in patients with malignancies and the frequent complications were dislocation of nephrostomy (%60) and urinary tract infections (%36). The complications were seen especially in the first month. The mean time of nephrostomy removal after reaching the rare creatinine levels was 24 days.

**Conclusions:** The definitive treatment must be performed till the first week if it can be done otherwise, the complication rates were predicted to increase according to the findings from our patients who underwent percutaneous nephrostomy procedure

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**N55 HYDRONEPHROSIS FOLLOWING ABDOMINAL AORTIC ANEURYSM SURGERY**

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**Introduction & Objectives:** Uteral obstruction can be a serious complication of aortic reconstructive surgery, presenting in early or late postoperative period. The incidence and treatment tactics for this infrequent complication are still debated in literature. Our study tries to answer these questions.

**Material & Methods:** 450 patients following aortofemoral and aortoliac reconstruction were included. There were 382 (84.9%) males and 68 (15.1%) females with a median age of 65.7±8.3 years. Patients were investigated preoperatively and at 1 week, 3, 6 and 12 months after vascular surgery. Two urologists performed clinical and ultrasound examination, intravenous pyelograms assessment. Patients with preoperatively diagnosed urological pathology were not included into this study.

**Results:** We revealed unilateral hydronephrosis in 7.8% (35/450) of patients. 82.8% (293/35) of them had a history of aortic aneurysm resection with aortofemoral bypass grafting and 17.2% (6/35) underwent aortofemoral bypass only (p<0.05). There were 45.7% (16/35) patients with mild obstruction and 54.3% (19/35) patients with severe ureteral strictures. The mild asymptomatic obstruction resolved spontaneously following 1 month of observation. Patients with late (6-12 months) obstruction developed ureteral strictures and required for active management. They underwent ureterolysis and ureteral resection with ureterocutereotomy, 3 of them developed stricture relapse postoperatively. Intravenous metallic self-expanding endoprosthesis placement was performed to eliminate the obstruction.

**Conclusions:** Uteral obstruction can be a serious complication of reconstructive aortic surgery. Early mild asymptomatic obstruction may resolve spontaneously or require ureteral stenting. Late hydronephrosis may contribute to retroperitoneal fibrosis associated with periureteral inflammatory process and severe ureteral strictures. Urologists and vascular surgeons should remember that this complication is often asymptomatic. Therefore, ultrasound monitoring beyond 1 year postoperatively is recommended to prevent kidney dysfunction. This especially concerns to patients, undergoing abdominal aortic aneurysm surgery.

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**THE IMPORTANCE OF UROLOGICAL MANIPULATIONS FOR PATIENTS OF PALLIATIVE CARE**

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**Introduction & Objectives:** The department of palliative care was opened in Liepāja Regional Hospital since year 2008 for 10 patients. During the period of 18 months (January 2009-2010 June) 213 patients were cured mainly with the most widespread oncological pathologies. Therefore the objective of the study was to improve the quality of life and prolonged life expectancy for patients with complicated oncological diseases, obstruction of upper urinary tract (UUT).

**Material & Methods:** Obstruction of UUT with progressive malfunction of kidneys was formed for 16.9% of respondents (36 patients). Characteristics of respondents: Gender male 28 female 8 Age 52-74 48-77 To prevent already formed obstructions urologists made percutaneous nephrostomy (PN) or input ureteral stents: One-side PN 10 Both-sides PN 12 Ureteral stents 14

**Results:** After these manipulations kidney functions of 21 patients improved (GFR 8-21 to 35-42 ml/min) 15 patients needed chronic hemodialysis. Survival rate during 18 months was 2 patients; 11 died after 6, 8 after 10 months

**Conclusions:** 1. Preventing obstruction of UUT helps to decrease symptoms of kidney malfunctions and stabilises patients general state of health. 2. After the manipulations life expectancy of patients increase for 6 to 10 months. 3. Multidisciplinary cooperation among specialists in palliative care are essential. 4. For those patients whom kidney function did not improve, only method to keep viability is chronic hemodialysis.

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**Poster session 4**

**VOIDING DYSFUNCTION**

**Friday, 10 September, 15:20-17:00, Poster Room 2**

**N58 SUBURETHRAL SLING VS. STANDARD COLORPORRHAPY WITH SUBURETHRAL SLING FOR STRESS URINARY INCONTINENCE ASSOCIATED WITH VAGINAL PROLAPSED**

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**Introduction & Objectives:** To evaluate clinical efficacies of TVT/TVT-O alone and Standard Colporrhapy with TVT/TVT for stress urinary incontinence associated with vaginal prolapsed.

**Material & Methods:** Among April 2005 to December 2009 ninety seven patients with SUI and POPs enrolled to this study. Forty two (43.3%) were in group-1, Suburethral sling SUS (TVT or TVT-O) and 55 (56.6%) in group-2, SUS with PCPs (pelvic organ prolapsed) repair with standard technique without using mesh. Clinical and anatomic outcomes were investigated postoperatively.

**Results:** Mean of the patients was aged 46 (26-76) years. Twenty four (57.1%) patient in first group and 37(67.3%) suffered from SUS and the rest had mixed urinary incontinence (PV=0.2). Mean Preoperative score of the IQoL-USIF in two groups were comparable (16.7and 18.2 respectively). Incontinence cure rate in six month follow up period was 89.7% and was almost same in both groups (PV=0.55). Only 49.5% of group 1 and 610.9% of group 2 had de nova urgency after surgery. Anatomic cure rate in group 2 was 96.7%. Mean hospitalization time for both group was 24 hours (PV=0.5). No significant difference in post operative complications was seen.

**Conclusions:** According low risk of morbidity and similar rate of clinical cure and better anatomic appearance, combined surgery can be recommended for stress urinary incontinence associated with vaginal prolapsed. Keywords: Urinary Incontinence, Stress - Pelvic Organ Prolapse - Suburethral Slings.

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**N59 OPERATIVE SHORTENING OF THE SLING AS A SECOND-LINE TREATMENT OF THE TVT FAILURE**

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**Introduction & Objectives:** Midurethral polypropylene slings have become a standard treatment of stress urinary incontinence (SUI) in females. The overall long-term results are very good. Complications such as erosion, tape misplacement, detrusor instability or improper tension of the sling are rather rare. However sometimes the tension of the sling is too high or it is placed to loosely. Generally in the literature, if the sling is not providing sufficient support of the urethra it may be considered to install the second one. The aim of this study was to present the outcome of the operative technique of shortening of the midurethral polypropylene sling in patients with not sufficient result of TVT installation.

**Material & Methods:** The study group consists of 3 women, aged 46-61, that underwent TVT procedures that failed resulting in persistent urinary incontinence. The periods of time that lasted after the operation were 4, 6, 7 months respectively. Before undertaking the second-line treatment all patient had been examined to investigate possible other causes of the TVT failure. They had urinary culture as well as, urodynamics and transvaginal ultrasonography. Thus infection, detrusor instability or sling misplacement were excluded. Then as the sub-optimal urethral support was decided to be the cause of the TVT failure, all patient were qualified to the second-line operation. Clinical examination and the King’s Health Questionnaire (KHQ) was used to estimate the preoperative and postoperative continence.

The procedure was done in the lithotomy position under spinal anesthesia. After incision of the anterior vaginal wall the sling was found and the 5-8 mm fragment was excised. The sling was then re-anastomosed by non-absorbable suture 0-0. Finally Foley catheter was left for 24 hours, and patients were discharged the next morning.

**Results:** In all cases good result, defined as restoration of full continence was achieved. It meant that the cough and pad tests were negative and patients estimated their continence as good. There were no peroperative complications. The mean time of surgery was 36 minutes. The general health perceptions measured by King’s Health Questionnaire increased after by 25%. Incontinence impact decreased by 32.0% and role and physical limitations significantly decreased.

**Conclusions:** The operative shortening of the sling is a very simple, cheap and effective method of second-line treatment in cases of the TVT failure and in our opinion may be offered to majority of patients with insufficient urethral support after the first procedure.