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**Title**

AB31. Management of ureteral stricture disease

**Permalink**

<https://escholarship.org/uc/item/9009f3zm>

**Journal**

Translational Andrology and Urology, 3(Suppl 1)

**ISSN**

2223-4683

**Author**

Stoller, Marshall

**Publication Date**

2014-09-01

**DOI**

10.3978/j.issn.2223-4683.2014.s031

Peer reviewed

## AB31. Management of ureteral stricture disease

**Marshall Stoller**

Department of Urology, School of Medicine, University of California, San Francisco, CA 94143, USA.

**Abstract:** Ureteral strictures cross a broad range of severity and can arise from infectious, iatrogenic, and disease-related sources. These can be amongst the most difficult urologic diseases to treat effectively. In this session, we will review various treatment options that can be applied effectively to improving treatment outcomes.

**Keywords:** Ureteral stricture disease; treat; infectious

doi: 10.3978/j.issn.2223-4683.2014.s031

**Cite this abstract as:** Stoller M. Management of ureteral stricture disease. *Transl Androl Urol* 2014;3(S1):AB31. doi: 10.3978/j.issn.2223-4683.2014.s031

## AB32. Sexuality after kidney transplantation

**Xiaodong Zhang**

Institute of Urology, Capital Medical University, Beijing 100069, China; Department of Urology, Beijing Chaoyang Hospital, Beijing 100043, China

**Introduction:** Kidney transplantation is the treatment of choice for persons with ESRD, and in general, KTx recipients have increased survival rates and enjoy overall better QOL than those on dialysis. However, one thing of QOL that does not seem to improve post-transplant is sexuality. In fact, one study found that sexuality was the only aspect of QOL that did not improve after transplantation. Roughly, 50% of males and at least the same percent of

females. Sexuality is important to QOL and is considered a basic human right and an important component of general health by WHO. Sexuality is a central aspect of being human throughout life. Encompassing Related causes, difficulties with sexuality and sexual functioning are most likely a result of both psychological and physiological factors, side effects of required medications, weight gain, hirsutism, and loss of sexually attractive following KTx, post-transplant complications and/or comorbid conditions. Hypertension and depression require medications. Almost all transplant recipients have or will eventually develop one or more comorbid conditions (diabetes) or experience side effects from treatments (pretransplant dialysis) or medications that can have a negative effect on their sexuality or sexual functioning

**Publications:** The first studies that examined sexuality among persons with ESRD were done in the 1970s. Retrospectively compare their sexual functioning levels. One of the largest of these early studies, conducted by Levy, was a nationwide survey of 519 persons belonging to the National Association of Patients on Hemodialysis and Transplantation. Three sexual functioning questions. There are 48% of men and 26% of women reported the development of or worsening of a sexual dysfunction as their ESRD progressed. And 35% of males and 25% of females reported a worsening of sexual function at the start of HD. 59% of all male HD patients and 43% of all male KTx recipients considered themselves to be partially or totally impotent. For women, 35% on HD and 23% with a KTx reported frequency of orgasm during sexual intercourse to be "unusual to never" at the time of treatment.

Take home messages higher sexual disorder, less attention paid on this topic, more study needed as transplant volume expanded, diagnosis and treatment, sexuality associated QOL.

**Keywords:** Kidney transplantation; sexuality; QOL

doi: 10.3978/j.issn.2223-4683.2014.s032

**Cite this abstract as:** Zhang X. Sexuality after kidney transplantation. *Transl Androl Urol* 2014;3(S1):AB32. doi: 10.3978/j.issn.2223-4683.2014.s032