

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,