diseases. We aimed to use the National Health Insurance Research Database (NHIRD) to investigate the relationship of urolithiasis and acute myocardial infarction (AMI).

Materials and Methods: Patients with the diagnosis of urolithiasis (ICD-9-CM codes 592.0, 592.1, 592.9) before Jan 1, 2003 were retrieved from the NHIRD's Longitudinal Health Insurance Database 2005 as the case group. Patients without urolithiasis were matched with 1:4 ratio regarding to sex, age and comorbidities as control group. Both groups were followed until myocardial infarction were encountered (ICD-9-CM codes 410, 411, 412, 413, 414, or 440) or till the end of 2012.

Results: Total 37,052 cases and 148,209 controls were inducted into this study. The risk of AMI was higher among patients with urolithiasis (adjusted hazard ratio [aHR] 1.07, 95% confidence interval [CI] 1.03–1.13). We detected a significant association between urinary calculi and intubation (aHR 1.53, 95% CI 1.36–1.73), intensive care unit treatment (aHR 1.22, 95% CI 1.13–1.32), heart failure (aHR 1.59, 95% CI 1.42–1.78), shock (aHR 1.53, 95% CI 1.32–1.77) and arrhythmias (aHR 1.18, 95% CI 1.06–1.33). Patients with kidney stones have the highest risk of AMI.

Conclusion: Urolithiasis is associated with higher risks of AMI and several complications of AMI. Treating urolithiasis more aggressively is recommended for patients with comorbidities related to AMI.

Laparoscopy
NDP100: IMPACT OF POSITIVE SURGICAL MARGIN ON PROSTATE CANCER RECURRENCE AFTER ROBOT-ASSISTED LAPAROSCOPIC RADICAL PROSTATECTOMY

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Purpose: We analyzed the impact of positive surgical margins on prostate specific antigen (PSA) recurrence in patients after robot-assisted laparoscopic radical prostatectomy (RARP) as definitive local treatment for prostate cancer.

Materials and Methods: There were 294 consecutive patients who underwent RARP for prostate cancer between Jan 2008 and Aug 2013. Patients without undetectable PSA within 3 months after RARP, or postoperative adjuvant radiotherapy due to adverse pathological features that suggested by NCCN guideline were excluded. We retrospectively analyzed the records of 219 patients. Demographic features, initial and followed PSA, Gleason score, and pathologic stage of prostate were reviewed.

Results: A total of 20 patients (9.1%) developed biochemical recurrence. Forty-one patients (18.7%) with positive surgical margins (PSM+). In all patients (n = 219), with biochemical recurrence (BCR+, n = 20), and no BCR (BCR-, n = 199) patients group, the mean age was 64.6, 61.9, and 64.9 years in each group; the mean follow time was 39.1 (12–80), 48.2 (16–79), and 36.8 (12–80) months after RARP; mean pre-RARP PSA was 13.1, 19.2, and 12.4 ng/mL. In the BCR+ group, 15.0% cases with PSM+. In the BCR- group, the PSM+ cases were 19.1%. In the 41 patients with PSM+, there were 3 (9.1%) with BCR+ during the follow-up. In the 178 patients who were PSM-, 17 (9.5%) cases developed BCR+. The mean BCR time after RARP was 9.4 (4–28) months.

Conclusion: Our limited data indicate that surgical margin status is not an independent predictor of PSA recurrence in patients who underwent RARP as definitive local therapy for prostate cancer.

NDP101: COMPARE BALLOON DILATATION WITH DIRECT ZERO DEGREE TELESCOPE DISSECTION OF RETROPERITONEAL SPACE FOR UNROOFING OF RENAL CYST IN TAIPEI CITY HOSPITAL EXPERIENCE

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Purpose: To Compare the results of balloon dilatation with direct zero degree telescope dissection of retroperitoneal space for unroofing of renal cyst

Materials and methods: Total sixteen patient had undergone retroperitoneoscopic cyst unroofing at our hospital during January 2010 to December 2014 were collected and analyzed. Sixteen patients with symptomatic simple renal cysts had undergone unroofing of the cyst with balloon dilatation (BD) in nine cases and direct zero degree telescope dissection (DZDTD) in eight others. Three trocars (10 mm, 10 mm and 5 mm) were inserted in all the procedure. A 2 cm flank muscle-split incision was made and retroperitoneoscopy was performed through the same incision in all the procedure. Then, the cyst was unroofed

Results: The mean operative time was 64.4 minutes in the DZDTD group and 85.6 minutes in the BA group. The In the DZDTD group, the mean postoperative stay was 4 days, and the time to feeding was 9.4 hours. In the BD group, the mean postoperative stay was 4.6 days, and the time to feeding was 37.4 hours. Estimated blood loss in the DZDTD group was 56 mL. Estimated blood loss in the BD group was 46mL. No case required conversion to open surgery. No significant intraoperative complication was noted. Only No patient need blood transfusion. The postoperative complication rate was 0%. Most complications were minor and did not need specific treatment.

Conclusion: DZDTD and BD techniques for unroofing of renal cysts are safe, effective and minimally invasive. DZDTD is easy to perform and seem to be a more time-saving procedure when compared to BD. DZDTD seem be feasible and effective to treat symptomatic simple renal cysts.

Andrology
NDP102: THE EXPERIENCE OF IMPLEMENTING SMOKING CESSATION TO IMPROVE SEXUAL HEALTH IN MEN

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Purpose: Erectile dysfunction is considered a significant public health problem and is estimated to affect over 180 million men in the world. Large cross-sectional and longitudinal epidemiological studies indicated that chronic smokers are about 1.5 t 2-times as likely as nonsmokers to report erectile dysfunction after controlling for age and confounding cardiovascular risk factors. Although stopping smoking enhances many aspects of health, the positive health benefits of smoking cessation are not sufficient enough for many smokers to considered quitting. The aim of this study was to examine whether smoking cessation was associated with sexual health improvements, with the hope that the results could influence men to stop smoking.

Materials and Methods: The male smokers, irrespective of erectile dysfunction status, who were motivated to stop smoking, were enrolled in a 12-week smoking cessation program using a nicotine transdermal patch treatment and adjunctive counseling. The participants were accessed at smoking regularly, at mid-treatment and at a 4-week post cessation follow-up. Cingunferential change and subjective sexual arousal indices, as well as self-report sexual functioning were assessed at each visit.

Results: There were total 65 smoking men involved in our study and completed the follow-up. There were 20 successful quitters and 45 relapsed men. The quitted showed enhanced erectile tumescence responses, and faster onset to reach maximum subjective sexual arousal compared with the relapse men.

Conclusion: Smoking cessation significantly enhances both physiological and self-reported indices on sexual health in long term male smoker, irrespective of baseline erectile impairment. We hoped that this result may serve as a novel means to motivate men to stop smoking. The cigarette smoking brings about the cardiovascular flow change and it is the main cause of erectile dysfunction. Smoking cessation was found to improve both physiological and self-reported indices on sexual health in long term,