



Τι πρέπει να διαβάζει ο ουρολόγος;

## Διαδίκτυο

*Ιωάννης Μυκονιάτης*

12<sup>o</sup>  
Uroschool  
2019 ΣΧΟΛΕΙΟ  
ΟΥΡΟΛΟΓΙΑΣ



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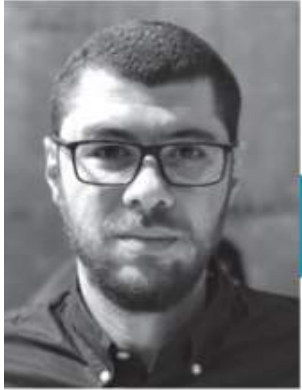
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**Κέντρο Πληροφόρησης – Βιβλιοθήκη «Στέλιος Ιωάννου»**








# Digital Natives Vs Digital Immigrants

Marc Prensky, On the Horizon MCB University Press, Vol. 9 No. 5, October 2001



I'm not raising my hand. 

# Ξεκινώντας στην ειδικότητα.....

The screenshot shows a forum page with the following content:

- Header:** Home Forums Χειρουργικές Παθήσεις Γυναικολογικές Παθήσεις
- Introductory text:** Αγαπητη Επισκέπτη. Ευρίσκεισαι στο Πανελλήνιο Χειρουργικό Forum, όπου μπορείς βρείς πληροφορίες για ιατρικά χειρουργικά θέματα που σε αφορούν, όπως επίσης μπορείς να υποβάλλεις ένα καινούργιο δικό σου θέμα-ερώτηση στο φόρουμ. Πρέπει να εισαι εγγεγραμμένος χρήστης για να δεις τα ποστ των μελών ή να δημιουργήσεις δικό σου post ή θέμα (thread)!
- Thread Title:** Ερώτηση Ουρολοίμωξη...
- Post 1:** Είχα τα συμπτώματα της ουρολοίμωξης. Επικοινωνήσα με τη γυναικολόγο μου και μου είπε να κάνω μια γενική ούρων. Όντως εκείνη έδειξε ουρολοίμωξη και μου είπε να πάρω το κύροκσιπ 500 για πέντε ημέρες και μετά να κάνω καλλιέργεια. Τα συμπτώματα υποχώρησαν, αλλά ανησυχώ γιατί μόλις έμαθα πως η συγκεκριμένη αντιβίωση είναι ισχυρότατη (και ειδικά για μένα που είμαι 22χρονός)... Ανησυχώ πολύ! Μπορεί βέβαια να με βοήθησε το κύροκσιπ, αλλά μήπως παράλληλα με έβλαψε γενικότερα? (Φυσικά, θα αλλάξω γυναικολόγο!)
- Post 2:** Καλησπέρα. Ο κανόνας λέει γενική ούρων, καλλιέργεια ούρων και όταν η καλλιέργεια βγει θετική τότε γίνεται αντιβιογράμμα για να βρεθούν ποιες αντιβιώσεις είναι ανθεκτικές στο μικρόβιο και ποιες όχι. Παλλοί γιατροί όμως και επειδή η ουρολοιμώξεις είναι επώδυνες όταν στην γενική ούρων (που βγαίνει άμεσα) βγουν πολλά πυοσφαίρια τότε αυτό σίγουρα είναι ένδειξη ουρολοιμώξης και γι'αυτό δίνουν αντιβίωση πριν το αντιβιογράμμα προκειμένου να επχωρηθούν άμεσα τα συμπτώματα. Στη περίπτωση που το συγκεκριμένο αντιβιοτικό δεν "πίσει" τότε προχωρούν σε κάποιο άλλο με βάση πάντα το αντιβιογράμμα που θα χει βγει. Δε θα πρέπει να ανησυχείς για τη συγκεκριμένη αντιβίωση διότι είναι γενικά καλή και δίνεται για πολλές περιπτώσεις. Μπορεί να σου έδινε μία αντιβίωση πιο ελαφριά και να μη σε έπιανε. Η αργοπορία σε αυτές τις περιπτώσεις μπορεί να φέρει υψηλό πυρετό αλλά και τρομερούς κοιλικούς στα νεφρά. Σημασία

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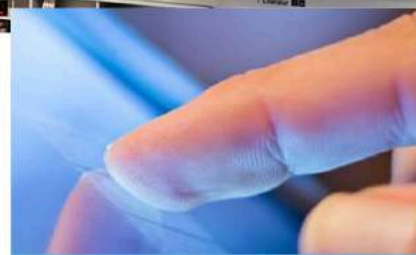
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In this segment you find the individual guidelines that are related to oncology.

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#### BLADDER CANCER



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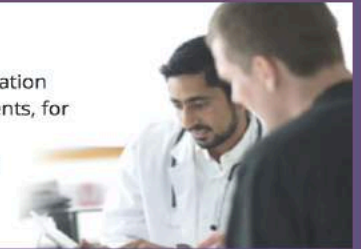
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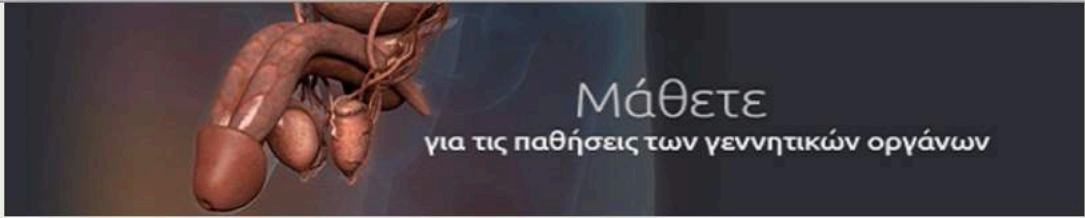
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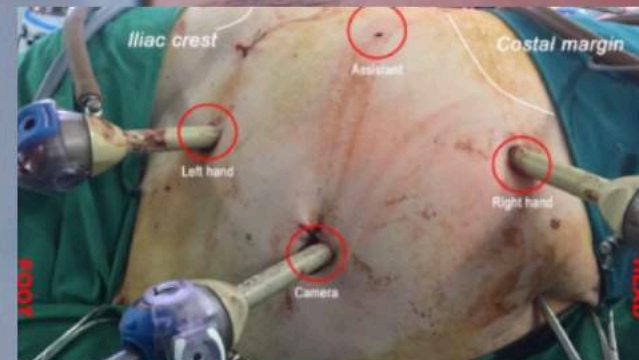
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*Dr. Carlos Blanco and Dra. Victoria Capapé  
Endourology Unit  
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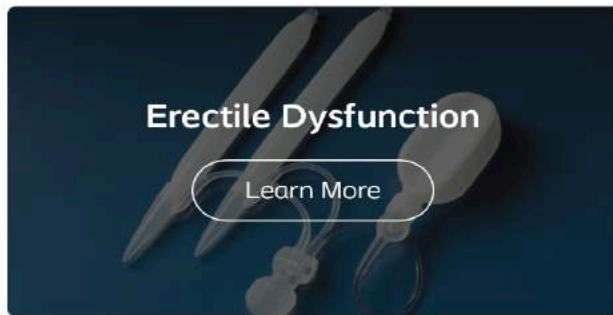
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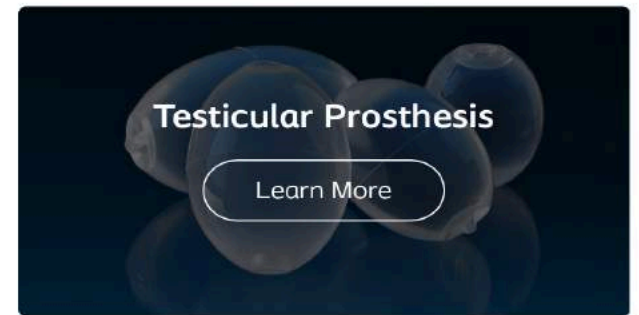
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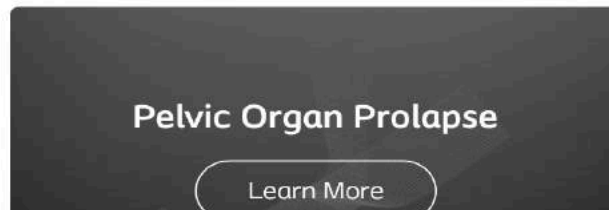
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## INFERTILITY

For Infertile Men about to Undergo Varicocele Repair

Predicts changes in semen parameters.

### PROSTATE CANCER 2, PRE-TREATMENT

For Patients Immediately Prior to Surgery

Predicts the probability of upgrading the Gleason score in patients with low- and intermediate-grade prostate cancer on biopsy to help identify patients who may benefit from more aggressive or novel therapy.

For Patients Recently Diagnosed with Clinically Localized Prostate Cancer

Predicts 5- and 10-year probabilities for radical prostatectomy, watchful waiting, and 3-dimensional conformal radiation therapy of survival, distant cancer, freedom from recurrence, metastasis and effects.

### PROSTATE CANCER 3, POST-TREATMENT

For Patients Immediately Following Radical Prostatectomy

Predicts 7-, 9- and 10-year post-treatment freedom from recurrence, and 10- and 15-year cancer-specific mortality.

For Patients Immediately Following Brachytherapy

Predicts 7- and 9-year post-treatment freedom from recurrence.

## KIDNEY CANCER

For Patients Immediately Following Partial or Radical Nephrectomy

Predicts 5- and 7-year freedom from recurrence and 7-year renal insufficiency.

For Patients With Metastatic Renal Cell Carcinoma

Predicts 12-month progression-free survival with sunitinib or pazopanib.

For Patients with Small Renal Masses

Predicts the probability of malignant pathology for small renal masses.



QUANTITATIVE HEALTH SCIENCES CONTACT

# Cleveland Clinic Risk Calculator Library

## Department of Quantitative Health Sciences

### BENIGN PROSTATIC HYPERPLASIA

For Patients Receiving Dutasteride Therapy

Predicts probability of acute urinary retention or surgical intervention within 2 years.

### BLADDER CANCER

For Patients Immediately Following Radical Cystectomy

Predicts 5-year progression-free probability.

Find models by title, author, specialty, MeSH, ...

Search

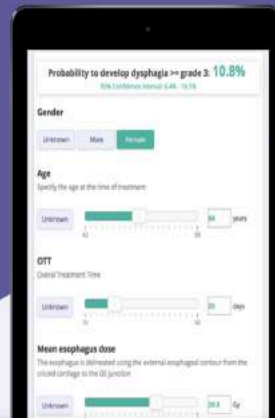
# Use & Create Prediction models

Quick and easy medical decision support

Gender: Unknown Male Female

Sign Up

Age: Specify the age at the time of treatment



All Models: 1359 Public: 516

All Validations: 332 Public: 46

Set more parameters to calculate prediction.

Number of tumors	Single	2 to 7	≥8
Tumor size	<3 cm	≥3 cm	
Prior recurrence rate	Primary	≤1 rec/yr	>1 rec/yr
T category	Ta	T1	
CIS	No	Yes	
Grade	G1	G2	G3

## RESULTS

Add note

**EORTC risk tables: Predicting recurrence and progression in stage Ta T1 bladder cancer patients. (1yr Recurrence)**

Estimated 1 year recurrence probability: ... %

**EORTC risk tables: Predicting recurrence and progression in stage Ta T1 bladder cancer patients. (5yr Recurrence)**

Estimated 5 year recurrence probability: ... %





search this site...

## Surgical Outcome Risk Tool (SORT)

### Main Group

Select procedure group....

### Sub Group

Select procedure sub-group....

### Procedure Description

Select procedure....

### Severity ?

Minor  Intermediate  Major  Xmajor/complex

### ASA-PS ?

1  2  3  4  5

### Urgency

Elective  Expedited  Urgent  Immediate

### Thoracics, gastrointestinal or vascular surgery

Yes  No

### Cancer ?

Yes  No

### Age

<65  65-79  >80

### User notes

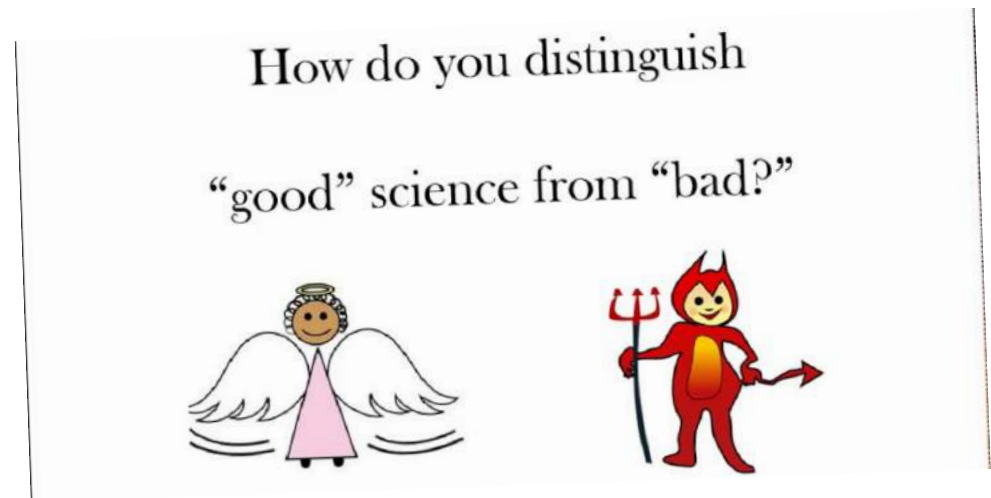
All values must be present before the calculation can take place. Surgical severity will be calculated automatically on entry of procedure details. If the procedure you are searching for is not listed, please use the nearest available procedure for calculation.

### About SORT

The SORT is a pre-operative risk prediction tool for death within 30 days of surgery. It has been developed and validated for use in inpatient non-neurological, non-cardiac surgery in adults (aged 16 or over).


This web resource is the result of a collaborative effort between NCEPOD researchers (Karen Protopapa and Neil Smith) and doctors in anaesthesia and intensive care medicine who are part of the SOuRcE team (Ramani Moonesinghe and Jo Simpson).

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CD22 blockade restores homeostatic microglial phagocytosis in ageing brains.  
Plavtage JV, et al. Nature. 2019.

Precise therapeutic gene correction by a simple nuclease-induced double-stranded break.  
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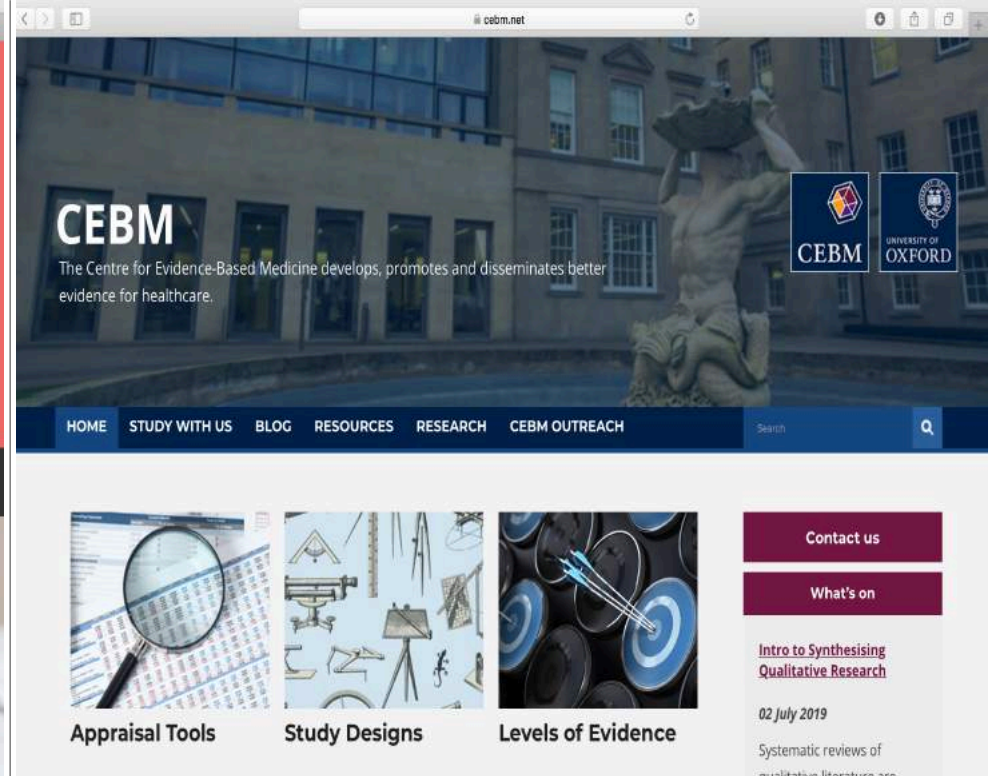
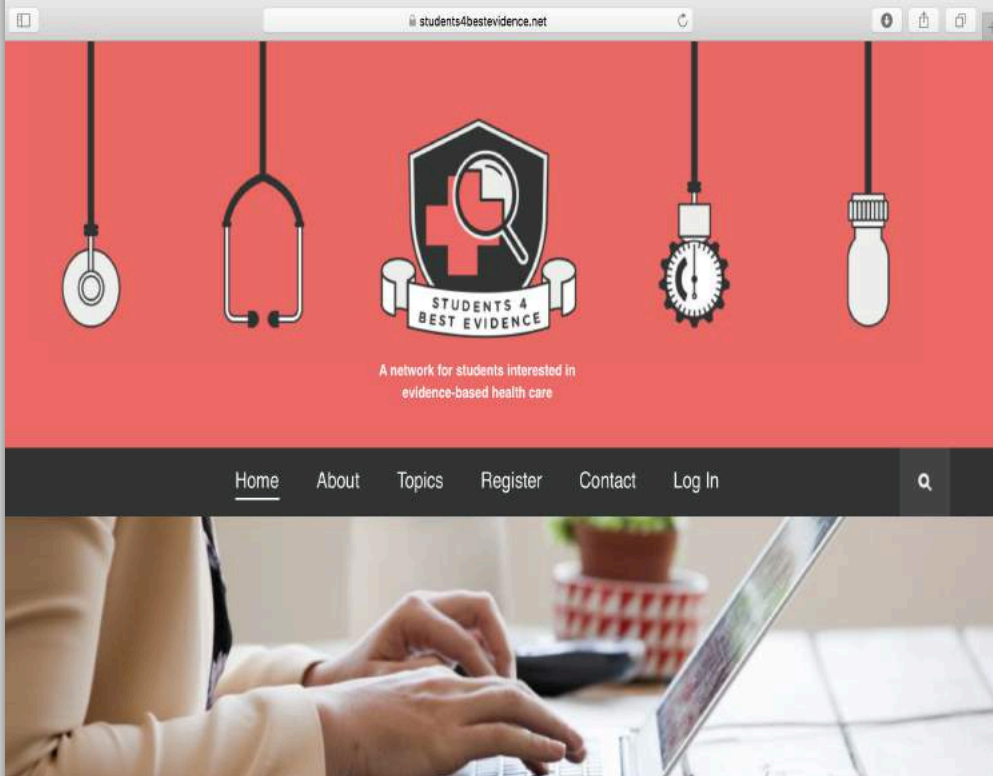
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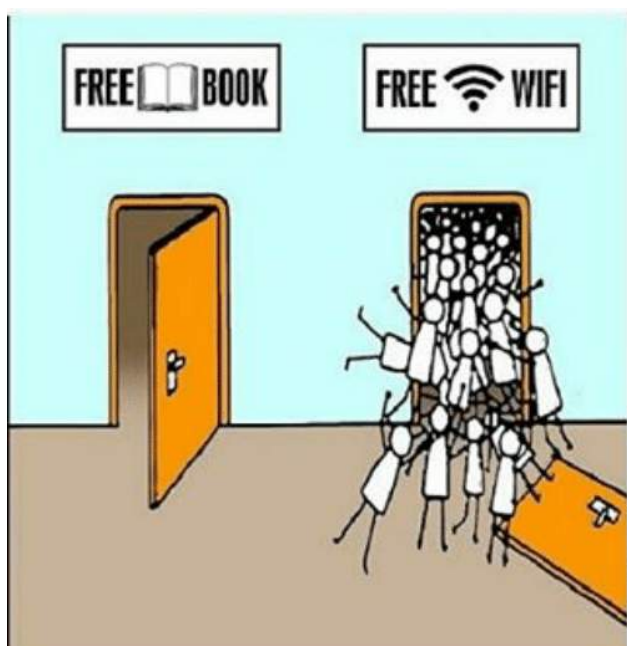
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