Variables that could influence both contraceptive choice and sexual outcome. Which includes, socio-demographic characteristics, content of the counselling dialogue, partners' involvement, sexually transmitted infections (STIs) screening, side effects of IUDs, and its sexual impact. Neither Female Sexual Function Index (FSFI) nor psychologic factors were documented in this study.

Results: Of the total sample, 78 (48%) were educated (high-middle education), of them 39 (50%) had reduced empowerment and 84 (52%) were non-educated, of them 75 (90%) had reduced empowerment. The women's residences were 56 (32%) in rural areas and 106 (68%) in marginal urban areas. 54 (33%) reported prolonged bleeding and spotting. 83 (51%) suffered from pelvic pain and dyspareunia. Male partners refused to use condoms or to share with their women medications for genital infections. 28 (17%) reported strings to poke their partners. 49 (30%) reported positive impact on sexuality by feeling in control over pregnancy and tolerated side effects of the IUDs. 85 (52%) reported negative impact on sexuality (abstinence, dyspareunia, strings poking partners), of them 26 (30%) had malpositioned IUDs, 7 (8%) had pregnancies with IUDs and the remaining 52 (62%) requested removal of the IUDs. 28 (17%) reported no change on sexuality. No STIs screening was performed. Only 30 (18.5%) received counselling for IUDs, 20 of them (66.6%) had incomplete dialogues. Sexual criteria and partners' involvement were not included in the counselling. 6 (4.4%) requested removal of IUDs for the purposes of worship.

Conclusion: Sexuality was not of interest to most Egyptian women using IUDs and they were socialized to be more partner-oriented in sex. Therefore, sexual criteria and partners' involvement should be integrated into the contraceptive counselling protocol to ensure safe, satisfactory sex and contraception. Many efforts are needed to stop malpractice of IUDs in Egypt (poor training & flawed system). Implementing screening program for STIs is recommended. Provision of up to date medications for the side effects and governmental support to ensure the availability of hormonal IUDs in the public sectors are essential. Finally, Proper counselling dialogue, skillful training of the health care providers, as well as social and sexual empowerment of women can make a great difference.

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579

FACTORS PREDICTING PATERNITY AFTER VARICOCELE SURGERY

Aziz, W.A.1; Rafi, A.2; Ali, M.3; Bijabani, R.4
1Ag Khan University Hospital, Pakistan; 2The Indus Hospital, Pakistan

Objective: To determine whether semen parameters improve after varicocele ligation in patients presenting with clinical varicocele and to identify factors predicting paternity after varicocele ligation.

Materials and Methods: Patients undergoing varicocele ligation for pain, those with subclinical varicocele, or normal preoperative semen parameters were excluded. Paternity after varicocele repair was identified by telephonic follow up. Data was analyzed using SPSS version 19. Mean improvement in semen parameters after varicocelectomy was compared using paired sample t-test. Logistic regression analysis was used to identify factors correlating with paternity.

Results: Of 195 patients, 77 patients were included in analysis after exclusion. Median age was 32 years (S.D ± 8.157). Patient presented after a mean duration of 3.18 years (S.D ± 2.372) since marriage. The mean size of varicocele on Doppler ultrasound was 3.97 mm (S.D ± 0.65). Varicocelectomy was performed by Microscopic subinguinal approach in 51 (66.27%), Open inguinal approach in 7 (9.1%) and Laparoscopic approach in 19 (24.7%) patients. Patients were followed with semen analysis postoperatively with mean duration of follow up of 5.35 months (S.D1.841). Overall 19 patients (24.7%) reported paternity on telephonic interview whereas 58 (75.3%) reported no paternity. Preoperative and postoperative semen parameters were compared using paired sample t-test which indicated that postoperative count, morphology and rapid linear progression were significantly improved when compared to corresponding preoperative values (all p < 0.00). Whereas difference in preoperative motility (mean=36.74, S.D=16.877) and postoperative motility (mean=37.78, S.D=15.696) was not statistically significant (t= -0.587, p=.587). Binary logistic regression analysis suggested that smoking is a significant factor predicting paternity.

Conclusion: Semen parameters improve after varicocelectomy in patients having clinical varicocele and subnormal semen parameters. Smokers have a lower probability of achieving paternity after varicocele surgery. This data is useful in counselling patients preoperatively for varicocelectomy and also highlights the correlation of smoking and infertility.

Disclosure: Work supported by industry: no.

580

FAMILY HISTORY REGARDING CARDIOVASCULAR DISEASE AND DIABETES AND ERECTILE DYSFUNCTION IN PATIENTS WITH CORONARY ARTERY DISEASE

Kalka, D.1; Womperski, M.2; Depko, A.3; Gebala, J.4; Smolinski, R.5; Domagala, Z.6; Biełows-Wilk, A.7; Womperski, K.7; Piłecki, W.1; Rusiecki, L.1
1Cardiosexology Unit, Department of Pathophysiology, Wrocław Medical University, Wrocław, Poland; 2Lower Silesian Center for Mental Health, Wrocław, Poland; 3Regional Mental Health Facilities in Warsaw. Sexual Health Clinic, Warsaw, Poland; 4Cardiosexology Students’ Scientific Club, Wrocław Medical University, Wrocław, Poland; 5University Hospital of Wrocław Medical University, Wrocław, Poland; 6Division of Anatomy Department of Morphology Wrocław Medical University, Wrocław, Poland; 7Department of Cardiac Rehabilitation, Hospital of the Ministry of Interior
Objectives: Assessment of the connection between the occurrence of cardiovascular diseases and diabetes in the family during medical anamnesis and the presence as well as intensity of ED in a group of patients with CAD.

Material and Methods: A group of 825 patients at the mean age of 59.66 ± 9.47 with diagnosed CAD was evaluated. An own questionnaire as well as the IIEF5 questionnaire have been used to question patients. The questionnaire included questions regarding the presence of CVD such as myocardial infarction (MI) and stroke as well as often CVD related diabetes in parents (taking into account the differentiation of father and mother), siblings and children.

Results: In the analyzed group of patients ED occurred in 76.61% of respondents. In terms of severity of ED in 22.78% there was severe dysfunction, in 13.45% severe to average, in 31.96% average and in 31.80% a mild dysfunction was present. In the family history of the analyzed group MI occurred in 43.03% of respondents, stroke in 17.09% and diabetes in 26.06%. MI in both parents has been reported by 5.45% of patients, 23.88% only in the father, 15.03% only in the mother, 9.33% in siblings and 0.24% in children. A stroke occurred in both parents in 0.85% of respondents, in 7.40% of fathers, in 8.00% of mothers and in 5.58% of siblings. Diabetes occurred in both parents in 2.18% of respondents, in 8.24% of fathers, in 13.82% of mothers, in 5.58% of siblings and in 0.61% of children. For the whole group of analyzed patients the occurrence of ED was not statistically significantly connected to the presence of CVD and diabetes. The intensity of ED was statistically significantly connected to experiencing a MI by a family member (16.19 ± 6.43 vs 15.20 ± 6.46, p= 0.0271). The intensity of ED is also statistically significantly connected with the experience of a MI by the fathers of the respondents (16.51 ± 6.43 vs 15.28 ± 6.45, p= 0.0276).

Conclusion: Experiencing a MI by a family member or only by the father of men suffering from CAD significantly decreases the intensity of ED.

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581 FEMALE (CHINESE NURSES) SEXUAL FUNCTION AND THE IMPACT OF KIDS’ RETURN ON IT DURING THE SUMMER HOLIDAY

Zheng, Y.; Ma, G.; Li, X.; Feng, J.; Yang, X.; Wu, X.; Chen, S.; Luo, S.

The Third Affiliated Hospital, Sun Yat-sen University, China

Objective: In China, nurses are a special occupational group, it is reported that more than 50% of them suffered from female sexual dysfunction (FSD). The tension between medical staff and patients will worsen this situation. Furthermore, in the summer holiday, does kids’ return aggravates FSD and so that we need to pay more attention to their quality of life?

Material and Method: A cross-sectional survey was conducted from Aug.15 to Aug.31, 2017. For the survey, all married female nurses in the Third Affiliated Hospital of Sun Yat-sen University, the People’s Hospital of Jiangmen and the Jiangmen Central Hospital were selected as study participants. The questionnaire included questions regarding the general characteristics of participants and their kids, the psychological state of participants over the past week and the female sexual function index during the last 4 weeks.

Result: A total of 123 participants aged 24-47 (mean age, 36.54 ± 5.50) years were included in the analysis. According to the cutoff value of 25.0, 44 (36.8%) individuals were screened with FSD. Single-factor analysis or multiple-factor analysis showed that the more number of kids, got up earlier, sleep later, less siesta, stress, anxiety and depression during summer holiday would affect nurses’ sexual activity, including reducing female sexual function index (FSFI). When being asked "Do you agree that the wife character will be suppressed by the mother character during the summer holiday?" 54 (43.9%) nurses answering “Yes” and 69 (56.1%) nurses answering “No”. About the question "Does the frequency of your sexual activities change during the summer holiday?" 72 (58.3%) nurses answering "Decreased", 88 (71.5%) nurses answering "nearly" and only 2 (1.6%) answering "Increased". Statistical significance was found for the time of getting up (P=0.033), sleeping (P=0.004), siesta (P<0.001) and sleeping quality (P<0.001) between the “Decreased” group and “Nearly” group.

Conclusion: The prevalence of FSD of Chinese nurses (36.8%) is lower than general population. During the summer holiday, the frequency of mothers’ sexual activities may decrease due to the changing of timetable, another reason is to some extent, the wife character would be suppressed by the mother character during the summer holiday.

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582 FEMALE GENITAL MUTILATION AMONG MIDDLE AGED EGYPTIAN WOMEN AND ITS IMPACT ON THEIR SEXUAL FUNCTION

Elkowessny, D.; Salama, H.; Abu-Nazel, M.; Gobashy, S.

Alexandria University, Egypt; Alexandria University, Egypt

Objective: Female Genital Mutilation (FGM), also known as female circumcision refers to "all procedures involving partial or total removal of the external female genitalia for cultural, religious or other non therapeutic reasons". This practice is considered a deeply rooted tradition in Africa and some countries of Asia and the Middle East. In Egypt, The desire to control women's sexual desire is a strong motivation for the practice of FGM. The aim of the present work is to study the prevalence of FGM among married women attending family health centres (FHCs) in Alexandria and to investigate the effect of FGM on sexual functions among married women and to assess their beliefs regarding this traditional habit.

Material and Method: Across sectional study was carried out among 369 women attending family health centres in Alexandria. Experience of sexual problems was assessed using the Arabic form of Female Sexual Function Index (Ar FSFI). FGM among all participants was reported using a predesigned questionnaire.

Result: The presence of FGM among married women in our sample was 69.9%. The highest percentage of women (71.5%) thought that FGM is not a healthy habit and about 59.6% of the sampled women reported that they think that FGM is related to