

involvement symptoms like lower extremity edema, varicocele, dilated superficial abdominal veins, proteinuria and pulmonary embolism. In all patients CT scanning, abdominal ultrasound examination, contrast inferior venacavography, urography and ECHO were required before surgery. Patients were qualified to the procedure by urologist, anesthesiologist and cardiothoracic surgeon. All patients underwent radical nephrectomy and vena caval thrombectomy. We used Robert Krane method: removal of Renal Cell Carcinoma extending into the right atrium, with opening thorax, using cardiopulmonary by-pass, profound hypothermia and circulatory arrest.

Results: In August 2008 we have contacted with patients or their families. For past 6 years, 20 patients were operated, 11 (55%) of them died (including two patients who died in postoperative period), average time to death was 19 months, 9 (45%) patients still alive, average survival time is 41 months. The longest survival time is 75 months. Two patients, mentioned before, died in postoperative period as a result of severe, massive pulmonary embolism. There were no operative deaths.

Conclusions: The specific operative strategy used in these patients appear to provide a survival benefit and prevent pulmonary embolism. In patients with atrial tumor thrombus distant metastases uro-cardiosurgical procedure present possibility of prolonged survival. We were planning to change indications to this procedure, because our results and new possibilities of the adjuvant chemotherapy.

Poster Session 6: External genital

Saturday, 12 September 2009, 09:50–11:50

Poster room 1

N76

Results of an analgesia method in varicocelelectomy under local anaesthesia for pain relief

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Introduction and Objectives: The effect of peroperative paracetamol infusion on pain in patients with varicocele

Material and Methods: Fifty-nine patients were randomized in two groups and microscopic varicocelelectomy under local anesthesia with a subinguinal approach were performed. Locally prilocain hydrochloric injection and placebo infusion (isotonic NaCl) was used for the first group. In addition to prilocain hydrochloric, peroperative intravenous paracetamol infusion (20 minutes) was done for the second group. 28 patients were in the first group and 31 patients were in the second. All patients had left varicocele, one was recurrent. Intraoperative and postoperative (half an hour and 4 hours later) pain was assessed by Visual analogue score (VAS).

Results: Mean age for two groups were 21.1 and 21.7 ($p > 0.05$); mean vein diameters were 3.1 and 3.0 ($p > 0.05$). Mean VAS were 5.35, 2.8 and 0.67 for group 1; 2.68, 1.51 and 0.51 for group 2. There was statistical significance between peroperative and early postoperative scores for two groups. Although late VAS for group 1 was higher; there was not any statistical significance ($p > 0.05$). However group 1 had higher postoperative analgesic requirement (25.8% for group 1 and 8.6% for group 2). Side effects were not seen due to infusion and paracetamol.

Conclusions: Peroperative intravenous paracetamol infusion reduces peroperative and postoperative pain and increases the comfort of patients.

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Risk-adapted management for patients with clinical stage I non-seminomatous germ cell tumor of testis

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Introduction and Objectives: Testis cancer is the most common cancer in young men and its incidence continues to rise. Even if prognosis is considered as good, a group with bad prognosis still remains. We aimed to evaluate whether two courses of chemotherapy after orchiectomy in patients with clinical stage I, nonseminomatous germ cell testicular tumour at high risk of relapse, will spare patients additional chemotherapy or surgery.

Material and Methods: High-risk patients had one or more of the following: preorchiectomy alpha-fetoprotein level of 80 ng/dL, 80% embryonal cell carcinoma or greater, vessel invasion in the primary tumour and tumour stage pT2 or greater. Low risk patients had none of these factors or had 50% teratoma or more without vessel invasion. High-risk patients were offered two 21-day courses of outpatient chemotherapy consisting cisplatin, etoposide, and bleomycin (BEP). Low-risk patients were observed.

Results: Of the 108 patients, we classified 71 as high risk and 37 as low risk of relapse. All of the high-risk patients received two courses of BEP chemotherapy. Low risk-patients were kept on close-up. The median follow-up was 26 months (range 10 to 60). 3 of the 71 patients in high-risk group relapsed with viable cancer and required additional chemotherapy and 1 patient with normal biomarkers and a late-appearing mass underwent retroperitoneal lymphadenectomy for mature teratoma. All 4 relapsed patients were in high risk group and presently they are free of disease. None of the 37 patients at low risk of recurrences developed relapse.

Conclusions: We recommend two courses of adjuvant chemotherapy after postorchiectomy for high-risk patients with stage I nonseminomatous germ cell tumour of the testis. Adjuvant chemotherapy for these patients results in a low relapse and morbidity, which compares favorably with the results of surveillance or RPLND. This well-tolerated approach may spare patients additional surgery or protracted chemotherapy, reduce the cost, and eliminate the compliance problems associated with intensive follow-up of high-risk patients.

N78

Endoscopic versus open hydrocelectomy for the treatment of adult hydroceles

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Introduction and Objectives: To compare outcomes of endoscopic treatment of hydrocele with conventional open hydrocelectomy regarding complications and patient satisfaction.

Material and Methods: Patients with clinically significant hydroceles were prospectively enrolled into two treatment groups. Groups 1 and 2 consisted of patients who underwent endoscopic (n=26) and open surgical treatments (n=27), respectively. Outcome measures were per and postoperative complications and recurrence rates. Postoperative comfort and patients' satisfaction of cosmetic appearance after the operation was evaluated with a questionnaire at discharge and at day 10 after the intervention.

Results: Average follow-ups were 17 months for both Groups 1 and 2. Hydrocele recurred in the first two cases in Group 1, during the education period. No recurrence was encountered in Group 2. As a complication, moderate to severe edema