after operation. Besides, the new designed surgical gown is also suitable in the ward. Because the zippers were set from lateral side of bilateral sleeves opening along shoulder to collar, the patient could take off the surgical gown easily when there was an injection line in the patient’s forearm.

**Conclusion**: The new designed surgical gown for patients is suitable for every kind of operations to expose adequate operative field without making the patient suffering from hypothermia and is easy to put on and take off when there is an injection line in the patient’s forearm. The new surgical gown for patients may have the benefits for the patients and nurses in clinical care.

**NDP110**: POSTULATED ALGORITHM FOR URINARY BLADDER DYSFUNCTION OF PATIENTS AFTER PELVIC MALIGNANCY TREATMENT – SHORT TERM REPORT OF A LOCAL HOSPITAL

Chih-Cheng Lu, Wen-Chou Fan. Division of Urology, Department of Surgery, Chi Mei Medical Center, Liouying, Tainan, Taiwan

**Purpose**: The primary function of urinary bladder is for urine storage and voiding. Treatment for pelvic organ malignancy may deteriorate the originally normal bladder function. The aim of this study is to postulate a clinical steps for managing bladder dysfunction of the patients who had treatment for pelvic malignancy.

**Materials and Methods**: A retrospective chart review study was performed. From the urodynamic studies records, patients with pelvic organ malignancy after treatment (surgery or radiation) were enrolled. Patients’ gender, age, causes of malignancy, were recorded and analyzed. Patients receiving urodynamic studies with benign causes were excluded. A possible flow chart to manage the bladder dysfunction was proposed by reviewing literature.

**Results**: From January 2014 to March 2014, there were 77 patients eligible for urodynamic analysis. Pelvic organ malignancies included prostatic (31/77), bladder (18/77), colonic (21/77), and cervical (7/77) origin. The urodynamic studies were demonstrated by uroflowmetry and cystometry. In uroflowmetry (53 cases), maximal urine flow rate ranged from 6 to 17 ml/ sec (mean 11.8). In cystometry (27 cases), most of the bladder contractility showed detrusor areflexia (11/27) followed by hyperrefluxia (7/27), hyper-refluxia (5/27) and normoareflexia (4/27). Several methods were postulated. Behavioral therapy, weight loss and pelvic muscle exercise, might improve neurogenic dysfunction. Medications consist of antimuscarinic agents and newly developed B3-adrenergic agonist. Mono-therapy or combined medications is based on the improvement of the patients. Side effects of B3-adrenergic agonist include hypertension, cardiac arrhythmia, and urinary retention. After refractory to prior manage- ment, invasive procedures including treatments with onabotulinumtoxin A botox, percutaneous tibial nerve stimulation, and sacral neuromodulation are available options.

**Conclusion**: This is a short term report. An algorithm will be drawn for clinical application. Further study for longer and larger scale is needed.

**Renal transplantation**

**NDP111**: SUCCESSFUL REUSE OF A RENAL GRAFT 9 YEARS AFTER INITIAL TRANSPLANTATION – A CASE REPORT

Hsuan-Ying Ho, Alex Chien-Hwa Liao, Yu-Feng Tian, Ming-Jenn Chen. Division of Urology, Department of Surgery, Chi Mei Medical Center, Tainan, Taiwan; Division of Transplantation Surgery, Department of Surgery, Chi Mei Medical Center, Tainan, Taiwan; Department of General Surgery, Department of Surgery, Chi Mei Medical Center, Tainan, Taiwan

**Purpose**: Kidney transplantation is still the choice of renal replacement therapy for patients with end-stage renal disease (ESRD). However, shortage of organ is still the problem worldwide. In 1993, Amado et al. reported the first case of successful reuse of a transplanted kidney. After that, only few cases report were found at English literatures. Herein, we report out experience of successful reuse of a renal graft 8 years after initial transplantation.

**Case report**: The first donor was a 40-year-old man with brain death due to intracranial hemorrhage after a traffic accident. The first recipient was a 45-year-old man and received transplantation in 2005. The immunosuppressant drugs were cyclosporine, everolimus, mycophenolate mofetil, and prednisolone. In June 2014, the first recipient suffered from right cerebral aneurysm rupture and caused brain death. Serum creatinine level was 0.69 mg/dL. We harvested the transplanted kidney for reuse transplantation. The second recipient was a 40-year-old man who received hemodialysis for 5 years. The post-operative cause was uneventful and serum creatinine down to 1.17 mg/dL.

**Conclusion**: Our case received refuse of transplanted kidney after 9 years after first transplantation. To our knowledge, this is probably the longest reuse of orange after first transplantation. In our experience, if the transplanted organ has good function, it could be still reuse years after transplantation.

**Other**

**NDP112**: SUCCESSFUL ARTERIAL EMBOLIZATION FOR SPONTANEOUS ADRENAL HEMORRHAGE: A CASE REPORT

Li-Chen Chen, Wen-Rong Lin, Stone Yang, Allen W. Chiu. Department of Urology, Mackay Memorial Hospital, Taiwan; School of Medicine, National Yang-Ming University, Taiwan

**Case report**: A 53-year-old man denied any systemic disease visited ER due to sudden onset of severe right flank pain for half day. There was no past history of headache, palpitation, cold sweating, abdominal trauma, fever, nausea, vomiting, hematuria, or constipation. Physical examination found prominent tenderness over epigastric and right upper quadrant of abdomen and right costovertebral angle knocking pain. Tachycardia (117 beats/minute) and elevated blood pressure (164/89 mmHg) were noted. Complete blood count revealed leukocytosis (12900/μL) without anemia (hemoglobin, 15.7 g/dL). Abdominal and pelvic computerized tomography with and without contrast was per- formed which showed 15’13 cm retroperitoneal hematoma in the right suprarenal region with a contrast extravasation and focal strong enhanced lesion about 3.5’2.4cm inside. Adrenal hemorrhage (AH) was suspected. Blood pressure drop (84/53 mmHg) with anemia (hemoglob- in 10.3 g/dL) was noted 2 hours later. The blood pressure returned to 100/75 mmHg after fluid resuscitation and blood transfusion (2 bags of erythrocyte suspension). Emergent transcatheter arterial embolization (TAE) was performed 4 hours later and a branch of middle adrenal artery supplying the right adrenal lesion was identified and occluded with 3 metallic coil. The hemoglobin stabilized around 10 mg/dL and no more blood transfusion was given. The patient was discharged on post-TAE day 9 without sequelae. Adrenal study including plasma rennin activity, aldosterone, cortisol, and urine catecholamine and vanillylmandelic acid (VMA) were checked 4 months later and were normal. Follow-up abdominal CT revealed a 1.8 cm oval well-circumscribed heterogeneously low-density right adrenal mass with significant enhancement in a 4-month-interval CT and complete resolution of adrenal mass in a 26-month-interval CT.

**Conclusion**: Martin et al. analysed management of spontaneous AH associated with adrenal masses and found adrenalectomy was the major intervention in most cases (79%). Adrenalectomy followed TAE was 5% and treatment with TAE only accounted for only 2 %. TAE can provides hemostasis and prevents emergent surgery which had been reported to increase postoperative mortality. Hokotate et al. reported a 82 % successful rate using TAE compared to over 90% successful rate using open or laparoscopic adrenalectomy for aldosteronoma. The successful rate in TAE for AH is still unknown, we presented a case with spontaneous AH treated by TAE successfully. In our case, we found only one branch of middle adrenal arteries supplying the adrenal mass. TAE can be used in hemorrhagic and hormone control of adrenal tumor. Pheochromocytoma was suspected during procedure of TAE due to transient elevated blood pressure. However, a 26-month-interval abdominal CT showed complete resolution of adrenal mass. In Martins et al. series, only 1 in 6 patient had complete resolution of mass after TAE and they concluded it was adrenal hematoma misidentified as adrenal tumor. The normal adrenal gland found by follow-up CT scan attested this is a case of spontaneous AH treated successfully by TAE. This case highlights the importance of TAE for hemostasis and prevents emergent surgery which had been reported to increase postoperative mortality. Hokotate et al. reported a 82 % successful rate using TAE compared to over 90% successful rate using open or laparoscopic adrenalectomy for aldosteronoma. The successful rate in TAE for AH is still unknown, we presented a case with spontaneous AH treated by TAE successfully. In our case, we found only one branch of middle adrenal arteries supplying the adrenal mass. TAE can be used in hemorrhagic and hormone control of adrenal tumor. Pheochromocytoma was suspected during procedure of TAE due to transient elevated blood pressure. However, a 26-month-interval abdominal CT showed complete resolution of adrenal mass. In Martins et al. series, only 1 in 6 patient had complete resolution of mass after TAE and they concluded it was adrenal hematoma misidentified as adrenal tumor. The normal adrenal gland found by follow-up CT scan attested this is a case of spontaneous AH treated successfully by TAE. This case highlights the importance of TAE for hemostasis and prevents emergent surgery which had been reported to increase postoperative mortality. Hokotate et al. reported a 82 % successful rate using TAE compared to over 90% successful rate using open or laparoscopic adrenalectomy for aldosteronoma. The successful rate in TAE for AH is still unknown, we presented a case with spontaneous AH treated by TAE successfully. In our case, we found only one branch of middle adrenal arteries supplying the adrenal mass. TAE can be used in hemorrhagic and hormone control of adrenal tumor. Pheochromocytoma was suspected during procedure of TAE due to transient elevated blood pressure. However, a 26-month-interval abdominal CT showed complete resolution of adrenal mass. In Martins et al. series, only 1 in 6 patient had complete resolution of mass after TAE and they concluded it was adrenal hematoma misidentified as adrenal tumor. The normal adrenal gland found by follow-up CT scan attested this is a case of spontaneous AH treated successfully by TAE. This case highlights the importance of TAE for hemostasis and prevents emergent surgery which had been reported to increase postoperative mortality. Hokotate et al. reported a 82 % successful rate using TAE compared to over 90% successful rate using open or laparoscopic adrenalectomy for aldosteronoma. The successful rate in TAE for AH is still unknown, we presented a case with spontaneous AH treated by TAE successfully. In our case, we found only one branch of middle adrenal arteries supplying the adrenal mass. TAE can be used in hemorrhagic and hormone control of adrenal tumor. Pheochromocytoma was suspected during procedure of TAE due to transient elevated blood pressure. However, a 26-month-interval abdominal CT showed complete resolution of adrenal mass. In Martins et al. series, only 1 in 6 patient had complete resolution of mass after TAE and they concluded it was adrenal hematoma misidentified as adrenal tumor. The normal adrenal gland found by follow-up CT scan attested this is a case of spontaneous AH treated successfully by TAE. This case highlights the importance of TAE for