Results: Among 79 adrenal tumors receiving operation, Con’s disease is the most common disease (60% Con’s disease, 22% non-functional, 6% Cushing disease, 4% Pheochromocytoma, 3% malignancy, respectively). In our finding, left side adrenal tumors (60.76%) are more than right side tumors (39.24%). Mean operating time was 116 min and mean blood loss was 67 ml. Mean hospital stay was 5 days. The postoperative course was uneventful without complications.

Conclusion: LESS retroperitoneal adrenalectomy is a safe and satisfied procedure for patients with adrenal tumors. Besides, we discovered the different distribution of adrenal disease between Asian and Western world. Con’s disease takes more than half of adrenal tumors in Taiwanese population.

PDS-3: COMPARISON WITH OPEN CONVENTIONAL LAPAROSCOPIC AND ROBOTIC ASSISTED LAPAROSCOPIC RADICAL CYSTECTOMY WITH URINARY DIVERSION METHOD—3 YEARS EXPERIENCE OF SINGLE TEAM

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Purpose: Open radical cystectomy with urinary diversion is gold standard management for invasive bladder cancer. Minimal invasive radical cystectomy had been developed for more than ten years. We describe our 3 years experience of conventional laparoscopic radical cystectomy (LRC) with extracorporeal urinary diversion via 3 cm wound incisions. We performed robotic assisted laparoscopic radical cystectomy (RaLRC) with intracorporeal urinary diversion in the past 12 months. In this study, we aim to compare the perioperative outcomes of these two different minimal-invasive approaches to open radical cystectomy.

Materials and Methods: From January 2011 to December 2014, 28 consecutive patients underwent conventional laparoscopic radical cystectomy, 17 patients underwent robotic assisted laparoscopic radical cystectomy (RaLRC) with 8 cases of intracorporeal and 9 cases of extracorporeal urinary diversion by a single surgical team. Perioperative outcome include operative time (lymph node dissection with cystectomy time, urinary diversion time), blood loss, time to return to diet, one month complication rate and length of hospital stay. Oncological outcome included dissected lymph node numbers, LN positive rate, positive surgical margin and 1 year disease free survival rate.

Results: There is no significant differences in estimated blood loss, blood transfusion rate and ileus rate between these two minimal invasive groups, but greater in open cystectomy group. Besides there were no significant differences in mean length of hospital stay, intra- and postoperative complication rates, pathological stage of disease, CEA score, tumour volumes and positive surgical margins between the conventional LALP and RaLRC groups. However, console time, Vescicourethral anastomosis time and estimated blood loss Console time were longer for Retzius-sparing RaLRC. There is no significant difference of early continence at 4 weeks between.

Conclusion: Based on the early result of this study, Retzius-sparing RaLRC is a feasible and safe treatment choice for localized prostate cancer. Both console time and estimated blood loss are favoring to conventional RALP. Further study and accumulation of experience are needed for final conclusion.

PDS-4: SHOULD WE SHIFT TO RETZIUS-PRESERVING ROBOTIC ASSISTED LAPAROSCOPIC RADICAL PROSTATECTOMY?

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Purpose: Some studies reported an comparable oncological outcome and better early continence rate of Retzius-preserving robotic assisted laparoscopic radical prostatectomy (RALP). We want to compare the early perioperative and continence outcome. And we are also eager to know if the learning curve of Retzius-preserving surgery would compromise the outcome or not?

Materials and Methods: We selected patient with organ-confined prostate cancer (≤ cT2c), PSA ≤ 40, Gleason score of biopsy ≤ 8, prostate volume ≤ 50 ml and BMI ≤ 35. We plan to collect consecutive 50 cases from February, 2015. We design a case control matching study with 25 cases of each Retzius-preserving RALP and conventional RALP group. Postoperative parameter and early continence result was compared. This is our early result of original study design.

Results: From February 1, 2015 to March 17, 2015, a total consecutive 21 cases of RALP were evaluated. Eight of them underwent Retzius-preserving RALP. There is no statistical difference of preoperative characteristics. There were no significant differences in mean length of hospital stay, intra- and postoperative complication rates, pathological stage of disease, Gleason score, tumour volumes and positive surgical margins between the conventional RALP and Retzius-sparing RALP groups. However, console time, Vescicourethral anastomosis time and estimated blood loss Console time were longer for Retzius-sparing RALP. There is no significant difference of early continence at 4 weeks between.

Conclusion: Based on the early result of this study, Retzius-preserving RaLRC is a feasible and safe treatment choice for localized prostate cancer. Both console time and estimated blood loss are favoring to conventional RALP. Further study and accumulation of experience are needed for final conclusion.

PDS-5: "PREVENTION AND MANAGEMENT OF COMPLICATIONS DURING ROBOTIC-ASSISTED LAPAROSCOPIC RADICAL PROSTATECTOMY FROM COMPREHENSIVE PLANNING: EXPERIENCE OF A SINGLE SURGEON OF 1000 CASES"

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Purpose: To report the complications of 1000 cases of robotic-assisted laparoscopic radical prostatectomy (RALP) performed by a single surgeon in Taiwan.

Materials and Methods: Complication (Clavien system) rates were prospectively assessed in 1000 consecutive patients undergoing RALP (Group I: cases 1-200, II: 201-400, III: 401-600, IV: 601-800 and V:801-1000). Clinical pathway was described below: Patients were allowed to have water and then resumed regular diet on POD 1-2. The drainage tube was removed and intravenous fluid discontinued on POD 1-3. Urine leakage was defined as urine drainage > 100 ml at POD 4. Ileus was defined as inability to resume normal diet at POD 4.

Results: Significantly less blood loss occurred after every 200 cases of RALP (Group I 180 ml, II 119 ml, III 92 ml, IV 91 ml, V: 88 ml p<0.05). Blood transfusion (BT) incidence was 3.5%, 0.5%, 1%, 0%, 0.5% in Groups I, II, III, IV and V, respectively. The total complication was 6.4% (64/1000) (surgical/medical: 5% / 1.4%). Complication rate was 12%, 6%, 6%, 4% and 4% in Groups I, II, III, IV and V respectively. Major complications (grade III-IV) were 2.5%, 1.5%, 2%, 1% and 1% in Groups I, II, III, IV and V, respectively. The most common complication was blood transfusion (11/1000 = 1.1%).