

**Results:** All the operations were performed successfully, without conversions to open surgery. The average operation time was 120 minutes (range, 90–210 minutes), the average blood loss was 15 mL (range, 10–25 mL), and the postoperative hospital stay was 8 days (range, 6–11 days). Two cases occurred urinary leakage and recovered 7 and 50 days later respectively. Twenty-six cases were followed-up for 3 to 36 months, examined by color ultrasonography or CTU or MRU. Two cases occurred ureteral stenosis and cured by ureteroscopic needle electrode. Hydronephrosis disappeared in 10 cases, decreased in 12 cases, stabilized in 2 cases.

**Conclusions:** Transperitoneal laparoscopic dismembered pyeloplasty could be a mini-invasive, effective, and easy operating procedure for the treatment of UPJO in children.

**Keywords:** Child; laparoscope; hydronephrosis; dismembered pyeloplasty

doi: 10.21037/tau.2017.s068

**Cite this abstract as:** Meng Q, Wang C, Gao Z, Xing J, Xie J, Zhang Y, Zhao Y, Li Z. Transperitoneal laparoscopic dismembered pyeloplasty for ureteropelvic junction obstruction in children. *Transl Androl Urol* 2017;6(Suppl 3):AB068. doi: 10.21037/tau.2017.s068

## AB069. The indications, operation techniques in the treatment of giant hydronephrosis by transabdominal laparoscopic resection of giant hydronephrosis

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**Background:** To investigate the indications, operation techniques in the treatment of giant hydronephrosis by transabdominal laparoscopic resection of giant hydronephrosis.

**Methods:** A total of 26 patients with giant hydronephrosis from our urological department in two years were retrospectively analyzed, including 18 cases of stricture of pyeloureteric junction, 1 case of hydronephrosis caused by gynecology, renal tuberculosis complicated with hydronephrosis in 1 case. All 26 cases underwent transperitoneal nephrectomy. Using ultrasound knife and electrical hook instrument separate kidney and Hem-O-lock clip the renal vessels.

**Results:** In the total number of the 26 cases, 23 patients were successfully completed by laparoscopic nephrectomy. One patient by hand holds of laparoscopic nephrectomy because of the severe adhesion between kidney and its surrounding tissue. Another case, through the giant hydronephrosis was punctured when the safety Trocar punch into the abdominal cavity, but still completed by laparoscopic nephrectomy. The average operation time was 100 (range, 100–140) min. The average blood loss was 50 (range, 30–80) mL, 1–3 days after discharge, drainage tube was removed after 2–4 days, no surgical complications. The average hospitalization was 6 days. Postoperative pathology showed renal parenchymal atrophy, glomerular number decreased with fibrosis. Twenty-three cases were postoperative followed-up (range, 3–18 months), all patients had normal renal function.

**Conclusions:** Transperitoneal laparoscopic nephrectomy has a large operation space, small trauma and other advantages, the exact effect, is an ideal operation in the treatment of giant hydronephrosis.

**Keywords:** Giant hydronephrosis; laparoscopic; retrospectively analyzed

doi: 10.21037/tau.2017.s069

**Cite this abstract as:** Meng Q, Wang C, Gao Z, Xu C, Wang Z, Fang J, Cui L, Lian P, Gao K, Gao Y. The indications, operation techniques in the treatment of giant hydronephrosis by transabdominal laparoscopic resection of giant hydronephrosis. *Transl Androl Urol* 2017;6(Suppl 3):AB069. doi: 10.21037/tau.2017.s069