Conclusion: This review of center-specific data shows that the relationship of the donor to their recipient has a significant difference on the postoperative GFR and graft loss of the recipients. The recipients’ kidney donated from the spouse had the worst GFR compared to the others.

Other
PDG-2:
APPLICATION OF RESONANCE METALLIC STENTS FOR BENIGN AND MALIGNANT URETERAL OBSTRUCTION: LONG-TERM FOLLOW-UP
Lin-Nei Hsu 1,2, Hung-Jen Wang 1,2, Hao-Lun Luo 1, Yuo-Luo Cheng 1, Chien-Hsu Chen 1, Tze-Yu Lee 1, Po-Hui Chiang 1. 1 Department of Urology, Chang Gung Memorial Hospital – Kaohsiung medical center, Chang Gung University College of Medicine, Kaohsiung, Taiwan; 2 Department of Radiology, Chang Gung Memorial Hospital – Kaohsiung medical center, Chang Gung University College of Medicine, Kaohsiung, Taiwan

Purpose: To evaluate the outcomes of the metallic Resonance® ureteral stent and clarify the risk factors that lead to stent failure. In the present study, we present 5 years of our experiences with the use of a Resonance stent for malignant and benign ureteral obstruction.

Materials and Methods: We retrospectively identified and analyzed the records of all patients in whom Resonance® Metallic Ureteral Stent was placed between early 2009 and late 2014 in our hospital. We performed a descriptive analysis of key outcomes, including the failure and stenting duration, defined as the time from initial stent placement to last stent failure or patient death.

Results: A total of 52 metallic stents were placed in 36 patients, including 44 (84.6%) with malignant and 8 (15.4%) with a benign etiology. Maximum follow-up was 58 months (mean 14.7, median 8.5, IQR 14.9). Stent failure occurred in 10 patients (19.2%). The re-occlusion rate was significantly higher in the subgroup with a history of previous bladder invasion malignancy during Resonance stent insertion (p = 0.035). Patients who had had previous radiation therapy had a lower patent rate compared to those with no history (p = 0.001), especially in patients with Resonance stent placement more than one year (p = 0.018). And the 50% patent rate with 52 stents was 10 months.

Conclusion: The Resonance metallic stent could be safely applied for those malignant or benign ureteral obstructions. For malignant ureteral obstruction, previous radiation therapy is a risk factor for stent failure, especially for those with long-term stent placement. We also suggested revision of Resonance metallic stent every one year to keep stent patency and prevent stent complications.

PDG-4:
LESS PAIN PERCEIVED IN TRANSRECTAL ULTRASOUND OF PROSTATE USING MICRO-CONVEX TRANSDUCER THAN BI-PLANE LINEAR TRANSDUCER
Pei-Shan Yang, Yu-Hsiang Hou, Yu-Chao Hsu, Chien-Lun Chen, Ke-Hung Tsui, Pei-Lang Chang. Division of Urology, Department of Surgery, Chang Gung Memorial Hospital, Linkou, Taiwan

Purpose: Evaluate the difference in the subjective pain in patients using different probes for transrectal ultrasound of prostate Material and Method: From July 2014 to December 2014, patients undergoing transrectal ultrasound of prostate (TRUS) were randomly divided into two groups, using two different probes. A visual analogue (VAS) was used to evaluate the subjective perception of pain in these patients.

Results: A significant difference was found in VAS between the two groups. The patient felt less pain during TRUS examination when using a micro convex transducer. Besides, patients with external hemorrhoid, longer prostate sagittal length, and artifacts caused by stool were all found to be associated with more pain. The usage of micro convex transducer can help to reduce the pain for the patients with external hemorrhoids, whereas there was no difference of pain perception when the patient has previous rectal surgery or artifacts caused by stool.

Conclusion: We identified the factors of pain associated with TRUS. Micro convex transducer caused less pain associated TRUS than bi-planed linear transducer.

PDG-5:
EFFECT OF LOCAL ANESTHESIA FOR RIGID CYSTOSCOPY, HOW LONG IS LONG ENOUGH: INITIAL DATA OF RANDOMIZING 34 PATIENTS
Pao-Hwa Chen, Bai-Fu Wang, Jensen Lin, Chang-Pao Chang, Heng-Chieh Chang, Meng-Yi Yan, Sheng-Hsien Huang, Chun-Chi Chen, Kuo-Hsuan Huang, Hung-Jen Shih, Jian-Xiang Zhang, Jian-ting Chen. Divisions of Urology, Department of Surgery, Changhua Christian Hospital, Changhua, Taiwan

Purpose: This study was done to compare the length and form of anesthesia that is suitable for patients undertaking rigid cystoscopy procedure under local anesthesia.

Materials and Methods: From September 2014 to March 2015, a single fellow surgeon performed removal of double-J catheter with rigid cystoscopy on 34 patients whom were randomized into two groups. One group received intra-urethral injection of 4% xylocaine (2 minutes) with addition of 2% xylocaine jelly (1 minute) and another group with single dose of intra-urethral injection of 4% xylocaine (3 minutes). Both groups received same amount of total anesthesia time (3 minutes). Several factors were used to analyze the effectiveness of local anesthesia (difference of pre and post-operative blood pressure and heart rate, VAS score, and patient’s own description). Factors that may influence the effectiveness of local anesthesia were also recorded (form of anesthesia, length of anesthesia, BMI, bladder neck depression angle of more than 30 degrees is associated with increase pain (increase in VAS and heart rate). All patients still experienced soreness even with increase length of anesthesia.

Conclusion: Studies have shown that a minimum of 5 minutes will be needed for rigid cystoscopy examination. Due to our current environment which demands maximizing efficiency without compromising patients’ priorities, the use of adequate form and length of anesthesia should be a concern. Our initial data showed us that a liquid anesthesia with either 2 or 4% xylocaine with a minimum of 3 minutes is sufficient in performing rigid cystoscopy examination under local anesthesia.

PDG-6:
BLADDER AUGMENTATION IN KETAMINE ASSOCIATED CYSTITIS
Wei-Ting Kuo 1, Hua-Pin Wang 1, Tsan-Jung Yu 1, Victor C. Lin 1, 2. 1 Department of Urology, E-Da Hospital, Kaohsiung, Taiwan; 2 School of Medicine for International Students, I-Shou University, Kaohsiung, Taiwan

Purpose: Ketamine associated cystitis presented with severe dysuria, frequency, urgency, lower abdominal pain and gross hematuria. Due to its pathologic damage, the filling bladder volume is decreased. In our hospital we performed bladder augmentation in 4 cases of ketamine associated cystitis from 2004 to 2013. Materials and Methods: All 4 patients was ketamine abuser and diagnosed by history and symptoms. Bladder augmentation was yielded retrospectively.

Results: Total of 4 patients with ketamine associated cystitis received bladder augmentation at E-Da tertiary medical center from 2004 to 2013. They all received bladder augmentation. The data on demographics, clinical characteristics, and patient outcomes were collected. All the data were yielded retrospectively.

Purpose: Ketamine associated cystitis presented with severe dysuria, frequency, urgency, lower abdominal pain and gross hematuria. Due to its pathologic damage, the filling bladder volume is decreased. In our hospital we performed bladder augmentation in 4 cases of ketamine associated cystitis from 2004 to 2013. Materials and Methods: All 4 patients was ketamine abuser and diagnosed by history and symptoms. Bladder augmentation was yielded retrospectively.

Results: Total of 4 patients with ketamine associated cystitis received bladder augmentation at E-Da tertiary medical center from 2004 to 2013. Male patients were predominant (male : female = 3:1). The average age at operation was 29.75. The average ketamine abuse time is 9.25 years. After bladder augmentation of surgery, the post-