Conclusion: Learning curve for every 200 cases of RALP showed significantly less blood loss and blood transfusion rate. The keys to prevent complication was preoperation evaluation meticulously and a dedicated robotic team to do RALP intraoperatively. Early diagnosis and management of complication is paramount in patients have any deviation from the normal postoperative course and clinical care pathway.

PD5-6: "ROBOTIC-ASSISTED LAPAROSCOPIC RADICAL PROSTATECTOMY FOR PREOPERATIVESUSPICIOUS PROSTATE CANCER PATIENTS IN EXPERIENCE OF 50 CASES- IS A NOVEL INDICATION FOR ROBOTIC SURGERY?"

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Purpose: To report the experience of 50 cases of robotic-assisted laparoscopic radical prostatectomy (RALP) by single surgeon (YCOU) for suspicious prostate cancer preoperatively.

Materials and Methods: Prostate cancer was suspected and RALP was performed in 50 cases from Feb. 2012 to March 2015. The mean age was 64.21-year-old. The PSA level range 2.5-75 ng/dl (mean: 15) preoperatively. Transrectalsonguiding biopsy (TRUS) of prostate was done in 41 percutaneously. Whole-mount step section of prostate pathology disclosed adenocarcinoma in 19 cases (38%), PIN (high grade: 6, low:5) in 11 cases, atypical hyperplasia (with or without inflammation) in 35 cases. All patients have lower urinary tract symptom (LUTS). MRI was performed in 45 cases and showed prostate index (PI)-Rad grade III in 36 cases and PI-Rad grade IV in 9 cases. Patients with full understanding signed informed consent for robotic radical prostatectomy before operation after discussion with operator.

Results: Operation parameters included console time 112.6 min, blood loss 92.6 ml and the mean prostate volume was 63.69 ml. No blood transfusion in all patients. Two Clavien system, grade I complications (leaks in one case and intraoperative urinary bladder perforation with repair in one) was noted. Whole-mount step section of prostate pathology disclosed adenocarcinoma in 19 cases (38%), PIN (high grade: 6, low:5) in 11 cases, atypical hyperplasia in 35 cases and nodular hyperplasia (with or without inflammation) in 35 cases. Two positive surgical margin in two cases. Nineteen cases of prostate cancer showed Gleason score (GS) 5 in 3 cases, GS 6 in 9 cases, GS 7 in 6 cases and GS 8 in one case. The tumor volume ranged 0.1 ml to 1 ml with mean 3.59 ml. The tumor percentage in whole prostate was 8.2% (0.1%-65%). Preoperatively urodynamic study revealed voided urine volume (VV) 208 ml, maximal/mean flow rate 10.85/4.5 ml/sec and post-void residual urine volume (PVR) 72.42 ml. Postoperatively urodynamic study revealed voided urine volume (VV) 234 ml, maximal/mean flow rate 20.66/11.4 ml/sec and post-void residual urine volume (PVR) 9.36 ml. The international prostate symptom score symptom (IPSS) was statistically significant reduced from 19.82 to 2.67 and also bother score decreased from 4 to 0.125. All patients experienced continence of urination in mean 10.7 post-operative day (POD) (POD 0-40). Two patient with biochemical recurrence (BCR) was noted.

Conclusion: Robotic-assisted laparoscopic radical prostatectomy for suspicious prostate cancer preoperatively and moderate LUTS disclosed 38% with adenocarcinoma and 30% of PIN or atypical hyperplasia. The subset of those patients have most satisfactory outcome. It is a novel application for robotic surgery.

Renal transplantation

PD6-2: EVALUATION THE RELATIONSHIP AND POST-OPEARTIVE GFR BETWEEN THE LIVING DONOR AND THE RECIPIENTS IN KIDNEY TRANSPLANTATION

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Purpose: This study evaluate the relationship and post-operative GFR between the living donor and the recipients in kidney transplantation. A 5-year review of living donor renal transplants in a single transplant center was performed.

Materials and Methods: Between January 2010 until February 2015, a total of 49 living donor KT were performed at China Medical University Hospital. Relationship between donor and recipient and graft survival and changes in GFR during a 5-year period in a single center were retrospectively analyzed.

Results: These 49 living donor kidney transplants represent 52% of all transplants performed during this 5-year review. The recipients' kidney involved from sibling donation (22.4%, mean age 37.18), parents donation (32.7%, mean age 27.55), offspring donation (22.4%, mean age 54.27) and spous donation (22.4%, mean age 49.09). The GFR of the recipients had significant difference between these four groups during the following periods. The mean last follow-up postoperative GFR of the recipients was 77.71ml/min for offspring donors, 57.81ml/min for parents donors, 65.91ml/min for sibling donors and 42.91ml/min for the spouse donors respectively (p = 0.04). The numbers of female donors were more than the male donors (32 vs 17). Two grafts loss were noted all in the spouse living donor population due to infection (CMV virus and urinary tract infection).