

a minimally invasive but effective method of exposure in prostate cancer. Especially in need of widespread use among patients when concomitant diseases do not allow radical routine operations and antiandrogen therapy of hormone-refractory prostate cancer.

Summary: A small number of patients and a short period of follow-up do not give grounds for final conclusions in the duration of treatment and the number of sessions of Super-selective chemoembolization of the prostatic for each patient with prostate cancer.

GUA-55 The quality of life in renal transplant recipients and dialysis patients

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Abstract: Health-related quality of life (HRQoL) is becoming an important outcome measure in evaluation of various forms of renal replacement therapy (RRT). The Short Form-36 (SF-36), Giessen Subjective Complaints List (GGB-24), and Zerssen's Mood Scale (Bf-S) are internationally validated questionnaires for the assessment of HRQoL. The goal of the current study was to evaluate the HRQoL of renal transplant recipients and compare it with that of patients on different forms of RRT. The study population consisted of: (1) 120 patients on hemodialysis (HD); (2) 43 patients on peritoneal dialysis (PD); (3) nine recipients who lost their grafts and went back to dialysis; (4) 120 age- and sex-matched healthy individuals (controls); and (5) 48 renal transplant recipients. The mean SF-36 scores were not significantly different between control group and transplant recipients as well as HD and PD patients including previously transplanted patients. The dialysis patients scored significantly worse in all eight SF-36 domains compared with transplant recipients and healthy subjects. In all GGB-24 components, the transplant recipients scored significantly higher than HD and PD patients. In the "fatigue tendency," "limb pain," and "cardiac complaints" components, recipients scored significantly higher than control group subjects. The mood analysis (Bf-S) showed that the scores of transplant recipients and controls did not differ, being significantly higher than those of dialysis patients. The HRQoL of patients on HD and PD were similar and lower than that of the general population. Renal transplantation significantly improved HRQoL at least to the level of healthy individuals. Graft loss was associated with significant worsening of HRQoL.

GUA-56 Tubeless mini PCNL with antegrade stent tether in preschool children

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Background: According to the European Association of Urology guidelines, PCNL is recommended as primary treatment option for large renal stones (>20 mm) and also for >10 mm stones of the lower renal pole. Miniaturization of instruments, particularly smaller nephroscopes and the potential to use lasers will decrease the morbidity and improve the clearance rates. The need of postoperative cystoscopy for ureteral stent removal one of the limitations of Tubeless miniPCNL in children, which needs use of narcotics, postoperative urination discomfort, sometimes hospital stay for children.

Objective: The present study was designed to evaluate the safety and efficacy of Mini-PCNL with antegrade stent tether in preschool children.

Material and Methods: From August 2018 to August 2019, in our medical center, 52 infant patients underwent tubeless mini-PCNL

with antegrade stent tether. All procedures performed by Storz MIP system 12F nephroscope, using 16F metallic sheath. Stone fragmentation was performed holmium laser and pneumatic lithotripter. All cases were finished with antegrade stent placement with proximal tether via percutaneous tract, which protected by a clear occlusive bandage. The prolen thread was sutured through the proximal lumen of stent and from inside to outside which contributed to the easy removal while minimizing damage to surrounding tissue with the tip of the stent.

Results: A total of 52 children – (42 male, 10 female), with a mean age 54.5 (17–75) months were included in this study. The mean size of the stones was 19.0 (15–24) mm. Renal stones were located in renal pelvis (n=34), lower pole (n=11), middle pole/upper pole (n=7). All intrarenal access was performed in the prone position under ultrasound and fluoroscopic guidance. Stone free rate was 98%. Mean operative time was 68.5 (45–92) min. Hospital stay time was 2–3 days in all cases. In all cases ureteral stent removed by tether via flank without anesthesia, in 40 (76%) cases in third day and in 12 (24%) cases in fifth day after surgery. There was no incidence of bleeding and pain during stent removal.

Conclusions: Tubeless mini PCNL with stent tether is safe and effective technique for preschool children which avoids possibility of post-operative cystoscopy, anesthesia, hospital stay and allows easy access to calyceal system for second look via nephroscopy when necessary.

GUA-57 Transurethral enucleation of prostate by one-step en-bloc technique

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Background: According to the recent EAU Guidelines on Treatment of Non-neurogenic Male LUTS (2019), caused by benign prostatic hyperplasia (BPH), transurethral resection remains a "gold standard" for endoscopic treatment of BPH up to 80 cc. In case of greater BPH glands are recommended open prostatectomy or minimally invasive so-called Endoscopic Enucleation of the Prostate (EEP). All methods such as HoLEP (holmium laser enucleation of the prostate), ThuLEP (thulium laser enucleation of the prostate), electro enucleation (mono- or bipolar) have proved their efficacy and safety. Basically, EEP applies lobe by lobe enucleation technique. Recently, to improve outcomes and to decrease learning curve of surgeons, are presented novel en bloc technique of prostate enucleation.

Objective: The aim of the study was to evaluate the applicability of a novel en bloc enucleation technique in patients with lower urinary tract symptoms (LUTS) caused by BPH.

Material and methods: Between August 2018 and April 2019, 63 enrolled patients with diagnosed BPH underwent one-step en bloc enucleation of prostate by using enucleating bipolar electrode (Karl Storz). All interventions are performed by an experienced urologist. In contrast to traditional lobe by lobe enucleation technique, all lobes were enucleated in one step. First it starts from verumontanum position at 5 and 7 o'clock to identify the plane between surgical capsula and BPH. Using the beak of the resectoscope and bipolar energy, by further circular and forward moving motions the plane was developed until the bladder neck. After the enucleation, all lobes en bloc moved into the bladder and were morcellated under direct vision. Surgery was finished by inserting 3-way 20F Foley catheter with continuous irrigation.

Results: The surgery was technically successful in all patients. The prostate volume was from 60 to 250 cc; total enucleation time were 42.8 to 55 min respectively, total removed prostate weight was from 62 cc to 250 cc. Blood loss during surgery was from 54 to 85 ml. Urethral catheter was routinely removed in 48 hours after surgery, in 2 cases after 5 days without residual urine. Hospital stay was 2 to 4 days.

Postoperatively, Q_{max} flow rate increased in all patients from 18 to 25 ml/s. We do not observe complications higher than grade II by Clavien-Dindo system.

Conclusion: En bloc technique can be performed safely with reduced operative time, lower complication rates and decreased learning curve of surgeons.

GUA-58 Implementation of optimized ERAS protocols after radical cystectomy

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Background: ERAS (Enhanced Recovery after Surgery) protocol includes preoperative preparation of patient, use of minimally invasive approach during surgical intervention, and patient management in early postoperative period aimed at early recovery and return to normal life. The ERAS protocols were first introduced into clinical practice in late 20th century. They were subsequently standardized for each type of surgical intervention. Today, their implementation requires coordinated efforts of whole patient care team including specialists preparing patient for surgery (endocrinologists, cardiologists, gastroenterologists, psychologists), surgeons, anesthesiologists, intensivists and nurses.

In 2014, the optimized ERAS protocols were introduced into clinical practice in the National Center of Oncology of Ministry of Health of Azerbaijan Republic.

Objective: Evaluate the effectiveness of implementation of optimized ERAS protocols in the perioperative period in patients undergoing radical cystectomy (RCE) with various methods for urinary diversion.

Materials and methods: Study included 257 patients with BC who underwent RCE with different methods for urinary diversion in the NCO during 2008–2017. Average age was 58.5 ± 6.95 (37–81) years. 241 (93.8%) were men and 16 (6.2%) women. Hautmann's urinary diversion was performed in 121 (47.1%), Briker's urinary diversion – in 58 (22.6%), and 78 (30.4%) patients underwent ureterocutaneostomy. Optimized ERAS protocol included 5 points of preoperative preparation, 2 points of intra- and 8 points of early postoperative management. To assess its effectiveness, patients were divided into 2 groups: group I – 108 (42%) (prior to implementation of protocol), group II – 149 (58%) patients (since 2014). Mean length of stay, rate of complications per Clavien classification, and 30- and 90-day mortality indicators were assessed in both groups.

Results: Average length of stay in groups I and II was 21 ± 10.1 and 17.8 ± 7.3 days, respectively ($p = 0.004$). Incidence rate of early postoperative complications (30 days) in group I was 53.7% ($n = 58$), in group II – 37.5% ($n = 56$). Comparative analysis of results showed statistically significant difference in these groups based on this criterion ($\chi^2 = 4.103$; $p = 0.043$).

Analysis of severity of complications in group I showed that 47.1% were grade I–II and 29.2% – grade III–V. However, grade I–II complications were observed in 31.3%, and grade III–V – in 17.8% of cases in group II after implementation of optimized ERAS protocol. Although impact of ERAS protocols on nature of complications was statistically significant ($p = 0.038$), its significance was inferior to indicators such as BMI ($p = 0.001$), Charlson's comorbidity index ($p = 0.021$) and surgeon's experience ($p = 0.027$). 30-day mortality rate in group I was 6.5%, in group II – 2.0% ($\chi^2 = 4.31$; $p = 0.366$). Despite the convincing results related to 30-day mortality rate, it was not statistically significant. 90-day postoperative mortality rate was 9.2% and 6.4% in groups I, and II, respectively.

Conclusion: Implementation of optimized ERAS protocols allowed to reduce the rate of early postoperative complications, improve 30- and 90-day mortality rates and reduce the length of stay to 17 days after RCE with different methods of urinary diversion.

GUA-59 Salvage cystectomy in patients with muscle-invasive bladder cancer

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Objective: To evaluate the results of salvage cystectomy after an organ-preserving multimodal treatment in patients with muscle-invasive bladder cancer.

Materials and methods: The study included 37 (100%) patients aged 31–81 years (mean age 54 ± 0.8) who received multimodal treatment for muscle-invasive bladder cancer between 2008 and 2014. The mean time to relapse after the three-modal treatment was 11.8 (3–21) months. Bricker urinary diversion was performed to 7 (18.9%) patients, Hautman – 3 (8.1%). The formation of the heterotopic continent reservoir was in 1 (2.7%) of the patient. In 26 (70.3%) cases was performed ureterocutaneostomy. Due to the severity of the patients' condition in 6 (16.2%) cases, pelvic lymph node dissection was not performed. The remaining 31 (84.8%) patients underwent standard lymphadenectomy.

Results: The incidence of complications in the early postoperative period was 43.2%. The 30-day mortality rate was 5.4%. Recurrence after salvage cystectomy was detected in 8 (21.6%) patients. The median recurrence-free survival was 8.0 months (95% CI 5.8–10.2). The recurrence-free survival rate was: a one-year–39%, a 2-year survival rate of 28%, and a 3-year survival rate of 19%. The overall survival was: a one-year – 52%, a 2-year – 34% and a 3-year survival rate of 23%. The median overall survival was 13.0 months (95% CI 7.7–18.3). The prognosis of survival after salvage cystectomy is associated with pT and pN.

GUA-60 Intraoperative complications of radical cystectomy with different types of urinary diversion

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Objective: To study the frequency, nature and risk factors of intraoperative complications in patients with bladder cancer underwent radical cystectomy with different types of urinary diversion.

Materials and Methods: The study included 257 (100%) patients in average age of 58.5 (37–81) years old underwent radical cystectomy; 241 (93.8%) – male, 16 (6.2%) – female. The intraoperative blood loss volume, the frequency of vascular, rectum and obturator nerve injuries, the duration of surgery, the average blood loss volume and blood transfusion, depending on the type of urinary diversion and bladder removal, the characteristics of operations, the stage of the tumor process – pT and pN, body mass index and the amount of radical cystectomy performed by the surgical team were estimated.

Results: Intraoperative mortality was 0.4%. Intraoperative complications were registered in 34 (13.2%) patients. The average blood loss volume was 597 ml (100–2500 ml). The average intra and perioperative blood transfusion volume – 950 and 310 ml respectively. The body mass index ($p = 0.001$), surgeon's experience ($p = 0.004$) and positive lymph nodes N + ($p = 0.033$) had been estimated as statistically significant predictors of intraoperative blood loss. A significant factor affecting the frequency of the rectum injury was the stage of the disease pT4 ($p = 0.028$). Analysis of the frequency of obturator nerve injury did not demonstrate a statistically significant difference from the above mentioned factors ($p > 0.05$).

Conclusion: Patients with locally advanced bladder cancer and a high body mass index should be operated by highly qualified surgeons performing at least 50 radical cystectomies per year.