

Conclusion: The loop stent offers a better QoL and pain profile although it lacks statistical significance. The loop stent achieves baseline pain by day 3. The pigtail stent only achieves pain comparable to loop stent by day 7. Within the 1st week of stent insertion, stent pain is most pronounced in both groups and improves with time. Peak impact of QoL in the loop group occurs early after stent insertion while the peak effect of QoL in the pigtail group occurs at day 7.

MP1-7. RECURRENT URETERIC SCIATIC HERNIA

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Ureteric sciatic hernia is extremely rare. Here we report a case of a 74-year-old woman who initially presented with urinary frequency and urge incontinence, then renal sonography revealed left hydronephrosis. Computed tomography revealed left ureterosciatic herniation. Ureteral stent was placed for 3 months, and the herniated ureter and hydronephrosis were corrected. Regular image followup up to 7 years did not show obvious abnormality. Recurrence of the left ureterosciatic herniation was found 7 years after. We performed robotic surgery to correct the recurrent herniation. We presented this unusual case and literature review will be done.

MP1-8. ROBOTIC-ASSISTED LAPAROSCOPIC PARTIAL NEPHRECTOMY IN CLINICAL T1B RENAL TUMORS – SINGLE CENTER EXPERIENCE

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Purpose: Robotic-assisted laparoscopic partial nephrectomy (RALPN) has surpass traditional laparoscopic surgery and be considered alternative standard form of treatment as well as open surgery in small renal mass (tumor size <4 cm, T1a). We investigate the applicability of RALPN in larger counterpart T1 tumor (4cm< tumor size <7cm, T1b) in a single tertiary medical center.

Materials and Methods: We retrospectively review record of patient received RALPN in our institute since 2015 April. Exclusion criteria are tumors size less than 4 cm and tumors were considered benign lesion such as hamatoma preoperatively. RALPN performed in 9 patients have single renal tumor size between 4cm to 7cm preoperatively. The perioperative data is evaluated and discussed.

Results: The average tumor size is 4.7 ± 0.7 cm (range 4.1 to 6cm). The average R.E.N.A.L Nephrometry is 7.4 ± 1.7 (range 6 to 10). Two patients had tumor size in longest diameter underestimated more than 15% in preoperative image study. Guided by intracorporeal ultrasonography, all tumors are resected with margin free of malignant tumor. Using Clavien-Dindo classification, no grade 3 or above complication. Two patients experience intraoperative blood loss more than 500ml and received blood transfusion. All patient regain strength to daily activity within 4 days and average postoperative hospital stay is 3.3 days.

Conclusion: RALPN can be safely performed in clinical T1b renal tumors, even in surgeons are in the learning curve of Robotic surgery. The long-term oncological outcome requires further evaluation.

MP1-9. LAPAROSCOPIC PARTIAL NEPHRECTOMY IN THE ELDER (AGE>65 Y/O) WITH MULTIPLE MORBIDITIES

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Purpose: Laparoscopic partial nephrectomy (LPN) is the standard treatment for localized tumors nowadays. The objective of this study is to compare perioperative and postoperative outcome between young and old patients in LPN.

Materials and Methods: A retrospective analysis was performed in a total of 20 patients from 2013 to 2016. We analysis the retrospective data, including age, ASA classification, tumor size, tumor location, estimated blood loss, length of hospital stay, recurrence rate, renal function deterioration rate, 30-days mortality rate and 90 days mortality rate. We separate 20 patients into the older group (age ≥ 65 N=7) and younger group (age <65 N=13).

Results: The tumor location were 15 in upper or lower pole, 5 in central pole. The section margin was free of malignancy in 20 patients except one patient with capsule rupture. The significant difference between the older and younger group were mean age (70.8 vs 55.2 yrs); tumor size (2.8 vs 3.5cm); estimated blood loss (231 vs 355 ml) and ASA classification ≥ 3 rate (71.4% vs 30.7%). However, the open conversion rate, 30-day and 90-day mortality rate are all zero in both groups. Overall, there was no significant difference in length of hospital stay (13.4 vs 11.5 days), renal function deterioration rate (14.2% vs 15.3%), recurrence rate (till now all zero), mortality rate (till now all zero) between these two groups.

Conclusion: Laparoscopic partial nephrectomy was feasible and safe in old age (age ≥ 65) with multiple morbidities.

MP1-10. SINGLE-DOCKING ROBOTIC RADICAL NEPHROURETERECTOMY WITH BLADDER CUFF EXCISION IN A SINGLE INSTITUTION

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Purpose: Radical nephroureterectomy with bladder cuff excision (RNU) is the standard treatment for upper tract urothelial carcinoma. Robotic platform can be utilized in this procedure. However, re-docking is required for bladder cuff excision. Herein, we report our experience on single-docking technique for robotic RNU.

Materials and Methods: From June 2014 to February 2016, a total of 16 patients who underwent robotic RNU were identified. A total of 11 patients underwent RNU without patient repositioning or robotic redocking. Demographics, perioperative parameters and post-operative details were collected and analyzed. Comparison was made between the single docking group and re-docking group.

Results: The median operation time of the 11 patients was 280 (185–375) minutes and median blood loss is 150 (100–300) ml. No intraoperative complication was found among the single docking group. The median hospital stay was 9 days and no significant operative-related complication was noted. Pathologically, 3 patients was in Ta/T1 stage, 2 patients were in T2 stage and 5 patients were in T3/T4 stage. Recurrence over bladder was noted in 2 patients (one patient is pT2 and one is pT3). A trend of shorter operation time was noted in the single docking group (280 min vs 380 min).

Conclusion: Single-docking robotic RNU using our technique can be performed safely. Decreased operative time can be achieved compared to re-docking technique.

Moderated Poster-2

Andrology

MP2-1.

THE COMPARISON OF SPERM QUALITY OF CRYOPRESERVATION BETWEEN PATIENTS WITH TESTICULAR CANCER AND LYMPHOMA

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Purpose: To compare sperm quality of cryo-preservation between testicular cancer and lymphoma

Materials and Methods: We retrospectively collected patients with testicular cancer and lymphoma receiving sperm cryo-preservation from 2000 to 2015 in our tertiary center. We recorded the sperm concentration,

motility, and normal percentage. Success sperm cryopreservation was ejaculated volume > 1.5 mL, sperm concentration >5 × 10⁶ sperm/mL, and sperm motility >10%.

Results: The successful cryo-preservation rate of lymphoma is 73.6% (39 of 53 patients) and testicular cancer is 61% (36 of 59 patients). In comparison of successful cryopreservation between lymphoma and testicular cancer, there is no statistical difference of age (25 versus 25 years old, $p=0.467$) and sperm concentration (30 versus 20 million sperm/mL, $p=0.058$). The lymphoma patients has higher normal sperm percentage (32% versus 25%, $p=0.011$) and higher normal motility percentage (36% versus 23.5%). In cryo-failure group, 9 of 14 lymphoma patient received chemotherapy before cryopreservation and no testicular cancer patient received chemotherapy before cryo-preservation. In patient of lymphoma with previous chemotherapy, the successful group has fewer days from initial chemotherapy (16 versus 74.5 days).

Conclusion: The success rate of cryo-preservation of lymphoma was higher than testicular cancer. Even in success cryo patient, the sperm quality of patients with lymphoma is better than testicular cancer.

MP2-2.

PSYCHOLOGICAL IMPACT OF PATIENTS WITH ERECTILE DYSFUNCTION

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Purpose: Few studies have objectively examined the relationship between psychological diseases and various stages of male sexual function. Our study is to investigate if there is any other psychological factors that related to patients with erectile dysfunction.

Materials and Methods: This retrospective study enrolled consecutive 231 patients who visited the men's health combined clinic at Taoyuan CGMH during July 2008 to March 2009. Self-administered questionnaires included comprehensive bio-psycho-social surveys were fulfilled by patients with assisting. Questionnaires were used to evaluate different psychological factors including Androgen Deficiency in Aging Males (ADAM), Aging Males' Symptoms (AMS) Rating Scale, Insomnia Severity Index (ISI), The Chinese Version of the Beck Depression Inventory-II (BDI-II), The Chinese Version of the Beck Anxiety Inventory (BAI), Gotland Male Depression Scale (GMDS), International Index of Erectile Function (IIEF-5), and Situational Fatigue Scale (SFS). We analyzed the relationships of different psychological factors with erectile dysfunction in different complaint groups with the software of SPSS 22.0.

Results: We found that the self-reported erectile dysfunction complaint had significant statistical difference with other complaint groups in AMS-psychological factors ($p=0.011$), AMS-sex factors ($p<0.001$), Gotland Male Depression Scale (GMDS) ($p=0.02$), Beck Anxiety Inventory (BAI) ($p=0.002$), International Index of Erectile Function (IIEF-5) ($p<0.001$). Bidirectional distributions in age were found in scores of IIEF-5 and SFS. Otherwise, GMDS, BAI, BDI-II, and ISI scores were higher in younger patients who less than 30 years old.

Conclusion: Our study showed that patients with erectile dysfunction may be impacted by their depression or anxiety status according to the GMDS and BAI. Erectile dysfunction is more common among younger men than previous thought.

MP2-3.

LOW INTENSITY EXTRACORPOREAL SHOCKWAVE THERAPY CAN IMPROVE ERECTILE FUNCTION IN PATIENTS WHO RESPONDED POORLY TO PDE5 INHIBITORS

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Purpose: Managing patients with erectile dysfunction (ED) who responded poorly to phosphodiesterase type 5 (PDE5) inhibitors is a challenging task. Recently, low-intensity extracorporeal shockwave therapy (LiESWT) has been proved to be able to improve ED by inducing neovascularization and enhancing perfusion of penis. Thus, we perform this study to evaluate whether LiESWT could be a salvage therapy in Taiwanese patients who responded poorly to PDE5 inhibitors.

Materials and Methods: This was an open-label single-arm prospective study conducted in Pingtung Hospital and Kaohsiung Municipal Ta-Tung Hospital. ED patients with erection hardness score (EHS) ≤ 2 under maximal dosage of PDE5 inhibitors use were enrolled. Socio-demographic information, personal habits, and medical history of each patient were recorded. The treatment of LiESWT consists of 3000 shockwaves (1000 shockwaves to the distal penis, base of penis and corporal bodies at the perineum) (Storz, Duolith SD1 T-Top) once weekly for 12 weeks. During treatment, patients could keep using PDE5 inhibitors. International Index of Erectile Function-5 items version (IIEF-5) and EHS were used to evaluate the change of erectile function in each patient from baseline to 1 month after LiESWT.

Results: From April 2015 to March 2016, a total of 18 patients were enrolled. After 12 weeks treatment, 11 of 18 patients (61.1%) could achieve erection hard enough for intercourse (EHS ≥ 3) under PDE5 inhibitors use. The treatment was well tolerated and none of the men experienced treatment related discomfort or reported any adverse effects from the treatment.

Conclusion: In our initial experience, LiESWT could serve as a salvage therapy in Taiwanese patients who responded poorly to PDE5 inhibitors before. However, further large studies are still needed to evaluate the long term effect of LiESWT.

Urinary tract infection

MP2-4.

ANTIMICROBIAL PROPHYLAXIS AND FEBRILE COMPLICATION OF TRANSRECTAL PROSTATE BIOPSY IN TAIPEI TZU CHI HOSPITAL

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Purpose: To analyze the effects of antimicrobial prophylaxis (AMP) for transrectal ultrasound-guided prostate biopsy (TRUSPBX) in our hospital.

Materials and Methods: We retrospectively reviewed the patients who underwent TRUSPBX from January 2005 to December 2013 in our outpatient department. Based on preoperative AMP, the patients were divided into two groups: single dose 500 mg levofloxacin (Group 1), and more than one dose of antibiotics regardless of medication category (Group 2). Rate and risk factors of prostate biopsy were collected and analyzed.

Results: Totally 686 patients were included for analysis (581 in Group 1, 105 in group 2). In group 1, 4 patient had fever (0.68%) after operation, while there was no patient experienced febrile complication in group 2 ($p=0.9$). There were no specific risks for febrile UTI of TRUSPBX in our hospital.

Conclusion: Single dose levofloxacin as AMP for TRUSPBX is safe and effective in Taiwan.

MP2-5.

RAPID BEAD-BASED ANTIMICROBIAL SUSCEPTIBILITY TESTING BY OPTICAL DIFFUSOMETRY

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Purpose: This study combined optical diffusometry and bead-based immunoassays to develop a novel technique for quantifying the growth of specific microorganisms and achieving rapid antimicrobial susceptibility test (AST).

Materials and Methods: Optical diffusometry requires only a microscope and a camera to quantify the Brownian motion of particles. Because Brownian motion is a random and self-driven physical phenomenon, this