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.

C110
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 hydronephotic 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 colleting 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 questionnnaire 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.

C112
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 30º and 70º 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. Al 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 5º).
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.

C113
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

strictures (5 penian, 24 bulbar and 13 membranous) which have been treated by BEP. 28 cases had perineal urethral trauma, 12 cases had recurrent inflammatory stenosis and 2 cases had previous prostatic surgery. All cases underwent previous suprapubic cystostomy. In 34 cases, we used the "cut-to-light" technique (flexible cystoscope introduced antegradely), and in 8 cases the incision was made over the guidewire placed in an antegrade manner (23 cases with cold-knife and 19 cases with Nd:YAG laser). The mean follow-up period was 58 months.

Results: In 39/42 patients (92.9%), the procedure was successfully carried out. However, the global recurrence rate was 53.8% (21/39 cases), imposing further endoscopic management in order to maintain urethral patency. Regarding the location of the stricture, the recurrence rate was: 50% for penile, 47.8% for bulbar and 66.7% for membranous urethra. The recurrence rate was 65.2% (15/21 cases) for patients treated by cold-knife incision by comparison to 33.3% (6/18 cases) in those treated with Nd:YAG laser. The mean recurrence period was 11 months.

Conclusions: BEP, performed especially by the "cut-to-light technique", represents an alternative for complete urethral stenosis. This method may constitute the first-choice treatment alternative, especially for severe strictures of the bulbar urethra.

C114

Management of posterior urethral distraction injury

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Introduction and Objectives: Management of posterior urethral distraction injuries with a pelvic fracture are a challenge for urologic surgeons. The goal of resolving a prostatomembranous urethral injury is to provide a patent urethra with no additional complications. Suprapubic cystostomy placement with delayed surgical urethral reconstruction is the treatment of choice.

Material and Methods: Between March 2006 and January 2009 8 patients (range 40–64 years) with posterior urethral distraction injury were treated at our department. After retrograde uretrogram with presence of complete posterior urethral rupture a suprapubic cystostomy was inserted. 5 patients had also a pelvic fracture. The mean time to delayed anastomotic posterior urethroplasty was 6.5 months (range 4–8). Perineal anastomotic urethroplasty was peformed in 7 patients and abdominoperineal in 1 patient. We separated penile corporal bodies in every case to achieve tension free bulboprostatic anastomosis with 8 sutures. A nose speculum was used to open prostatic apex and insert stitches from outside in, including the mucosa tissue. An urethral catheter was removed after 30 days. A suprapubic cystostomy was removed after spontaneous voiding with residual urine under 100 ml.

Results: Median follow up was 16 months (6–24). There were no operative and early postoperative complications. 1 patient noticed decrease of erectile function after removal of catheters. All patients are continent. Patients were followed up with uroflowmetry 3m., 6m. and 12m. after reconstruction of urethra. 5 patients had satisfactory uroflowmetry with median Qmax. 16 ml/s at 3 m. and 15 ml/s at 12m. 3 patients were treated with addition internal urethrotomy. 2 of them developed short stricture with decrease in Qmax. They were treated with internal urethrotomy 3 m. and 8 m. after anastomotic urethroplasty. Our first patient treated with delayed urethroplasty developed acute urinary retention 2 weeks after removal of catheters. He was treated with internal urethrotomy 2 weeks, 2m., 4m. and 6m. after acute urinary retention. Patients with additional internal urethrotomy had Qmax. 19 ml/s after 3m. and Qmax. 17 ml/s after 12m. There were no need for second urethroplasty.

Conclusions: We changed our therapevtic approach from early catheter-assisted realignment to suprapubic cystostomy and delayed urethral reconstruction. With experiences in reconstructive urethral surgery is this treatment safe with good long term results.

C115

Outcomes of dorsal inlay graft TIPU technique in primary hypospadias repair: Prospective clinical study investigating early and late-term urine flow measurements

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Introduction and Objectives: Tubularized incised plate urethroplasty has become a popular technique for repairing distal and proximal hypospadias in many institutions. Dorsal inlay graft urethroplasty has been described as an effective method for hypospadias repair and leads to good cosmetic outcome with low risk of complications. The main advantages of this procedure are; early removal of the urethral catheter and reducing the risk of meatal stenosis. We aimed to prospectively evaluate urine flow rates at early and late-term follow-ups in the dorsal inlay graft urethroplasty technique in primary hipospadias repair.

Material and Methods: Consecutive 45 patients with primary hypospadias undergoing TIPU by using inlay dorsal graft between June 2006 and June 2008 were enrolled into this study. Posterior urethral plate is incised and the graft prepared from prepuce is sutured from the old meatus to the tip of the glans. Urethra is sutured with 6/0 vicryl over the 8f urethral catheter. The urethral catheters were removed at 24–48 postoperatively in all subjects. Urine flow measurements were performed at early and late follow-up periods. The uroflowmetric parameters were compared between a mean of 10 days and 8.7 months postoperatively using the t test and $p<0.05$ was accepted as statistically significant. All patients were also evaluated for the cosmetic results and complications rates.

Results: The mean age of all cases was 7.36 ± 3.95 (2–17) years. Two patients had proximally and 43 had distally located hypospadias. In all patients, neo-meatus with a slit-like appearance was observed postoperatively at the tip of the glans penis. Postoperative fistula was encountered in 6 patients (13.33 %). No stenosis has been detected in all subjects. In patients who achieved voiding habit and who did not have chordee or fistula, an uroflowmetric study was carried out at 10 days and a mean of 8.7 months postoperatively. A urine flow measurement at 10 days (Mean Qmax: 7.85 ± 3.52 ml/sec and Qave: 4.86 ± 2.15 ml/sec) and 8.7 months (Mean Qmax: 9.34 ± 5.4 ml/sec and Qave: 6.85 ± 4.17 ml/sec) revealed statistically comparable results ($p=0.357$ and $p=0.203$, respectively).

Conclusions: Dorsal inlay graft urethroplasty allows the early removal of the urethral catheter after hypospadias repair. In this study, we demonstrated that uroflowmetric parameters in a successful TIPU procedure with inlay dorsal graft were not different and the complication rates are satisfying at the early and late follow-up periods.

C116

Primary management of the posterior urethra by traction over the Foley catheter in patients with pelvic fractures

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Introduction and Objectives: Pelvic fractures with injury to the posterior urethra are quite rare. There is no uniform policy