Conclusion: Bipolar enucleation is an effective surgical management of BPH. It allows enucleation of large adenomas in a single sitting, mimicking conventional open enucleation of the prostate while having all the advantages of a minimally invasive surgery. Mushroom technique is more time consuming than morcellation, but feasible in case of absence of equipment.

GUA-03 Percutaneous nephrolithotomy in Galdakao-modified supine Valdivia position in comparison to prone position: our initial experience

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Background: Despite the fact that it is almost two decades since the description of supine percutaneous nephrolithotomy (PCNL) technique, it is still underutilized. Aim of this study was to compare retrospectively the safety, efficacy, and complications of percutaneous nephrolithotomy in Galdakao-modified supine Valdivia position vs prone position.
Patients and methods: The study included all patients who underwent PCNL from June 2018 to January 2019. 41 procedures were performed in supine and 22 in prone position. All kidney punctures were performed by urologist under ultrasound control. Length of stay, OR time, complication rate, rate of transfusion and stone free rates were compared.
Results: Both the groups were comparable regarding the male/female ratio, stone size, and site. No significant differences were found in terms of the stone-free rate (84% and 82%), blood transfusion rate (no blood transfusion) and complication rates (1% and 1%). Significant difference was reported in mean operative time between supine and prone positions (84 and 115 minutes, respectively). Mean hospital stay was similar for both groups.
Conclusions: PCNL in both positions was equally successful with no significant differences in stone free rate and complications. PCNL in Galdakao-modified supine Valdivia position was superior to PCNL in the prone position regarding operative time. As rotating the patient to prone position increases some anesthesiologic risks, supine is also more comfortable for anesthesiologists.

GUA-04 Our treatment experience in urolithiasis

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Background: Urolithiasis has a high medical and social significance, which is due to a fairly high incidence rate, reaching 10% in the world and its annual growth in many countries. In recent decades, indisputable progress has been made in the development of high-tech instrumental and operational methods for removing urinary stones. The introduction of Extracorporeal Shock Wave Lithotripsy, percutaneous, pro-urethral nefroureterolithotripsy and lithoextraction into clinical practice has once again significantly changed the approach to treatment of ICD. Since January 2017, Laser lithotripsy of urinary stones has been performed in City Hospital N1 of Karaganda.
Purpose: To assess the quantity and quality of laser lithotripsy in urolithiasis on the basis of the City Hospital №1 of the city of Karaganda.
Materials and methods: A retrospective analysis of inpatient cards of patients in the surgical ward of hospital No. 1 from January 2017 to May 2019 was conducted. An Olympus 70 6.4/7.8Fr ureteroscope and a DMHSolvo holmium laser lithotripter were used.
Results and discussion: According to the data we received from January 2017 to May 2019, the number of operated patients was 646, of which males made up (64%), females (36%). Age groups: from 18 to 59 years old (73%), 60–69 years old (17%) and over 70 years old (10%). According to the localization of calculi in the urinary system in 92% of the patients, the stones were in the ureter and only in 8% of the patients in the bladder. By localization of calculus in the ureter: in 77% the stone was in the lower third of the ureter, in the middle third of the ureter in 14%, in the lower third of the ureter in 9% of patients. The operation was performed under spinal anesthesia. The average duration is 45 minutes. In 90% of patients, the operation ended with the installation of a ureteral stent 5–6Fr for a period of 2 weeks to 4 weeks. In the postoperative period, a Foley catheter was placed in the bladder for 1 day (until the patient was activated). All patients underwent surgery satisfactorily. In the postoperative period, such complications as exacerbation of pyelonephritis were observed in 5 patients, which was resolved by conservative measures. In 30 patients, on the background of ureteral stenting, pain syndrome was observed, which was stopped in 15 patients with non-narcotic analgesics, in 3 patients, severe pain syndrome was not stopped by narcotic analgesics, which required removal of the stent; also in 5 patients it was necessary to remove the stent in connection with severe dysuria and signs of gross hematuria. After surgery, patients were discharged from the hospital for 4–7 days.
Conclusions: The use of laser lithotripsy with stones in the ureter showed high efficiency and small invasiveness. The method allows to reduce the timing of the patient's stay in the hospital and reduce the number of postoperative complications.

GUA-05 Antegrade revascularization of the penis with retroperitoneoscopic artery fence

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Background: Despite a variety of methods of correction of erectile dysfunction, today the only method meeting criterion of physiology is the penis revaskulyarization. The modern methods of revascularization of a penis based both on the principle arterio-arterial and on the principle of an arteriovenous anastomosis, are united by the general source of additional perfusion – the lower epigastric artery which owing to the anatomo-physiological features is an ideal donor vessel. We present a new method of arterio-venous anastomosis with retroperitoneoscopic method of artery intake. In addition, the risk of developing one of the main complications, anastomotic thrombosis, is reduced.
Objective: To estimate short-term results of revascularization of a penis with a retroperitoneoskopy harvesting of an artery and imposing of an antegrade anastomosis between the lower epigastric artery and a deep dorsal vein.
Materials and methods: On the basis of State Research Center A.I. Burnasyan Federal Medical Biophysical Center14 patients with vaskulogen erectile dysfunction during the period from 2018 to 2019 were operated.
Patients were uniform in clinical laboratory data and on age (middle age at patients 33 years (22–35 years), according to a penile ultrasonography with doppler at 10 patients is revealed only the ED arterial component, 5 patients have a mixed form of vaskulogen erectile dysfunction. Operations it was carried out by the technique developed by us. The Retroperitoneoskopy stage of allocation of the