After 6 months of follow up according to 1-hour pad test only in 2 cases leakage were >10 g. Postoperative urinary retention was only in 1 case and was managed by tape "pull down" with Gegar dilatator in urethra (in 24 hours after operation) with good final results. Vaginal extrusion of sling was found in 1 case after 1 month of operation (wound area). Wound was closed successfully without tape cutting or removal. Functional Results Qave18.9 ml/s (range 11.6–22.9 ml/s), no post void residual.
Conclusions: When surgical revision of MUS is undertaken, there is no clear evidence to favor either incision or excision with regard to relief of VD, or the risk of de-novo SUI recurrence. Professional experience and patient's clinical status should guide decisions. Our series of this complicated cases show that "salvage" sling after obstructive sling cutting had good functional results. We try to show that so-called "salvage" sling can avoid re-operation (third operation in mid-urethra part) for de-novo SUI after obstructive sling cutting.

GUA-30 Skene's gland duct cysts: our experience

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Introduction and Objective: Skene's glands or periurethral glands are branched, tubular glands that are adjacent to the distal urethra. Skene's glands are the largest of the paraurethral glands, however many smaller glands empty into the urethra. Most cases are acquired as a result from repeated infections and obstruction of the periurethral glands. Ductal obstruction leads to formation of suburethral cysts or abscesses that may rupture into urethral lumen and lead to urethral diverticulum formation.
Material and methods: In our study we included 32 cases operated in our center from 2010 year. Clinical presentations were presented with multiple symptoms: palpable or visible mass at the introitus, pain, dyspareunia, dysuria, a distorted voiding stream and a vaginal discharge. It should be mentioned that periurethral cysts may be totally asymptomatic and discovered during routine pelvic examination. Palpation of this mass may result in a purulent discharge from the external urethral meatus but this "classic" sign was only present in 30% of cases. Transvaginal ultrasound/translabial ultrasound has excellent sensitivity and anatomic delineation and was useful for investigation. The size (in our series up to 4 cm), number, location, structure, content and wall thickness may be obtained but the disadvantage that the probe may directly compress the urethra, so translabial approach was option.
Results: All 32 cases were operated, we didn't perform as so called marsupialisation (an incision through the cyst/diverticulum to its urethral orifice). So, we prefer complete excision of cyst. In lithotomy position, an inverted U shape incision of well vascularised anterior vaginal wall, flap was mobilized towards the bladder neck. In cases of "parameatal" lesions longitudinal incision was done. Complete excision of the cyst wall should be done. In the presence of urethral diverticulum neck (40% of cases in our series, which half were detected during operation), resultant large urethral defect should be repaired in a multi-layered non-overlapping closure with absorbable sutures. Only in one case with urethral orifice diameter about 1.5 cm was done tissue interposition with the Martius graft from left labia. In cases with urethral reconstruction Foley's catheter was left for 7–10 days, in other cases for 48 hours. No major complications in post-operative follow up.
Conclusions: The diagnosis of female periurethral cystic lesions is challenging for clinicians because patients present with nonspecific signs and symptoms. Sometimes final diagnosis was done at the time of operation; we think it is mandatory to avoid missing of cystic lesions connection with urethral lumen.

GUA-31 Peculiarities of operative intervention at stones of the distal ureter

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Background: Often, calculi of the ureter are located in its terminal section and are the cause of significant dilatation of the urinary tract. However, the presence of a stone in the lumen of the ureter for a long time leads to a pathological change in the ureter wall and inflammation (with subsequent formation of gross scars) in the surrounding tissues. Such a condition requires not only stone removal, but also reconstructive surgery of the ureterovesical joint. We have retrospectively reviewed of the results of surgical treatment of patients with stones located in the distal ureter was performed, depending on the duration of the disease.
Methods: For the period from January 2010 to December 2018, surgical intervention was examined and performed for calculi of the distal ureter in 87 patients. The average age of the patients was 34.7 ± 9.5 years (18 to 56 years). There were 65 men (74%), 22 women (26%). All patients underwent: urinalysis (bacteriological examination of urine was performed in the presence of bacteriuria), biochemical and clinical blood tests; urinary tract ultrasonography. To determine the size and location of the stone, an overview and intravenous excretory urography was performed (in order to determine the functional state of the kidneys). The average stone size was 2.3 ± 0.4 cm. The calculi in the left ureter were 78 (89%), and in the right ureter 9 (11%).
Results: All patients had access to the ureter using a suprapubic incision according to Pfanenstil, suggesting the likelihood of reconstructive surgery on the ureter. Ureterolithotomy was performed through an incision of the ureter wall performed proximal to the location of the stone in 76 (87%) patients. It should be noted that the duration of the disease in this group of patients averaged 6.4 ± 0.3 months. During the audit of the ureter in 11 (13%) cases, it turned out that its wall was significantly thickened and densified, there was a significant scar process in the tissues surrounding it. After stone removal during revision, a narrowing of the intramural ureter and ureterovesical anastomosis was revealed, while a 4 Ch catheter could not be passed through their lumen. These patients underwent neoimplantation of the ureter into the bladder with antireflux protection according to Politano-Leadbetter. Ureteric stent was used to decompress the upper urinary tract. The duration of the disease in this group of patients averaged 12.4 ± 0.3 months.
Conclusions: Prolonged presence of a stone in the distal ureter can lead to fibrous in the ureterovesical connection, which is the cause of supravesical obstruction. When planning ureterolithotomy in patients with calculi of the distal ureter, it is advisable to use online access to perform not only stone removal, but also, if necessary, reconstructive surgery to restore the passage of urine.

GUA-32 Laparoscopic en bloc extended pelvic lymph node dissection in prostate cancer

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Background: Extended pelvic lymph node dissection (ePLND) is indicated in patients with intermediate- and high-risk prostate cancer.

It can be performed by open, conventional laparoscopic or robot-assisted laparoscopic approach. The objective of this poster is to describe our experience with laparoscopic en bloc ePLND.
Methods: We retrospectively studied all prostate cancer patients (n = 123) in whom ePLND was performed at our center from January 2016 to December 2018. The number and positivity of removed lymph nodes were documented and complications likely related to ePLND were graded according to the Clavien-Dindo system. In our practice, en bloc ePLND is a standardized procedure performed transperitoneally in sequential steps to resect lymph nodes within the extended template on each side as a single tissue block. The procedure is done before laparoscopic radical prostatectomy at the conclusion of which we use peritoneal flap anchoring to the pelvic wall to prevent lymphocele formation. We don't normally clip lymphatic vessels.
Results: The median operative time for en bloc ePLND was 51 min (interquartile range, IQR, 38–44). The median number of resected lymph nodes was 21 (IQR 18–25). Positive lymph nodes were found in 26 (21.1%) patients. Complications attributed to ePLND were observed in 3 patients (2.4%). Of these only one–a lymphocele requiring drainage–was classified as Clavien III.
Conclusions: Laparoscopic en block ePLND is a safe procedure and, if done in a standardized sequence of steps, ensures a complete removal of the lymph node packets in the recommended ePLND template at the cost of minimal disadvantage of preventing the exact identification of anatomic location of positive lymph nodes. The peritoneal flap fixation is an easy and effective procedure to decrease the risk of lymphocele formation.

GUA-33 Assessment of health-related quality of life in living kidney donors

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Abstract: Renal transplantation is currently the reference treatment of end stage renal disease (ESRD). Renal transplantation improves the quality of life of patients with end stage renal disease. Numerous studies have evidenced that it provides the recipients a longer life expectancy and a better quality of life. The preservation of quality of life of living donors is paramount. The benefits of living donation to recipient are well-established, but uncertainty remains regarding the long-term impact on living donors. Studies have confirmed that surgical complication rates are low, and serious psychiatric sequelae are rare. Reports suggest that the majority of living donors experience levels of health-related quality of life (HRQOL) similar or to exceeding of the general population.
The aim of this study was to assess the quality of life of living kidney donors. The HRQoL concept is frequently applied for the assessment of surgical or other treatment modalities. We evaluated the HRQoL of 57 kidney donors and compared it to: 120 age and sex matched healthy individuals; The Short Form-36 (SF-36), Giessen Subjective Complaints List (GBB-24) and Zerssen's Mood Scale (Bf-S) questionnaires have been used for this purpose. The evaluation procedure was completely anonymous and free of any charges for all the respondents. The mean scores of different domains have been calculated for all three questionnaires and compared between the groups. In three out of eight SF-36 items ("Social function," "Bodily pain" and "Vitality") the donors scored significantly better than the controls. In all five GBB-24 items the donors scored higher than the controls. For the "Gastric complaints" the difference was significant. The mood analysis has shown significant differences between the groups in favor of the donors. The HRQoL of living kidney donors is not different from that of healthy subjects. The donors should be monitored for both, physical and psychosocial outcomes of the donation.
Further prospective studies are needed to facilitate potential donors' understanding of the complex issues related to the organ donation.

GUA-34 Bipolar transurethral en bloc resection for non-muscle invasive bladder cancer: our experience

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Background: Transurethral resection (TUR) is the gold standard procedure for staging and treating non-muscle invasive bladder cancer (NMIBC). Its limitations, including fragmentation of the removed specimen, are well-known. En bloc TUR technique (eTUR) has the envisaged goals of improving resection quality, lowering perioperative complications rates, decreasing recurrence rates and secondary resection rates. The present study evaluated the safety and efficacy of bipolar en bloc TUR for bladder tumors smaller than 3 cm.
Methods: From January 2016 to January 2018, 26 patients with newly diagnosed with NMIBC underwent eTUR with bipolar needle electrode. All procedures were performed under the guidance of narrow-band imaging (NBI). Operative details, pathological results with the particular emphasis of muscle yield, and intra- and postoperative complications were documented. Each patient was followed up for at least 18 months.
Results: A total of 38 tumors were removed with the described technique. The mean tumor diameter was 1.26 ± 0.65 cm. Switch to a classical TUR occurred in one patient. The average operation time was 24 ± 15 min. One Clavien 1 complications (clot retention) was documented postoperatively. Otherwise, there were no complications such as bladder perforation and obturator nerve reflex during the procedure. Mean hospital stay and mean catheter time were 2.53 ± 0.70 days and 4.05 ± 1.31 days, respectively. Pathology reported urothelial carcinoma in all cases: pTa in 26, pT1 in 11, and pT2 in 1 case; high grade tumors in 27 and low-grade tumors in 11. Detrusor muscle was reported in 32 (84.2%) specimens. For the duration of follow-up, recurrence was found in 5 (19.2%) patients: in-field in 1 case and out-of-field in the remaining 4.
Conclusions: Transurethral en bloc resection with bipolar needle electrode is an effective and safe treatment for NMIBC. Further studies for larger tumors are needed.

GUA-35 Low intensity shock waves in the treatment of diabetic nephropaty: prospective, phase 1 study, Georgian arm

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Background: Recent study found that low-intensity shockwave therapy (LI-SWT) increases expression of vascular endothelial growth factor (VEGF) and promotes angiogenesis in ischemic kidneys of animal model, but its role remains unclear. Diabetes mellitus (DM) is the leading cause of Chronic Kidney Disease (CKD). The aim of this study was to investigate, whether LI-SWT can improve renal function in patients with Diabetic Nephropathy (DN).