialties	1/7/2007- 29/2/2008
12- Stem Cell Between Dream and Reality	Benha University, Egypt	2-3/4/2008
13- Course of Development of Staff Teaching Skills (Presentation)	ICTP - Benha University, Egypt	5 -7/4/2008

14- Course of Development of Staff Teaching Skills (Ethics of Scientific Research)	FLDP, Benha University, Egypt	7-9/4/2008
15- Course of Development of Staff Teaching Skills (Financial and Legal Aspects)	FLDP, Benha University, Egypt	21- 23/4/2008
16- First International Conference of Quality Assurance and Accreditation Center	Cairo University, Quality Assurance and Accreditation Center, Cairo, Egypt	4/2008
17- Egyptian Urologic Association (Update of Operative Female Urology)	Damietta General Hospital	6/2009
18- Course of Development of Staff Teaching Skills (Windows)	ICTP, Benha University, Egypt	18/5/2011
19- Course of Development of Staff Teaching Skills (Word)	ICTP, Benha University, Egypt	25/5/2011
20- The 24th Saudi Urologic Conference	King Abdel Aziz University, KSA	2/2012
21- An application Training for Extracorporeal Shock Wave Lithotripsy (ESWL)	Dornier MedTech Europe -Postfach 1129- 82230 Wassling	9 - 11/06/2012
22- The 25th Saudi Urologic Conference in collaboration with American Urological	Jeddah - KSA	8 - 11/04/2013
23- Active membership of Arab Urological Association	Arab Association of Urology	4/2014
24- Active International Membership of EUA	European Association of Urology No. EUA 98824	Since 01/2014
25- The 26th Saudi Urologic Conference	Madinah - KSA.	17 - 20 /2/2014

Journal Publications

<u>TITLE</u>	YEAR	<u>CITED BY</u>
<u>Extended TIP vs. standard TIP: Do pre-operative parameters affect functional and cosmetic outcomes? Randomized prospective study</u> K El Attar, Y Noureldin, AA Aal, T Ghareib, T Elkaramany, A Al Adl European Urology Open Science 19, e1135	2020	
<u>The first prospective assessment of STONE, Guy, CROES, S-ReSC nomograms in the prediction of percutaneous nephrolithotomy outcomes</u> T Elkaramany, A Al Adl, A Mohey, AA Aal, HA Elnasr, Y Noureldin European Urology Open Science 19, e1021	2020	

<u>TITLE</u>	YEAR	<u>CITED BY</u>
<u>Percutaneous Nephrolithotomy Outcomes Based on STONE, GUY, CROES, and S-ReSC Scoring Systems: The First Prospective Study</u> AM Al Adl, A Mohey, A Abdel Aal, HAF Abu-Elnasr, T El Karamany, ... Journal of Endourology	2020	<u>2</u>
<u>Two-stage repair of proximal hypospadias with moderate to severe chordee using inner preputial skin graft: prospective evaluation of functional and cosmetic outcomes</u> AM Al-Adl, AMA Aal, TM El-Karamany, YA Noureldin World Journal of Urology, 1-7	2020	<u>3</u>
<u>Prospective Randomized Comparison of Distal Extension of Midline Urethral plate Incision and Standard Tubularized Incised Plate Urethroplasty–Do Anatomical Penile Measurements ...</u> AM Al Adl, YA Noureldin, AMA Aal, TM Gharib, KA El Attar, ...	2019	
<u>Chronological changes in uroflowmetry after hypospadias repair: an observational study</u> AM Al Adl, RG Omar, A Mohey, AAEN El Mogy, TM El Karamany Research and Reports in Urology 11, 269	2019	<u>1</u>
<u>A critical analysis of stented and unstented tubularized incised plate urethroplasty through a prospective randomized study and assessment of factors influencing the functional ...</u> TM El-Karamany, AM Al-Adl, RG Omar, AMA Aal, AS Eldakhakhny, ... Urology 107, 202-208	2017	<u>5</u>
<u>The impact of coexisting sperm DNA fragmentation and seminal oxidative stress on the outcome of varicocelectomy in infertile patients: a prospective controlled study</u> SA Abdelbaki, JH Sabry, AM Al-Adl, HH Sabry Arab journal of urology 15 (2), 131-139	2017	<u>33</u>
<u>Efficacy and safety of tamsulosin oral-controlled absorption system, solifenacin, and combined therapy for the management of ureteric stent-related symptoms</u> KAAG Ashraf M. Abdelaal, Ahmed M. Al-Adl, Shabieb A. Abdelbaki, Mohamed M ... Arab Journal of Urology	2016	<u>14</u>
<u>The influence of antisperm antibodies, intratesticular haemodynamics and the surgical approach to varicocelectomy on seminal variables</u> AM Al-Adl, T El-Karamany, H Issa, M Zaazaa Arab Journal of Urology 12 (4), 309-317	2014	<u>6</u>
<u>‘Minimum-incision’endoscopically assisted transvesical prostatectomy: Surgical technique and early outcomes</u> TM El-Karamany, AM Al-Adl, SA Abdel-Baky, AF Abdel-Azeem, ... Arab Journal of Urology 12 (3), 223-228	2014	

<u>TITLE</u>	YEAR	<u>CITED BY</u>
<u>Distal extension of the midline urethral-plate incision in the Snodgrass hypospadias repair: An objective assessment of the functional and cosmetic outcomes</u> AM Al-Adl, TM El-Karamany, AS Bassiouny Arab Journal of Urology 12 (2), 116-126	2014	<u>12</u>
<u>Vascularized dartos flap in conjunction with tubularized incised plate urethroplasty: Single versus double flaps for management of distal hypospadias</u> A Safwat, AM Al-Adl, T El-Karamany Current urology 6 (2), 67-70	2012	<u>5</u>
<u>Assessment of noninvasive predictors of bladder outlet obstruction and acute urinary retention secondary to benign prostatic enlargement</u> A Abdel-Aal, T El-Karamany, AM Al-Adl, O Abdel-Wahab, H Farouk Arab Journal of Urology 9 (3), 209-214	2011	<u>5</u>
<u>Combined intracavernous vasoactive drugs and sildenafil citrate in treatment of severe erectile dysfunction not responding to on-demand monotherapy</u> AM Al-Adl, O Abdel-Wahab, T El-Karamany, AA Aal Arab journal of urology 9 (2), 153-158	2011	<u>2</u>
<u>Intra-Testicular Hemodynamics and Seminal Parameters in Men with Oligospermia: Preoperative Predictors of Improvement after Varicocelelectomy</u> AM Al-Adl Current Urology 4 (4), 182-187	2010	
<u>Tension-free vaginal tape versus secure tension-free vaginal tape in treatment of female stress urinary incontinence</u> O Abdelwahab, I Shedid, AM Al-Adl Current Urology 4 (2), 93-98	2010	<u>13</u>
<u>A PROSPECTIVE EVALUATION OF N-BUTYL CYANOACRYLATE FOR PERCUTANEOUS SCLEROTHERAPY OF SYMPTOMATIC SIMPLE RENAL CYST</u> AMR EL-DAKHAKHNY, T SOLIMAN, AM AL-ADL, T EL-KARAMANY Egyptian Journal of Urology 109, 114		

SUMMARY OF M.Sc. Thesis

Title: "The Effect of the Foreign Body on the Bladder Mucosa"

Objective: To detect the effect of the foreign bodies in the urinary bladder especially most of our patients have chronic bilharzial cystitis.

Patients and Methods:

Thirty patients with foreign bodies in the urinary bladder were included, 21 patients with cystoscopic evidence of bilharzial cystitis (10 with urethral catheters, 5 with ureteral stints and 6 patients with bladder stones) and 9 patients with normal bladders (5 patients with urethral catheters and 4 patients with bladder stones). A urine sample was taken from each patient just before removal of the foreign body for viable bacterial count and culture with identification of the organisms. All patients were cystoscoped once before application of the catheters and ureteral stints and just after removal of the foreign bodies (patients with bladder stones were cystoscoped once at the time of removal of the stones). Biopsies were obtained from all patients from the maximal area of reaction and 4 quadrants of the bladder for histopathological examination. The results of the urine revealed the presence of significant bacteriuria in all patients and the most common organisms were E.coli and pseudomonas especially in all bilharzial patients. The results of histopathological examination of the biopsies revealed: In 21 bilharzial patients with foreign bodies:

1- Inflammatory infiltrate:

Found in 100% of biopsies which was chronic inflammatory infiltrate with predominance of eosinophils in cases with catheters and stints while no eosinophils in cases with bladder stones.

2- Hyperplasia:

Found in 68.5% of biopsies with papillary formation in the maximal sites of reactions to the foreign body.

3- Mild dysplasia:

Found IN 9.5% of biopsies and was confined to the biopsies obtained from the maximal site of reaction to the foreign body.

4- Severe dysplasia:

Found in 5.6% of biopsies and confined to the biopsies obtained from the maximal site of reaction to the foreign body.

5- Squamous metaplasia:

Found in 1.9% of biopsies obtained from the maximal site of reaction to the foreign body.

In 9 patients with normal bladders with foreign bodies:

1- Inflammatory infiltrate:

Found in 100% of biopsies also was chronic inflammatory infiltrate with predominance of eosinophils in cases with urethral catheters and no eosinophils in cases with bladder stones.

2- Hyperplasia:

Found in 37.7% of biopsies with papillary formation in the maximal site of reaction in 7 out of 9 cases.

Neither squamous metaplasia nor dysplasia was found in the nonbilharzial patients.

The presence of other proliferative lesions such as Brunn's nests, cystitis cystica and cystitis glandularis was a frequent event in bilharzial and normal bladders with foreign bodies with greater incidence in bilharzial bladders.

These proliferative lesions may have a precancerous role when atypia of the cells is found. In patients with urethral catheters and stints, urothelial abnormalities occurred very earlier than with bladder stones, possibly due to the toxic irritative effect of catheters.

Conclusion: The aggressive behavior of the urothelium in the bilharzial patients is due possibly to the association of several risk factors in those patients which are chronic bilharzial cystitis, associated chronic bacterial infection and probable carcinogens in urine. Finally, urothelial hyperplasia and dysplasia are probably relevant to the development of bladder tumors in patients with chronic irritation with catheters and stones especially in presence of chronic bilharzial cystitis and this needs further assessment.

M.D. Thesis

Title: Evaluation of Erectile Function After Nerve Sparing Cystoprostatectomy"

Objective:

To assess factors affecting the erectile function after nerve sparing cystoprostatectomy. This study was conducted in Urology Department, Benha Faculty of Medicine since July 1999 till June 2002 on 41 cases with invasive bladder cancer necessitating radical cysto-prostatectomy.

Patients and Methods:

Nerve sparing technique was used in 33 cases, bilateral nerve sparing in 23 cases and unilateral in 10 cases. In eight cases the neurovascular bundles were sacrificed bilaterally. The sexual function of those patients was assessed before and after surgery subjectively using questions number 3, 4 and question number 7 of the International Index of Erectile Function (IIEF). Objective evaluation by assessing the penile hemodynamic profile using intracavernous injection testing. In addition, single potential analysis of the cavernous electrical activity (SPACE) to assess the integrity of the cavernous nerves and corpus cavernosum smooth muscles as well. According to age at operation, patients fall into one of three groups, group I (below 50 years old), group II (50 to 60 years old), and group III (above 60 years old).

Results:

Six months postoperatively, subjective good erectile function was found in 30% while moderate and poor erectile function was found in 70%. Twelve months postoperatively, good erectile function in 45% and moderate and poor in 55% of patients. According to age groups, below 50 years old the erectile function was good in 100% of cases (five cases). In the age group 50 to 60 years old (16 cases) the erectile function was good in 31%, moderate and poor in 69%. Above the age of 60 years old (12 cases) the erectile function moderate and poor in 100% of cases. After non-nerve sparing surgery the erectile function was found to be moderate and poor in 100% of cases. Hemodynamic evaluation of the patients preoperatively showed that the peak systolic velocity tends to be decreased with age and this was statistically significant also two cases of increased end diastolic velocity were observed. Postoperatively hemodynamic evaluation revealed affection of all parameters in all patients and this was mostly in patients with moderate and poor erectile function. The cause of postoperative hemodynamic affection may be secondary to cavernous ischemia due to hypoxia from loss of erection in the early postoperative course. Another explanation is denervation or partial injury of the cavernous nerves that lead to defective blood flow with altered nitric oxide mediated responses. Hence, the development of penile fibrotic lesions that was noticed after mean postoperative time about 14 months that was a new complication recently reported due to denervation. The use of single potential analysis of cavernous electrical activity (SPACE) enabled us to detect

integrity of the cavernous nerves pre- and postoperatively hence success of sparing nerves either unilaterally or bilaterally. Also, SPACE gave an idea about the changes that might occur in the cavernous smooth muscles postoperatively, which gives explanation of the etiology of erectile dysfunction postoperatively. Causes of

postoperative erectile dysfunction after nerve-sparing technique includes veno-occlusive dysfunction (30%), arterial insufficiency in (15%), cavernous nerve injury (12%) and pure psychogenic in (24%). We addressed these causes as early as at least 6 months postoperatively for discovering this complication early to find appropriate solutions for those patients, the part that was beyond the scope of our study. After non-nerve sparing cystoprostatectomy, veno-occlusive dysfunction was found in 25% and arterial insufficiency in 25% of cases denoting that there are other causes for erectile dysfunction after non-nerve sparing cystoprostatectomy in addition to the neurogenic cause. Furthermore, it was shown that erectile inactivity does not affect the possible return of drug-induced sexual potency.

Conclusion: The nerve sparing technique is not a guarantee that the erectile function will be preserved. Age at operation, preoperative erectile function score and tumor stage were found to be the statistically significant predictors of good postoperative erectile function. Factors affecting the postoperative erectile function are: Age at operation, the preoperative sexual activity, tumor stage, the integrity of the cavernous nerves and the corpus cavernosum smooth muscles and hypoxia of the cavernous erectile tissue due to delayed return of erections.

References:

Name	Position	Organization	Contact
Dr. Khaled El-Gamal	Professor	Urology Department, Benha University	00201222198789
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Dr. Ashraf M Abdel Aal	Ass Professor	Urology Department, Benha University	dr_ashraf_uro@yahoo.com

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Scopus: <http://www.scopus.com/inward/authorDetails.url?authorID=36171511200&partnerID=MN8TOARS>

Google Scholar: <http://scholar.google.com.eg/citations?user=XkzNCEgAAAAJ&hl=en&oi=sra>