(25.4%) – 7–10. Frequency and nature of postoperative complications were assessed by Clavien-Dindo classification, preoperative urinary tract infection (UTI), CCI score and method of urinary diversion.
Results: Patient distribution with IIC in accordance with the Clavien-Dindo classification is presented in Table 1.

Table 1

Complications	Grade I	Grade II	Grade				Grade V
			IIIa	IIIb	IVa	IVb	
Surgical site infection (SSI)	–	7(3.16%)	–	–	–	–	–
Abscess	–	–	2(0.9%)	–	–	–	–
UTI	–	23(10.4%)	–	–	2(0.9%)	1(0.45%)	–
Acute Coronary Insufficiency	–	–	–	–	–	–	2(0.9%)
Pulmonary Thromboembolism	–	–	–	–	–	–	6(2.71%)
Multiple Organ Failure (MOF)	–	–	–	–	–	–	8(3.62%)

Mortality rate in the early postoperative period (30 days) was 7.2% with IC being the main cause. SSI was observed in 7 cases. Two patients had abdominal and pelvic abscesses, which were drained using local anesthesia. UTI was diagnosed in 26 cases. In 3 cases the infection resulted in sepsis.
Analysis of IC ethiology in the early postoperative period revealed correlation between CCI score and the incidence of SSI and abdominal abscesses. The causal factors for the development and exacerbation of UTI in the early postoperative period included prior invasive urinary tract procedures and method of urinary diversion.
Conclusion: High CCI score (7–10) is one of the predictors of IC in the early postoperative period. Urinary diversion method also contributes to the UTI development. Intestinal reconstruction is acceptable in patients with low CCI score, because the incidence of IC is insignificant. Urine bacterial analysis in patients undergoing invasive procedures should be the integral part of preoperative period. The choice of antibacterial drug is carried out in accordance to microbiological results. This procedural complex reduces the incidence of UTI in the early postoperative period.

GUA-49 Holmium laser enucleation of the prostate: overview of our results after the first 14 months of acquisition

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Background: Benign prostatic hyperplasia (BPH) is one of the common diseases among older men, which in most cases causes infravesical obstruction and the development of lower urinary tract symptoms. According to the European Association of Urology, as well as the MEDLINE database, the prevalence of BPH is 60% among men aged 60 years and 80% among patients 80 years and older.
In the last decade, the treatment options for BPH patients have significantly expanded. Although, transurethral resection (TUR) of BPH is still considered the main standard of surgical intervention. As an alternative (TUR) of BPH have been introduced various methods, but laser technologies remain relevant especially for large volumes of BPH.
Methods and materials: Since July 2018, in our center, 93 patients have had surgery with using laser e.i., HOLEP with BPH. The volume was from 60 ml to 145 ml. Four patients interoperatively had only mucosal bladder damage without perforation of the wall itself. Postoperative complications such as hematuria were in 7 patients. For three of them required coagulation of the bleeding area of the BPH's capsule. In 2 patients was formed postoperative sclerosis of the bladder neck. The result of IPSS, QoL quality of life assessment and urodynamic data were compared before and after surgery.
Results: The international prostate symptom score (IPSS), residual urine volume and urination time (VT) decreased significantly, and the maximum urine flow rate (Qmax), average urine flow rate (Qave) and quality of life assessment (QoL) significantly increased in the postoperative period.
Thus, an analysis of the survey results based on the IPSS scale showed a significant decrease in the total score after surgery. Before surgery, the total score was from 9 to 33, and after surgery from 0 to 8 ($p < 0.0001$). The results of quality of life assessment associated with lower urinary tract symptoms before surgery ranged from 2 to 6 points, after surgery from 0 to 4, which indicates a significant increase in quality of life ($p < 0.0001$). The maximum urination rate before surgery was 7 ± 2 ml/sec, after the operation it significantly increased to 20 ± 7 ml/sec. There was also a significant increase in the average rate of urination, which was 4 ± 2 ml/sec before surgery and 12 ± 4 ml/sec after surgery.
As for the intra and postoperative complications and features during this period, the acquisition of experience to draw certain conclusions is considered premature. Nevertheless, our little experience shows that we fit into the data of international statistics.
Conclusions: Our results illustrate that HOLEP is an effective procedure of treatment for moderate to high volume BPH.

GUA-50 Our experience of treating intraurethral prostatic cysts by transurethral resection

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Background: Prostate cyst is a fairly rare disease and accounts for about 8–10% of cases. Detection of prostate cysts is mostly an accidental finding in urological practice. The reasons for the treatment of patients are symptoms such as: obstruction, dysuria, chronic pelvic pain, haemospermia, a feeling of incomplete bladder emptying, infertility, painful ejaculation, acute urinary retention and urinary tract infection.
Objective: The study of clinical diagnostic criteria and the finding of operational tactics in patients with prostate cysts.
Materials and methods: For the period from 2013 to 2018, in our clinic, prostatic cysts were diagnosed and subsequently underwent surgical treatment – 13 men aged 21 to 57 years who complained of difficulty in urinating (9 patients), feeling of incomplete bladder emptying (3 patients), chronic pelvic pain (1 patient). All patients underwent ultrasonography, transrectal ultrasonography TRUS, uroflowmetry, urethrocystoscopy and CT/MRI, according to which other urinary tract anomalies were not detected.
Results: Cysts were found from 2.0 to 4.7 cm in diameter, which were in the proximal prostatic urethra. Uroflowmetry data of patients showed obstruction with the following parameters: t – 53.1 ± 3.2 sec, Qmax – 9.1 ± 1.3 ml/s, Qmid – 6.2 ± 1.3 m/s, V – 224.4 ± 16.1 ml, R – 39.3 ml. The patient underwent transurethral electroresection of the cystic cavity with excision of the edges with taking tissue for a biopsy e.i. transurethral resection of the cyst with limited resection of the anterior prostatic tissue at the base of the cyst was performed. After resection the straw-colored liquid is exuded at opening the cavity of the cyst. A straw-colored liquid released after cyst resection at the opening of its cavity. Dynamic observations showed subjective improvement, disappearance of previous complaints. The data of urofloomery is significantly improved: t – 27.1 ± 3.2 sec, Qmax – 19.4 ± 1.3 ml/s, Qmid – 12.7 ± 1.3 ml/s, V – 231.3 ± 16, 2 ml, R – 12.4 ± 3.1 ml.