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).

Methods: A total of 24 patients with DN Stage 3 CKD were recruited for study. Each patient was treated with 6 sessions of LI-SWT, using lithotripter Modulith SLK, 3 times a week. During each session 3000 shocks were applied to 6 segments of each kidney in the upper and lower poles and in mid portion. Energy applied was 0.32 mJ/mm^2 with frequency 4 Hz. All patients had follow-up at 1, 3, 6, 9, 12 months after treatment. The results were analyzed by statistical programs SigmaPlot Version 12.5.
Results: The treatment was well tolerated with no need for analgesia. Transient microscopic hematuria was observed in all patients immediately after LI-SWT. Only 2 patients experienced lower back tenderness 1 day after treatment. Creatinine decrease immediately after each procedure (p = <0.001) and at 12 months there was statistically significant decrease (median 132 versus 129, p = 0.030). Improvement of GFR was statistically significant (p = 0.004). Systolic blood pressure value after 12 months had significantly decreased (median 150 versus 130, p = <0.001), however diastolic blood pressure did not decrease significantly (90 versus 80, p = 0.053). We also noticed significant increase in kidney volumes, when compared to baseline (p = <0.001).
Conclusions: LI-SWT could be a safe treatment for DN. However Further studies with more patients and longer follow up are necessary.

GUA-36 Influence of anesthesia on pain in dialysis arterio-venous fistula operations

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Objective: Both, regional and local anesthesia are usedfor dialysis arterio-venous fistula (AVF) formation in end-stage renal disease patients. There are no prospective, randomized clinical trials comparing effectiveness of these types of anesthesia in these patients.
Materials and methods: It was a prospective, randomized study. One hundred three patients with ESRD underwent dialysis AVF operations on upper limb. The patients have been randomly divided in two groups. Group I: 49 patients in whom the operations have been done under the local anesthesia; and Group II: 54 patients in whom the operation has been performed under the vertical infraclavicular block. Radio-Cefalic, Brachio-Cefalic and Brachio-Basilic(I stage transposition) fistulas have been created in all patients. Influence of the type of anesthesia on intra- and postoperative pain has been evaluated and compared between the groups.
Results and discussion: The mean follow-up was 359.5 days in Group I and 340.5 days in Group II (p-NS). The mean patients age was 59.7 ± 13.1 years and 60.1 ± 14 years in local and regional anesthesia groups, respectively (p = NS). For the whole group, significantly fewer of patients with regional anesthesia required additional perioperative analgesics as compared with the local anesthesia group (p = 0.0363). Time to postoperative pain initiation was significantly higher in Group II (2.3 hours) as compared with the Group I (1.7 hours, p = 0.0477). The need for postoperative pain killers was significantly less in regional as compared with the local anesthesia (p = 0.0318). Duration of operation was significantly less in regional (67.5 min.) as compared with local anesthesia (134.7 min. p = 0.0007) group. This difference has been detected in Brachio-Cefalic and Brachio-Basilic fistulas (p = 0.0257 and 0.001, respectively) but not in Radio-Cefalic one. No anesthesia related complications have been detected. Insufficiency of regional anesthesia has been identified in 3 cases (5.5%). In 5 patients from regional anesthesia group (9.4%) as a result of vasodilation have made more simplified operation.
Conclusion: Regional anesthesia provides significantly better perioperative analgesia as compared with the local anesthesia in AVF operations. It can change the tactic of surgery, significantly decreases the operation time and should be a method of choice for some forms AVF operations.

GUA-37 Influence of type of anesthesia on hemodynamic parameters and outcome of dialysis arteriovenous fistula operations

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Objective: The goal of the study was to compare effectiveness of regional and local anesthesia in dialysis arterio-venous fistula (AVF) operations.
Materials and methods: It was a prospective, randomized study. 103 patients with end stage renal disease underwent AVF operations on upper limb. The patients have been randomly divided in two groups. Group I: 49 patients in whom the operations have been done under the local anesthesia; and Group II: 54 patients in whom the operation has been performed under the vertical infraclavicular block. Duplex sonography evaluation of upper arm vessels was performed preoperatively and at 1, 3 and 6 months postoperatively. Following parameters were measured on duplex scan: vessel diameter, blood flow rates (PSV and EDV), resistive index (RI) and pulsatility index (PI).
Results and discussion: Significantly fewer patients with regional anesthesia required additional perioperative analgesics as compared with the local anesthesia group. Time to postoperative pain initiation, need for postoperative pain killers was significantly better in Group II as compared with the Group I. Duration of operation was significantly less in regional as compared with local anesthesia. Postoperative PSV and EDVs were negatively correlated with patient age. The fistula maturation time was positively correlated with age. The vein diameter, postoperative PSV and EDV have been significantly increased in Group I as compared with Group II. The postoperative PI has significantly increased and RI has significantly decreased in Group I as compared with Group II. The total number of dialysis punctures was higher in regional as compared with the local anesthesia.
Conclusion: Regional anesthesia provides significantly better analgesia as compared with the local anesthesia in AVF operations. It significantly improves the duplex sonography parameters after AVF formation. It can be a method of choice for some forms of fistulas.

GUA-38 Short-term functional and oncological results of prostate capsule-sparing cystectomy, comparison with conventional radical cystectomy

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Introduction: The treatment of choice for management of invasive as well as a high-risk superficial bladder tumor is radical cystoprostatectomy. However radical surgery substantially affects urinary continence rate and erectile function of these patients. To improve urinary continence rate and erectile function the different surgical technique of prostate-sparing cystectomy was proposed during last two decades. The aim of our study was an evaluation of technical feasibility, functional and early oncological results of prostate capsule sparing cystectomy (PCSC) in comparison with conventional radical cystectomy (CRC) patients undergoing orthotopic urinary divesrion.
Materials and methods: From January 2017 to December 2018 eight patients out of 32 who were candidates of orthotopic urinary diversion