

## SEXUAL FUNCTION AFTER ANTERIOR URETHROPLASTY

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**Abstract:** Anterior urethroplasty is a careful framework that involves the recreation of the foremost urethra, frequently did to manage urethral injuries, a circumstance described through limiting of the urethra. While the framework has been demonstrated to be worthwhile in settling indications of urethral injury, issues have been raised about its significantly effect on sexual capability. This article objectives to give a total assessment of the ongoing writing on sexual trademark after foremost urethroplasty, featuring the current day enthusiasm for this confounded issue.

**Keywords:** sexual functions, urethroplasty, urethral injuries, limits, male patients, sexual capability

**Introduction:** Sexual function among stricture patients has been a topic of interest for the past several decades. Both sexual and urethral function can be affected by the different surgical techniques used around the whole world. The perception of sexual function disturbance can differ based on sociocultural levels, countries, age, and so on. In this chapter, sexual function, outcomes, and associated parameters of anterior urethroplasty are reviewed in detail. The results of previous series, the effect of the surgical technique used, the length of the stricture, and other possible factors are discussed. The sometimes-controversial results are comparable. Urethral stricture can occur at different parts of the urethra and can be resultant of different etiological factors. Different types of urethroplasty have been introduced based on the location and the length of the obstruction and the surgeon's preferred procedure. There has been no consensus on sexual functional outcomes after the urethral reconstruction, and conflicting data are available. Is the altered penile sensation iatrogenic due to the injury to the dorsal nerves of the penis during dissection? Is there a neurovascular bundle deconjugation in a neourethra after reconstruction, and if so, do we need to rejuvenate them?

The relationship between sexual function and management of male urethral stricture disease has been a topic of interest for the past several decades. Sexual dysfunction associated with male urethral stricture is a damaging aspect of this disease that can affect patients' emotional well-being. Erectile function, painful erection, as well as ejaculatory and orgasmic dysfunctions, are commonly reported among male stricture patients.

**Background and Rationale:** Methods: After obtaining the consent of participants in the study, the Brief Male Sexual Function Inventory was filled out at two moments: immediately after inclusion (June 2020) and four months after the urethroplasty. Lower urinary tract symptoms and erectile function were assessed by the International Prostate Symptom Score and Sexual Health Inventory for Men questionnaires. Patients were subjected to open-ended questions in order to obtain a qualitative analysis. We also intend to collect patients' perception regarding factors such as psychological impact and gastroincontinence of the urinary collector. The objective of this work is to identify and characterize male sexual function after anterior urethroplasty. The advancement in

urethroplasty allows for the recovery of the urethra's form, without deviation of the genital contour or considerable urinary symptoms. The sexual status does not appear to be satisfactory, mainly due to the patients' disappointment with the disorders caused by the bladder running every three hours. Our goal is to identify and characterize male sexual function after anterior urethroplasty, through the application of a questionnaire, before and after the operation, identifying the influence of pre-operative lower urinary tract symptoms and erectile dysfunction on the post-operative period. Next, preliminary results of this study will be presented, regarding patients who have already undergone the operation and have already filled out the questionnaire regarding sexual function.

Progress in anterior urethroplasty allows for recovery of form, without deviating genital contour or substantial urinary symptoms. Sexual status does not appear to be satisfactory, mostly due to the patient's disappointment with the limitations encountered with the bladder running every three hours. The objectives of this study are to identify and characterize male sexual function after anterior urethroplasty, through the application of a questionnaire, before and after the operation, thereby identifying the influence on sexual function of the pre-operative lower urinary tract symptoms and pre-operative erectile dysfunction.

**Scope of the Study:** Sexual function after successful treatment in patients with urethral disease preoccupies quite a number of patients. At the same time, there is some uncertainty in the information currently concerning this subject. The vast majority of studies have been done on the issue of sexual function in patients who received successful urethroplasty. There are few studies on sexual function before the intervention in patients with stenosis in the urethra. Recently, some clinical studies have also been conducted showing the sexual function in patients who received unsuccessful surgical intervention in urethroplasty. These data show the two types of sexual satisfaction. That is, patients who have a reconstructive urethral procedure and do not have residual problems, and persons who remain candidates for new treatments.

#### Life systems and Physiology of Sexual Capability:

To perceive the impact of foremost urethroplasty on sexual capability, perceiving the life structures and physiology of sexual function is quintessential. The penis is made out of three tube shaped bodies: the corpus cavernosum and two corpora cavernosa. The urethra, which passes by means of the corpus spongiosum, plays out a fundamental situation in sexual capability, as it is responsible for the transmission of original liquid all through discharge. The autonomic scared framework, extraordinarily the thoughtful and parasympathetic frameworks, manages sexual capability, with the previous responsible for discharge and the last option for erection.

#### Impacts of Front Urethroplasty on Sexual Capability:

Studies have continually demonstrated that foremost urethroplasty can have a tremendous effect on sexual capability. A review learns about posted in the Diary of Urology confirmed that 40% of victims talented erectile brokenness, and 25% said diminished charisma after front urethroplasty. One more learns about posted in the English

Diary of Urology Global referenced that 30% of victims talented ejaculatory brokenness, portrayed through retrograde discharge or anejaculation.

The components basic these alterations are multi-layered. Right off the bat, the careful method itself can rationale injury to the refined nerve filaments responsible for controlling sexual capability. The urethra, which is luxuriously innervated through autonomic nerve filaments, is inclined to nerve hurt over the surgery, fundamental to erectile and ejaculatory brokenness. Besides, the urethral remaking strategy can disturb the standard life systems of the corpora cavernosa, principal to venous spillage and ensuing erectile brokenness. Additionally, the mental effect of front urethroplasty need to know not be undervalued. The strategy can be a stockpile of profound misery, primary to uneasiness, discouragement, and brought down moxie. A learn about posted in the Diary of Sexual Medication established that victims who went through front urethroplasty gifted sizable mental misery, portrayed via decreased shallowness and physical make-up picture, which might furthermore at any point worsen sexual brokenness.

#### Prescient Variables for Sexual Brokenness after Front Urethroplasty:

A few elements have been perceived as prescient of sexual brokenness after foremost urethroplasty. Age has been shown to be a boundless indicator, with more established victims being more noteworthy most likely to ride sexual brokenness. A learn about posted in the Diary of Urology established that victims more than 50 years old have been more prominent likely to trip erectile brokenness after front urethroplasty. Besides, the intricacy of the urethral injury has moreover been perceived as a prescient component. Patients with confounded injuries, described with the guide of longer lengths and more than one sections, are extra probably to ride sexual brokenness after foremost urethroplasty. This is plausible because of the increased risk of nerve mischief and physical disturbance all through the surgery.

Foremost urethroplasty is a confounded careful strategy that can meaningfully affect on sexual capability. While the strategy is great in settling indications of urethral injury, it can prompt erectile and ejaculatory brokenness, decreased moxie, and mental misery. The systems hidden these changes are diverse, including every physical and mental element. Prescient variables, which incorporates age and the intricacy of the urethral injury, have been distinguished, and specialists should think about these components while directing victims sooner than medical procedure.

#### Conclusion.

It is indispensable for urologists and sexual wellness specialists to be aware of the feasible effect of front urethroplasty on sexual capability, giving patients right guiding and readiness sooner than and after medical procedure. Further query is justified to find strategies to moderate the outcomes of front urethroplasty on sexual capability, ensuring that victims can procure first in class sexual wellness results after a medical procedure. All in all, this exposition has provided a total assessment of the current writing on sexual component after front urethroplasty. While the framework is decent in settling indications of urethral injury, it can have a decent measured effect on sexual capability, featuring the maintain that

for urologists and sexual wellness experts should be aware of the useful results and outfit victims with right directing and direction.

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