based on this classification. Significant anatomic landmarks were pointed out. Steps were;
1. Anterior abdominal wall and trocar positioning,
2. Fascia pelvis (endopelvic fascia) and incision of fascia pelvis,
3. Detachment of puboprostatic complex,
4. Urethral sphincteric complex, preservation of continence unit,
5. Anatomic apical dissection of prostate and urethra,
6. Fascia rectoprostatica (Denonvillier fascia), dissection of posterior part of prostate,
7. Neurovascular bundle, pedicle dissection, pelvic plexus related with erectile function preservation.

Results: In steps, important anatomic landmarks were:
1. linea alba, linea arcuata (arcuate line), linea semilunaris, umbilicus, spina iliaca anterior superior (anterior superior iliac spine), m. rectus abdominis (rectus abdominis muscle), a. and v. epigastrica superior – inferior (superior and inferior epigastric artery and vein), n. subcostalis (subcostal nerve);
2. fascia pelvis parietalis (endopelvic fascia), arcus tendineus, fascia obturatoria internus (internal obturator fascia), fascia iliaca (iliac fascia);
3. ligamentum puboprostaticum (puboprostatic ligament), plexus venosus dorsalis (Santorini plexus), fibromuscular and soft tissue, symphysis pubis (pubic symphysis), detrusor apron, vena dorsalis profunda penis (deep dorsal vein of penis), plexus venosus vesicalis, plexus venosus prostaticus;
4. M. sphincter urethrae internus-externus (external-internal urethral sphincter);
5. plexus venosus dorsalis (avoid injury), M. levator ani, neurovascular bundle (avoid injury), smooth muscle of the urethra;
6. fascia rectoprostatica, posterior part of prostate, vesicula seminalis, perirectal fatty tissue;
7. A. vesicalis inferior (inferior vesical artery), N. cavernosus penis (cavernous nerve of penis), a. and v. capsularis, pelvic plexus, lateral pelvic fascia, levator fascia (interfascial dissection), fascia periprostatica (periprostatic fascia) (intrafascial dissection), capsula prostatica (prostatic capsule).

Conclusions: Focusing on anatomy of laparoscopic radical prostatectomy with suitable terminology might be the gold standard way of learning for this difficult surgical technique.

S94
Inguinal hernia in men undergoing sectio alta surgical approach

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Introduction and Objectives: Inguinal hernia is a common complication after radical retropubic prostatectomy. We analyzed its incidence in several lower midline incision procedures. We compared the incidence and tried to figure out where it is most frequent. We also analyzed the impact of simultaneous pelvic lymph node dissection, duration of surgery and patient age.

Material and Methods: The study included 120 men, aged 65 to 75 years. They were separated in three groups of 40 patients according the type of operation: radical prostatectomy, radical prostatectomy+lymph node dissection and open prostatectomy for benign prostatic hyperplasia, respectively. Postoperative anastomotic stricture and preoperative presence of incipient inguinal hernia were exclusive criteria. The risk factors were analyzed using a Cox proportional hazards model.

Results: The period of follow-up ranged from 10 to 137 months, with a median of 64 months. The incidence of inguinal hernia was 10% (4 of 40), 15% (5 of 40), and 2.5% (1 of 40) in radical prostatectomy, radical prostatectomy+lymph node dissection and open prostatectomy for benign prostatic hyperplasia groups, respectively. Multivariate Cox proportional hazards analysis demonstrated that open RRP, with or without performed lymph node dissection were significant risk factors for the development of inguinal hernia. The operative time and patient age showed no significant impact on the inguinal hernia appearance in our study group.

Conclusions: Inguinal hernia is an important postoperative complication in all lower midline incision procedures including radical retropubic prostatectomy. Simultaneous pelvic lymph node dissection, duration of surgery and age were not significant risk factors in this study. Urologists should recognize the inguinal hernia as one of the major late complications of section alta approach and examine the groin in the follow up period.

S95
Relationship between obesity and prostate cancer at the time of biopsy

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Introduction and Objectives: To evaluate the relationship between the obesity and prostate cancer.

Material and Methods: From April 2006 and April 2009 864 asymptomatic men with rising PSA underwent extended TRUS guided 12-cores biopsy and the histological examination was made by the same doctor from our pathology department. The median PSA was 5.75 ng/ml (ranged from2.8 to 8.7) and the median age was 62 years(51–73 years).We have investigated the correlation, between obesity(Body Mass Index ≥30 kg/m2) and positive biopsy, Gleason score and PSA. The results analyzed with the SPSS 14.0 Edition.

Results: From our 864 patients, 147 (17%) had obesity (BMI > 30) and 717 (83%) had a normal B.M.I Obese men had median PSA 5.65 ng/ml (8.6–2.7) and median age 60 years (51–71) and men with low Body Mass Index had median PSA 5.77 ng/ml (8.7–2.85) and median age 62.5 years (52–73). From the obesity group, we found prostate cancer in 45 (31%) patients. At the same time of the 717 patients with normal BMI 228 (32%) had prostate cancer ($p = 0.01$). From the 45 men of the obesity group, six (13%) had Gleason score >7 and from the 228 men with normal BMI only 15 (6.5%) had Gleason score >7 ($p = 0.001$).

Conclusions: From our results it seems that obesity was not statistical significant related with prostate cancer at the time of biopsy but obese men had a greater likelihood approximately twice to develop a high grade disease.

Poster Session 7: Stone disease
Saturday, 10 October 2009, 09:40–11:40
Room 1

S96
Epidemiologic characteristics of urolithiasis in Turkey: Update in 2009

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Introduction and Objectives: The worldwide prevalence and epidemiologic characteristics of urolithiasis appear to have changed in the last decades. The aim of the study is to update the current status of the disease in Turkey.

Material and Methods: A representative sample of 2468 persons aged between 18–70 years in 33 provinces of Turkey was enrolled in the cross-sectional study conducted with A&G, a professional market investigation company. Participants were