

Conclusions: On KUB, CaP urinary calculi were mostly seen as dense relatively homogenous stones and sometimes with stippled borders. With the increase in pretreatment stone size, interobserver and interdisciplinary variabilities increased.

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Pain perception during shock wave lithotripsy (SWL): Does it correlate with patient and stone characteristics?

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Introduction and Objectives: The purpose of this study was to investigate the correlation of various clinical parameters (number of shock wave lithotripsy [SWL] session, body mass index [BMI], patient age, gender and stone characteristics) with the pain perception during SWL procedure.

Material and Methods: According to our inclusion criteria, a total of 88 patients who underwent 165 SWL sessions for renal or ureteral stones in our institution were included. The degree of pain perception during the procedure was evaluated with 10-point visual analog scale.

Results: A significant p value was reached when a cut-off value for stone burden, was taken as 100 mm². Mean pain scores during the SWL procedures were affected by gender and the number of SWL session. However, it was not affected by laterality, patient age, BMI, and location of stone.

Conclusions: In summary, it seems that patient comfort is better during a first SWL session for renal or ureteral stones with stone burden of less than 100 mm². In addition, severity of pain during a SWL treatment may be better tolerated in male population.

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Comparison of the analgesic effects of dexketoprofen and diclofenac during shockwave lithotripsy: A randomized, double-blind clinical trial

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Introduction and Objectives: This prospective, randomized and double-blind clinical study aimed to assess the analgesic efficacy of single dose intramuscular (i.m.) injection of dexketoprofen (Group DE) compared with single dose i.m. injection of diclofenac (Group DI) in patients undergoing shockwave lithotripsy (SWL) procedure

Material and Methods: A total of 70 males with single renal or ureteric stones were randomly separated into two groups. The 40 males in Group DI received 75 mg i.m. diclofenac sodium and 30 males in Group DE received 50 mg i.m. dexketoprofen trometamol 30 minutes before SWL. A 10-point visual analog scale was used to evaluate pain.

Results: The age, body mass index and mean stone burden were comparable between two groups (p>0.05). Mean visual analog scale score for Group DE was statistically lower compared with the score for Group DI (p=0.02). In 34 (85%) of the 40 males in Group DI, the SWL procedure was performed with no, minor or tolerable pain. But, in Group DE, 28 (93.3%) out of 30 cases evaluated the pain severity as no, minor or tolerable (p=0.01). No major/ minor adverse effects were observed in Group DI, whereas in 1 patient in Group DE, dyspepsia after injection was noticed (p=0.423).

Conclusions: The severity of SWL related pain was significantly better tolerated with dexketoprofen trometamol. During a SWL

procedure, analgesic efficacy of dexketoprofen was greater than that of diclofenac sodium. Although statistically insignificant, a little increased risk for gastric irritation was noticed with dexketoprofen.

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The alternative technique of ureterointestinal anastomosis with antireflux protection

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Introduction and Objectives: Intestinal neobladder with low pressure is method of choice for urinary diversion after radical cystectomy. Ureterointestinal anastomosis is a critical element of any surgical procedure employing intestinal segment for urine derivation. It should be technically easily execute, applicable for normally and dilated ureter, with minimum of stenosis-risk occurrence, accessible for endoscopy. Main complications in region of ureterointestinal anastomosis (UIA) are strictures (8-17%), urinary reflux (2-15%) and pyelonephritis (11-13%). To achieve protection of the upper urinary tract in patients with neobladder we designed and clinically applied the subserosal invagination (SSI) method, a new antireflux ureterointestinal reimplantation technique. We present the operative procedure and comparative results.

Material and Methods: After ureters mobilization spatulation and intubation with soft ureteral catheter are performed. Ureter and neobladder are anastomosed with "anchor" sutures by "back to side" type. The neobladder wall is sutured over the ureter by sero-serosal sutures. We created an orthotopic ileal neobladder after radical cystectomy in 99 patients for bladder cancer with 4 different types of uretero-intestinal anastomosis. The comparative study included 4 groups according to these types: 1 - UIA without antireflux protection, 2 - UIA with antireflux protection by SSI, 3 - UIA by subserosal extramural tunnel type, 4 - UIA by submucosal implantation type (LeDuc). Evaluation included clinical, radiological, laboratory, urodynamic and endoscopic evaluations. Mean follow-up was 34 months.

Results: Reflux was reported in 11/23 cases (23.9%) for 1 group, 1/32 (1.6%) for 2 group, 1/17 (2.9%) for 3 group and 5/27 (9.3%) for 4 group. Strictures were reported in 6/23 cases (13.0%) for 1 group, 1/32 (1.6%) for 2 group, 5/17 (14.7%) for 3 group and 8/27 (14.8%) for 4 group. Accessible for endoscopy of the ureters orifices after 3 months of surgery was possible in 34.8% for 1 group, 88.5% for 2, 75.0% for 3, and 23.5% for 4.

Conclusions: The ureterointestinal anastomosis by subserosal invagination type has the optimal antireflux protection. It is associated with low risk of stricture occurrence and ensure high endoscopic visualization.

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The analysis of the way of the treatment of staghorn stones in a kidney

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Introduction and Objectives: The problem of selecting a method in renal staghorn calculus treatment so as to provide the best results for patients is of great importance. There are several approved methods of staghorn stone crushing, such as PCNL, ESWL and URS with holmium laser and traditional open surgery. The selection depends on many essential factors.

Material and Methods: The treatment methods of consecutive 43 patients who were treated due to renal staghorn calculi