

SCIENTIFIC PROGRAM OF 35TH WORLD CONGRESS OF ENDOUROLOGY PROGRAM BOOK

Tuesday 12 September Basic Research Poster Session 1: Bench to Bedside: BPH/LUTS/Reconstruction 13:00–15:00

Basic Science: BPH/LUTS
Convention Centre East, Meeting Room 2

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| BRPRS1-1 Withdrawn | BRPRS1-11 Role of Chaperon Proteins in Obstructed Renal Pelvis
H Sanguinetti, J Toblli, NO Bernardo,
O Mazza
Argentina |
| BRPRS1-2 Withdrawn | BRPRS1-12 Re-do female genitoplasty for previously failed genitoplasty in male to female gender reassignment surgeries
A Ghoreifi, K Tavakkoli Tabassi,
A Yarmohammadi, S Hajian
Iran |
| BRPRS1-3 Withdrawn | BRPRS1-13 Midterm follow up of patients performed fold-back perineoscrotal flap plus penile inversion vaginoplasty for male-to-female gender reassignment surgery
K Tavakkoli Tabassi, A Yarmohammadi,
A Ghoreifi
Iran |
| BRPRS1-4 Effect of testosterone impregnated pellet therapy on lower urinary tract symptoms
A Ostrowski, R Williams, G Broderick
United States | BRPRS1-14 Barbed polyglyconate versus polyglactin. An experimental model to compare pressure on renal suture
F Ferraris, F Silvano, E Kol, G Nevado Benzi,
R Lobo, F Lacour, E Longo
Argentina |
| BRPRS1-5 Effect of Hyoscine, Diclofenac, Solifenacin and Adrenaline on ureteral peristalsis. An in-vitro evaluation and animal model
V Panagopoulos, I Kyriazis, P Kallidonis,
M Vasilas, P Ntasiotis, D Kotsiris, T Vrettos,
E Liatsikos
Greece | BRPRS1-15 Gene Expression and Patterns of Scarring Response in Human Fibroblasts in Response to Mesh, Catheter Materials and Silca Using a 2D and Novel 3-D Collagen Model
R Kilani, L Yunyuan, L Stothers, A Ghahary
Canada |
| BRPRS1-6 Insulin Receptor and Insulin-like growth factor expression increases and Insulin-like growth factor binding protein – 3 expression reduces in association with prostate size in Benign prostatic hyperplasia
K Sreenivasulu, H Nandeesha, L Dorairajan,
V Vinayagam
India | BRPRS1-16 Withdrawn |
| BRPRS1-7 Comparison of transurethral incision of the prostate and silodosin in patients having benign prostatic obstruction in terms of retrograde ejaculation
E Arda, B Cakiroglu, i Hazar, O Sinanoglu,
S Ekiçi
Turkey | BRPRS1-17 Does erectile function predicts outcome of second stage urethroplasty? A retrospective analysis
K Kaura, A Sokhal, S Sankhwar
India |
| BRPRS1-8 Nocturia Is Associated with Slipping and Falling
W Bang, H Kim, S Cho, M Choo, K Ko,
D Lee, K Koo, Y Yoon, S Lee, W Kim
Republic of Korea | BRPRS1-18 Single Surgeon Experience with Revision of Ureteroenteric Anastomosis for Benign Strictures after Urinary Diversion
E Schommer, A Davidiuk, L Gundian,
K Custer, P Young
United States |
| BRPRS1-9 Analysis of the prevalence and associated factors of overactive bladder in adult Korean men
W Bang, H Kim, S Cho, M Choo, K Ko,
D Lee, K Koo, Y Yoon, S Lee, W Kim
Republic of Korea | |
| BRPRS1-10 Withdrawn | |

MP25-10 Low-power versus high-power en-bloc no-touch Holmium Laser Enucleation of the Prostate (HoLEP): comparing feasibility, safety and efficacy

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Introduction & Objective: HoLEP (Holmium Laser Enucleation of the Prostate) is a safe and effective procedure for benign prostatic obstruction (BPO) treatment. Six years ago we modified the traditional 3-lobe technique into the so-called en-bloc no-touch approach, enucleating the adenoma in one single horseshoe-like piece (en-bloc) by exploiting the vaporizing effects of the plasma bubble generated around the laser fiber tip (no-touch). After more than 250 procedures with the 100-120W holmium laser device in 2015 we chose to apply a low-power approach, trying to deliver less energy to the capsular plane and minimize postoperative dysuria. The aim of the present work was to assess the feasibility of the low-power approach, comparing its outcomes with those of the traditional high-power HoLEP.

Materials and Methods: 316 patients suffering from symptomatic BPO (any prostate volume, normal PSA, Qmax 10, PVR <300cc) underwent en-bloc no-touch HoLEP in our Department. From 01/2012 to 05/2015 214 consecutive patients underwent high-power HoLEP (group 1) using the 100-120W Versapulse holmium laser (Lumenis), settings 2J×50 Hz, 100W power. From 06/2015 to 06/2016 102 consecutive patients underwent low-power HoLEP (group 2) using the 120W Versapulse holmium laser (Lumenis) for the first 20 patients, then the 50W Auriga XL holmium laser device (Boston Scientific), settings 2.2J×18 Hz, long pulse length, almost 40W power. Patients demographics and clinical data were prospectively registered. Data were correlated using the Pearson correlation test.

Results: Mean age (69.4 years +/-7.5 d.s. vs. 67.7 years +/- 8 d.s.) and adenoma weight (55.3 g +/- 38.9 d.s. vs. 45.8 g +/- 36 d.s.) were similar in both groups. Energy employed was significantly lower in group 2 (83.5 kJ +/- 32 d.s. vs. 53.4 kJ +/- 23 d.s.) (p<0.01), with a reduced kJ/g ratio (2 +/- 1 d.s. vs. 1.54 +/- 0.85 d.s.) (p<0.01), similar enucleation time (31 min +/- 13 d.s. vs. 27.5 min +/- 11 d.s.) and efficiency (1.64 g/min +/- 0.8 d.s. vs. 1.7 g/min +/- 1 d.s.). Pre- and postoperative (3 months) IPSS scores were similar (pre: 22 +/- 2.4 d.s. vs. 22 +/- 7 d.s.; post: 6.5 +/- 5 d.s. vs. 7.8 +/- 5 d.s.), as well as morcellation time (9.2 min +/- 7.6 d.s. vs. 7.7 +/- 7.1 d.s.). Among the complications (Clavien grade 1 and 2), incidence of bleeding (no blood transfusions) (4.2% vs. 3%) and recatheterizations (4.2% vs. 3%) were similar. Long-lasting incontinences of variable entity (mainly mild) (1.4% vs. 1.6%) and of postoperative dysuria (10%) at 3-month follow up were equivalent.

Conclusions: Low-power en-bloc no-touch HoLEP is feasible, safe and effective as the high-power approach, in the hands of experienced operators, being energy consumption reduced by nearly one third.

MP25-11 The bipolar transurethral enucleation of the prostate (BTUEP) is a safe and effective technique in patients under anticoagulation or antiplatelet therapy

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Italy

Introduction & Objective: Current Guidelines do not provide exact instructions regarding anticoagulation (AC) or antiplatelet (AP) therapy during endoscopic surgery for benign prostatic hyperplasia (BPH). We investigated the safety and efficacy of bipolar transurethral enucleation of the prostate (BTUEP) in a cohort of patients with AC/AP therapy.

Materials and Methods: We analyzed 97 consecutive patients who underwent BTUEP from 2015 to 2017. Data from 24 patients who required AC/AP therapy were compared to those from 63 patients who were not on AC/AP therapy. The AC/AP group included patients whose AP therapy was not interrupted pre-, peri-, and/or postoperatively and patients who underwent perioperative AC bridging with low molecular weight heparin. Patient's demographics and perioperative data were analysed. Comorbidities were scored with the Charlson Comorbidity Index (CCI). Prostate specific antigen (PSA), urinary flow rate (Qmax) and the International Prostate Symptom Score (IPSS) were collected at baseline and at 3-mos follow up. Complications were scored according to the Clavien-Dindo classification. Descriptive statistics were used to describe the whole cohort.

Results: Overall, mean (SD) PV was 97.1 (40.8) ml; range [60–260 ml]. No differences in terms of age, preoperative PSA, Qmax, PV and IPSS were observed between the two groups. The CCI score was higher in AC/AP patients than those in the no AC/AP group (p<0.001). Intraoperative characteristics were similar between groups. All postoperative outcomes were comparable between groups except for length of hospital stay, which was longer in the AC/AP group (6.3 vs 4.2 days; p=0.006). No differences in catheterization time, hemoglobin drop values or transfusion rates were found between groups. Both cohorts were similar in regard to postoperative PSA value, Qmax and IPSS at 3-months follow up. Complication of Clavien group I and II were reported in 7 (8.0%), 12 (13.8%) patients respectively with no significant differences between groups.

Conclusions: These findings showed that the use of AC/AP therapy did not adversely affect outcomes of BTUEP except for a slight increase of hospital stay. BTUEP emerged as a safe and effective technique for the surgical treatment of BPH in this population. Overall, keeping in mind that the prevalence of both BPH and cardiovascular events requiring AC/AP therapy increase with age, finding a safe technique for the surgical treatment of BPH is a major clinical need in this population.

MP25-12 Comparative efficacy and safety of surgical treatments for benign prostate hyperplasia: an application of network meta-analysis

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Introduction & Objective: In the past 10 years, multiple new-novel methods for surgical treatment of BPH have been developed. To evaluate the efficacy and safety of new-novel methods for surgical treatment of BPH, network meta-analysis has been used.