Medical Partners
University Medical Center Schleswig-Holstein
Wissen schafft Gesundheit
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Dear Colleagues, Ladies, and Gentlemen

The University Hospital Schleswig-Holstein (UKSH) is the top clinic in northern Germany and UKSH is helping change the future of university medicine. As one of the largest European medical care centers, the UKSH covers almost the entire spectrum of modern medicine. The UKSH has clinics located in Kiel and Lübeck and treats nearly 450,000 outpatient and inpatients annually.

Besides operating clinics in northern Germany, UKSH also works nationally and internationally. We cooperate with other colleagues, scientists and hospitals from all over the world and Germany, and in particular with Russia.

In cooperation with our partner Euroimmun, we would like to introduce you to the UKSH, Campus Lübeck.

Excellent Medicine and Research

The close connection between the top medicine of the UKSH and the innovative research of our universities is not only a benefit for our German patients but also for our international patients. A level of clinical excellence has been achieved: The UKSH guarantees highly individualized as well as interdisciplinary diagnostics and therapy. Research results are passed directly to the patients. Cancer treatment is an example of our individualized service and is also one of our greatest challenges.

Certified and Interdisciplinary

It is our responsibility to provide our patients with the highest level of treatment safety. The German Cancer Society (DKG) has certified the Center for Oncology at UKSH, and it is audited annually by recognized experts. Within the certification framework from DKG, the high clinical treatment quality and the interdisciplinary quality of the various Organ Cancer Centers were reviewed and confirmed. To ensure top patient care, the DKG evaluates the number of patients as well as the increase in primary cases.

In particular, areas of individualized therapy and biobanks scientifically support and increase the quality of the organic cancer treatment from the Center for Oncology. In order to further develop the Center of Oncology, we aim to establish a Comprehensive Cancer Center by 2018. This is another huge step in providing better service and treatments to our patients in the future.

Our Quality in Comparison

Independent media rankings also confirm the quality of our clinics. Per the hospital rankings in the hospitalization section of FOCUS (one of the largest German magazines), the UKSH once again occupies the top position of all clinics in northern Germany. Compared with the other 1,143 rated hospitals in Germany, the UKSH was voted among the best. This is the fifth time that FOCUS conducted this comprehensive quality comparison for German hospitals and clinics. More than 14,000 medical specialists, and the chief physicians from different departments gave their recommendations. In the examined categories,
the UKSH shows outstanding capability in the areas of breast cancer, colorectal cancer, cardiac surgery, cardiology, Parkinson’s disease, radiotherapy, depression, anxiety disorders, and compulsion.

UKSH International
The UKSH is characterized by a cosmopolitan, tolerant, and multicultural environment. People from 112 different countries work together under the same roof of the UKSH. As the largest employer and an important medical training center in the state of Schleswig-Holstein, the UKSH Group has more than 12,500 employees. Patients from all over the world come for treatment, and are given full attention by our team "UKSH International". We provide interpreters to ensure a comfortable and convenient stay while patients are at the UKSH. The UKSH cooperates closely with rehabilitation clinics and spas and provides holistic care and comprehensive follow-up care. And traveling from abroad to the Hanseatic City of Lübeck is convenient since it has an international airport.

Europe’s Largest Clinic Construction Project
The UKSH is constructing a medical University of the future: The largest clinical construction modernization project in Europe has been launched. In a public-private partnership, central hospital buildings will be completed by 2019 to meet growing demands in health care, research, and teaching. We analyzed the demographic and medical challenges facing the UKSH in the coming years. In order to effectively diagnose and treat more complex diseases, the UKSH is building excellent clinics with outstanding architecture with complex infrastructures.

The following pages are an introduction to a selection of clinics at the Campus Lübeck which provide excellent service day after day. We wish to give you personal insight into our work and to establish a collegial collaboration and we hope you enjoy reading the brochure. Please feel free to contact us. We would be even more delighted if you would visit us at the UKSH.

Sincerely yours,

Ihr Prof. Dr. Jens Scholz,
Chairman of the Board of the University Hospital Schleswig-Holstein
Both of UKSH’s locations have been certified by the German Cancer Society (DKG) as a “Center for Oncology”. Led by Prof. Dr. Tobias Keck, who is the Director of the Clinic for Surgery, the Center for Oncology at the UKSH Campus Lübeck was certified in March 2015.

The certification recognizes the high quality of UKSH cancer treatment and is also an incentive for continuous improvement. The quality of care is checked annually to meet the highest requirements. The UKSH aims to establish a Comprehensive Cancer Center by 2018 as another major improvement for patients. All the participants want to closely combine research, therapy, and prevention by connecting the many interfaces. According to the German Cancer Society, the aim of a Center for Oncology is to offer the best quality in diagnosis and therapy for all cancer patients and to constantly improve diagnosis and treatment. In addition, it must be demonstrated that patient care is interdisciplinary and adheres to evidence-based quality criteria. Patients are given access to clinical trials and follow-up service.

The core of the Center of Oncology is the case study model called Tumor Boards. Here, a total picture of the patient’s complex disease is discussed by all the involved specialists, and a definite strategy is determined. At the same time, the nurses and specialists work together during the implementation of treatments. The Center for Oncology is also involved in a variety of clinical trials in which patients can choose to receive either standard therapy or a new, verified treatment. An increasing amount of research has been carried out over the past few years to find more effective treatment for many types of dominant cancers. In addition, extra services such as psychooncology, social services, and palliative care are provided for patients. The DKG certified the Center for Oncology, Campus Lübeck as well as other organ cancer centers located on site. The Breast Cancer Center was certified by the DKG in 2007, followed by the Gynecological Cancer Center in 2009. Led by Prof. Dr. Achim Romy, the Department of Obstetrics and Gynecology was also certified. In 2011, the Department of Dermatology, Allergology and Venerology (Director: Prof. Dr. Detlef Zillikens) received certification as a Skin Cancer Center. The DKG awarded the certificates to both the Colorectal Cancer Center and the Pancreatic Cancer Center at the Department of Surgery under the direction of Prof. Dr. Tobias Keck in 2014. The Head Tumor Center at the Department of Otorhinolaryngology (Director: Prof. Dr. Barbara Wollenberg) and the Neck Tumor Center at the Department of Maxillofacial Surgery (Director: Prof. Dr. Peter Sieg) were certified in 2015. The Lung Cancer Center (Director: Prof. Dr. Tobias Keck) was certified with the “transit” certification. The Prostate Cancer Center led by the director of the Urology Clinic Prof. Dr. Axel S. Merseburger was certified as “Transit” in 2016. Under the direction of Prof. Dr. Tobias Keck, the Stomach Cancer Center was certified in 2017. The esophagus, stomach, bile ducts, primary liver tumors, gastrointestinal tumors, neuroendocrine tumors (S1) as well as lymphoma, leukemia, hematologic system diseases (S5) were also co-certified.

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Clinic for Surgery

Approximately 4,000 surgeries are carried out in the Clinic for Surgery, UKSH Campus Lübeck. The clinic was given an award by the German Cancer Society (DKG) and named an excellent Visceral Surgery Center for minimal invasive surgery. Moreover, the clinic has a leading position in minimal invasive surgery in Germany.

The clinic is certified by DKG as a Colorectal Cancer Center, Gastric and Esophageal Cancer Center, Lung Cancer Center and Pancreas Cancer Center. Over 250 laparoscopic bowel operations and over 100 pancreatic resections are performed annually. The mortality of oesophageal surgery is zero percent, and the number for pancreatic surgery is 3.5 %. Both of them are far below the German average (10 percent). The clinic is conducting several studies focusing particularly on advanced pancreas cancer (borderline resectable). The cyberknife (robot-assisted stereotactic radiotherapy), electroporation and radio frequency ablation combined with chemotherapy and surgery are evaluated in their studies. 40 physicians work in the clinic, and eight of them are specialists in the area. There are four operating rooms with four high-tech laparoscopic machines including 3D optics, ultrasound, fluorescence imaging, and navigation. The clinic also has a training center for laparoscopic surgery in which numerous advanced training courses about laparoscopic oncological surgery are performed for international participants.

Our core competences

Minimally invasive visceral surgery
- A total spectrum of oncological visceral surgery
- Focus on pancreatic cancer and cystic pancreatic tumors
- Extensive experience in minimally invasive pancreatic surgery including laparoscopic Whipple
- Therapy studies for advanced pancreatic cancer
- Extensive experience in minimally invasive bowel surgery (> 5000 operations)
- Minimally invasive esophageal surgery

Minimally invasive thoracic surgery
- A total spectrum of oncological thoracic surgery
- Minimally invasive thoracic surgery including video-assisted lobectomy (VATS)
- Laser surgery of metastases

Treatment of local advanced tumors
- A total spectrum of metastasis resection in the lung and liver, including locally ablative procedures
- Neoadjuvant therapies in pancreatic cancer
- Navigated liver surgery
- Therapy for peritoneal carcinosis with peritonectomy and intraoperative hyperthermic chemotherapy

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The UKSH Campus Lübeck was equipped with the most advanced operation system -- "da Vinci" operation system in June 2017. The new surgical robot is used for interdisciplinary surgeries in the Clinic for Surgery, the Department of Obstetrics and Gynecology, and the Department of Urology. Since the UKSH Campus Lübeck installed the "Da Vinci" operation system, it is expanding its expertise in the field of minimally invasive surgery. Meanwhile it is conducting research and investigating innovative healthcare technologies. Moreover, there are two "da Vinci" operating systems in the UKSH Campus Kiel.

The "da Vinci" system is considered the most advanced operation system in the field of minimally invasive surgery. It allows extremely precise interventions with minimum tissue damage. Compared to conventional laparoscopic keyhole surgeries, the advantage of applying this operation system is that it is extremely precise and it allows surgeons to perform unrestricted movements like real human hands. The system can precisely convert the movements of the surgeon’s hands into the finest movements without shaking in surgery.

The surgeon sits on a control console next to the operating table using the thumb and middle finger of both hands to control the two elements of the system. The orders from the surgeon are conducted by special robot arms that have previously been inserted into the patient via small cuts. The robot executes the commands or movements of the operator in millimeter-precision. A three-dimensional HD video enables the surgeon to zoom in to a 15-fold magnification at the operation site. With the assistance of the 3D Imaging System, surgeons feel like they are actually standing and operating inside the patient.

The "da Vinci" robot-assisted surgery system allows surgeons to use a conservative surgery in cases where minimally invasive surgery is not available, for example in complex operations on the intestine, pancreas, stomach or esophagus. In the near future, robotic surgeries will replace the classic laparoscopic "keyhole" surgeries used in clinics today. 90 percent of all interventions in the Gynecology Department of the UKSH Campus Lübeck have been carried out using this current method. The increasing number of minimally invasive surgeries is not only a trend in urology, but also in other clinic fields. Minimally invasive surgery provides a more sensible alternate with lower morbidity and better prognosis for surgeons as well.
By putting research, health care, and modern technology together, our university clinics are the best choice for patients in treating benign and malignant gynecological diseases with modern methods at the highest level. Minimally invasive surgical procedures (keyhole surgery) are the standard surgical method for most surgical procedures in gynecology and gynecological oncology.

The avoidance of an abdominal incision provides decisive medical benefits and also cosmetic advantages. These include significantly lower postoperative pains and complications (such as wound healing, bleeding, adhesions, etc.) and patients can be released from the hospital in a shorter time after the operation. The modern endoscopic procedures (HD and 3D laparoscopy, single-port technology, robot-assisted surgery) are performed in more than 80% of surgical interventions in the Department of Obstetrics and Gynecology at UKSH Campus Lübeck. The German Cancer Society certified the department of Obstetrics and Gynecology as a Breast Cancer Center in 2007 and the Gynecological Cancer Center was certified in 2009. Our core competences focus on the following diseases:

**Gynecological Cancers**

Malignant gynecological diseases can be best treated in surgery experienced centers since they have a significantly higher healing rate.

For malignant cancer, the laparoscope is used in our clinic to treat cancers of the cervix, uterine mucosa, and associated lymph nodes.

Our clinic performs abdominal surgeries on malignant cancers of the ovary that have a particular pattern of spread. We always put patient’s safety first. The clinic has comprehensive, interdisciplinary perioperative medical care including state-of-the-art anesthesia procedures and intensive care units. We believe it is possible to transform the necessary operations to a therapeutic benefit for patients in this environment. However, oncological care does not end with a successful operation in our clinic. It continues with an interdisciplinary medical care concept that includes radiation therapy, chemotherapy, endocrine therapy, and modern molecular therapy procedures. The use of gentle surgical procedures is associated with a significantly shortened recovery phase, which allows the early start of other important therapeutic measures for patients.
Breast Cancers

Approximately 80% of breast cancer cases can be operated in our clinic. Modern methods such as the local defect coverage with the patient’s own tissue and partial breast irradiation are performed. Moreover, the older procedure of complete axillary lymph node removal has been replaced by the monitoring lymph node biopsy in most current cases. The risks of having pain, lymphedema, and postoperative disorders caused by arm movements are significantly reduced by applying this method. The lymph nodes located closest to the tumor are specifically targeted and removed. The application of the preoperative system therapy combined with highly modern molecular substances enables us to reduce the tumor until it completely disappears. It is possible to avoid complete breast removal using this method. In the cases where a complete removal of the mammary gland is necessary, we usually suggest that patients undergo a breast reconstruction using prostheses or muscle tissues including a mammillary areola complex with a tattoo. Cosmetic breast reductions or enlargements are also available in our clinic.

Therapy for urinary incontinence, bleeding disorders and myomas

Involuntary urination combined with an incidence in the uterus, bladder, or rectum can also be treated by keyhole surgery using reconstructive procedures. It is not always necessary to remove the uterus. The same method can be used in therapy for menstrual disorders, and can be treated by applying endometrial ablation. Uterine fibroids can also be removed by performing minimal invasive surgery and preserving the organ if a pregnancy is desired in the future. Other possibilities for organ preservation are myoma embolization and the use of high-frequency focused ultrasound.
University Fertility Center

In order to provide treatment for childless couples who want to have children, the UKSH operates the University Fertility Center. Experts provide patients with a wide range of diagnoses and therapies based on cutting edge science. We especially focus on personal consultation and the needs of individual patients.

Approximately 60 percent of couples married for six months and over 80 percent of couples married for more than one year conceive a child. Sterility is only an issue, when a pregnancy has not occurred after one year, despite regular intercourse. Fertility problems are not so seldom today: In Germany, studies show that every seventh partnership suffers from fertility problems.

The reasons for sterility are very diverse and a precise diagnosis for both partners is very important to figure out the problem. The University Fertility Center at the UKSH has state-of-the-art laboratories to make safe diagnostics. In order to successfully treat fertility problems, all the disciplines in the UKSH are under one roof, including reproductive medicine, andrology, endocrinology, minimally invasive surgery, gynecology, psychology, human genetics, and urology.

The most frequently used treatments for sterility are: The intrauterine insemination (IUI), where specific male sperm are selected and transferred into the uterus, in vitro fertilization (IVF), where fertilization of the female egg is carried out "in the test tube", and Intracytoplasmic Sperm Injection (ICSI), where the sperm is planted directly into the egg. Additionally, the University Fertility Center uses a number of other treatment procedures and diagnostic techniques. We provide advice on fertility from an oncology perspective or when a chronic disease is present. An important quality criterion of the University Fertility Center is scientific support. The criterion ensures that all patients that come to us will be treated with modern scientific methods and they benefit from the latest developments in fertility medicine.
University Hospital Heart Center

Cardiovascular disease specialists, cardiologists, cardiac surgeons, and scientific researchers cooperate at the UKSH Heart Center, Campus Lübeck in order to offer the best diagnostics and therapy to patients with heart disease. There are no more rigid boundaries between fields in the University Hospital Heart Center; new therapeutic methods and innovative medical technologies are applied and developed with contributions from heart surgeons and cardiologists.

With professional experts in a cross-disciplinary team, we are situated to tailor an optimal therapy for each patient. The UKSH also conducts cardiology research benefitting patients directly from scientific findings.

A wide spectrum of diagnostic and therapeutic procedures in modern heart medicine is offered at the University Hospital Heart Center, Campus Lübeck. In our clinic, experienced cardiac specialists treat a wide variety of cardiological disorders, such as circulatory disorders, cardiac arrhythmia, cardiac disease, cardiac muscle weakness, and congenital heart defects. The Medical Clinic II -- Cardiology, Angiology, and Intensive Care specializes in the interventional treatment of coronary heart disease, structural heart disease, and cardiac arrhythmia. The Medical Clinic II focuses on the development of heart valve reconstruction and the mechanical circulation support systems (artificial heart) in both Cardiac Surgery and Thoracic Vascular Surgery. The special surgical procedures for treatment of the aortic valve include the Ross operation, flap-retained reconstruction techniques (including Yacoub and David), and aortic valve replacement after Osaki. Additionally, the clinic specializes in a Vent reconstruction operation used to treat heart failure (HF). The Institute of Cardiogenetics at the University of Lübeck is associated with the University Hospital Heart Center as well. They investigate the genetic causes of myocardial infarction, and try to provide patients with the best diagnoses and treatments from the scientific findings.

In our clinic, the cardiologists meet everyday in conferences to discuss current cases, and try to find the best therapy for each patient. Some complications may occur among elderly patients, and the risk of heart attacks is correspondingly higher than in other cases. As such, it is very important to double-check the treatments individually for each patient. An increasing number of cardiac and surgical procedures are combined to treat patients.

Previously, the aortic valve implantation was a high risk surgery; now the procedure is a routine intervention and only takes about 40 minutes in our clinic. This procedure is commonly used in cases of aortic valve deficiency and aortic valve stenosis (narrowing of the aortic valve). Moreover, a collapsible aortic valve can be placed in the heart through a catheter. The breastbone opening surgery is dispensed with and replaced with this new technique. The interventional procedures are also used to treat mitral valve regurgitation and tricuspid valve leakage. In this case,
metal clips are placed in the heart through catheters to seal leaks between the sails of the mitral valve or the tricuspid valve. Both cardiologists and cardiac surgeons coordinate to perform the surgery. This hybrid cardiac surgery takes elements from both the cardiac catheter laboratory and the cardiac surgical operation room and offers ideal conditions for interdisciplinary surgical interventions and research.

Vascular stenting, which dilates the bottlenecks and ensures the flow of blood, helps to deal with a narrowing or blockage of arteries. Hybrid surgeries are preformed in these cases as well.

The cooperation between cardiac surgeons and cardiologists will be further intensified and extended in the future. After the completion of the new buildings at the UKSH Campus, Lübeck, the two disciplines will cooperate even more closely in one building. We already have a shared Heart Failure Out Patient Clinic and a Heart Failure Unit that is used for patients with severe cardiac problems. In the Heart Failure Unit, an interdisciplinary medical team treats patients with severe cardiac weaknesses or decompensated heart failure.

We would like to offer our patients a series of medical services, in which patients will be served with a permanent medical team from the moment our patients get in the ambulance. We also hope to make clinic visits more pleasant and easier for all patients who visit us.
The Department of Urology offers a wide spectrum of uro-oncological care for our patients. We focus on minimally invasive laparoscopic technique in uro-oncological surgeries. The UKSH, Campus Lübeck developed various standards of urological laparoscopy in the 1990s, which is a moderate method applied on patients. Now, the method has been developed under new clinic management in the Department of Urology of the UKSH. Since Prof. Merseburger became the director of the Department of Urology in June 2015, the most advanced technology in Laparoscopy (4K UHD, Single-Port) has been introduced in the clinic and applied to improve the level of services.

High-tech for Uro-oncological surgery

The laparoscope is now used in many surgeries where open incision surgeries were previously performed. The clinic obtained the world’s only ultra-HD endoscopy system (Olympus VISERA 4K UHD) for the Department of Urology in 2016.

The ultra-HD endoscopy system (Olympus VISERA 4K UHD) has a four times higher resolution, a wider color gamut, and a wider 55-inch monitor than the traditional endoscopy system and provides a true visualization of the operating field. Moreover, in our clinic, the application of single-port laparoscopy is our main focus. The laparoscopic kidney intervention and the adrenal intervention can be performed using the single-port laparoscopy, in which the single-port laparoscopy obtains images via a single access and a special port system. In June 2016, the first bilateral single-port nephrectomy in Germany was performed in our clinic. The main advantages for the patient in using laparoscopic technique are: A shorter hospital stay, faster recovery, better hemostasis during surgery, less blood loss, less pain, minor scarring and better cosmetic results.

The laparoscopic nephrectomy and organ-preserving renal resection have become standard procedures for the therapy of renal neoplasms over the past few years. Both the frequently used transperitoneal and the retroperitoneoscopic approaches are well established in our clinic. According to known oncological surgery criteria, both of the methods performed laparoscopically can provide good preconditions for the therapy of the renal and adrenal glands. Similarly, the laparoscopic nephroureterectomy is performed to treat ureteral tumors and renal cell tumors in our clinic. Every minimally invasive operation performed here is planned with individualized patient treatment.

The minimally invasive laparoscopic techniques are also used in the treatment of tumors in the lower urinary organs (prostate, bladder). Prostate carcinoma is considered to be the most frequent cancer occurring in males. If the prostate carcinoma is recognized in the early stage, patients have a much better prospect of recovery. Currently, the operative removal of the pathological prostate (radical prostatectomy) is the most frequently performed therapy for organ-limited prostate carcinoma in the clinic. Normally, the open radical
prostatectomy is performed through a medial under-cut that extends from the pubic bone to the abdomen navel. In contrast, laparoscopic radical prostatectomy is performed using a classic keyhole surgery that requires a camera and four miniaturized instruments over small skin incisions (0.5-1cm). We suggest the technique of extra-peritoneal laparoscopic prostatectomy (EERPE) to suitable patients, since it works outside the peritoneal space.

Laparoscopy can provide a good intraoperative overview with excellent details. The images obtained from the laparoscopy can be clearly recognized through magnification, which only needs a subtle operation with fewer traumas compared with other methods. Furthermore, when indicated, the nerve bundles of the prostate are preserved through the use of (nerve-conserving EERPE).

Special consultations

The Department of Urology provides special consultations about various cancers and diseases for patients, including urological tumor entities, stone diseases, benign prostate diseases, incontinence, neuro-urology, reconstructive urology, and andrology. The medical teams from the different departments are equipped with state-of-the-art diagnostic procedures including the latest generation ultrasound equipment as well as various therapies and closely cooperate with the Department of Radiology. In our clinic, we offer not only the established transurethral loop resection, but also provide "en bloc" method that is specific for the resection of urinary bladder tumors. With this technique, tumors can be removed directly using lasers instead of fractionating them in the bladder. In the Department of Urology, all modern urinary diversion systems are available for our patients, in particular the orthotopic bladder replacement ("neoblase"), when the patient’s bladder needs to be removed.

For patients with metastatic tumor disorders, we offer a wide rage of modern systemic therapies for them. Based on years of expertise, tyrosine kinase inhibitors and mTOR inhibitors can be used in the treatment of metastatic renal cell carcinoma. Since May 2016, we have offered the Checkpoint Inhibitor Nivolumab as well, which we have already used for numerous patients. We recommend patients with a de novo metastatic prostate carcinoma to take early chemotherapy using docetaxel combined with an androgen blockade.

In addition to the existing chemotherapeutic agents (docetaxel and cabazitaxel) and secondary hormone agents (enazalamide and abirateron), we also offer patients, who are resistant to the current therapies, new medicines. It is our goal to develop innovative therapies for different cancer diseases and provide the most modern drugs to our patients.

Continence and Prosthetics Center with operational expertise

The unintentional micturition or other bladder dysfunctions that happen daily in a variety of ways can dramatically degrade the quality of life. With interdisciplinary diagnostics and appropriate treatment procedures, great improvements are achieved in most cases. As a part of the Department of Urology, Campus Lübeck, we provide excellent services for patients who visit the clinic. In the field of pelvic floor diseases, our services include urodynamics, perineal sonography, conservative procedures (biofeedback and EMDA), and surgical treatments. We also focus on operative treatments consisting of both adjustable and non-adjustable ligaments implantations, laparoscopic basin reconstruction, and Botox treatment. Furthermore, our clinic has expertise in the implantation of sacrificial neuromodulators. In the field of prosthetics, we provide patients who are suffering from erectile dysfunction with penis prostheses in order to help them return to a normal life.
Modern stone therapy

The diagnosis and therapy of renal and ureteral stones are important core competences in the Department of Urology. In this area, we provide both conservative therapies and operative procedures to patients, including conservative drug-induced expulsive stone therapy, extracorporeal shock wave lithotripsy, rigid and flexible ureterorenoscopy using laser techniques, and percutaneous (mini-) nephrolithotomy apaxy.
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