

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

the most bothersome lower urinary tract symptoms (LUTS) in men. Researches on the PMD are very limited because no proper tool to evaluate PMD. This study was to assess the correlation between PMD and erectile dysfunction (ED) in middle-aged men with LUTS.

**Methods:** 658 middle-aged men with LUTS were enrolled. Patients filled in international prostate symptom score (IPSS) and Hayllm PMD questionnaire (HPMDQ) that was made by authors. Prostate size, prostate specific antigen, uroflowmetry including Qmax & post voided residual urine, IPSS, and international index for erectile function-5 (IIEF-5) were also assessed.

**Results:** Men were classified as ED (388 patients) and non-ED (270 patients) groups. HPMDQ was inversely well correlated with IIEF-5 ( $r=-0.384$ ,  $p<0.001$ ). Prevalence of ED was related to PMD severity ( $p=0.001$ ). Predictive accuracy of HPMDQ for ED was not superior to that of other LUTS (each  $p>0.05$ ). However, incorporation of HPMDQ into IPSS increased predictive accuracy of LUTS for ED (60.3%  $\rightarrow$  73.1%).

**Conclusions:** In middle-aged men with LUTS, PMD was inversely well correlated with erectile function, and its severity was related with prevalence of ED.

**Appendix:** Hallym Post-Micturition Dribbling Questionnaire (HPMDQ).

“In the past month, how often have you experienced the involuntary loss of urine immediately after you finished passing urine?” 0: none, 1: one in 3 times, 2: two in 3 times, 3: always.

**Keywords:** mMicturition; lower urinary tract symptoms; erectile dysfunction

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