(HoLEP; Direct ray fiber, PVP; Shoot the side fiber) For a difference of this fiber, prostatic enucleation comes to need some technique to do it. Abrasion of surgical capsule of prostate becomes blunt abrasion by a sheath.
Results: A superior hemostasis effect by green light laser of 530nm wave length is shown. GLEP is the operative method which overcame a difference of a device. GLEP is the operative method which overcame a difference of a device. We want to comment on GLEP which is the new operative method which we used green light laser for from a viewpoint of a HoLEP practiced hand this time.

IPD19:
POSTOPERATIVE OUTCOMES AND SAFETY OF BIPOLAR TRANSURETHRAL ENUCLEATION AND RESECTION OF THE PROSTATE

Kwun-Wai Chan, Chak-Lam Cho, Wing-Hong Chu, In-Chak Law. *Divisions of Urology, Department of Surgery, Kwong Wah Hospital, Hong Kong*

Purpose: Bipolar transurethral enucleation and resection of the prostate (TUERP) has been reported to be a method in the management of benign prostatic hyperplasia (BPH), especially for large prostate glands. Our objective was to report the early postoperative outcomes and safety of the bipolar TUERP technique.
Materials and Methods: A total of 30 consecutive patients had undergone bipolar TUERP by a single surgeon. All patients were evaluated preoperatively by physical examination, digital rectal examination, transrectal ultrasonography and blood tests, including haemoglobin, sodium level and prostate specific antigen measurement. Patients were assessed perioperatively and postoperatively at 1, 3, 6 and 12 months.
Results: The mean enucleated prostatic adenoma specimen weight was 52.6g. The mean enucleation, resection and operative time were 13.6, 47.7 and 91.5 minutes respectively. The mean decrease in serum PSA after bipolar TUERP was 87.8% (from 6.36 to 0.86 ng/mL). Prostate volume was decreased by 68.6% at 4 weeks postoperatively. The mean haemoglobin drop was 1.18 g/dL. The rate of transient urinary incontinence at 3 month was 3.6%. None of the patients required blood transfusion or developed clot retention. One patient required re-catheterization and successfully weaned off catheter 1 week later. Patients who underwent bipolar TUERP had short catheterization time and hospital stay comparable to TURP patients.
Conclusions: Bipolar TUERP is the safe and efficient endourological equivalent of open prostatectomy with fewer complications and shorter convalescence. The technique of bipolar TUERP has a satisfactory early functional outcomes and low morbidity.

IPD20:
LAPAROSCOPIC URETEROLYSIS FOR THE TREATMENT OF RETROPERITONEAL FIBROSIS – EXPERIENCE OF TWO CASES

Hirofumi Kaguyama, Taiki Hayashi, Yu Teranishi, Fuminari Hanashima, Hirofumi Sakamoto, Kaori Matsuda, Yoko Nakahira, Hitoshi Yanaihara, Hirotaka Asakura. *Saitama Medical University, Department of Urology, Japan*

Purpose: Ureterolysis is a surgical treatment of retroperitoneal fibrosis. Recently, as advancement of endoscopic surgery, laparoscopic ureterolysis has been conducted widely. We have experienced two cases treated by this procedure and obtained good result. This time, we will report these cases.
Methods & Results: CASE 1: A 57-year-old man consulted complaining left flank pain and appetite loss. Data showed renal dysfunction and bilateral hydronephrosis. With the diagnosis of retroperitoneal fibrosis, ureteral stents were inserted followed by bilateral laparoscopic ureterolysis 2 months later. Since adhesion was confined limited in iliac artery area, we just exfoliated ureters from fibrotic tissue and closed tissue posterior to them. Pneumoperitoneum duration for each side was 105 minutes (left), and 98 minutes (right). After the operation, oral predonisolone had been given for four weeks, 10mg per day for three weeks and 2mg per day for a following week. 2 months after the operation, ureteral stents were removed and hydronephrosis was disappeared. There has been no recurrence 3 years after the operation.
CASE 2: A 62-year-old woman admitted complaing left flank pain and oliguria with renal dysfunction and bilateral hydronephrosis. Diagnosed as retroperitoneal fibrosis, ureteral stent insertion was carried out and bilateral laparoscopic ureterolysis was performed subsequently. We detached whole segment of ureters from fibrotic tissue and transplant them to an intraperitoneal position. Pneumoperitoneum time for each side was 50 minutes (left), and 80 minutes (right). Prior to the ureterolysis, oral predonisolone was prescribed, 10mg per day for 10days and 5mg per day for 6 months thereafter. After the operation, predonisolone has also used 5mg per day for a half year. 5 months after the operation ureteral stents were taken away. After one year follow-up, renal function has normalized although hydronephrosis has been still observed.
Conclusion: We conducted laparoscopic ureterolysis successfully for these 2 cases.

IPD21:
DIAGNOSES AND TREATMENTS FOR THE COMPLICATIONS AFTER HYPOSPADIAS REPAIR-THE EXPERIENCE OF CCH IN 30 YEARS

Jesun Lin [1,2], Herng-Jye Jiang [1], Jian Ting Chen [1], Bai-Fu Wang [1], Chin-Pao Chang [1], Mon-I. Yen [1], Sheng-Hsien Huang [1], Hon-Jen Shi [1], Ming-Chih Chou [2]. [1] *Division of Urology, Department of Surgery, Changhua Christian Hospital, Changhua, Taiwan;* [2] *Institute of Medicine, Chung Shan Medical University, Taichung, Taiwan*

Purpose: We review our experiences in the management of complications after hypospadias repair in recently 30 years at Changhua Christian Hospital. We will present the possible causes, diagnoses and treatments for complications in order to understand the presenting Problems in patients with failed hypospadias repair and the outcome of consequent surgery. We provide the available evidence, and recommendations, although our experiences are limited.
Materials and Methods: We reviewed 108 complication patients after 986 repairs for hypospadias between January 1984 and December 2014. The presenting problems in patients with failed hypospadias repair are various. They might be single or combined with several presenting problems in the same patient. We would classify the main problems to be (1) 78 urethrocutaneous fistulae, (2) 32 urethral strictures, (3) 15 meatal stenosis, (4) 13 cases of remaining chordee, (5) 12 diverticula and (6) 6 hairy urethras. The penile shaft and perineum fistulas were repaired with the "**pants-over-vest** ürethroplasty modified to the procedure of Turner-Warwick. The distal penile shaft fistulas were converted into hypospadias and redone reconstruction. Dorsal dartos or subcutaneous flap were wrapped to cover the neourethra as reconstruction of neo-corpus spongiosum for prevent urethrocutaneous fistula. The double-tube stents device for neo-urethra reconstruction is applied in the severely complicated hypospadias repair. No more suprapubic cather was applied.
Results: We have followed up the outcome of consequent surgery from 6 months to more than ten years. The number of redo-operations for their presenting problems ranged from 1 to 8 attempts. The over all successful rate for urethrocutaneous fistula including perineal, scrotal, penile shaft and coronal regions is 86%.
Conclusions: The successful surgery for the redo operation requires radical correction of all deformities as could as possible in a single procedure. In redoing this reconstruction, we should be conversant with virtually all the existing methods of hypospadias repair and be able to apply them appropriately.

IPD22:
COMPARISON OF THE POST-OPERATIVE INFECTION BY USING DIFFERENT TYPE OF PROPHYLACTIC ANTIBIOTICS AND LACEBO IN HEALTHY ADULT PATIENTS WHO UNDERWENT URETERORENOSCOPIC SURGERY

Shu-Che Huang [1], Yuan-Ju Lee [2]. [1] *Division of Urology, Department of Surgery, Cardinal Tien Hospital and Fu-Jen Catholic University, Taipei, Taiwan;* [2] *Department of Urology, National Taiwan University Hospital, Taipei, Taiwan*