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OUR CLINICAL EXPERIENCE WITH TRANSURETHRAL ROTORESECTION OF THE PROSTATE.

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Introduction and objective. To reduce morbidity of conventional TURP without compromised tissue ablation rate new technique for the BPH surgical treatment - transurethral rotoresction has been introduced. Our aim was to assess efficacy of this method which combines tissue electrovaporization and coagulation by HF current with simultaneous tissue mechanical removal by a rotating electrode.

Patients and methods. The study included 28 patients with BPH (9 of them carried a suprapubic drainage tube), which underwent transurethral rotoresction using ROTORESECT system (Karl Storz, Germany). Assessment the intraoperative bleeding was performed by measurement of haemoglobin concentration in the irrigation fluid (FP 901 equipment and sets by Lab-systems, Finland).

Results. Mean age of the patients was $64,32 \pm 8,27$ years. Average prostate volume by TRUS was $49,72 \pm 21,53$ ml. Average operative time comprised 45 ± 21 min. There were no haemorrhage requiring blood transfusion or other serious complications intra- and postoperatively. Catheter indwelling time was $2,81 \pm 0,92$ days (for patients without suprapubic drainage tube). Mean intraoperative blood loss was 137 ± 25 ml. Qmax was $9,87 \pm 5,14$ and $21,62 \pm 7,58$ ml/s, PVR $88,58 \pm 78,-54$ and $33,42 \pm 7,39$ ml, IPSS $19,60 \pm 5,27$ and $5,21 \pm 0,95$ before and one month after surgery respectively.

Conclusion. Transurethral rotoresction appears to provide an optimal tissue ablation rate with minimal bleeding and represents a reasonable alternative to conventional TURP. Based on our clinical experience we believe that transurethral rotoresction as a individual method is the most effective for prostates with a volume less than 60 ml. Further randomized clinical studies with long follow-up period required for further objective assessment of this technique.

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LAPAROSCOPIC TREATMENT OF IDIOPATHIC VARICOCELE ON A DAY SURGERY BASIS

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Idiopathic varicocele is a common disease that may represent a contributing factor in male infertility. Surgical treatment is often indicated to stop the progress of testicular damage and improve spermatogenesis. Ligation of internal spermatic veins above internal orifice of the inguinal canal is traditionally performed through a retroperitoneal approach but in last years laparoscopic approach has been proposed suggesting potential advantages as complete anatomic visualization, less postoperative pain and early return to activities. To evaluate feasibility and safety of this technique 21 consecutive patients (mean age 23 years, range 18-37) were submitted to laparoscopic ligation on a day surgery basis. C-O₂ pneumoperitoneum was induced according to Hasson technique and two 5 mm trocars were respectively placed in right lower quadrant and left flank.

Internal spermatic Veins (2 or 3) were isolated and divided between clips or after bipolar coagulation. Mean operative time was 49 minutes. The only intraoperative complication recorded was a port-site bleeding that was stopped with a stitch. Conversion rate was 0. No postoperative complications were observed and only one patient had to stay overnight because of severe headache. Postoperative pain was minimum and all patients returned to their normal activities between 5 and 7 days. 15 of 21 patients operated were available for follow-up (min 3- max 14 months) and in all cases a significant improvement of semen in sperm count and motility was observed. We conclude that laparoscopic approach on a day surgery basis is simple, safe and effective with optimal compliance of patients.

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THE EFFECTIVENESS OF LAPAROSCOPIC MESH BLADDER NECK SUSPENSION OPERATION ON THE PATIENT WITH STRESS URINARY INCONTINENCE

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Background: Stress Urinary Incontinence (SUI) is one of the most important condition as a social, psychological and hygienic problem among most women, with a great number of treatment alternatives to overcome. Today new modalities are continuously being developed. We present the results of patients who underwent one of these methods 'the laparoscopic bladder neck suspension'

Patients and Methods: In our department consisting of two urology clinics primary patients without intrinsic sphincter deficiency with low grade cystocele and real SUI underwent laparoscopic mesh bladder neck suspension by the same surgical team. Patients were followed up by mean of 21 month.

Results: Out of 47 patients 33 were completely satisfied with the results where 8 had a reasonable improvement and 6 had no improvement or ever worsening. Depending on these results the success of the procedure was %87 with a patient satisfaction of %74. No serious complication occurred.

Conclusions: Laparoscopic mesh bladder neck suspension seems to be an expensive method due to the technical apparatus. Short operation time, less hospitalisation requirement, low complication, and high success rate makes the procedure a cost effective and effective alternative especially for patients comparing with the open surgery.

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LAPAROSCOPIC ASSISTED ABDOMINAL AORTIC ANEURYSM REPAIR

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Aim: To assess the feasibility of this technique on all patients undergoing infrarenal abdominal aorta aneurysm (AAA) surgery.

Method: Twenty consecutive patients (1414 - F6), age range 66-78 underwent laparoscopic assisted AAA repair (Lap AAA)

Results: In 16 patients, the technique was successful. 4 were abandoned and converted to open repair. Causes for failure were, I) Obesity II) Adhesions III) Small bowel dilation IV) Inflammatory aneurysms. In the 16 successful cases, all did well and were discharged within 1 week. There were no post-operative complications.

Conclusion: Laparoscopy assisted AAA (Lap AAA) needs to be compared with open AAA and endovascular stenting. However initial results are promising and may offer an alternative.