GUA-52	Results of application of radio-frequency ablation in treatment of malignant and beneficial new formations of parchimatous organs and bones
GUA-53	The role of minimally invasive treatment methods in patients with neoplasms of the bladder with macrohematuria
GUA-54	X-ray vascular treatment of prostate cancer
GUA-55	The quality of life in renal transplant recipients and dialysis patients
GUA-56	Tubeless mini PCNL with antegrade stent tether in preschool children
GUA-57	Transurethral enucleation of prostate byone-step en-bloc technique
GUA-58	Implementation of optimized ERAS protocols after radical cystectomy
GUA-59	Salvage cystectomy in patients with muscle-invasive bladder cancer
GUA-60	Intraoperative complications of radical cystectomy with different types of urinary diversion

GUA-01 Laparoscopic Radical Cystectomy with Intracorporeal Neobladder, Report of First Case in Georgia

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Background: Radical cystectomy remains the gold standard for muscle-invasive, organ-confined transitional cell carcinoma of the bladder. Laparoscopic and more recently robotic surgery has been used increasingly by urologists as a minimally invasive procedure to treat bladder cancer. The present study reports technical aspects of, to our knowledge, the first case of radical cystectomy with bilateral pelvic lymphadenectomy and intracorporeal ileal neobladder performed in Georgia.
Case report: The patient was a male, 69 years old with high grade muscle invasive urothelial carcinoma of the bladder with negative metastatic workout. He had undergone open cystolithotomy 8 years ago and has coronary artery stents. Laparoscopic radical cystectomy and pelvic lymphadenectomy were performed using 5 abdominal ports. Bipolar and ultrasonic energies were used for vascular control. 40 cm of ileum was taken. Neobladder formation, urethral and both ureteral anastomosis were done using the completely intracorporeal laparoscopic technique. Operative time was 420 minutes. Estimated blood loss was 340 ml. Lymphorea occurred for 10 days. Patient was discharged on day 5. Ureteric stents and urethral catheter were removed on day 21. The post-operative pathologic report indicated pT2b N0, 25 lymph nodes and free resection margins. On the 6 month of follow-up patients has no recurrence.
Conclusion: Our groups initial experience in Laparoscopic Radical cystectomy with intracorporeal ileal neobladder demonstrated that it was a feasible treatment modality. However, more cases are required in the future to confirm its efficacy and improve laparoscopic technical performance in the treatment of organ-confined urothelial cancer.

GUA-02 Anatomic endoscopic enucleation of prostate using bipolar energy and mushroom technique

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Background: Transurethral resection of the **prostate** has been considered as the gold standard for benign prostatic hyperplasia (BPH). Anatomic endoscopic enucleation of prostate, mainly using LASER technology, is becoming a new standard, as it causes less bleeding and theoretically has no upper limit of prostate volume. The downsideυ of LASER is initial cost of equipment, morcellation and steep learning curve. Transurethral **enucleation** with **bipolar** has emerged as an alternative prostatic **enucleation** procedure. We present our initial experience in bipolar enucleation and mushroom resection technique.
Materials and methods: Thirty patients with BPH and indications for surgery underwent bipolar enucleation from May 2018 to December 2018. Patients with **prostate** size >40 g were selected. All surgeries were done by a single urologist. Preoperative and postoperative International **Prostate** Symptom Score (IPSS) scores, Qmax, duration of surgery, duration of **enucleation**, drop in hemoglobin, weight of resected tissue, and the incidence of stress urinary incontinence were measured.
Results and limitations: The mean age was 67 years and mean prostatic size was 70 gr. Sixteen patients had urinary retention. The mean IPSS score in remaining patients was 23.5. The mean preoperative maximal flow 10.2 mL/s. Mean duration of surgery was 94 min. Mean duration of enucleation was 45 min. Mean drop in hemoglobin was 0.9 g/dl. Mean weight of resected tissue was 52 g. 15 patients had transient stress urinary incontinence after surgery. All of them resolved after 3 weeks. Mean IPSS score after bipolar enucleation was 7.5 showing significant improvement in all aspects of IPSS. Mean postoperative Qmax was 25 mL/s.
Main limitations of the study are its small cohort size and non-randomized nature.