2. Did your child improve after surgery in his/her enuretic episodes? If yes was this:
   2.1. A complete stop?
   2.2. A partial stop?

We categorized the patients postoperatively into 3 groups:
1. Patients with complete resolution of nocturnal enuresis.
2. Patients with partial improvement.
3. Patients with no change in their complaints.

Partial improvement was defined as a minimum of 50% decrease in the frequency of bedwetting recorded preoperatively. All data were collected between November 2008 and May 2009. The chi-squared test was used to compare the prevalence of NE before and after surgery.

Results: Of the 398 patients 98 were excluded from the study because of incomplete records. The incidence of NE in the entire study group (n = 300) before adenotonsillectomy was 30.7% (92 patients). Among the 92 patients, 64 (69.6%) were male, and 28 (30.4%) were female (p = 0.001). In 46 patients who agreed to participate in the study 26 (56.5%) had complete resolution, 8 (17.4%) had a partial improvement and 12 (26.1%) had no change in NE following adenotonsillectomy. We observed a partial improvement or complete resolution of NE in 73.9%. To define whether the results related to enuresis were statistically significant, a chi-square test for equal proportions was performed. The chi-square value was found to be 13.131 resulting in $p < 0.0001$. Resolution of OSA symptoms was observed in 100% of these patients postoperatively.

Conclusions: Children with OSA symptoms have a high rate of NE. We have demonstrated that relief of OSA symptoms will also result in complete resolution or partial improvement of NE in more than two-thirds of patients. In the differential diagnosis of a child presenting with NE, OSAS should be kept in mind and the presence of NE should be investigated in a child presenting with OSA symptoms.

N60

Treatment of the stress incontinence using different types of Trans Obturator Tape (TOT) in women – analysis of failures after surgery

M. Mikulska-Jovanović, Z. Wolski, A. Łapuć, L. Pokrywka*. *Departament of General, Oncological and Pediatric Urology Collegium Medicum Nicolaus Copernicus Univ, Dept. of Urology, Bydgoszcz, Poland*

Introduction and Objectives: The estimation of the efficacy of different types of trans obturator tape in the treatment of the stress urinary incontinence in women and the analysis of the causes of failure after surgery.

Material and Methods: Between October 2003 and June 2008, 160 TOT (outside – inside) procedures were performed. The following tape types were used: Obtape (Porges-Mentor) 70, Aris (Coloplast) 84, Monarc (AMS) 5 and Pelvicol 1. Average age of the patients was 56 years (40–77 years). Max flow rate (Q max) was on average 29.4 ml/sec before the procedure. The follow-up was 6–62 months, 27 on average. In case of a failure after the procedure, gynecological examination, cystoscopy and again a urodynamical examination was performed.

Results: 139 (86.9%) of the patients were cured completely – continence was defined as a lack of any involuntary leakage of urine and ceasing of sanitary pads use. In 14 (8.75%) patients, the recurrence of stress incontinence (SUI), in 2 patients a mixed urinary incontinence and in 5 (3.12%), symptoms of overactive bladder with urge incontinence was found. Among the patients with recurring SUI and mixed urinary incontinence, four (25%) had in the past one or more surgeries of the pelvis floor, one patient one year after procedure was pregnant with a Caesarean section birth, one had a small gynecological procedure (vagina polipus removing) in the third year since the tape implantation and this worsened continence. Average age of the patients with the recurrence of the incontinence was 59 years. Tape extrusion into vagina happened in 4 (2.5%) patients. In two cases this was the Obtape (on 70 procedures) (2.8%) and in two Aris (on 84 procedures) (2.4%). All extrusions were on antero-lateral vagina wall. In two patients, the first symptome of the tape extrusion was urinary incontinence recurrence, and two had no symptoms at all. In 7 (4.4%) patients, a postvoiding residual urine with urethra obstruction (Qmax <15 ml/s) was found. Three (1.9%) complete urinary retention happened, one in a patient with neurogenic bladder. one in patient with hypofunction of the detrusor – the tape was removed 5 months after the primary procedure, without incontinence recurrence. One patient, 3 months after CIC voids normally.

Conclusions: 1. TOT is effective method of treatment of SUI in a medium time follow-up – above 85% patients are completely cured. 2. The type of the used tape does not impact the percentage of the patients that are fully cured of SUI and does not impact the risk of the vagina tape extrusion. 3. The recurrence of the urinary incontinence could be the first symptom of the tape extrusion. 4. Having surgeries of the pelvis floor in the past and second gynecological procedures after the tape implantation are a potential cause of recurrence of SUI.

Poster Session 5: Renal disease
Friday, 11 September 2009, 14:50–17:00
Poster room 2

N62

Laparoscopic living donor nephrectomy – first Polish cases experience

M. Słojewski[1]*, A. Gołąb[1], K. Ciechanowski[2], T. Sulikowski[3], L. Domański[2], M. Ostrowski[3], A. Sikorski[1]. [1]*Pomeranian Medical University, Dept. of Urology, Szczecin, Poland;* [2]*Pomeranian Medical University, Dept. of Nephrology, Transplantology and Internal Diseases, Szczecin, Poland;* [3]*Pomeranian Medical University, Dept. of General Surgery and Transplantology, Szczecin, Poland*

Introduction and Objectives: Despite observed huge progress in understanding the immunological basis of transplantation and the development of new immunosuppressive agents that have significantly improved both the patient and graft survival, still the kidney donation from live volunteers remains the most consistent factor which affects the long-term survival. The first living-related donor nephrectomy was performed in 1953. Since then open surgery has become the standard for many years and thereby, due to the morbidity associated with this technique of organ retrieval, many possible kidney donors were reluctant to donate. The laparoscopic live-donor nephrectomy is the alternative for open approach. We present the first Polish experience of two living-donor laparoscopic nephrectomies performed in our center.

Material and Methods: In 2008 we have performed two living donor nephrectomies using this technique. In both cases left kidney was removed. The first donor was 56 year-old woman, a mother of chronically sick daughter, the second women, 42 year-old, gave her kidney to her husband. The donors were evaluated preoperatively in the nephrology department.The evaluation included medical, surgical and psychosocial suitability for live donation. In both cases we applied the retroperitoneal access which has been routinely used in our center. The kidneys were dissected between the perirenal fatty tissue and the fibrous capsule. The renal artery was identified from its posterior aspect and freed from the surrounding fatty and lymphatic tissue. The renal vein was dissected in order to gain the full, proper length