

patients with pT1 stage RCC was 96% (LPN) and 85% (OPN). The decline in glomerular filtration rate at the last available follow-up (LPN -10.9%, OPN -10.6%) was similar in both groups ($p=0.8$).

Conclusions: In experienced hands, LPN provides similar results compared to open surgery. Positive surgical margin rates were similar after LPN and OPN. Current experience in these patients does not seem to justify a secondary nephrectomy.

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Laparoscopic heminephrectomy in adult patients – initial experience

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Introduction and Objectives: Benign kidney's diseases are considered to be a good indication for laparoscopic intervention. In pediatric population laparoscopic heminephrectomy due to pathologies of duplex kidney are well recognized. We present initial experience in first two cases treated for hydronephrotic upper pole of kidney with duplicated collected system

Material and Methods: Two female patients age 48 and 21 with mildly symptomatic upper pole hydronephrosis due to ectopic distal implantation of ureter and impacted distal ureteric stone were treated by laparoscopic transperitoneal approach. Partial nephrectomy with ureterectomy were performed in a lateral flank position through 4 trocars. Colon was reflected medially by incision along the Told line and both ureters were clearly identified. Careful dissection of renal hilus permitted for identification of polar vessels which were clipped and transected. Upper pole ureter was dissected toward the bladder level and closed with clips of vessel sealing system device. Parenchymal section was performed using Ligasure coagulation after complete dissection of upper pole renal pelvis. Additional haemostatic sutures were placed if necessary. Specimen was removed in an endobag and 12 Fr suction drain was left for 24-48 hours.

Results: Both interventions were completed laparoscopically, no conversion to open surgery was necessary. Duration of surgery was 120 min and 145 min. Blood loose was minimal and no transfusion was required. Postoperative complication occurred in one patient – formation of renal abscess necessitating percutaneous drainage and parenteral antibiotic therapy. On 6 month follow up both patents were symptoms-free and the remaining moiety of the kidneys were unchanged with no dilatation of collecting system

Conclusions: Laparoscopic heminephrectomy is feasible however technically demanding with possible significant complications and has a potential to offer all advantages of minimally invasive surgery

C111

Endoscopic extraperitoneal radical prostatectomy (EERPE): a retrospective analysis of 128 patients

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Introduction and Objectives: A report of a retrospective analysis – EERPE from 2004-2008

Material and Methods: 128 patients were evaluated regarding operation time, histology, complications and functional outcome. Mean follow-up was 28 months (6-64).

Results: Mean age of the patients was 62 (42-77) years, mean preoperative PSA 6.12 ng/ml (0.41-15.36). Mean operation time was 219 minutes for the first 50 patients and 119 minutes in 2008. Conversion to an open procedure was necessary in under 5%. In 94% postoperative histology showed a T2, in 6% a T3 tumor. Positive surgical margins were found in 9%. 14% of the patients had a PSA rise over 0.1 ng/ml: 11% – 0.1 ng/ml;

1 patient – 0.3 ng/ml (R1) and 1 patient – 3.9 ng/ml (R1). Transfusion rate was 6%. Significant complication rate was under 2%, stricture rate 10%. Mean catheterization time had been reduced from 20 days (first 50 operations) to 8 days during the last year. In 85% an incontinence questionnaire was evaluated. 89% were continent (maximum 1 pad/d), 11% needed 2 or more pads/d.

Conclusions: Our retrospective analysis of the EERPE shows comparable results regarding functional and oncological outcome to the open procedure after an initial learning curve.

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The 16-dot-plication technique for correction of penile curvature – initial result

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Introduction and Objectives: Plication surgery is a simple technique, performed to correct penile curvature, either congenital or secondary to Peyronie's disease (PD). The long term results after traditional plication techniques have shown recurrence in about 25% of cases. The recurrence is probably due plication under a high tension and, subsequently, suture failure from tissue cut-through or suture breakage. To improve the outcome of surgical treatment for penile curvature, we decided to shift our surgery to a more standardized and minimal tension technique. Our objective is to report the outcomes of the 16-dot-plication (16DP) for correction of penile curvature.

Material and Methods: 12 patients (age 22-68 years) with penile curvature between 30° and 70° were selected for 16DP. Out of 12 cases, 3 patients were young (22-26 years), with congenital penile curvature. The other 9 patients (57-68 years) presented with curvature secondary to PD, mild erectile dysfunction and systemic vascular comorbidities. After a detailed inform consent regarding penile shortening, 16DP with Silk 2.0 was performed for all patients.

Results: The mean operative time was 64 minute (58 to 80). No immediate postoperative complications were recorded. All patients returned to sexual activity 2 weeks after surgery, either spontaneous (10 patients) or after oral treatment (2 patients). The mean penile shortening was 0.7 cm (0.5 to 1.6). After a mean follow-up period of 10 months (3 to 20) 10 patients have complete straight penis and 2 have a mild deviation (under 5°).

Conclusions: In our experience 16DT is a short, simple and safe method to correct congenital and acquired penile curvature. Real time intraoperative straitening and parallel plication using a minimal tension are the main advantages of this technique. A good preoperative inform consent is essential to avoid dissatisfaction about penile shortening. Larger and longer patient series and comparative multicenter trials using this technique are mandatory in order to become a standard plication procedure for penile curvature.

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10 years experience with bipolar approach in complete urethral strictures

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Introduction and Objectives: Urethral strictures (US), impassable in a retrograde fashion, impose a special problem to the urologist. Open urethroplasty is usually required. Our goal was to evaluate the results of bipolar endoscopic procedures (BEP) in such cases.

Material and Methods: Between November 1999 and January 2009, we evaluated 42 patients with complicated urethral