

Materials and Methods: Between July 2014 and March 2015, 6 female patients received refined pluck technique by ureteral occlusion and transurethral cystorrhaphy in nephroureterectomy with bladder cuff excision for upper tract urothelial carcinoma (UTUC). At beginning, the ureter orifice was occluded with intravesical silk suture transurethrally aided by extracorporeal knot tying. Transurethral excision of bladder cuff was performed by circumcision of the ureteric orifice and intramural ureter with a Collins knife. The bladder cuff is freed deeply to extravascular space allowing subsequent “plucking” of the entire ureter from above. The bladder defect is repaired with absorbable sutures transurethrally. The tumor was pyelocaliceal in 4 cases, ureteral in 2 cases. The follow-up was performed by cystoscopy, urine cytology and computed tomography (CT) scan. We present our preliminary data.

Results: 4 transperitoneal robot-assisted laparoscopic nephroureterectomy with bladder cuff excision and 2 hand-assisted retroperitoneoscopic nephroureterectomy with bladder cuff excision were performed. All patients are female. Histology showed high grade in everyone. There were 2 patients with pT1 staging, 2 patients with pT2 staging and 2 patients with pT3 staging. There was no lymph node metastasis found in the specimen and all surgical margin were clear. No major perioperative complications occurred.

Conclusion: This refined pluck technique by ureteral occlusion and transurethral cystorrhaphy in nephroureterectomy with bladder cuff excision for upper tract urothelial carcinoma (UTUC) is a safe and effective alternative according to our preliminary experience. Long term follow-up and larger patient number are needed.

NDP051:

LAPAROSCOPIC URETEROLYSIS IN PATIENTS WITH RETROPERITONEAL FIBROSIS AND OBSTRUCTIVE UROPATHY: TAIPEI CITY HOSPITAL EXPERIENCE

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Purpose: To analyze the outcomes of laparoscopic ureterolysis (LU) in retroperitoneal fibrosis (RPF) with obstructive uropathy.

Materials and Methods: Records of 5 patients with RPF who had obstructive uropathy at presentation and had undergone LU at our hospital during January 2010 to December 2014 were collected and analyzed.

Results: Two females and three males underwent LU for RPF. Underlying causes of RPF could not be found in 1 (20%) cases. All patients underwent single side LU. Mean operative time and estimated blood loss were 78 minutes (range, 45–125 minutes) and 180 mL (range, 60–400 mL), respectively. No case required conversion to open surgery. No significant intraoperative complication (0/5 [0%]) was noted. Only one patient (1/5 [20%]) need blood transfusion because intraoperative bleeding. The post-operative complication rate was 0% (0/5). Most complications were minor and did not need specific treatment. The mean follow-up period was 20 months (range, 6–45 months). The success rate at last follow-up was 100%. After operation, no patient had obstructive uropathy and symptomatic flank pain.

Conclusion: Treatment of RPF is still controversial. Laparoscopic ureterolysis to treat obstructive uropathy because of retroperitoneal fibrosis is safe, feasible and effective.

NDP052:

EFFICACY AND OUTCOME OF TEP IN PATIENT WITH RECURRENT INGUINAL HERNIA

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Purpose: To evaluate the feasibility and surgical outcomes of totally extraperitoneal (TEP) laparoscopic inguinal herniorrhaphy compared with open inguinal hernia repair in overweight patients.

Materials and Methods: This is a retrospective cohort analysis. 109 consecutive patients undergoing TEP inguinal herniorrhaphy (TEP) and 116 patients undergoing open inguinal herniorrhaphy performed by a single surgeon between January 2009 and December 2012 were included. Perioperative data were obtained for all the patients including demographic data, operation time, pain scale, length of hospital stay, recurrence, and complications.

Results: For overweight patients, 54 patients of TEP group and 48 patients of open herniorrhaphy group had BMI >25. No significant differences were observed between the two groups in terms of post-operation recurrence and complications. A significant decreased of post-operation pain scale and shorter hospital stay were noted in TEP group. Within TEP group, there was no differences of all perioperative data of overweight patients compared with non-overweight patients.

Conclusion: In the era of laparoscopy, the overall use of totally extraperitoneal (TEP) laparoscopic inguinal herniorrhaphy in obese patients has increased significantly and appears to be safe, with a shorter stay and less pain.

NDP053:

CONTEMPORARY TRENDS IN ROBOT-ASSISTED LAPAROSCOPIC PARTIAL NEPHRECTOMY IN TAIWANESE PATIENTS

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Purpose: Nephron-sparing surgery (NSS) has recently become the gold standard for treating small renal mass. Only few studies on the Taiwanese population report on the results of partial nephrectomy.

Materials and Methods: The database of a single medical center covering the period from January 2005 to October 2014 was reviewed and patients who underwent partial nephrectomy (OPN), laparoscopic partial nephrectomy (LPN), or robot-assisted laparoscopic partial nephrectomy (RLPN) were enrolled. The peri- and post-operative outcomes of the RLPN group were analyzed. The patients were then separated into three groups based on time periods to clarify trends in partial nephrectomy.

Results: Of 209 patients who received partial nephrectomy, 118 had OPN, 32 had LPN, and 59 had RLPN. Twelve patients of the RLPN group underwent zero-ischemia procedure. In the RLPN group, the mean PADUA score was 8.63 ± 1.84 , nephrometry score was 7.12 ± 1.95 , and mean overall operation time was 138.1 ± 60.1 min, with mean warm ischemia time of 27.02 ± 12.15 min. The mean estimated blood loss was 190.43 ml (20–1200 ml) with vessel clamping and 409.17 ml (50–2200 ml) in the zero ischemia group. The first period (2005–2008) had 44 cases (28 OPN, 8 LPN, and 8 RLPN); the second period (2009–2011) had 61 cases (38 OPN, 9 LPN, and 14 RLPN); and the last period (2012–2014) had 104 cases (52 OPN, 15 LPN, and 37 RLPN). The percentage of RLPN increased from 18.18% in the first period to 35.58% in the third period. Changes in the ratio of RLPN to OPN and LPN revealed a trend towards RLPN.

Conclusion: RLPN is a feasible and safe method for small renal tumor, making it the treatment of choice recently.

Andrology

NDP054:

THE OUTCOME ANALYSIS OF AZFC SUBDELETION IN MALES WITH NON-OBSTRUCTIVE AZOOSPERMIA

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