

AB059. Pelvic floor reconstruction after radical prostatectomy: a systematic review and meta-analysis of different surgical techniques

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Background: A meta-analysis was conducted to evaluate the effect of different techniques of pelvic floor reconstruction on urinary continence.

Methods: A comprehensive search was made for trials that evaluated the efficacy of pelvic floor reconstruction. Relevant databases included PubMed, Embase, Cochrane, Ovid, Web of Science databases and relevant trials from the references. Random-effects model was used to estimate risk ratios (RRs) statistics.

Results: Pooled results of patients treated with posterior reconstruction demonstrated complete urinary continence improved at all timepoint following catheter removal. Anterior suspension was associated with improvement only at 28–42 days.

Conclusions: Patients who underwent RP and PR had the least urinary incontinence. No significant benefit was observed after AS. AR + PR and AS + PR had little benefit in the post-operative period.

Keywords: Prostate cancer; posterior reconstruction; anterior suspension; urinary incontinence

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AB060. Long-term outcome following thulium vaporesction of the prostate

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Background: To analyze the long-term outcomes after thulium vaporesction of the prostate (ThuVaRP).

Methods: ThuVaRP was performed with the 2- μ m, continuous-wave, thulium: yttrium-aluminum-garnet laser, at 70-watt using the vaporesction technique (ThuVaRP). The perioperative and follow-up data were analyzed.

Results: Median operation time was 44.8 \pm 6.5 min, the mean hospital stay was 5.5 \pm 1.5 d. 36.24% patients had minor complications, while 0.15% patients got major ones. At discharge, Qmax, PVR volume, IPSS and QoL score were significantly improved and continued to do so at 3, 6, 12, 18, 24, 36, 48, 60 months follow-up.

Conclusions: Besides efficiency and safety ThuVaRP is also a durable procedure for the treatment of symptomatic benign prostatic obstruction (BPO), with low perioperative and late complications.

Keywords: Benign prostatic obstruction (BPO); long-term outcome; thulium vaporesction of the prostate (ThuVaRP); complication

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