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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

were comparatively reviewed.

Results: All cases were successfully performed through the abdominal cavity through the robotic surgical system. Mean operation time was (141±58) min. Mean blood loss was (198±220) mL, mean postoperative catheter retained time was (7.3±3.8) days, mean hospitalization time was (8.5±4.1) days. Three cases of postoperative pathology were positive, one patient was leaking urine after surgery, and no lymphatic leakage occurred. No distant metastasis occurred. One patient needed 1–2 pads per day after operation and the others were of urinary continence.

Conclusions: RALRP is an effective treatment for patients with prostate cancer who underwent previous TURP. It can be safely performed without compromising functional and oncology results. RALRP for patients treated with previous TURP is more difficult in technical performing than for patients without TURP treatment, because of the inflammatory response, tissue adhesion and continuity of the urethra caused by TURP.

Keywords: Robot-assisted laparoscopic radical prostatectomy (RALRP); prostate cancer; transurethral resection of prostate (TURP)

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AB044. Application of rapid bowel rehabilitation programme in radical cystectomy and ileal neobladder

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Background: To introduce the application of fast bowel rehabilitation in radical cystectomy and ileal neobladder,

and evaluate the effects of perioperative bowel function recovery.

Methods: Compared with experimental group and control group, recovery of intestinal function and postoperative hospital stay, postoperative hospital costs, complications and readmission rate.

Results: There was no significant difference in the general data of the two groups compared with the control group, the study group had significantly shortened the time of exhaust and defecation aspects, length of hospital stay, the incidence of complications and hospital costs were significantly reduced ($P<0.05$), the incidence readmission rate between the two groups was not statistically significant ($P>0.05$).

Conclusions: The application of fast track surgery in Radical Cystectomy and ileal neobladder is feasible, and can improve the recovery bowel rehabilitation, reduce intestinal complications, shorten hospitalization time and reduce hospitalization costs.

Keywords: Rapid intestinal rehabilitation; ileal neobladder operation; nursing

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AB045. Post-micturition dribbling is associated with erectile dysfunction in middle-aged men with lower urinary tract symptoms

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Background: Post-micturition dribbling (PMD) is one of