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AB042. Rehabilitation period care for patients with urinary ostomy

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Abstract: The bladder tumor is the most common tumor in the urinary system and is mostly malignant. Its morbidity and mortality were the first in urinary reproductive system tumor. Surgical treatment is the best choice for the current bladder tumor, including transurethral resection of the bladder tumor, partial cystectomy, and total cystectomy. Bladder total resection and urinary diversion is the gold standard for the treatment of invasive bladder tumors. At present, ureteral abdominal wall ostomy, ileal bladder surgery and *in situ* new bladder reconstruction is the main operation. In addition to accurate surgery, full preoperative preparation, perfect postoperative care and complications of patients, the purpose of enterostomy is to improve the quality of patient's life, if the postoperative can not improve the quality of life, the operation is meaningless. Therefore, it is vital for clinical and specialist nurses to make good rehabilitation and continuing care. The patient's rehabilitation period includes the following points: firstly, the most important thing is to guide the patient and family to learn and use "the standard colostomy supplies change process ARC" to make the colostomy changed by themselves, which can improve their nursing technology. Secondly, the main problem for patients with post-operative rehabilitation is whether they can care for themselves, continue to work, participate in social activities, and play roles in the past, and so on. We should guide the patients that colostomy is not a disease, but an artificial opening to eliminate human waste. As long as patients have confidence in themselves, who can correctly master the colostomy equipment and nursing method, it can easily for them to

enjoy life. Finally, patients need to pay more attention to the continuing nursing after leaving hospital, such as the oral outpatient service, the sorority house, the family visit, the construction of community volunteers, and the construction of the network of oral care. Through effective colostomy care, life care, continuity of care and the psychological care, it can improve the patient's confidence in preoperative life and social activities and improve the quality of physical and social life.

Keywords: Ostomy; bladder tumor; bladder total resection; urinary diversion.

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AB043. Robot-assisted laparoscopic radical prostatectomy after previous transurethral resection of prostate: report of 14 cases

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Background: To describe our experiences on robot-assisted laparoscopic radical prostatectomy (RALRP) for patients treated with transurethral resection of prostate (TURP) previously.

Methods: The clinical data of 14 patients who underwent RALRP after previous TURP between March 2012 and March 2017 at our hospital were retrospectively analyzed. All patients were followed-up about 4–64 months. Patients' mean operation time, mean blood loss, mean postoperative catheter retained time, mean hospitalization time, complications, micturition control and oncologic outcome