American Urological Association

AUA-EURASIAN UROLOGY PLATFORM JOINT MEETING PROGRAM AND AUA-TURKISH ASSOCIATION OF UROLOGY POSTER SESSIONS ABSTRACT BOOK

15:00-19:00, May 19, 2012 Saturday

Marriott Marquis Atlanta – A703

AUA-Turkish Association of Urology- Poster Sessions

Moderated Poster Session 1

15:00-16:00

Moderated Poster Session 2

16:00-17:00

AUA-Eurasian Urology Platform Joint Meeting Program

Oncology Session

Chairman: ***Dr. R Khouli***

17:00-17:05	Opening remarks	***Dr. A. Kadıoglu***
17:05-17:15	Ischemia during partial nephrectomy: What is the time limit?	***Dr. A. Greenstein***
17:15-17:25	Is zero ischemia possible during laparoscopic/robotic partial nephrectomy: Who are the candidates?	***Dr. J. Libertino***
17:25-17:35	Complications of laparoscopic/ robotic partial nephrectomy: management strategies?	***Dr. L.M. Su***
17:35-17:45	Renal tumor scoring systems. What do they mean?	***Dr. K. Zorn***
17:45-17:55	Surgical margin positivity after partial nephrectomy: What does it mean?	***Dr. R. Khouli***
17:55-18:05	Local recurrence after partial nephrectomy: How to manage?	***Dr. D. Balbay***

Andrology Session

Chairman: ***Dr. A. Kadıoğlu***

18:05-18:20	Stem cell therapy for ED: Where do we stand?	***Dr. TF Lue***
18:20-18:35	Varicocele induced infertility. Newer insights into its pathophysiology	***Dr. LI Lipshultz***
18:35-19:00	**Panel:** Challenging cases in the treatment of ED and infertility	

Moderator: ***Dr. A. Kadıoglu***
Panelists: ***Dr. TF Lue, Dr. LI Lipshultz, Dr. DJ Ralph***

AUA-Turkish Association of Urology- Poster Sessions

Moderated Poster Session 1

15:00-16:00

Moderators: ***İ. Nane, B. Akduman***

1-1 THE EFFECT OF ANTIBIOTHERAPY ON PSA LEVELS AND PROSTATE BIOPSY RESULTS IN PATIENTS WITH PSA LEVELS 2.5-10 NG/ML

Murat Demiray, Erkan Erkan, Ugur Yücetas, Akin Soner Amasyali, Bülent Mansuroglu, Yusuf Sahin, Gökhan Toktas, Istanbul, Turkey, Erdinc Unlüer, Kars, Turkey*

1-2 ENDOTHELIAL NITRIC OXIDE SYNTHASE POLYMORPHISMS IN TRANSITIONAL CELL CARCINOMA OF THE BLADDER

Aziz Toker, Mus, Turkey, Sinem Hocaoglu, Erkan Erkan, Ugur Yücetas, Akin Soner Amasyali, Gökhan Toktas, Istanbul, Turkey, Erdinc Unlüer, Kars, Turkey*

1-3 NMP-22 WORKS FOR HIGH GRADE TRANSITIONAL CELL CARCINOMA, BUT UNRELIABLE IN LOW GRADE AND UPPER URINARY TRACT TUMORS

Enis R. Coskuner, Istanbul, Turkey, Tayyar A. Ozkan, Ozdal Dillioglugil, Kocaeli, Turkey, Ibrahim Cevik, Atif Akdas, Istanbul,Turkey*

1-4 INTRAOPERATIVE PALPATION IS SUPERIOR TO DIGITAL RECTAL EXAMINATION IN DETERMINATION OF THE STAGE OF PROSTATE CARCINOMA.

Tayyar A. Ozkan, Kocaeli, Turkey, Ali Saribacak, Yozgat, Turkey, Hasan Yilmaz, Levend Ozkan, Bahar Muezzinoglu, Ozdal Dillioglugil, Kocaeli, Turkey*

1-5 EFFECTS OF 5-ALFA REDUCTASE INHIBITORS ON PATIENTS WITH LOCALIZED PROSTATE CANCER FO LLOWED BY ACTIVE SURVEILLANCE

Tayyar A.Ozkan, Levend Ozkan, Kocaeli, Turkey, Ali Sarıbacak,Yozgat, Turkey, Hasan Yılmaz, Bahar Muezzinoglu, Ozdal Dillioglugil,Kocaeli,Turkey*

1-6 POTENCY SPARING RADICAL CYSTECTOMY WITH HIGH ANTERIOR RELEASE OF NEUROVASCULAR BUNDLES AND INTRAFACIALPROSTATECTOMY:INITIAL RESULTS

Çetin Dinçel, Cengiz Girgin, Ugur Balci, Sacit Nuri Gorgel, İzmir, Turkey*

AUA-Turkish Association of Urology- Poster Sessions

1-7 EVALUATİON OF PENİLE REHABİLİTATİON PROGRAMS STRATİFİED BY NERVE SPARİNG TECHNİQUES ON ERECTİLE FUNCTİON RECOVERY AFTER ROBOTİC ASSİSTED RADİCAL PROSTATECTOMY

Seref Basal, Ankara, Turkey, Chris Wambi, New York, NY, Cengizhan Acikel, Ankara, Turkey, Gregory W. Hruby, Mantu Gupta, Ketan Badani, New York, NY*

1-8 OPTİMAL STRATEGY FOR PENİLE REHABİLİTATİON AFTER ROBOTİC-ASSİSTED RADİCAL PROSTATECTOMY BASED ON PREOPERATİVE ERECTİLE FUNCTİON

Seref Basal, Ankara, Turkey, Chris Wambi, New York, NY, Cengizhan Acikel, Ankara, Turkey, Mantu Gupta, Ketan Badani, New York, NY*

1-9 LAPAROSCOPIC EXCISION OF LOCAL RECURRENCE IN RENAL CELL CARCINOMA; A SINGLE INSTITUTION EXPERIENCE

Selcuk Erdem, Oner Sanli, Tzevat Tefik, Omer Baris Yucel, Tayfun Oktar, Faruk Ozcan, Murat Tunc, Istanbul, Turkey*

1-10 ENDOSCOPIC URETHRAL DILATION IS THE PREFERRED TREATMENT MODALITY IN URETHRAL STRICTURES COMPARED TO BLIND URETHRAL DILATION

Tzevat Tefik, Mohammad Khodr, Serkan Karakus, Oner Sanli, Selcuk Erdem, Tayfun Oktar, Murat Tunc, Istanbul, Turkey*

14:40-15:00 Installation of posters in session room

15:00-16:00 20 minutes for poster view time before presentations

3-minute presentation given by each author and 1 minute moderated discussion. (10 posters)

AUA-Turkish Association of Urology- Poster Sessions

Moderated Poster Session 2

16:00-17:00

Moderators: ***R. Khouli, O. Yaman***

2-1 ROBOTIC USE OF THE COMMERCIALLY AVAILABLE FLEXIBLE URETERORENOSCOPES FOR THE TREATMENT OF KIDNEY STONES

Remzi Saglam, Ankara, Turkey, Ali Riza Kural, Istanbul, Turkey, Zafer Tokatlı, Ahmet Sinan Kabakcı, Erhan Koruk, Ankara, Turkey*

2-2 LAPAROSCOPIC URORECTAL FISTULA REPAIR: THE VALUE OF SALVAGE PROSTATECTOMY

Ali Serdar Gözen, Heilbronn, Germany, Ercan Malkoç, Tekirdag, Turkey, Ihsan Yousef, Jens Rassweiler, Heilbronn, Germany*

2-3 TIMELY MANAGEMENT OF SEVERE URETERAL INJURIES WITH URETERAL "BY-PASS" SURGERY

Sinasi Yavuz Onol, Fikret Onol, Remzi Erdem, Ramazan Topaktas, Tolga Akman, Abdullah Armagan, Istanbul, Turkey*

2-4 RADIATION EXPOSURE: DO UROLOGISTS TAKE IT SERIOUSLY IN TURKEY?

Haluk Söylemez, Diyarbakır, Turkey, Bulent Altunoluk, Maras, Turkey, Yasar Bozkurt, Ahmet Sancaktutar, Necmettin Penbegul, Murat Atar, Diyarbakır, Turkey*

2-5 INVESTIGATIONS OF URODYNAMIC OUTCOMES OF PATIENTS WITH URINARY INCONTINENCE

Ugur Yücetas, Soner Ulusoy, Akin Soner Amasyali, Emre Karabay, Erkan Erkan, Gökhan Toktas, Istanbul, Turkey, Erdinc Unlüer, Kars, Turkey*

2-6 RISK FACTORS ASSOCIATED WITH MESH EROSION IN PATIENTS WITH TRANSVAGINAL PROLAPSE REPAIR USING "SURGEON-TAILORED" POLYPROPYLENE MESH

Fikret Onol, Rasim Guzel, Cem Basatac, Ugur Boylu, Eyup Veli Kucuk, Eyup Gumus, Istanbul, Turkey*

AUA-Turkish Association of Urology- Poster Sessions

2-7 MEDICAL EXPULSIVE THERAPY REDUCES THE NEED FOR SURGERY IN THE MANAGEMENT OF DISTAL URETERAL STONES

Erkan Erkan, Gokhan Toktas, Istanbul, Turkey,*
Ramazan Kocaaslan, Ardahan, Turkey, Vural Sacak, Istanbul, Turkey,
Mehmet Emin Ozyalvacli, Osmaniye, Turkey, Erdinc Unluer, Kars, Turkey

2-8 A HYBRID TECHNIQUE FOR MANAGEMENT OF LARGE BLADDER STONES: SINGLE PERCUTANEOUS ACCESS UNDER ENDOSCOPIC CONTROL

Erkan Erkan, Vural Sacak, Gokhan Toktas, Istanbul, Turkey, Aziz Toker, Mus, Turkey,*
Soner Ulusoy, Istanbul, Turkey, Erdinc Unluer, Kars, Turkey

2-9 PERCUTANEOUS NEPHROLITHOTOMY: EXPERIENCE BRINGS SUCCESS

Erkan Erkan, Vural Sacak, Yusuf Sahin, Ugur Yucetas,*
Gokhan Toktas, Istanbul, Turkey, Erdinc Unluer, Kars, Turkey

2-10 INITIAL EXPERIENCE: 407 CASES OF PERCUTANEOUS NEPHROLITHOTOMY

Erkan Erkan*, Vural Sacak, Huseyin Kocan, Huseyin Aytac Ates, Emre Karabay, Ugur Yucetas, Istanbul, Turkey, Erdinc Unluer, Kars, Turkey

2-11 THE SAFETY AND EFFICACY OF ULTRASONOGRAPHY GUIDED PERCUTANEOUS NEPHROLITHOTOMY FOR THE TREATMENT OF URINARY STONE

Necmettin Penbegul, Diyarbakır, Turkey, Abdulkadir Tepeler, Istanbul, Turkey,*
Ahmet Ali Sancaktutar, Yasar Bozkurt, Murat Atar, Kadir Yildirim,
Haluk Soylemez, Diyarbakır, Turkey

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3-minute presentation given by each author and 1 minute moderated discussion.
(11 posters)

May 19, 2012 Saturday

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American Urological Association

EAUS EURASIAN UROLOGY PLATFORM

AUA – TURKISH ASSOCIATION OF UROLOGY POSTER SESSIONS ABSTRACT

1-1 1206014

The Effect of Antibiotherapy on PSA Levels and Prostate Biopsy Results in Patients with PSA levels 2.5-10 ng/mL

Murat Demiray, Erkan Erkan, Ugur Yücetas, Akin Soner Amasyali, Bülent Mansuroglu, Yusuf Sahin, Gökhan Toktas, Istanbul, Turkey, Erdinc Unlüer, Kars, Turkey*

INTRODUCTION AND OBJECTIVES: In this randomized controlled prospective study we intent to investigate the possible effects of antibiotherapy on PSA and derivatives and also on the biopsy rates, aimed for the diagnosis of prostate cancer.

METHODS: 140 patients age between 45-70 and PSA levels are between 2.5-10 ng/mL and have normal digital rectal examination were included in study in June 2009-November 2010. They randomized to two groups. Levofloxacin 500 mg p.o. for 21 days given to first group and no therapy for the second named as control group. At initial PSA, free PSA, digital rectal examination, prostate volume, post voiding residual urine, uroflowmetry, IPSS, NIH-CPSI, IIEF tests were done and all of them repeated at 3. week. After 10 and 20. days PSA sampling were made. All patients undergone transrectal ultrasonography (TRUS) guided biopsy prostate at last PSA sampling day.

RESULTS: Mean age of the patients was 59.6 and 23 cancer were detected including the re-biopsies. Reduction rate were 22.7% and 5.7 for the therapy and control group respectively. In the statistical analysis there were significant changes for PSA and derivatives in therapy group without cancer. Whereas we could not determined any significant alteration for the same parameters in prostate cancer patients in both therapy and control groups.

CONCLUSIONS: Antibiotherapy for the patients PSA levels between 2.5-10 ng/mL can be beneficial before TRUS prostate biopsy in a certain group by reducing the PSA levels. But at now it has no place for avoiding unnecessary prostate biopsies.

Source of Funding: none

1-2 1204493

Endothelial Nitric Oxide Synthase Polymorphisms in Transitional Cell Carcinoma of the Bladder

Aziz Toker, Mus, Turkey, Sinem Hocaoglu, Erkan Erkan, Ugur Yücetas, Akin Soner Amasyali, Gökhan Toktas, Istanbul, Turkey, Erdinc Unlüer, Kars, Turkey*

INTRODUCTION AND OBJECTIVES: Evaluation of genetic polymorphisms of endothelial nitric oxide synthase (eNOS) in transitional cell carcinoma of the bladder.

METHODS: 64 patients diagnosed with transitional cell carcinoma of the bladder by our clinic from January to August 2010 were compared with 80 control subjects which carry similar epidemiological characteristics as the study group in the view of two polymorphisms of the eNOS gene (intron4 tandem repeats and Glu298Asp).

RESULTS: Mean age of the study group (50 male, 14 female) was 64.48±11.52, while 80 control cases (70 male, 10 female) have an average age of 56.76±10.63.

39 of the patients with a diagnosis of bladder carcinoma were in low risk group, whereas 25 of the cancer patients carried high risk. When intron4 polymorphism of the eNOS gene was assessed, the genotype ¡§bb¡¨ was observed at high ratio in both the control and the study cases. There was no statistically significant difference between the groups in this view (p=0.147). The ¡§GG¡¨ homozygous genotype of the Glu298Asp polymorphism was found at a higher percentage in the control group, however the major Glu298Asp genotype observed in the patient group was the heterozygous ¡§GT¡¨. But, we did not observe a meaningful difference between the groups (p=0,335). When allelic distribution of the two polymorphisms was investigated, a statistically significant difference between the study and the control groups could not be established (Table 1).

Whilst eNOS gene polymorphisms were evaluated individually in the patients with bladder carcinoma, allels were not distributed distinctly. Whether two polymorphism were taken together, 50% of the patients in the high-risk group (High-grade, pT1, pT2 and carcinoma in situ) had ¡§bbGG¡¨ genotype. Nonetheless, a statistically significant difference between the groups could not be shown (Table 2).

CONCLUSIONS: Despite the higher rate of ¡§bbGG¡¨ genotype in the patients with high-risk bladder carcinoma group, we did not observe a statistically significant difference between the patient and the control groups in the context of intron4 and Glu298Asp polymorphisms of the eNOS gene.

Source of Funding: none

Table 1:

		Control Group	Case Group	p
Polymorphism of intron 4	aa	3 (%3.8)	0 (%0)	0.147
	ab	9 (%11.2)	12 (%18.8)	
	bb	68 (%85)	52 (%81.2)	
Polymorphism of Glu298Asp	GG	46 (%57.5)	30 (%46.9)	0.335
	GT	29 (%36.2)	31 (%48.4)	
	TT	5 (%6.3)	3 (%4.7)	
Polymorphism of intron 4 and Glu298Asp	aaGG	3 (%3.8)	0 (%0)	0.351
	abGG	5 (%6.3)	4 (%6.3)	
	abGT	4 (%5)	8 (%12.5)	
	bbGG	38 (%47.4)	26 (%40.6)	
	bbGT	25 (%31.2)	23 (%35.9)	
	bbTT	5 (%6.3)	3 (%4.7)	

Table 2:

		Low Risk	High Risk	p
Polymorphism of intron 4	ab	8 (%21)	4 (%16)	0.751
	bb	31 (%79)	21 (%84)	
Polymorphism of Glu298Asp	GG	18 (%46)	12 (%48)	0.973
	GT	19 (%49)	12 (%48)	
	TT	2 (%5)	1 (%4)	
Polymorphism of intron 4 and Glu298Asp	abGG	4 (%10)	0 (%0)	0.443
	abGT	4 (%10)	4 (%16)	
	bbGG	14 (%37)	12 (%48)	
	bbGT	15 (%38)	8 (%32)	
	bbTT	2 (%5)	1 (%4)	

1-3 1204117

NMP-22 WORKS FOR HIGH GRADE TRANSITIONAL CELL CARCINOMA, BUT UNRELIABLE IN LOW GRADE AND UPPER URINARY TRACT TUMORS

Enis R. Coskuner, Istanbul, Turkey, Tayyar A. Ozkan, Ozdal Dillioglugil, Kocaeli, Turkey, Ibrahim Cevik, Atif Akdas, Istanbul, Turkey*

INTRODUCTION AND OBJECTIVES: Two percent of the bladder non-muscle invasive (NMI) transitional cell carcinomas (TCC) are associated with upper urinary tract (UUT) TCC. We evaluated the role of NMP-22 (BladderChek®) test in the diagnosis of lower urinary tract and UUT-TCC.

METHODS: From March 2009 to June 2011, 122 patients with bladder NMI-TCC underwent 205 control cystoscopy. A total of 95 (78 men and 17 women, mean age 60.7 years, range 27-88) patients who were followed regularly with NMP-22 test and with follow-up cystoscopies (145 episodes; min 1-max. 5) were included in this study.

For routine monitoring of the UUT, IVU or CT urography were used once a year for high grades (HG), and once in every other year for low grades (LG).

The sensitivity and specificity of NMP-22 was evaluated by ROC curves, and sensitivity, specificity, and positive and negative predictive values were calculated. Chi-square test was used for the differences between the subgroups.

RESULTS: Cystoscopy and NMP-22 results of the patients included in the study are presented in Table 1. While the sensitivity (44.4%) of the test was very low, the specificity (98.4%) was quite high ($p<0.001$). Among the 10 cystoscopies where NMP-22 was negative, but cystoscopy was positive for tumor, 5 had LG and 5 had HG TCC. On the other hand, in the 8 cystoscopies where both NMP-22 and cystoscopy was positive together, tumors were all HG (Table 2). HG is associated with a sensitivity of 61,5% and a specificity of 100% in the presence of a positive NMP-22 test, while these values can not be calculated for LG tumors because of lack of positive NMP-22 test in LG tumors.

Two (2.1%) HG UUT-TCC were detected in 95 patients. These 2 patients were within the 125 cystoscopies (75 patients) where both NMP-22 and cystoscopy were negative for tumor.

CONCLUSIONS: NMP-22 can not detect LG TCC. On the other hand, its specificity is high in HG TCC. For this reason positive NMP-22 test largely indicates HG TCC. But NMP-22 is not reliable in UUT-TCC, even in HG tumors.

Source of Funding: None

Table 1. Results of NMP-22 and cystoscopy.

Test	Cystoscopy (-)	Cystoscopy (+)	Total
NMP-22 (+)	2	8	10
NMP-22 (-)	125	10	135
Total	127	18	145

Table 2. Results of NMP-22 and tumor grade in patients who had positive cystoscopy.

Tumor Grade	NMP-22 (-)	NMP-22 (+)	Total
Low Grade	5	0	5
High Grade	5	8	13
Total	10	8	18

1-4 1204216

Intraoperative Palpation is Superior to Digital Rectal Examination in Determination of the Stage of Prostate Carcinoma.

Tayyar A. Ozkan, Kocaeli, Turkey, Ali Saribacak, Yozgat, Turkey, Hasan Yilmaz, Levend Ozkan, Bahar Muezzinoglu, Ozdal Dillioglugil, Kocaeli, Turkey*

INTRODUCTION AND OBJECTIVES: Digital rectal examination (DRE) is used for the diagnosis and clinical staging (cT) of prostate adenocarcinoma (PCa). The aim of this study is to determine the accuracy of DRE and intraoperative palpation (iOP) compared with gold standard pT (TNM-2002) stage.

METHODS: A retrospective analysis of 332 PCa patients who had radical retropubic prostatectomy between 1999-2011 was done. Sixty-three patients with missing data excluded from the study. All patients had DRE preoperatively a night before surgery. Intraoperative palpation (iOP) was done to all specimens after removal of the prostate. Stage with DRE and iOP findings were recorded into a prospective database according to TNM classification. The collected data was compared with the pT stage for specificity and sensitivity. Accuracy of these methods were measured by the area under the ROC curve (ROC-AUC).

RESULTS: Table 1 summarizes DRE, iOP and pT of 269 patients included in the study. Final histopathological examination resulted in no PCa in 7 (2.7%) patients (pT0). The sensitivity and ROC-AUC values of DRE and iOP compared to pT stage is summarized in Table 2. iOP sensitivity was higher than DRE in all T stages except T2b. The staging sensitivities of DRE and iOP was higher in organ confined disease (pT2a, pT2b, pT2c) compared to non-organ confined disease (pT3a, pT3b, pT4).

CONCLUSIONS: DRE and iOP is not adequate for determination of the clinical stage, because DRE and iOP does not reflect the pT stage in a reliable manner. However, iOP has a higher sensitivity than DRE for staging.

Source of Funding: None

Table 1. Distribution of stages with DRE, iOP and pT.

T Stage	DRE (%)	iOP (%)	pT(%)
T1c	91 (33.8)	78 (29.0)	-
T2a	78 (29.0)	76 (28.2)	45 (16.7)
T2b	50 (18.6)	38 (14.1)	20 (7.4)
T2c	42 (15.6)	58 (21.6)	120 (44.6)
T3a	6 (2.2)	12 (4.5)	49 (18.2)
T3b	1 (0.4)	6 (2.2)	25 (9.3)
T4	1 (0.4)	1 (0.4)	3 (1.1)

Table 2. Sensitivity and ROC-AUC distribution according to stages.

T Stage	Sensitivity %	ROC-AUC (95% CI)
DRE T2a	26.7	0.13 (0.07-0.2)
iOP T2a	37.8	0.19 (0.11-0.26)
DRE T2b	20	0.10 (0.01-0.19)
iOP T2b	20	0.10 (0.01-0.19)
DRE T2c	17.5	0.09 (0.05-0.12)
iOP T2c	26.7	0.13 (0.09-0.17)
DRE T3a	4.08	0.02 (0-0.05)
iOP T3a	8.16	0.04 (0.002-0.08)
DRE T3b	0	0
iOP T3b	4	0.02 (0-0.06)

1-5 1200987

Effect of 5 Alpha Reductase Inhibitors on Patients with Localized Prostate Cancer Followed by Active Surveillance

Tayyar A. Ozkan, Levend Ozkan, Kocaeli, Turkey, Ali Saribacak, Yozgat, Turkey, Hasan Yilmaz, Bahar Muezzinoglu, Ozdal Dillioglugil, Kocaeli, Turkey*

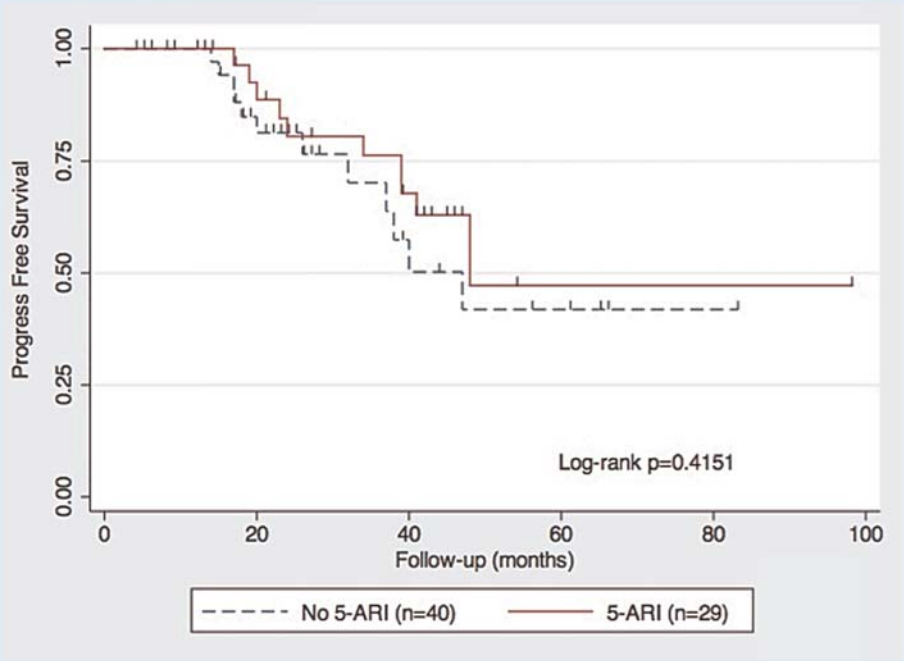
INTRODUCTION AND OBJECTIVES: Active surveillance (AS) has become an alternative to radiotherapy and radical prostatectomy, for the management of Prostate cancer (PCa). In this study, we aimed to evaluate the impact of 5 Alpha Reductase Inhibitors (5-ARI) on pathological progression (PP).

METHODS: Records of 69 patients who were on AS (PSA ≤15 ng/ml, PSAD≤0.20, ≤cT2a, Gleason sum≤3+3, the number of cancer positive samples≤ 3, no previous treatment for PCa) between February 2002 and April 2011 were evaluated retrospectively. Repeat biopsies were done for cause (increasing PSA, abnormal DRE) or otherwise periodically at 1st, 3rd and 7th years of follow-up (f/u). PP was defined as increase in Gleason grade, # of cores involved with carcinoma and/or percentage of cancer involvement on a single core. Kaplan-Meier method and Log-rank test was used for statistical analysis. Univariate and multivariable cox proportional regression analysis was performed to determine association of variables.

RESULTS: Median f/u was 26 (IQR:18-42) months. Of all 42% of the patients (29/69) were using 5-ARI, 58% of patients were not using 5-ARI for a median f/u of 39 (IQR:23-45) and 23.5 (IQR:17-37.5) months, respectively (p=0.013). PP observed in 5-ARI group was higher than no 5-ARI group (34.5% vs 30%, p=0.69). There was no statistically significant difference for time to PP between 2 groups (log-rank p=0.4151). Seven patients who were not using 5-ARI abandoned AS. Regarding time to definitive treatment, 31% (n=9/29) of the patients in 5-ARI versus 47.5% of patients (n=19/40) in no 5-ARI group had definitive treatment. Patients in no 5-ARI group were treated significantly earlier (Log-rank p=0,0342). On multivariable analysis # of cancer positive biopsy cores (HR: 2.72, 95% CI:1.15-6.40) was the most powerful covariate associated with PP (p=0.029). Age was associated with PP (p=0,017), however lack of 5-ARI use was not (p=0,148).

CONCLUSIONS: Number of cancer positive biopsy core (more than 2 cores) was the most powerful covariate associated with PP in AS. Using 5-ARI was not beneficial in the reduction of PP. Longer f/u period and prospective, randomized trials are needed.

Source of Funding: None



1-6 1203069

Potency Sparing Radical Cystectomy with High Anterior Release of Neurovascular Bundles and Intrafascial Prostatectomy: Initial Results

Çetin Dinçel, Cengiz Girgin, Ugur Balci, Sacit Nuri Gorgel, izmir, Turkey*

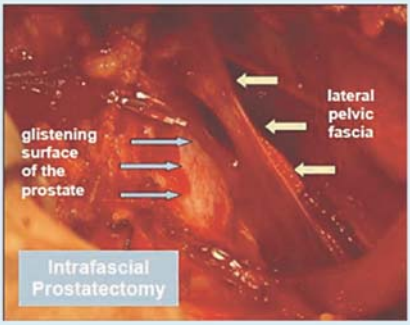
INTRODUCTION AND OBJECTIVES: We report the early functional results of a new modification of potency sparing cystectomy technique with high anterior release of neurovascular bundles and intrafascial prostatectomy for high risk superficial or invasive bladder cancer.

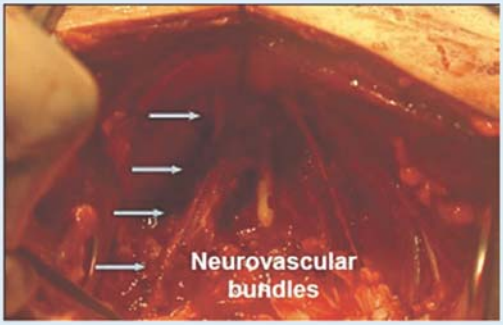
METHODS: A total of 9 patients underwent nerve sparing cystectomy with high anterior release of neurovascular bundles and intrafascial prostatectomy (figure1-2) and urinary diversion from February 2009 to July 2011. Inclusion criteria were age younger than 70 years, ASA score less than 3, high risk superficial or invasive bladder cancer without prostatic involvement, IIEF erectile function domain score (questions 1 to 5 and 15) over 18, prostate specific antigen less than 4 ng/ml and normal digital rectal examination. Post-operative sexual function was evaluated by interviews on erection and the IIEF erectile function domain score questionnaire.

RESULTS: Mean patient age was 55.8±6.7 years (range 47 to 64 years). None of the patients had positive surgical margins. Seven cases had disease confined to the bladder and 2 cases (22.2%) had lymphatic involvement. Mean number of retrieved lymph nodes was 23.5±8.6 (range 13-37). Two cases with lymphatic involvement were treated by adjuvant radiotherapy and chemotherapy. Mean follow-up period was 14.4±11.9 months (range 3 to 32 months). Mean pre-operative and post-operative IIEF erectile function domain scores were 27.7±1.2 and 12.5±6.6 respectively (p=0.019). Five of 6 available patients (83.3%) stated that they maintained erectile function, including 66.7% without oral medication.

CONCLUSIONS: The main criticism about potency sparing cystectomy has been the preservation of the whole or part of the prostate and/or seminal vesicles. Performing intrafascial prostatectomy after high anterior release of neurovascular bundles together with radical cystectomy (without preserving prostate and/or seminal vesicles) seems to warrant good functional and safer oncological results.

Source of Funding: None





1-7 1202383

Evaluation of Penile Rehabilitation Programs stratified by nerve sparing techniques on Erectile Function Recovery After Robotic Assisted Radical Prostatectomy

Seref Basal, Ankara, Turkey, Chris Wambi, New York, NY, Cengizhan Acikel, Ankara, Turkey, Gregory W. Hruby, Mantu Gupta, Ketan Badani, New York, NY*

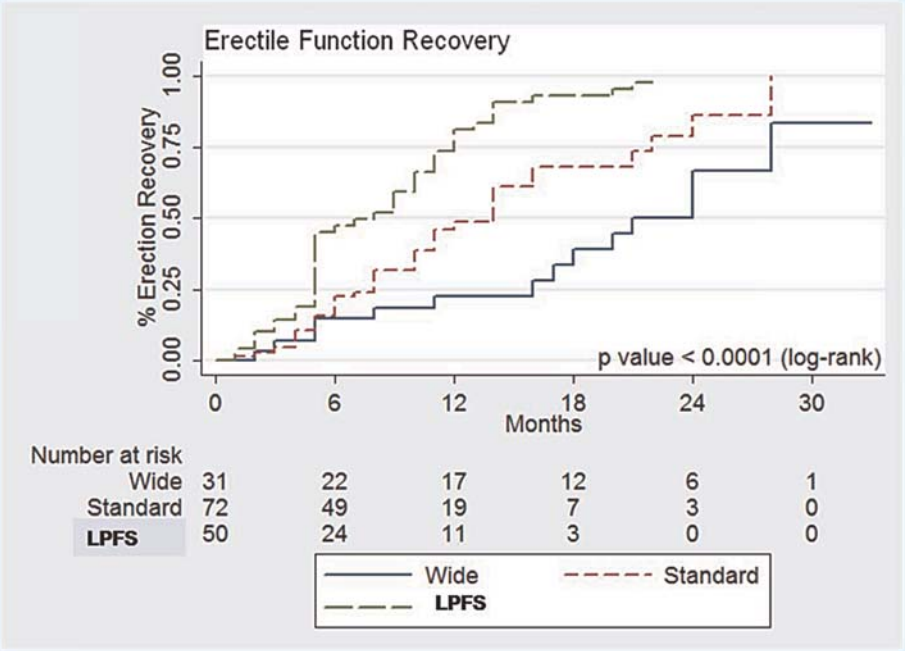
INTRODUCTION AND OBJECTIVES: Various nerve-sparing techniques have been described with robotic assisted radical prostatectomy (RARP) with variable outcomes. Most patients experience a temporary loss of erectile function due to injury to the cavernous nerves. Penile rehabilitation programs (PRP) have been shown to maintain erectile tissue integrity, prevent corporal smooth muscle atrophy and diminish collagen formation. We evaluated the erectile function recovery period (EFRP) based on level of neurovascular bundle (NVB) sparing technique and PRP.

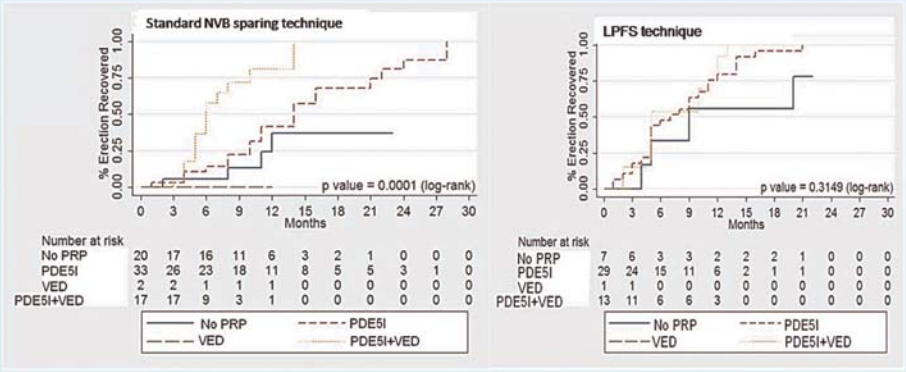
METHODS: A retrospective review of our prospectively maintained oncology database was conducted. We identified 153 consecutive men with clinical organ-confined prostate cancer and preoperative sexual health inventory (SHIM) scores ¡Ý17 undergoing RARP. Three NVB sparing techniques were defined: wide excision, standard postero-lateral, and lateral prostatic fascia sparing (LPFS). Phosphodiesterase-5 inhibitors (PED5I) and vacuum erection device (VED) were prescribed to all patients after surgery. Treatment success was defined as erection suitable for sexual intercourse.

RESULTS: The number of patients and mean EFRP for wide, standard, and LPFS groups were significantly different (Table 1). LPFS offers the best results for EFRP independent of the type of penile rehabilitation. The combination of PDE5I and VED following standard NVB sparing had a significant ($p<0.05$) beneficial effect on EFRP.

CONCLUSIONS: Penile rehabilitation programs have a significant beneficial effect on erectile function recovery after NVB sparing RARP, most notably in men who underwent traditional standard postero-lateral bundle preservation.

Source of Funding: none





Results of penile rehabilitation programs for different neurovascular bundle sparing techniques

	n	PDE5I	VED	PDE5I+VED	No PRP	n recovered	Erectile function Recovery period (month)	Follow-up time (month)	Success (%)	P*
Wide	31	8 (%25.8)		4 (%12.9)	19 (%58.3)	14	13.9±9.1	20±9.7	45.1	< 0.05
Standard	72	33 (%45.8)	2 (%2.8)	17 (%23.6)	20 (%27.8)	36	9.1±6.2	11.6±7.1	50	< 0.05
LPFS	50	29 (%58)	1 (%2)	13 (%26)	7 (%14)	43	7.6±5.2	14.3±9.8	86	≥ 0.05
Total	153	70 (%45.7)	3 (%2)	14 (%9.1)	46 (%43.2)	93	9.6±6.9	14.2±9.1	60.7	< 0.05

PDE5I: PDE5 inhibitor, VED: Vacuum Erection Device, PRP: Penile Rehabilitation Program, LPFS: lateral prostatic fascia sparing *the difference is statistically significant if 'p' <0.05

1-8 1202918

Optimal Strategy for Penile Rehabilitation After Robotic-Assisted Radical Prostatectomy Based on Preoperative Erectile Function

Seref Basal, Ankara, Turkey, Chris Wambi, New York, NY, Cengizhan Acikel, Ankara, Turkey, Mantu Gupta, Ketan Badani, New York, NY*

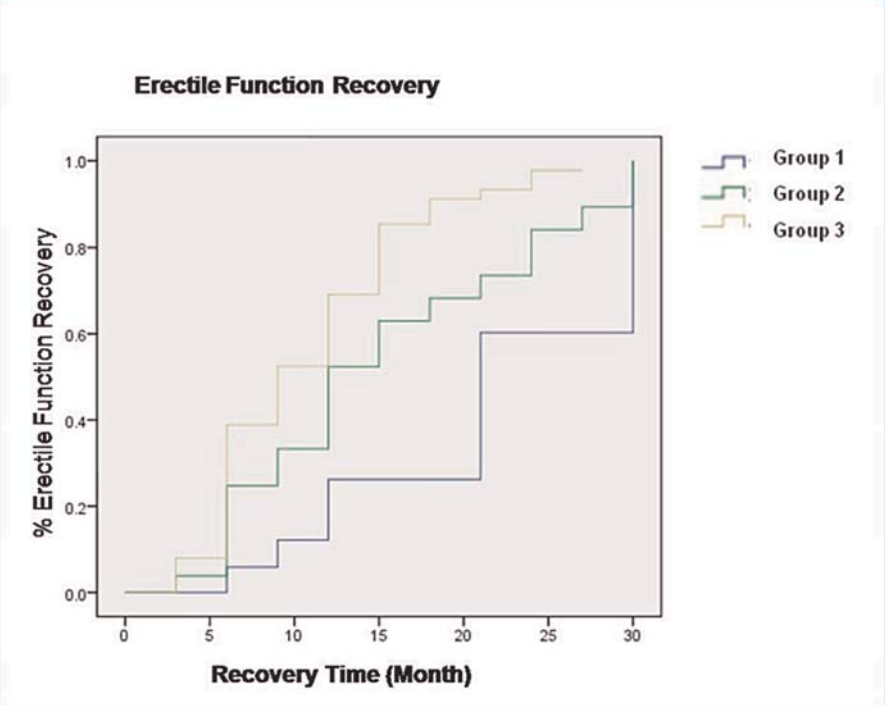
INTRODUCTION AND OBJECTIVES: Radical prostatectomy (RP) is an effective treatment for organ-confined prostate cancer. Most patients experience a temporary loss of erectile function due to injury to the cavernous nerves after RP. An important predictor of erectile function recovery following RP is preoperative erectile dysfunction. Penile rehabilitation programs (PRP) have been shown to have positive effects on early erectile function recovery after RP. The aim of this study was to define the optimal PRP based on preoperative Sexual Health Inventory in Men (SHIM) scores after robotic-assisted radical prostatectomy (RARP).

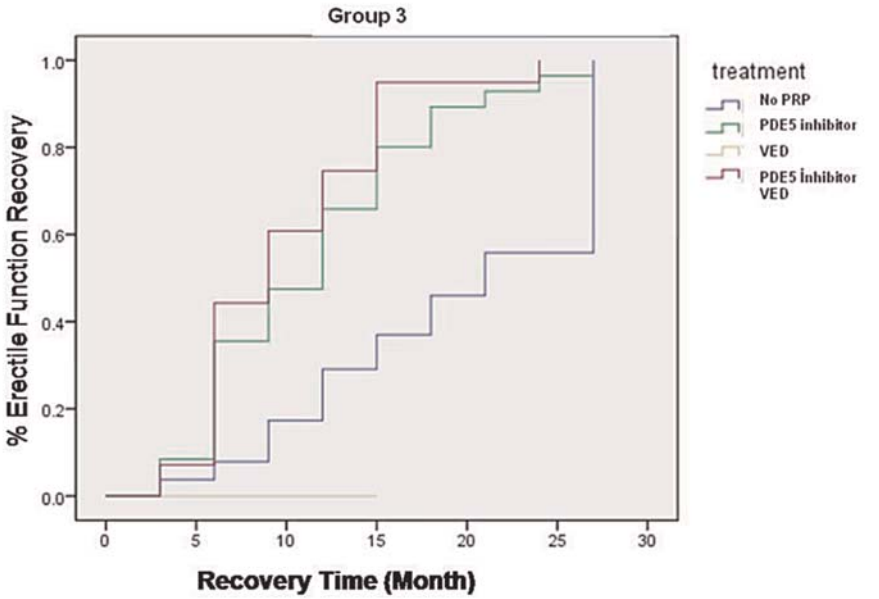
METHODS: A retrospective review of our prospectively maintained oncology database was conducted for patients undergoing bilateral nerve-sparing RARP. Patients were stratified by preoperative SHIM score: group 1 (SHIM=8-16), group 2 (SHIM= 17-21) and group 3 (SHIM=22-25). After surgery, phosphodiesterase-5 inhibitors (PED5I) and vacuum erection device (VED) were prescribed to all patients. Treatment success was defined as erection suitable for sexual intercourse.

RESULTS: There were 9, 22, and 73 patients for groups 1-3, respectively, with mean erectile recovery periods (ERP) of 15±8, 12±8, and 9±6 months ($p<0.05$). Group 3 offered the best results for erectile recovery. Only PDE5Is or combination of PDE5Is and VED use had a significantly beneficial effect on erection recovery ($p<0.05$).

CONCLUSIONS: Combination of PDE5Is and VED following bilateral nerve-sparing RARP have a significant beneficial effect on sexual function recovery. Further studies are warranted to determine the value of this treatment.

Source of Funding: none





Results of penile rehabilitation programs for different groups

	N*	Type of PRP*			No PRP*	N* recovered	Recovery period (month)	Follow-up time (month)	Success (%)	P**
		PDE5I	VED	PDE5I and VED						
Group 1	48	17	3	2	26	9	15.44±7.73	30.31±2.57	18.8	< 0.05
Group 2	48	22	1	6	19	22	12.31±8.12	18.40±14.93	45.8	< 0.05
Group 3	107	50	2	28	27	73	8.73±5.67	11.08±0.75	68.2	< 0.05
General	203	89	6	36	72	104	10.07±6.74	17.40±1.14	51.2	< 0.05

*: Number of patients PDE5I: PDE5 inhibitor VED: Vacuum Erection Device PRP: Penile Rehabilitation Program
**the difference between treated and non treated groups and it is statistically if 'p' <0.05

1-9 1206168

Laparoscopic excision of local recurrence in renal cell carcinoma; a single institution experience

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INTRODUCTION AND OBJECTIVES: To report a single center experience on laparoscopic excision of local recurrence of renal cell carcinoma (RCC).

METHODS: Between January 2011 and August 2011, five patients who underwent laparoscopic excision of local recurrence were identified from institutional laparoscopic surgery database. Patiens were examined on the basis of operative, functional, pathological and oncological outcomes.

RESULTS: Four radical nephrectomies and 1 partial nephrectomy had been performed for the treatment of primary tumor. Mean age of patients was 57.4 (48-68) and 64.8 (61-71) at the time of primary surgery and recurrence excision, respectively. Average size of primary tumor was 7.2 (4.5-11) cm; meanwhile it was measured 3.46 (2.8-4.5) cm for local recurrence. The original tumor T stage was T1b in 3 cases, T2b in one and T4 in one. Mean time to diagnosis of recurrence and mean interval between diagnosis and excision of recurrence was 51.2 (15-136) and 8.2 (1-20) months, respectively. Four of the recurrent tumor pathologies were reported as RCC. The pathology of one patient who had previously received targeted therapy with sunitinib, was necrosis of tumor cells. Mean operative time, estimated bloss and hospital stay was 86 mins.(70-100), 100 ml.(20-300) and 4 days (2-8), respectively. There was one pleural injury which did not need open conversion and was repaired laparoscopically. Three of patients are disease-free during mean follow-up of 7.3 months. Other two patients who are also alive for mean follow-up of 10 months, has received targeted therapy because of lung dissemination in one patient and another recurrent mass unrelated with the local excisional site in the other patient.

CONCLUSIONS: Aggressive surgical excision is accepted treatment of local recurrence in RCC. In selected patients, this surgery should be performed laparoscopically in experienced centers.

Source of Funding: None

Table 1. Demographical outcomes of patients

Patients	Sex	Age (Primary Surgery/Recurrence Surgery)	Type of Primary Nephrectomy	Time to Diagnosis of Recurrence (months)	Interval between Diagnosis and Excision (months)	Size of Primary Tumor (cm)	Size of Recurrence (cm)
Patient 1	Male	48/61	Partial	136	20	4.5	2.8
Patient 2	Male	56/62	Radical	64	3	8	3
Patient 3	Male	68/71	Radical	24	4	11	4.5
Patient 4	Female	50/63	Radical	15	13	6	3.5
Patient 5	Male	65/67	Radical	17	1	6.5	3.5

Table 2. Oncological Outcomes of patients.

Patients	TNM Stage of Primary Tumor	Pathology (Original Tumor / Local Recurrence)	Fuhrmann Grade (Original Tumor / Local Recurrence)	Adjuvant Therapy	Follow-up (months)	Survival
Patient 1	T1bNxM0	Clear Cell RCC / Clear Cell RCC	3 / 3	-	10	Alive without disease
Patient 2	T4NxM0	Clear Cell RCC / Clear Cell-Sarcomatoid RCC	3 / 4	-	9	Alive without disease
Patient 3	T2bNxM1	Clear Cell RCC / Clear Cell RCC	2 / 3	Sunitinib	10	Alive with distant metastasis
Patient 4	T1bNxM0	Clear Cell RCC / Necrosis	2 / ND	Sunitinib	10	Alive with distant metastasis
Patient 5	T1bNxM0	Clear Cell RCC / Clear Cell RCC	3 / 3	-	3	Alive without disease

1-10 1206378

Endoscopic urethral dilation is the preferred treatment modality in urethral strictures compared to blind urethral dilation

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INTRODUCTION AND OBJECTIVES: To compare the effectiveness of endoscopic versus blind (benique or filliform) urethral dilation for the treatment of urethral strictures

METHODS: Between January 2000 and August 2010 a total of 172 patients diagnosed with urethral strictures underwent urethral dilation. The patients were randomized into 2 groups. Group 1(n=100) and 2(n=72) consisted of patients undergoing endoscopic and blind dilation procedures, respectively. The etiology and location of the strictures were similar, and their length ranged from 0.5 to 1 cm in each group. The mean age in Group 1 was 57.3±18.8 years whereas in Group 2 was 59.8±16.6 years (p=0.531).

RESULTS: The etiology of urethral stricture was transurethral resection (n=85, 49.4%), trauma (n=42, 24.4%), radical prostatectomy (n=25, 14.5%) and other etiologies (n=20, 11.6%). The preoperative and postoperative maximal flow rates were 6.2±1.7 and 12.6±1.8 in Group 1, 6.3±1.5 and 11.8±1.7 in Group 2, respectively. No statistical significance regarding flow rate difference was observed between groups (p=0.079). The most frequent complications were bleeding (Group1, n=20 vs Group2, n=24, p=0.053) and false route (Group1, n=0 vs Group2, n=18, p<0.001). Recurrence (recurrent symptomatic stricture requiring internal urethrotomy) was observed in 10 and 7 patients in Group 1 and 2(p=0.952), respectively.

CONCLUSIONS: Even though no statistical significance was observed regarding recurrence, the statistically significant higher false route rates and notable higher bleeding in Group 2 may prompt the endoscopic urethral dilation procedure as the preferred approach in the treatment of urethral strictures.

Source of Funding: None

2-1 1204312

Robotic Use of the Commercially Available Flexible Ureterorenoscopes for the Treatment of Kidney Stones

Remzi SAGLAM, Ankara, Turkey, Ali Riza KURAL, Istanbul, Turkey, Zafer TOKATLI, Ahmet Sinan KABAKCI, Erhan KORUK, Ankara, Turkey*

INTRODUCTION AND OBJECTIVES: We designed and developed a new robotic manipulator to remotely control all of the functions of the flexible ureterorenoscope (FURS). We used commercially available flexible devices. We aimed to use FURS precisely while sitting on an ergonomic chair, out of the radiation zone, to protect the FURS and to treat larger kidney stones in a shorter time.

METHODS: After insertion and fixing the access sheat and covering the robot with a sterile, transparent, plastic sheath, the FURS (Storz Flex X2) is connected to the robot.The length adjustable bar hold the proximal shaft of the flexible device to avoid bending during forward and backward movement.

After the connection of the FURS to the robot, all functions can be controlled from the control unit. The height of the ergonomic chair and control panel and the distance between them can be adjusted in a comfortable position according to the user. Fluoroscopic and endoscopic monitor is connected to the control unit and the pictures can be interchanged while pressing the pedal. There are high and low speed motion control for the forward and backward movement of the FURS. Rotation and deflection can be performed precisely, by manipulating the hand controller, similar to the hand piece of the FURS, in addition when the user releases the hand controller, the position of the tip stays in the same position. Before the insertion of the laser fiber or basket catheter, simply pressing the init button on the deflection section on the touch screen, the tip of the FURS comes automaticly in a straight position to protect the FURS. Laser fiber is inserted just to the tip of the FURS and can be remotely moved forward and backward, It is possible to read the length of laser fiber in mm. When necessary, pressing the init button on the laser section on the touch screen, the laser tip moves automaticly complete backward. The laser can not be shot while the tip of the laser fiber is closer than 1mm to the tip, to protect the FURS.Connected water pump can be adjusted remotely to increase or decrease the flow rate to provide better vision.

Robot Avicenna can be applicable for all available flexible endoscopes and telemedicine.We treated 24 kidney stones during the development period of the robot.

RESULTS: We could satisfied all of the above mentioned functions of the robot and could fragment stones completely.

CONCLUSIONS: Robot for flexible ureterorenoscope is a new concept and using "Avicenna" provides successfull and precise treatment of the kidney stones while the user is sitting out of the radiation zone. It is promising to treat larger stones.

Source of Funding: ELMED Lithotripsy Systems-Turkey

2-2 1202624

Laparoscopic urorectal fistula repair: the value of salvage prostatectomy

Ali Serdar Gözen, Heilbronn, Germany, Ercan Malkoç, Tekirdag, Turkey, Ihsan Yousef, Jens Rassweiler, Heilbronn, Germany*

INTRODUCTION AND OBJECTIVES: The surgical approach and repair for urorectal fistulas (URF) is a challenging task. A variety of techniques have been described to treat URFs and the laparoscopic approach has approved as an efficient tool for even some complex fistulas. We aimed to report our salvage prostatectomy techniques and outcomes for complex URF repair beside the transvesical laparoscopic approach.

METHODS: The study included four men (59-75 years), with laparoscopic repair for complex URFs. URF developed after TUR-P in patient 2 and 3 and after radical prostatectomy in patient 4. Patient 1 had received combined radiotherapy and chemotherapy for the rectum carcinoma and developed thereafter a prostatic abscess which resulted at the end to URF. Laparoscopic salvage prostatectomy was performed for patient 1 and 2. Transvesical laparoscopic approach using 3-mm working trocars was performed for patient 3 and transperitoneal transvesical technique was performed for patient 4. A tunica vaginalis flap was used for patient 1 and a peritoneal interposition flaps were developed in patients 2 and 4. All operations were performed by the same surgeon (JR).

RESULTS: Demographic data, operative and postoperative results- follow-up are given in table below. BMI was only in patient 1 over 30 kg/m2 (36.8 kg/m2). The urethral catheter was removed on postoperative day 11-32(range) and the cystographies showed no leakage of contrast except in patient 1.

CONCLUSIONS: Laparoscopic URF repair is safe and efficacious in experienced hands even in complex cases and salvage laparoscopic prostatectomy seems like a valuable operative option. However the technique requaries advanced experience, particularly with pelvic surgery and intracorporeal suturing.

Source of Funding: none

Table: Characteristics and outcomes of patients with URFs.

Patient	1	2	3	4
Age	66	59	65	75
Fistula localisation	UR	UR	VR	VR
Conservative Therapy	UD, FD	UD	UD	UD, FD
Operative time (minutes)	210	283	114	238
Estimated blodd loss	450 cc	480 cc	50	600
Hospital stay (days)	13	17	12	34
Urethral catheter time (days)	12	16	11	32
Follow-up (months)	9	8	60	10
Success	-	+	+	+

UR: Urethro(prostate)- rectal, VR: Vesico-rectal, UD: Urinary diversion, FD: Fecal diversion

2-3 1203913

Timely management of severe ureteral injuries with ureteral "by-pass" surgery

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INTRODUCTION AND OBJECTIVES: Ureteral injuries are uncommon and may be challenging. We have adopted a timely intervention policy in these cases with "by-pass" of the injured area and partial or full-length ureteral reconstruction. We present our results with ureteral "by-pass" surgery.

METHODS: Between 1999 and 2011, 49 patients with severe ureteral injury (3 bilateral, 46 unilateral) were treated. The defect was determined preoperatively by intravenous pyelography (IVP), antegrade nephrostogram (ANG) and retrograde pyelograms, and intraoperatively by the identification of the viable proximal site. In all cases, the defect was longer than 2 cm and endoscopic treatment was not possible. Localization of diseased segment was categorized as proximal third of the ureter (group 1, n: 15) or distal (group 2, n: 37). The etiology was iatrogenic in 40 (obstetric, endourologic and abdominal surgery in 24,11, and 5, respectively), infectious/inflammatory (tuberculosis and retroperitoneal fibrosis) in 7, and malignancy in 5. Ureteral stent was removed 4-6 weeks postoperatively followed by ANG or IVP. All patients were followed for symptoms of obstruction and evaluated at postoperative 3rd and 6th months with IVP and ultrasound, respectively. Success was defined as no evidence of recurrent stricture and preservation of renal function on scintigraphic studies at follow-up.

RESULTS: Patients in group 1 were managed with Boari bladder flap (BBF), ileal ureteral replacement (IUR) and renal capsular flap in 9, 5, and 1 cases, respectively. Patients in group 2 were treated with BBF in 12, psoas hitch in 17, and transuretero-ureterostomy (TU) in 8 cases. Mean time to reconstruction in iatrogenic cases in group 1 (n=10) and group 2 (n=30) was 9.6±8.7 and 11.2±13.4 days, respectively. Mean postoperative hospitalization was 6.4±4.8 days in group 1 and 5.8±2.6 days in group 2. With a mean follow-up of 52 months (range: 12 to 108), success was achieved in 80% and 95% of the repairs in groups 1 and 2, respectively. Overall, anastomotic stricture was seen in 4 patients (3 in IUR and 1 in TU), and 1 patient required nephrectomy due to infection. Four (19%) patients with BBF complained of "de-novo" urge symptoms.

CONCLUSIONS: In our experience, ureteral "bypass" surgery provides successful and timely management of severe ureteral injuries by ignoring the defective ureter and minimizing its dissection, thus creating a viable anastomosis away from inflammation and fibrosis. However, the surgeon should be prepared to utilize various complex reconstructive techniques to achieve optimal results.

Source of Funding: none

2-4 1205217

Radiation Exposure: Do Urologists Take It Seriously in Turkey?

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INTRODUCTION AND OBJECTIVES: A questionnaire was administered to urologists to evaluate their attitudes and behaviors about protection from radiation exposure during fluoroscopy-guided endourological procedures.

METHODS: The questionnaire was sent to 1482 urologists, including urology residents, specialists, and urologists holding all levels of academic degrees, by e-mail between May and June 2011. The questionnaire that was administered to the study participants was composed of demographic questions, questions about frequency of radiation exposure, and questions about usage of dosimeters and flexible protective clothes. If a respondent reported not using dosimeters or protective clothes, additional questions asked for the reason.

RESULTS: A total of 394 questionnaires (26.58%) were returned from the 1482 sent. Of these, 363 had completed answers. The number of doctors who were exposed to ionizing radiation was 307 (84.58%), and 79.61% of them stated that they perform PCNL techniques in their clinics. Fluoroscopy guidance was the initial choice for 96.19% of the urologists during PCNL. Despite the common use of lead aprons (75.24%), most of the urologists did not use dosimeters (73,94%), eyeglasses (76,95%), or gloves (66,67%). Less than half of them always use thyroid shields during fluoroscopy (46.44%). When asked why they did not use protective clothing, the most common answers were: "Protective clothes are not ergonomic" and "Protective clothes are not practical."

CONCLUSIONS: The results of our study clearly highlight the lack of use of ionizing radiation-protection devices and dosimeters during commonly performed fluoroscopy-guided endourological procedures among urologists in Turkey.

Source of Funding: none

Attitudes of urologists about using flexible protective clothes and dosimeters.

	Never	Rarely	Usually	Always
Lead apron	2 (0,65%)	13 (4,24 %)	61 (19,87%))	231 (75,24%)
Thyroid shields	33 (11,19%)	57 (19,32%)	68 (23,05%)	137 (46,44%)
Gloves	178 (66,67%)	41 (15,36%)	19 (7,11%)	29 (10,86%)
Eyeglasses	207 (76,95%)	35 (13,01%)	10 (3,72%)	17 (6,32%)
Dosimeters	227 (73,94%)	28 (9,12%)	25 (8,14%)	27 (8,8%)

2-5 1204561

Investigations of Urodynamic Outcomes of Patients with Urinary Incontinence

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INTRODUCTION AND OBJECTIVES: Urodynamic outcomes of patients with ürinary incontinence were assessed.

METHODS: 619 patients who underwent urodynamic test for ürinary incontinence was assessed retrospectively.

RESULTS: Mean age was 52.23±14.74. A total of 619 patients, urge, stress and mixed ürinary incontinence was 7% (n=43), 41% (n=256), 52% (n=320), respectively. Urodynamic aspects of these patients: detrusor overactivity was detected in 95% of patients with urge incontinence. Urodynamic stress incontinence was detected in 75% of patients with stress ürinary incontinence and 22% of patients with stress ürinary incontinence have both urodynamic stress incontinence and detrusor overactivity. Detrusor overactivity was detected in 16% of patients with mixed ürinary incontinence and 24% of patients with mixed ürinary incontinence have both urodynamic stress incontinence and detrusor overactivity.

CONCLUSIONS: This results show that urodynamic test is necessary for determining of detrusor overactivity especially in preoperative evaluation.

Source of Funding: none

2-6 1203557

Risk factors associated with mesh erosion in patients with transvaginal prolapse repair using "surgeon-tailored" polypropylene mesh

Fikret Onol, Rasim Guzel, Cem Basatac, Ugur Boylu, Eyup Veli Kucuk, Eyup Gumus, Istanbul, Turkey*

INTRODUCTION AND OBJECTIVES: Prolapse repair with mesh has been recently popularized due to the high failure rates achieved with conventional techniques. However, the complications of mesh surgery is a major concern. We investigated the risk factors associated with mesh exposure in patients with transvaginal prolapse repair.

METHODS: Between January 2007-May 2011, 83 patients underwent transvaginal prolapse repair using "surgeon-tailored" implant derived from a type 1, 30x30 cm. polypropylene mesh. A total of 71 cystoceles and 14 rectoceles were treated. Patients were prospectively evaluated at postoperative 1st, 3rd, 6th and 12th months, and yearly thereafter with history and pelvic examination. The relation of mesh erosion with age, body mass index (BMI), parity, sexual activity, menopause, hysterectomy, smoking and comorbidity status were investigated using Students t-test or Mann Whitney test for continuous variables and Pearson chi-Square or Fisher's exact tests for categorical variables with calculation of odds ratio (OR).

RESULTS: Vaginal mesh erosion (figure 1) developed in 12 patients (14.4%) with a mean follow-up of 32.4 months (6-52.7 months). No bladder or urethral erosions were evident. For anterior compartment, age <50 years was associated with a 10.1 times increase in risk for mesh erosion (95% CI, 1.98 to 50.27, p=001). Likewise, being sexually active was associated with a 6.9 times increase in risk for erosion (95% CI, 1.03 to 57.34). Tobacco use was also higher in women with anterior erosion (p=0.08, table 1). A logistic regression analysis of potential predictors showed only age as independent predictive factor for anterior mesh erosion. No association could be determined for posterior mesh erosion (n=3) with any of the clinical features (p> 0.05).

CONCLUSIONS: Young age and sexual activity were found as significant risk factors for vaginal mesh erosion in patients treated for cystocele.

Source of Funding: none.

Comparison of the clinical demographics of patients with and without mesh erosion

in patients with anterior mesh-augmented repair (values are presented as mean ± standart deviation or number of cases cases (and percent) in each group).

	Patients with mesh erosion	Patients without mesh erosion	p (or z) value	Odds ratio (OR)
Patients (n)	12	59		
Age	44.83 ± 7.18	54.6 ± 8.7	0.001	
Parity	3 ± 1	4.07 ± 1.86	0.09	
BMI (kg/m2)	30.5 ± 6.3	28.3 ± 4.6	0.208	
Comorbidity, n(%)	5 (41)	25 (42)	1	1.1
Tobacco use, n(%)	4 (33.3)	7 (11.8)	0.08	3.61
Postmenopausal, n(%)	7 (58.3)	47 (79.6)	0.066	0.29
Hysterectomized, n(%)	1 (33.3)	6 (10.1)	0.768	0.71
Sexually active, n(%)	11 (91.6)	35 (59.3)	0.043	6.91

2-7 1205573

Medical expulsive therapy reduces the need for surgery in the management of distal ureteral stones

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INTRODUCTION AND OBJECTIVES: To evaluate efficacy of selective alpha adrenergic blockers (tamsulosin) alone and in combination with oral corticosteroids (deflazacort) for spontaneous expulsion of distal ureteral stones of 4-10 mm.

METHODS: A total of 134 patients with distal ureteral stone of 4-10 mm were randomized into 4 groups; group 1 (n=37) was given tamsulosin 0.4 mg/day upto 4 weeks, group 2 (n=26) oral corticosteroid (deflazacort 30 mg/day upto 10 days) and group 3 (n=37) both together. The control group (Group 4) (n=34) received only spasmolytic on demand. The patients were followed during and after the active treatment on a weekly basis with imaging and referred to further treatment options as URS or SWL if failed. The groups were compared in terms of stone expulsion.

RESULTS: No statistically significant difference were shown between groups in terms of age, sex and stone burden ($p>0.05$). The rates of spontaneous stone expulsion achieved for each group were 64.8%, 69.2%, 75.7%, and 26.4%, respectively. All treatment groups were superior to control group, statistically. Although combination therapy (Group 3) seemed more effective, there was no statistically significant difference compared to first 2 groups. The patients, who were unable to pass the stone spontaneously during the initial follow up period of 4 weeks, were kept under control without any medication except pain medication while the operational requirements were prepared. During this period, an additional 29 of these patients passed out stones spontaneously without any drug or intervention. Of the rest, 18 had undergone URS for stone retrieval and managed uneventfully. Thus, at the end of 8th week, the expulsion rate raised to 89.1%, 92.3%, 86.4% and 55.8%, respectively.

CONCLUSIONS: Tamsulosin is an effective agent that facilitates spontaneous passage of distal ureteral stones < 10 mm, particularly if used in combination with oral corticosteroid, deflazacort. This efficacy seems to last long after the active treatment period. Tamsulosin combined with a systemic oral corticosteroid or not significantly reduces the need for surgical management. Thus, medical stone expulsion treatment should be considered as a reasonable option prior to an intervention for management of distal ureteral stones< 10 mm.

Source of Funding: none

2-8 1205692

A Hybrid technique for management of large bladder stones: Single percutaneous access under endoscopic control

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INTRODUCTION AND OBJECTIVES: Bladder-stone formation is not an uncommon problem, which usually accompanies obstructive urinary symptoms. Standard treatment is endoscopic lithotripsy via pneumotic or laser lithotriptors. But in case of large or multiple stones, increased duration of operation and risk for urethral complications such as stricture are bothersome situations related to this operation. In this aspect, we evaluated a moderated minimally invasive technique, single percutaneous accesss under endoscopic control for management of large bladder stones.

METHODS: A total of 14 patients with bladder stones larger than 2 cm in diameter were treated using this technique. The procedure involved percutaneous placement of a 10- or 12-mm laparoscopic trocar under cystoscopic control. Then A rigid nephroscope is introduced into bladder. Stones were fragmented with pneumatic lithotriptor when necessary. The fragments were removed via grasping forceps or basket. Lastly, bladder is irrigated vigorously to eliminate residual fragments and a 2 way foley is placed transurethrally to allow healing of defect in anterior bladder wall.

RESULTS: The technique was successful in all cases, resulting in controlled bladder-stone-free status and no surgical complications. The mean operation time was 52.14 (20-105) min. and a total of 27 stones with a mean burden of 8.07 cm^2 were extracted. Mean duration of catheterization was 4,28 (2-6) days. Additionally, two patients underwent transurethral resection of prostate for benign prostatic hyperplasia and one bilateral orchiectomy for advanced prostate cancer. In two cases, the stones were extracted unfragmanted via endobag. All patients discharged uneventfully. None reported urethral stricture up to a follow up of 36 months.

CONCLUSIONS: Percutaneous cystolithotripsy in through laparoscopic trocar under endoscopic control is easy to perform, without being restricted by size and number of calculi. Despite the initial experience, duration of operation is not longer than standart endoscopic treatment and certainly has decreased risk for urethral complications such as stricture. It should be kept as an alternative for especially large bladder stones.

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2-9 1205641

Percutaneous Nephrolithotomy: Experience brings success.

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INTRODUCTION AND OBJECTIVES: Although developments in endourological technology and equipment are important for percutaneous nephrolithotomy (PNL), experience is still a major factor for success. In this study, we evaluated our results for PNL in association with increasing experience.

METHODS: Retrospectively, a total of 255 PNL cases performed in between September 2005 and April 2010 were evaluated. They were divided into 2 equivalent groups based on a chronological order and compared in terms of operational parameters.

RESULTS: A total of 255 interventions to 250 renal units of 245 patients were performed. Of the renal units; 120 included single localization (calyx or pelvis), 100 included renal pelvis plus one calyx and 35 included pelvis plus a minimum of two calyces, namely complex. In 3 cases, the operation was ended due to fail to access. The mean stone burden was 754.70±586.24 (157-3441) mm^2. The stone free rate was found as 56.86% (145/255). As to the general stone burden, the clearance rate was 93.68%. Divided into 2 groups chronologically, the second group was superior to group of initial experience in terms of durations of operation and fluoroscopy (128.4 vs 167.2 mins., 6.5 vs 13.4 mins., respectively). The stone free rate raised from 47.2% to 68.4% as experience gained. The transfusion rate, durations of hospitalization and nephrostomy did not differ significantly in two groups.

CONCLUSIONS: Supported by technological developments in endourology, experience and familiarity to upper urinary tract anatomy still keep the ultimate role for success in PNL. The data derived from our cases reveals that duration of operation and fluoroscopy decrease and also stone free rate increases as the operational experience accumulates.

Source of Funding: none

2-10 1205770

Initial Experience: 407 cases of percutaneous nephrolithotomy

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INTRODUCTION AND OBJECTIVES: To evaluate our initial experience of percutaneous nephrolithotomy.

METHODS: We retrospectively analyzed 407 consecutive cases of percutaneous nephrolithotomy that had been performed between September 2005 and October 2011 in our institution.

RESULTS: The mean age was 44.4 years (range: 17-76) and body mass index 26.16 (range:17-34). The mean stone burden was 888 mm2 (range 150-4384). In 386 (95%) cases, the procedure was carried out through a single subcostal access, while double access was applied in 21 (5%) cases. The access was performed subcostally in 368 (90%) cases, whereas intercostal (10-11th) access in 39 (10%) patients. The mean durations of flouroscopy and operation were 8 and 146 minutes, respectively; while mean durations for nephrostomy stay and hospitalization were found as 4 and 5 days, respectively. Overall, the stone free rate was 73%. Blood transfusion rate was 14%. D-J stent was needed in 23 (5.6%) patients due to prolonged drainage. Fever was observed in 17 patients (4.3%). In two patients, thorax tube was applied due to postoperative hydro/pneumothorax. In three cases, selective renal angioembolization was needed due to prolonged hematuria. Urosepsis developed in 3 cases and one patient was lost due to pulmonary embolism.

CONCLUSIONS: Percutaneous nephrolithotomy is the good and standard option of treatment for management of renal stones with an acceptable rate of complications, morbidity and rapid learning curve.

Source of Funding: None

2-11 1200051

The safety and efficacy of ultrasonography guided percutaneous nephrolithotomy for the treatment of urinary stone disease in children

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INTRODUCTION AND OBJECTIVES: To present the feasibility and efficacy of ultrasonography (US)-guided percutaneous nephrolithotomy (PNL) for the treatment of urinary stone disease in children.

METHODS: The medical records and files of the 17 renal stone patients (17 renal units) aged 16 years or younger that underwent US guided PNL between 2008 and 2010 were retrospectively reviewed and analyzed. US was used for guidance in all patients in every step of the procedure. Fluoroscopy was used to aid tract dilation in the initial cases of series and to evaluate stone clearance in all cases. Operative and postoperative findings were assessed.

RESULTS: The average age of the patients was 8.8 ± 2.86 (5-15) years. The mean stone size was calculated to be 337.4 ± 52.9 (260-446) mm2. The mean operation time was 67.9 ± 14.58 (45-95) minutes. Fever, urine leakage and bleeding requiring blood transfusion were observed in 3, 1 and 1 patients, respectively. The fluoroscopic screening time was limited to 17.76 ± 15.5 (1-54) seconds. Neighboring organ injuries were not observed. The overall success rate improved from 82.35% to 100% with the additional treatment modalities (SWL (n=2) and URS (n=1)).

CONCLUSIONS: PNL can be safely performed with US guidance in children, providing the advantages of less radiation exposure, no adjacent organ injury and similar success and complication rates compared with fluoroscopy guidance.

Source of Funding: NONE

Table-1: Demographic and clinical features of the patients are summarized.

Characteristics	N(%); n/n or mean±SD
Age (years)	8.8 ± 2.86 (5-15)
Sex (male/female)	11/6
Side (left/right)	8/9
Stone size (mm^2)	337.4 ±52.9 (260-446)
Stone opacity	
Opaque	15
Semi-opaque	2
Stone location	
Pelvis	8
Pelvis + lower pole	7
Lower pole	2
Grade of hydronephrosis	
0	3
I	4
II	4
III	6

Table-2: Peroperative and postoperative findings of the patients are listed.

Characteristics	Values
Operation time (minutes)	**67.9 ±14.58 (45-95)**
Fluoroscopic screening time (seconds)	**17.76 ± 15.5 (1-54)**
Duration of hospitalization (days)	**2.8 ±1.18 (2-6)**
Success rate (%)	**82.35 (14/17)**
Hematocrit drop (%)	**3.94 ± 2.15 (0.2-8.6)**
Additional treatment	**3 (17.64%)**
Ureterorenoscopy	1
SWL	2
Complication	**5 (29.4%)**
Fewer	3 (17.64%)
Urine leakage	1 (5.88%)
Blood transfusion	1 (5.88%)