pseudo incontinence, there was no more urine leakage from vulvar region. There was neither haematoma nor infection postoperatively.
Conclusions: Reduction of hypertrophied labia minora is simple and safe procedure and restores the natural rounded contour of the edge of the labia minora. It should be considered for cases in which functional and esthetical reasons could be resolved by this technique.

S126
Our experience in treating 27 genito-urinary fistulas during 2002–2008 in regional Shkodra hospital, Albania

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Introduction and Objectives: To study the etiology and therapeutic aspect of genito-urinary fistulas in the population of North of Albania.
Material and Methods: This is a retrospective study analysis the genito-urinary fistulas in our hospital during years 2002–2008. The main outcomes analyzed for 27 patients were etiology, surgical approaches, needs for tissue interposition and cure rate.
Results: We treated 27 patients, 16 patients as a consequence of difficult hysterectomy, 7 patients because of obstructed labor, 2 patients as a result of trauma and 2 patients because of irradiation. In 60% of cases we realized via transvaginal using Martiuz flap. In one of these cases with total missing of urethral wall we used the TVT to control postoperative incontinence. In other cases we used transabdominal approach using omental flap. In one case of uretero-vaginal fistula we dissected the ureter from vagina, repaired both organs and protected the suture line to ureter with a J stent. The total success rate was 85%.
Conclusions: Genito-urinary fistulas as a social debilitating condition needs surgical treatment. In our society most of cases comes as a consequence of gynecologic surgery, but there are still cases as a result of obstructed labor. The % of repair is reasonably good 85%.

S127
Hanged ventral buccal mucosa graft in the treatment of urethral stricture after failed hypospadias repair

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Introduction and Objectives: Urethral stricture is one of the common complications after severe hypospadias repair. Usually, two or more procedures are needed to its correction due to a lack of available material after previous repair. We present one stage urethral reconstruction by ventral placement of buccal mucosa graft and emphasize necessity for its hanging to periurethral tissue.
Material and Methods: In period from August 2002 to September 2008, 13 patients, aged 9 to 32 years, underwent urethral stricture repair after failed hypospadias surgery. Stricture was opened ventrally and properly sized buccal mucosa graft was placed to augment urethral lumen. Graft was hanged on surrounding urethral tissue by several U sutures. This way, good covering of the graft and prevention of its folding with retraction were achieved. Associate chordee (10 patients) and secondary vesicoureteral reflux (3) were corrected simultaneously.
Results: Mean follow-up was 36 (8–71) months. A successful result was confirmed in all patients by urethrography and uroflowmetry. One urethral fistula was corrected three months later. Recurvation did not occur in this group. There was no recurrence of the reflux in endoscopically treated patients.
Conclusions: Hanged ventral buccal mucosa graft presents simple and safe variant for urethral stricture repair. Proper anchoring of the graft is very important for its survival and prevention of folding with retraction.

S128
Reconstructive urethral surgery for residual hypospadias and/or complications after failed hypospadias repair in childhood

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Introduction and Objectives: To evaluate retrospectively our results in urethral reconstruction in teenager and adults with persistent hypospadias and/or complications after multiple failed hypospadias repaire in childhood.
Material and Methods: Between Octobre 1999 and February 2008, 40 patients (p) underwent reconstructive surgery for persistent hypospadias and/or complications after failed hypospadias repaire in childhood.Mean age was 30.45 years (18–72 years).The reason for presentation was: stricture (8p), fistula (8p),stricture and fistula (7p), residual hypospadias (6p), residual hypospadias and penile curvature (4p), residual hypospadias and stricture (1p), residual hypospadias and fistula (1p), residual hypospadias, penile curvature and hair (1p), stricture and penile curvature (1p), stricture fistula and penile curvature (1p), stricture and stone on the hair (1p), stricture and diverticula (1p).We have performed 27 one-stage urethroplasty:bucal mucos graft (3p), flaps (13p), Snodgrass (5p), combinations urethroplasty (6p), and 13 two stage urethroplasty:simple with buccal mucosa graft (10p)or preputial skin graft (1p) and combination urethroplasty (2p).
Results: 19p/40p (47.50%) had complications:fistula (13p), dehiscence of glans (4p), dehiscence of neourethra (1p) and fibrous diafragm (1p). 21p/40p (52.50%) had a final successful outcome, with a mean follow-up of 37.62 month (7–107 month). The same good outcome had 11p/40p (27.50%) reoperated for complications, the rate of succes on long follow up raising to 80%.
Conclusions: The operations for this iatrogenic urethral pathology have a high rate of complications (47.50%) and reoperations (27.50%), demanding specific type of urethroplasty for each particular case. The choice mast be done on the basis of general urethral reconstructions ruls, filtered through personal experience of the urologist, to achive at the end the goals of hypospadias surgery.The performance of each type of urethroplasty demands vaste experience in this field, and the urologist involved in this type of urethral reconstructive surgery must be familiar to all urethroplasty.Before surgery the patient must be informed about the the possible complications and reoparations, necessary to obtain at the end a good functional and resonable aesthetic result.

S129
Treatment of proximal hypospadias using extended snodgrass technique with dorsal dartos flap wraping

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Introduction and Objectives: Since Fistula formation is the most common complication with various rates, we evaluated the importance of a urethral covering using long vascularized dorsal subcutaneous tissue for fistula prevention, Snodgrass technique, for correction of proximal hypospadias.
Material and Methods: During the period from April 2004 through November 2008 we evaluated 16 patients aged