

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 bloc 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 (GCB-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 GCB-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 I 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 nephropathy: 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).