

the ureter, 2 each due to urinoma and lymphocele. Two patients who had direct UCN developed intrinsic ureteric obstruction ureterovesical anastomosis after removal of double-J stents, with consecutive hydronephrosis. One was treated conservatively with re-insertion of double-J stent, and the other was reoperated and performed UCN with Boari flap technique. All patients with UTI were treated with culture-specific antibiotics and maintained on prophylactic antibiotics. Urethral stricture at one patient was managed with optical internal urethrotomy and periodic dilatations.

Conclusions: In our series there is a low incidence rate of intrinsic ureteric obstruction (0.8%) because of routine use of stented extravesical anastomosis by modified Lich Gregoir technique. The rate of intrinsic ureteric obstruction may be reduced markedly with this technique. Ureteral leakage and extrinsic compression may occur despite the presence of stents. Early catheter and stent removal does not compromise the anastomosis and may help in reducing the rate of UTI.

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Evaluation of pain perception in patients undergoing transurethral procedures under general or epidural anaesthesia

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Introduction and Objectives: The majority of published reports investigate the results of general and epidural anaesthesia separately. Several papers compare the effect of these methods in terms of peri- and post-operative morbidity (blood loss, side-effects and possible complications). To our knowledge this is one of the few attempts of comparing the 2 methods by recording the patient's pain perception and tolerance of the transurethral procedures.

Material and Methods: The study comprised 97 and 47 patients who underwent transurethral bladder tumour resection (TUR-B) and prostatectomy (TUR-P), respectively. Post-operative pain severity was recorded using an 11-point visual analogue scale (VAS). Pain scoring was stratified by age, gender, tumour stage and grade. Clinical and demographical characteristics were compared using the Mann-Whitney U test for continuous variables and the chi-square test for categorical variables. Odds ratios were used to quantify the strength of association between variables. Kruskal-Wallis test was used to estimate equality of population medians among groups and the Mann-Whitney U test for comparison between the groups. The Spearman correlation coefficient (when appropriate) was used to examine the independence between categorical variables.

Results: VAS score was greatest at discharge from recovery room (time 0h) for general anaesthesia vs epidural [1.5(0-8) vs 0 (0-8) ($p=0.027$)]. The pattern changes significantly at 8h and 12h for general anaesthesia's analgesic efficacy compared to epidural [1.02 (0-6) vs 2.05(0-6) and 1.62 (0-7) vs 0.2 (0-8) ($p=0.017$ and $p=0.007$ respectively)]. A higher VAS score was observed from 0h to 24h for pT2 patients. Patients with resected tumour volume $>10\text{ cm}^3$ presented VAS score >3 at 8h and 24h ($p=0.050$, $p=0.036$, respectively).

Conclusions: It seems that epidural anaesthesia is more effective during the first 2 post-operative hours, while general prevails at later stages and at larger traumatic surfaces. Finally, we incidentally found that tumour stage plays a significant role in post-operative pain, a point that requires further verification.

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Evaluation of the postsurgical pain management after urological surgery

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Introduction and Objectives: A sufficient pain therapy affects postoperative wound healing process. In our hospital the pain management after open surgical prostate gland procedure range from the oral therapy algorithm with Oxycodon to the intravenous demand therapy with Piritramid. The effect of this therapy was prospective evaluated.

Material and Methods: 60 patients have undergone radical prostatectomy and/or enucleation of prostate gland adenoma in 2007 at our institution. The demand on short infusions with Piritramid was up to the 7th postsurgical day in those patients. Since August 2008 a new postoperative pain therapy was evaluated in 52 patients based on oral medication with prolonged Oxycodon, if necessary, combined with morphine. The pain intensity was evaluated in both groups by means of VAS.

Results: Due to the oral therapy pattern from the first postoperative day until the hospital release a reduction of the average pain intensity has been archived from 2.34 (range 0.29-5.11) to 1.71 (range 0.05-3.53) in VAS scale. The groups were comparable regarding demographic and clinical parameter (age, BMI, ASP). The difference was statistically significant in one multi-variants analysis ($p=0,001$).

Conclusions: The oral opioids seem to be a superior alternative to the intravenous pain management for the postsurgical analgesia after large open surgical prostate interventions. Therefore at our institution the postoperative therapy management was changed to oral medication regime.

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The use of bupivacaine with morphine or neostigmine

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Introduction and Objectives: to compare Neostygmine and Morfine effectiveness in patients underwent urologic surgery and spinal anesthesia

Material and Methods: Participants were 90 patients that underwent spinal anesthesia and had an urology surgery, participant were classified in three groups. Respectively each group received 15 mg Bupivacaine(sol.0.5%) and 50 ug Neostygmine, and the other group instead of Neostygmine received Morphine 300ug. And the third group received normal saline 0.5 ml. On those patients was monitored carefully maximal motor block level, the time that anesthesia lasted, the need for analgesics in 24 hours, interval analogue scale (VAS) pain score, and the frequency of side effects in 24 hours post anesthesia.

Results: Reviewing the results in this study was not seen any significant difference on the maximal block level, and sensory mids in the three groups. To the group that took Morphine, analgesia last longer and the need for analgesic to control post-operative pain was delayed in comparison with the group that received Neostygmine (<0.05). Pain level (VAS) total on the first 24 hours was significantly higher for the group that received sol saline compared with the group that received Morphine or Noestygmine ($P<0.5$). The level of motor block had significant differences regarding the lasting time, the group