Successive patients	Mean operative time (min)	Estimated blood-loss (ml)	Positive surgical margin rate (%)
1–50	150	280	33.2
51–150	140	237	26.1
151–300	149	206	19.4
301–554	138	163	15.3
1–554	143	198	19.9

Conclusions: There is an ongoing learning curve concerning mean operative time, estimated blood-loss and positive surgical margin rate even after more than 100 cases per urologist.

C106
Possibilities of reconstructing the vesicourethral anastomosis during laparoscopic radical prostatectomy

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Introduction and Objectives: To familiarize with the techniques (interrupted versus running suture) and suture materials used while reconstructing vesicourethral anastomosis during laparoscopic radical prostatectomies carried out in our department.
Material and Methods: Retrospective study evaluating techniques of vesicourethral anastomosis in a group of 250 patients undergoing laparoscopic radical prostatectomy in our department from January 2007 to November 2008. In the first group of 49 patients we used interrupted technique using UR-6, 2–0 Vicryl suture on $^{5}/_{8}$ needle. In the second group of 201 patients we performed running suture of vesicourethral anastomosis using EP-3, 2–0 Monolac fibre on two needles. The main evaluating criteria were feasibility of the technique, watertightness of the anastomosis and occurrence of anastomotic stricture.
Results: Running suture, which is now being used in our department seems to be much faster, easier to perform and with lower rates of potential complications: 1.0% versus 2.4% of urinary leak, 0% versus 4.1% of anastomotic stricture.
Conclusions: Both laparoscopic techniques of reconstructing the vesicourethral anastomosis during laparoscopic radical prostatectomy are technically demanding methods, with the advantage of the running one. However, in the hands of an experienced surgeon both of them have excellent outcomes with minimal complications for the patients.

C107
Laparoscopic assisted radical cystectomy – our initial experience

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Introduction and Objectives: Open radical cystectomy is the gold standard treatment for nonmetastatic muscle invasive bladder cancer. There is ongoing increasement in interest with laparoscopic approach at selected centers worldwide. We report our preliminary results of this approach in 11 patients.
Material and Methods: From January 2008 to May 2009, 7 men and 4 women underwent laparoscopic assisted cystoprostatectomies or cystectomies for transitional cell carcinoma in 10 cases and adenocarcinoma of the bladder in 1 case. We report here our initial results.
Results: The mean operative time was 325 min, the mean blood loss 415 ml and the transfusion rate 9%. All procedures were completed laparoscopically without conversion to an open technique. We experienced 1 bowel fistula with no other complications during or after the operation. The pathology reports revealed pT1 stage (2002 TNM staging) in 2 cases, pT2 in 5 cases and pT3 in 4 cases. All the surgical margins were free of tumor invasion. Extended lymphadenectomy detected lymph node metastasis in 3 patients.
Conclusions: Laparoscopic assisted cystectomy is feasible and safe surgical technique. Long term follow up is needed to determine the oncologic outcome.

C108
Laparoscopic adrenalectomy – 10-years experience in a single institution

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Introduction and Objectives: To evaluate the results of the method introduced in 2000 in our institution.
Material and Methods: We have retrospectively reviewed the records of patients who underwent the laparoscopic adrenalectomy between 2000–2009.
Results: The laparoscopic adrenalectomy was performed in 154 cases in above mentioned period. In 74 cases (48%) on the right, in 80 cases (52%) on the left side. The average size of the specimen was 4.5 cm (1.5–12 cm). The average operating time was 64 min (38–200 min). In 15 cases there was a blood loss more than 100 ml (100–600 ml). We have experienced 3 serious perioperative complications – lesion of pancreas in 2 cases and lesion of the colon in 1 case. We had to convert to open surgery in 6 cases. Histological examination showed most frequently adrenocortical adenoma (39%), hyperplasia (24%), feochromocytoma (7%), metastatic disease (13%).
Conclusions: The laparoscopic adrenalectomy is a safe procedure with low occurrence of complications. The transperitoneal approach offers large operative field with good orientation.

C109
Laparoscopic and open partial nephrectomy: a matched pair comparison of 200 patients

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Introduction and Objectives: Laparoscopy is currently challenging the role of the open approach for nephron-sparing surgery, yet comparative studies on this issue are scant. Aim of this study was to compare surgical, oncological and functional outcome after laparoscopic (LPN) and open (OPN) partial nephrectomy.
Material and Methods: Matched-pair (age, sex, tumour size) analysis of patients who underwent elective nephron-sparing surgery for renal masses either by laparoscopic (Klagenfurt) or open (Vienna) access. Surgical data, complications, histological and oncological data and short and long-term renal function of the open and laparoscopic group were compared.
Results: In total, 200 patients after either LPN or OPN, matched for age, sex and tumour size, entered the study and were followed for a mean of 3.6 years. Surgical-, ischemia- and hospitalization times were shorter in LPN ($p < 0.001$). Blood loss and complication rates were comparable in both groups. Malignant tumours were pT1 stage renal cell cancer only in both groups. Positive surgical margin rate was 4% after LPN and 2% after OPN ($p = 0.5$); positive margins were not a risk factor for disease recurrence. Kaplan-Meier estimates of 5-year local recurrence free survival was 97% after LPN and 98% after OPN ($p = 0.8$), the respective numbers for distant free survival were 99% and 96%, respectively ($p = 0.2$). 5-year overall survival for