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By Hashimoto,T





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The aim of this prospective study was to evaluate the impact of extracorporeal circulation and cross clamping period on erectile function in patients undergoing coronary artery bypass surgery (CABS). MATERIALS AND METHODS: A total of 50 patients undergoing CABS were evaluated in this prospective study{Giessing, 2007}. Before and 6-12 months after the CABS, patients were interviewed for erectile dysfunction (ED) using the International Index of Erectile Function (IIEF). Scoring the IIEF domain of erectile function allowed the classification of each patient as having no (26-30), mild (17-25), moderate (11-16) or severe (0-10) ED. Patients with normal, mild and moderate ED score were designated as group A, B and C, respectively. Patients were classified in 2 groups to evaluate the impact of extracorporeal circulation and cross clamping period on erectile function in patients undergoing CABS. Patients who had no



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著者のファミリーネーム

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The aim of this prospective study was to evaluate the impact of extracorporeal circulation and cross clamping period on erectile function in patients undergoing coronary artery bypass surgery (CABS). MATERIALS AND METHODS: A total of 50 patients undergoing CABS were evaluated in this prospective study Giessing. 2007. Before and 6-12 months after the CABS, patients were interviewed for erectile dysfunction (ED) using the International Index of Erectile Function (IIEF). Scoring the IIEF domain of erectile function allowed the classification of each patient as having no (26-30), mild (17-25), moderate (11-16) or severe (0-10) ED. Patients with normal, mild and moderate ED score were designated as group A, B and C, respectively. Patients were classified in 2 groups to evaluate the impact of extracorporeal circulation and cross clamping period on erectile function in patients undergoing CABS. Patients who had no

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The aim of this prospective study was to evaluate the impact of extracorporeal circulation and cross clamping period on erectile function in patients undergoing coronary artery bypass surgery (CABS). MATERIALS AND METHODS: A total of 50 引用箇所 patients undergoing CABS were evaluated in this prospective study¹. Defore and 6-12 months after the CABS, patients were interviewed for erectile dysfunction (ED) using the International Index of Erectile Function (IIEF). Scoring the IIEF domain of erectile function allowed the classification of each patient as having no (26-30), mild (17-25), moderate (11-16) or severe (0-10) ED. Patients with normal, mild and moderate ED score were designated as group A, B and C, respectively. Patients were classified in 2 groups to evaluate the impact of extracorporeal circulation and cross clamping period on erectile function in patients undergoing CABS. Patients who had no change in ED score in group A and patients who had recovery in group B were included in group1. Patients who had impaired ED score in group A and group B were included in group 2. All patients were also interviewed for sociodemographic and relevant medical history. Sociodemographic data were age, job, marital status, alcohol, narcotic and smoking habit. Medical risk factors were diabetes, hypertension and psychiatric disorders. RESULTS: The mean age of patients included in the study were 46,6 (range 31-55). After the operation, 3 (7.5%) of 41 patients in group A had moderate, 1 (2.5%) had mild and 37 (90%) had no change in ED score.



¹Giessing, M. *et al.* Steroid[•] and calcineurin inhibitor free immunosuppression in kidney transplantation[:] state of the art and future developments. *World J Urol* (2007),