TWENTIETH ANNUAL SCIENTIFIC MEETING

香港泌尿外科學會

HONG KONG UROLOGICAL ASSOCIATION

2014

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香港泌尿外科學會

HONG KONG UROLOGICAL ASSOCIATION

0900 – 1700

9 November 2014

Sheraton Hong Kong Hotel & Towers

Kowloon

HONG KONG S.A.R.

HONG KONG UROLOGICAL ASSOCIATION

Hong Kong Urological Association was incorporated on 11th September 1987.

The main objectives of the Association are:

- To promote the interest in and a better understanding of Urology in Hong Kong;
- To provide a venue for discussion of problems related to Urology;
- To improve and set the standard of urological care in Hong Kong;
- To provide a means of liaison with workers in Urology in other parts of the world;
- To advise and provide information on postgraduate urological training;
- To collect and disseminate information regarding members of the Association and information of any event or happening.

To achieve the objectives, monthly council meeting is held to plan, organise, implement and review the activities of the Association. Regular academic meetings, which include case presentations, topic discussions and talks by invited speakers, are held monthly. Renowned overseas speakers have been invited to deliver lectures on subjects of special interest. Seminars, workshops, education programmes and talks to the public, general practitioners and other associations have been organised to enhance communication with the community and other medical specialties.

CONTENT

MESSAGE FROM THE PRESIDENT

Dear Colleagues,

On behalf of the Council of Hong Kong Urological Association, I am delighted to welcome you to our 20th Annual Scientific Meeting.

This year's programme features leaders in Urology from around the world whose contribution makes this meeting so valued. Professor Krishna Sethia from UK and Professor Ogawa Osamu from Japan will deliver the BUJI Lecture and the UAA Lecture respectively. They are also so kind to be the Adjudicators of our oral free paper sessions. Professor Paul de Souza from Australia will give us a keynote lecture on "Systemic Therapy for CRPC".

I am also very pleased to incorporate into the programme Oral free paper sessions and Moderator Poster sessions. This year we have 23 free papers and 14 posters. The authors of the papers include not only our young urologists and trainees, but also urologist from India.

As for the Urology Nursing Symposium, this year's programme is a very fruitful one. There are lectures and presentations given by nurse specialists from China, Macau and Hong Kong. I am sure this will provide platform for sharing knowledge and experience among colleagues in the area.

I would also particularly like to express our appreciation for the very generous support the Association receives for the Annual Scientific Meeting (as well as our other activities throughout the year) from the pharmaceutical and equipment industries. I hope our members will show appreciation by visiting the booths in the Exhibition Hall during the meeting. We have, once again, scheduled times in to the programme to allow you to spend time visiting the exhibition and then participate in the lucky draw.

In closing I would like to offer my especial thanks to our Committee Members, Secretaries and, our Abstract Reviewers for the enormous amount of work for preparing this meeting.

I hope you all enjoy the meeting.

FAN Chi Wai

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WONG Yee Sum
WU Pui Hing
YAU Kit Ling Helen
YAU Koon Chung
YEUNG Pui Shan
YEUNG Siu Hing
YIM Mei Sum
YIU Shin Ting Junie
YU Pui Ling
YUEN Hon Kwan
YEUNG Ka Wai Winnie
YUEN Ka Ling
YUEN Sze Man
YUNG Kwun Mu

Emphysematous Pyelonephritis : An Eight-Year Retrospective Review Across Four Acute Hospital.
JH Tsu, CK Chan, RW Chu, IC Law, CK Kong, PL Liu, FK Cheung, MK Yiu
Asian Journal of Surgery, 36(3): 121-5. July 2013
[DOI : 10.1016/j.asjsur.2013.01.003]

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JH Tsu, SK Yuen, H Cheung, PL Liu
Hong Kong Medical Journal, 19(5): 451-4. October 2013
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Robot-Assisted Partial Nephrectomy Using A Laparoscopic Kidney Clamp and Self-Retaining Barbed Suture without Hilar Clamping
CF Tsang, JH Tsu, AT Ng, EM Wong, KL Ho, MK Yiu
Surgical Practice, 17(4): 178-9, November 2013
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Metastatic Carcinoma of Breast in the Urinary Bladder
EMH Wong, MK Yiu, KL Ho
Hong Kong Medical Journal, 16(5), 455-457, 2013;Type:Clinical

Robotic Partial Nephrectomy: Selective Arterial Clamping Technique
EMH Wong, CM Ng, MK Yiu
Videourology, 2013;Type:Clinical (on line: DOI : 10.1089/vid.13.0053)

The Innovative Use of Floseal Can Reduce the Incidence of Post-Renal Transplant Symptomatic Lymphoceles
CH Ip, YC Lam, WK Ma, Y Chiu, TY Chu, KL Ho, FK Cheung
BJUI 2014 vol 113 Supp 1, P.3

Trocar-Site Hernia at the 8-Mm Robotic Port after Robot-Assisted Laparoscopic Prostatectomy: A Case Report and Review Of The Literature
JH Tsu, AT Ng, JK Wong, EM Wong, KL Ho, MK Yiu
Journal of Robotic Surgery, 8(1): 89-91. March 2014.
[DOI : 10.1007/s11701-013-0396-1]

Reliability and Validity of the Overactive Bladder Symptom Score in Hong Kong Chinese
MK Yiu, CM Li, SM Hou, SCW Wong, S Tam, SK Chu
Hong Kong Medical Journal, 19(6), 504-510, 2013;Type:Clinical

Reliability and Validity of the Overactive Bladder Symptom Score in Hong Kong Chinese
MK Yiu, CM Li, SM Hou, SCW Wong, S Tam, SK Chu
Hong Kong Medical Journal, 19(6), 504-510, 2013;Type:Clinical

A Prospective Study Comparing Bipolar Endoscopic Enucleation of Prostate with Bipolar Transurethral Resection in Saline for Management of Symptomatic Benign Prostate Enlargement Larger than 70g in A Matched Cohort
CF Kan, HL Tsu, Y Chiu, HC To, B Sze, SW Chan
International Journal of Urology and Nephrology, 46(3): 511-7, March 2014 [DOI : 10.1007/s11255-013-0546-4]

Severe Acute Pyelonephrits : Review of Clinical Outcome and Risk Factors for Mortality
VY Chung, CK Tai, CW Fan, CN Tang
Hong Kong Medical Journal, 014 Aug;20(4):285-9.doi: 10.12809/hkmj134061. Epub 2014 March 14

Pre-Operative Tumor Localization and Evaluation of Extra-Capsular Extension of Prostate Cancer: How Misleading Can It Be?
RWM Kan, CF Kan, LY Ho, SWH Chan
Urology Journal, June 2014; 11(3): 1615-19

Preliminary Result on the Prospective Serum Prostate Specific Anatigen (PSA) and Testosterone Monitoring in Patients Requiring Hormonal Treatment by Degarelix (Firmagon) Injection of Surgical Castration for Prostate Cancer
CK Chan, MTY Chan, MK Ma, PSK Chu, FK Cheung, CW Man
British Journal of Urology International, 113 (suppl.1), 14, 2014;Type:Clinical

Role of Cytoreductive Nephrectomy (CRN) for Metastatic Renal Cell Carcinoma (mRRC) in the Era of Targeted Therapy (TKI) : Experience from Three Hong Kong Tertiary Centres
KW Chan, JHL Tsu, WK Ma, CF Kan, AKC Leung, CH Ip, WM Kan, Fk Cheung, WH Chan, WH Au, MK Yiu
British Journal of Urology International, 113 (suppl. 1), 2, 2014;Type:Clinical

Diagnostic Evaluation of Lower Urinary Tract Symptoms in Men
JHL Tsu, MK Yiu
Hong Kong Medical Diary, 16(1), 6-9 2014;Type:Clinial

Update on Common Urological Diseases (Editorial)
MK Yiu
Hong Kong Medical Diary, 16(1), 4, 2014;Type:Clinical

Androgen Deprivation Therapy and Cardiovascular Risk in Chinese Patients with Nonmetastatic Carcinoma of Prostate
G Huang, CY Yeung, KK Lee, JX Liu, KL Ho, MK Yiu, KSL Lam, HF Tse, T Yau, CW Siu
Journal of Oncology 2014, 2014;Type:Clinical

The Innovative Use of Floseal Can Reduce the Incidence of Post-Renal Transplant Symptomatic Lymphoceles
CH Ip, YC Lam, WK Ma, Y Chiu, TY Chu, KL Ho, FK Cheung
British Journal of Urology International, 113(suppl.1), 3, 2014;Type:Clincial

Evaluation of Sexual Function after Robot-Assisted Laparoscopic Radical Prostatectomy (RaLRP) in Sexually Active Patients
WK Ma, CM Ng, CH Ip, CF Tsang, FK Cheung, MK Yiu
British Journal of Urology International, 113(suppl.1), 7-8, 2014;Type:Clinical

Erectile Dysfunction: An Under-recognised Condition in Hong Kong
ATL Ng
Hong Kong Medical Diary, 19(1), 22-24, 2014;Type:Clinical

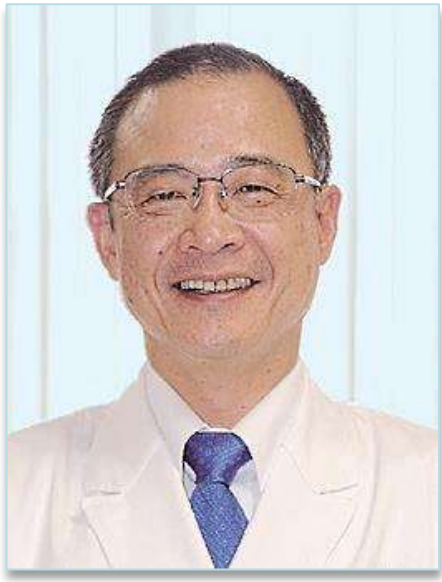
Outcome of Arteriovenous Fistual and the Predictors of Failure in Chinese Hemodialysis Patients
MW Ng, WK Ma, CH Ip, KL Ho, Y Chiu, YC Lam, FK Cheung
British Journal of Urology International, 113(Suppl.1), 2-3, 2014;Type:Clinical

Oncological Outcome and Prognostic Factors after Nephroureterectomy (NU) or Segmental Ureterectomy (SU) for Upper Urinary Tract Transitional Cell Carcinoma (UUT-TCC)
VYK Poon, WK Ma, FK Cheung
British Journal of Urology International, 113(suppl.1), 10, 2014;Type:Clinical

How Can the R.E.N.A.L. Nephrometry Scoring System Aid Management of A Solid Renal Mass?
EMH Wong, KY Cho, KL Ho, KW Wong, TCT Lai, CM Man, MK Yiu
Hong Kong Medical Journal, 20(1), 37-44, 2014;Type: Clinical

UAA LECTURE

"Molecular Epidemiology of Prostate Cancer - Genome-Wide Association Study of Prostate Cancer in Japanese"



Professor Osamu Ogawa
M.D., D. Med. Sci.
Professor and Chairman, Department of Urology,
Kyoto University Graduate School of Medicine

Prof Osamu Ogawa graduated from Kyoto University Medical School in 1982. After 6-years of urologic residency in an affiliated hospital, he entered Kyoto University, Graduate School of Medicine to study molecular biology of urologic cancers. After finishing the postgraduate course, he went abroad to study molecular biology of Wilms' tumor in Otago Univ., NZ. He came back to Dept. Urol., Kyoto University in 1993 as Assistant Professor, and moved to Dept. Urol., Akita University in 1996 as Associate Professor. After 2-years activity in Akita University, he was appointed to the present position in 1998. Prof. Ogawa was also appointed to Secretary General of UAA in 2010.

KEYNOTE LECTURE by Janssen

"Systemic Therapies for CRPC"

Professor Paul De Souza
FRACP, MPH Syd, PhD
Professor of Medical Oncology, University of Western Sydney

Prof Paul de Souza is the University of Western Sydney's Foundation Professor in Medical Oncology. After receiving his Fellowship of the Royal Australasian College of Physicians in 1992, he was appointed Assistant Professor of Medicine at the University of Virginia where he developed his clinical and research interests in cancer drug development and urological cancers. He returned to Sydney in 1997 and founded the Clinical Trials Unit in the Cancer Care Centre. He has had medical oncology experience as a consultant medical oncologist in two continents and in five hospitals.

BJUI LECTURE

"Continuing Professional Development in Urology"

Professor Krishna Sethia,
DM (Oxon), FRCS (Eng), FRCS (Ed)
Consultant Urologist and Medical Director Urology
Norfolk & Norwich University Hospital NHS Trust
Honorary Senior Lecturer, University of East Anglia

After training in Oxford and Newcastle, Prof Sethia was appointed as Consultant Urologist to the Norfolk & Norwich University Hospital in 1990. He developed specialist interests in urological oncology and andrology, and established the supraregional service for penile cancer. He became Medical Director of the hospital in 2009. He is an Honorary Professor at the University of East Anglia and his previous roles have included Treasurer of The British Association of Urological Surgeons, Vice Chairman of the SAC in Urology and Examiner for the Intercollegiate Board in Urology. He is currently Treasurer and Chairman-elect of the British Journal of Urology International.

VENUE FLOOR PLAN

Sheraton Hong Kong Hotel, 3rd Floor

A – Ballroom C
- UAA Lecture
- Keynote Lecture by Janssen
- BJUI Lecture
- Oral (Free Paper) Sessions
- Prize Presentation

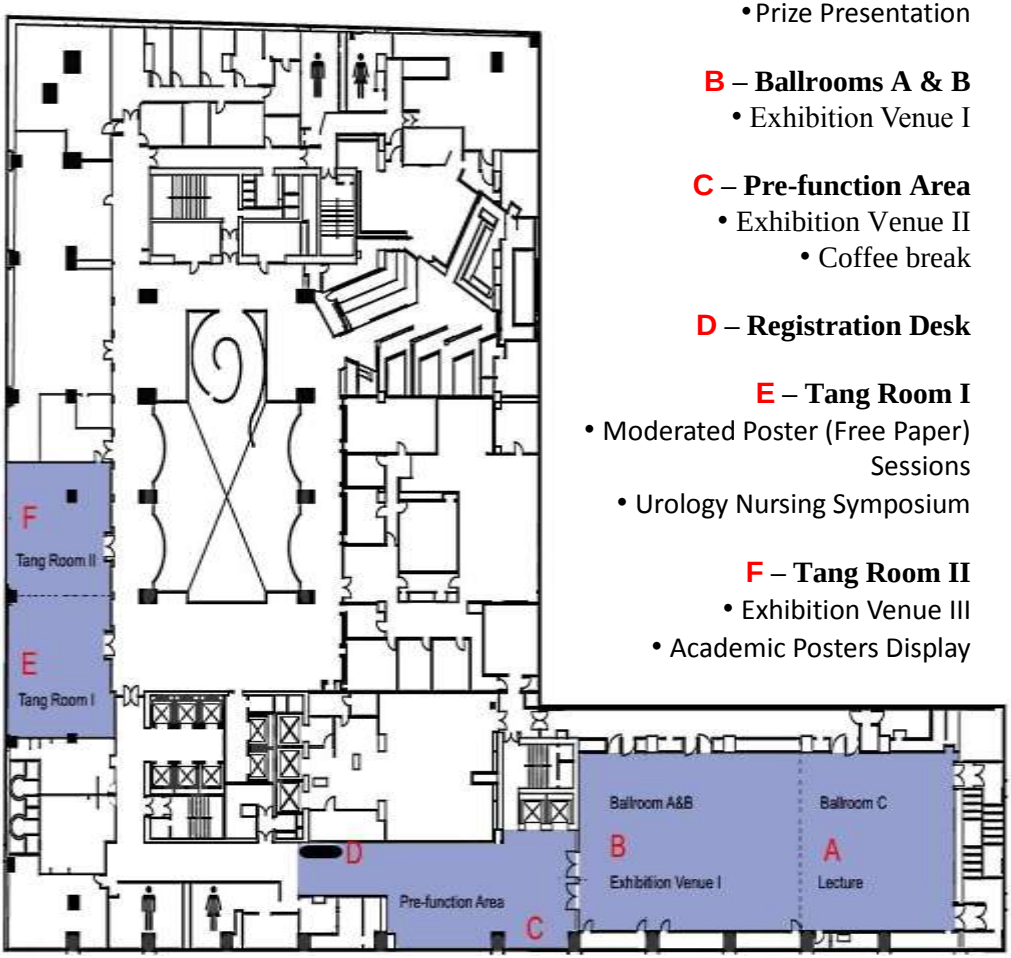
B – Ballrooms A & B
- Exhibition Venue I

C – Pre-function Area
- Exhibition Venue II
- Coffee break

D – Registration Desk

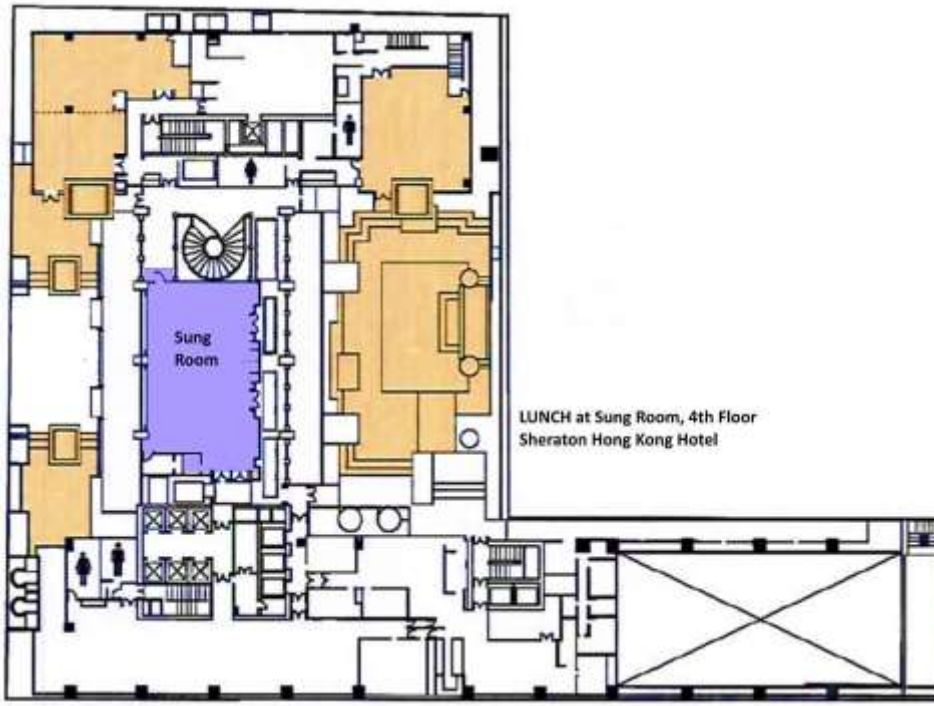
E – Tang Room I
- Moderated Poster (Free Paper) Sessions
- Urology Nursing Symposium

F – Tang Room II
- Exhibition Venue III
- Academic Posters Display



LUNCH VENUE

Sheraton Hong Kong Hotel, 4th Floor



SCIENTIFIC PROGRAMME

PLENARY SESSIONS (Ballroom C)

08:30 – 08:50 Reception / Registration

08:50 – 09:00 **Welcome Address**
Dr. CW FAN, President

09:00 – 09:30 **UAA LECTURE**
"Molecular Epidemiology of Prostate Cancer-Genome-wide Association Study of Prostate Cancer in Japanese"
Prof. O OGAWA, Japan
Moderator: Dr. SYL LEUNG

09:30 – 10:00 **KEYNOTE LECTURE by Janssen**
"Systemic Therapies for CRPC"
Prof. P DE SOUZA, Australia
Moderator: Prof. CF NG

10:00– 10:30 Tea Break / Exhibition

Ballroom C		
10:30 – 11:20	**Oral (Free Paper) Session I**	**Moderators:** Dr. SWH CHAN, Dr. YT CHAN Dr. KL HO, Dr. LH IAN
11:30 – 12:30	**Oral (Free Paper) Session II**	**Moderators:** Dr. RKY LO, Dr. PC TAM Dr. C SO, Dr. WS WONG
Tang Room I		
10:30 – 11:26	**Moderated Poster (Free Paper) Session I**	**Moderators** Dr. MC CHEUNG, Dr. PL LIU
11:30 – 12:26	**Moderated Poster (Free Paper) Session II**	**Moderators:** Dr. SSM CHU, Dr. KM LAM

12:30 – 13:45 Lunch at 4/F, Sung Room

Ballroom C		
13:45 – 14:45	**Oral (Free Paper) Session III**	**Moderators:** Dr. FCW LEE, Dr. RLC NGAI, Dr. PS SZETO, Dr. SKH YIP
14:50 – 15:50	**Oral (Free Paper) Session IV**	**Moderators:** Dr. SKK CHAN, Dr. FK CHEUNG Dr. BTC FUNG, Dr. TF YIU

15:50 – 16:15 Tea Break / Exhibition

16:15 – 16:45 **BJUI Lecture**
"Continuing Professional Development in Urology"
Prof. K SETHIA, UK
Moderator: Dr. BTH WONG

16:45 – 16:55 **Best Paper Awards Presentation**
Prof. K SETHIA

16:55 – 17:00 **Closing Remarks**
Dr. CW FAN

UROLOGY NURSING SYMPOSIUM

(Tang Room I, 3/F)

Session I	**Moderators:** Ms. ASW WONG , Ms. KW CHAN
13:30 – 14:00	**"國內泌尿外科護士的培養和發展(一)"** 劉健老師
14:00 – 14:30	**"Urology Nursing Service Development in Hong Kong and Macau"** Mr. HC TO, Ms. ML LI, Ms. P SI
14:30 – 15:00	**"國內泌尿外科護士的培養和發展(二)"** 栗霞老師

Session II	**Moderator:** Mr. KK LEUNG , Ms. HY CHOW
15:00 – 15:10	**"Urethral Pressure Profile for The Peri Operative Assessment of The Patients Undergoing Radical Prostatectomy"** Ms. VYC KAM
15:10 – 15:20	**"Effectiveness of Behavioral Therapy on Improving LUTS for Male Patients by Evaluate Their International Prostate Symptom Score (IPSS)"** Mr. HMF NG
15:20 – 15:30	**"How Does Behavioral Therapy Help to Improve Patient's Urinary Incontinence (UI) Severity and Psychological Distress Level?"** Ms. ASW WONG
15:30 – 15:40	**"Maximizing Bladder Drainage by Changing The Posture of The Patient – A Lesson Learnt From Video Urodynamic Studies"** Mr. HC TO
15:40 – 15:50	**"Is Urology Nurse-Led Clinic Efficacious and Cost Effective in Managing Women With Lower Urinary Tract Symptoms (LUTS)"** Ms. ML LI
15:50 – 16:00	**Q & A Session and Best Paper Selection** Mr. KK LEUNG
16:00 – 16:10	**Closing Remarks** Ms. ASW WONG

ORAL (FREE PAPER) SESSION I

Uro-Oncology: Prostate 10:30 – 11:20

10:30-10:40

[OP.1-1]

Risk of Ischaemic Stroke after Androgen Deprivation Therapy for Prostate Cancer in The Chinese Population

JY Teoh, PK Chiu, SY Chan, DM Poon, HY Cheung, SS Hou, CF Ng.
Division of Urology, Department of Surgery
Prince of Wales Hospital, Hong Kong

10:40-10:50

[OP.1-2]

A 16-Year Analysis of Sepsis Rate after Prostate Biopsy Comparing Different Antibiotic Regimes

PKF Chiu, CF Li, ESY Chan, SM Hou, CF Ng
Division of Urology, Department of Surgery
Prince of Wales Hospital, Hong Kong

10:50-11:00

[OP.1-3]

Comprehensive Urodynamic Evaluation Before and After Radical Prostatectomy: What Do We Learn from Assessment of Early Continence Recovery?

RWM Kan, CF Kan, YC Kam, HC To, LY Ho, SWH Chan, WH Au
Division of Urology, Department of Surgery
Queen Elizabeth Hospital, Hong Kong

11:00-11:10

[OP.1-4]

The Changes in Storage Symptoms, The Distress and Impact Related to Urinary Incontinence at 12th Month after Radical Prostatectomy

JTL Ng, CF Kan, YC Kam, HC To, LY Ho, SWH Chan, WH Au
Division of Urology, Department of Surgery
Queen Elizabeth Hospital, Hong Kong

11:10-11:20

[OP.1-5]

Oncological Outcomes after Radical Prostatectomy and Radiotherapy for High Risk Prostate Cancer

PKF Chiu[1], SYT Tong[1], DM Poon[2], ESY Chan[1], SM Hou[1], CF Ng[1]

Division of Urology, Department of Surgery[1]

Prince of Wales Hospital, Hong Kong

Department of Clinical Oncology [2]

Prince of Wales Hospital, Hong Kong

ORAL (FREE PAPER) SESSION II

Uro-Oncology: Prostate & Kidney 11:30 – 12:30

11:30-11:40
[OP.2-1]
Economical Impact of Prostate Health Index in Guiding The Decision on Transrectal Ultrasound-guided Prostate Biopsy
JY Teoh, VH Yeung, AT Ip, TY Chan, CH Cheng, SK Chu, CW Man.
Division of Urology, Department of Surgery
Tuen Mun Hospital, Hong Kong

11:40 - 11:50
[OP.2-2]
Is Pre-Operative MRI Really A Must for Robotic-Assisted Laparoscopic Radical Prostatectomy (RaLRP)?
KW Wong, WK Ma, SH Ho, TL Ng, HL Tsu, PC Tam, MK Yiu
Division of Urology, Department of Surgery
Queen Mary Hospital, Hong Kong

11:50 – 12:00
[OP.2-3]
Review of Post TRUS Sepsis
YK Lee, KL Ho, YC Lam, FK Cheung.
Urology Division, Department of Surgery
Princess Margaret Hospital, Hong Kong

12:00 – 12:10
[OP.2-4]
Novel Use of Tachosil® in Bilateral Nerve-sparing Robot-assisted Laparoscopic Radical Prostatectomy (biNS-RaLRP)
TK Lo, WK Ma, BSH Ho, ATL Ng, HL Tsu, MK Yiu
Division of Urology, Department of Surgery
Queen Mary Hospital, Hong Kong

12:10 – 12:20

[OP.2-5]

Robotic-Assisted Laparoscopic Partial Nephrectomy (RaLPN): The Road to Zero Ischemia

CH Ip, KC Cheng, WK Ma, HL Tsu, PC Tam, MK Yiu
Division of Urology, Department of Surgery
Queen Mary Hospital, Hong Kong

12:20 – 12:30

[OP.2-6]

Comparison of Functional Outcome between Partial and Radical Nephrectomy in Treating Chinese Patients with Renal Cell Carcinoma

VM Mak, JY Teoh, RW Kan, VH Yeung, TY Chan, CH Cheng, SK Chu, CW Man.
Division of Urology, Department of Surgery
Tuen Mun Hospital, Hong Kong

ORAL (FREE PAPER) SESSION III

Bladder 13:45 – 14:45

13:45 – 13:55

[OP.3-1]

Is Bipolar Transurethral Resection of Bladder Tumor (TURBT) Superior to Monopolar TURBT? An Interim Report of A Randomized Controlled Trial

CF Tsang[1], ESY Chan[1], HM Tam[1], PKF Chiu[1], CH Yee[1], HM Wong[1], CK Chan[1], SM Hou[1], CF Ng[1,2]

Division of Urology, Department of Surgery[1]

Prince of Wales Hospital, The Chinese University of Hong Kong

S.H. Ho Urology Center, Faculty of Medicine[2]

The Chinese University of Hong Kong

13:55 – 14:05

[OP.3-2]

Neoadjuvant Chemotherapy for Muscle-Invasive Bladder Cancer: The Invisible Pink Unicorn

RWM Kan[1], TY Chan[1], CH Cheng[1], ML Li[2], KC Lee[2], WH Mui[1], SK Chu[1], CW Man[1]

Division of Urology, Department of Surgery[1]

Tuen Mun Hospital, Hong Kong

Department of Clinical Oncology[2]

Tuen Mun Hospital, Hong Kong

14:05 – 14:15

[OP.3-3]

Outcomes of Maintenance Intravesical Mitomycin C and BCG Instillation in Intermediate Risk Non-Muscle Invasive Bladder Cancer

CT Pun, CF Kan, WH Au

Division of Urology, Department of Surgery

Queen Elizabeth Hospital, Hong Kong

14:15 – 14:25

[OP.3-4]

Long Term Outcome of Orthotopic T-Pouch Ileal Neobladder

VTT Law, MTY Chan, ML Li, VHW Yeung, CH Cheng, PSK Chu, CW Man
Division of Urology, Department of Surgery
Tuen Mun Hospital, Hong Kong

14:25 – 14:35

[OP.3-5]

Clinical Outcome of a Prospective Case Series of Patients with Ketamine Cystitis who Underwent Standardized Treatment Protocol

CH Yee, FPT Lai, KWM Lee, TTC Chan, PYH Tam, CF Ng
Division of Urology, Department of Surgery
Prince of Wales Hospital, Hong Kong

14:35 – 14:45

[OP.3-6]

Urodynamic and Metabolic Outcomes after Augmentation Cystoplasty — Results after a Decade of Follow Up

KC Cheng, CF Kan, LY Ho, WH Au
Division of Urology, Department of Surgery
Queen Elizabeth Hospital, Hong Kong

ORAL (FREE PAPER) SESSION IV

Stone, Infection & Nephrology 14:50 – 15:50

14:50 – 15:00

[OP.4-1]

Prospective Randomized Controlled Trial for Patient with Renal Stone Undergoing Extracoperal Shockwave Lithotripsy (ESWL) Using Tamsulosin as Adjuvant Medical Explusive Therapy: Are There Any Added Benefits?

H Chau, HC Chan, TB Li, MH Cheung, KM Lam, HS So
Division of Urology, Department of Surgery
United Christian Hospital, Hong Kong

15:00 – 15:10

[OP.4-2]

Role of Vitamin D Receptor Gene Taq 1 Polymorphism in Recurrent Urolithiasis

SP Ganesh Prasad, RR Meyyappan, V Kamaraj, R Jeyaraman
Madras Medical College and Rajiv Gandhi Government General Hospital, Chennai,Tamil Nadu, India

15:10 – 15:20

[OP.4-3]

Navigation System in Percutaneous Nephrolithotripsy – Initial Experience

H Chau, H C Chan, MH Yu, M H Cheung, K M Lam, HS So
Urology Division, Department of Surgery
United Christian Hospital, Hong Kong

15:20 – 15:30

[OP.4-4]

Review of the Microbiology and Antibiotic Sensitivities of Fournier's Gangrene in a Local Centre: 12 Years' Experience

B Ho, WK Ma, A Ng, HL Tsu, MK Yiu
Division of Urology, Department of Surgery
Queen Mary Hospital, Hong Kong

15:30 – 15:40

[OP.4-5]

Laparoscopic Salvage of Malfunctioning Tenckhoff Peritoneal Dialysis Catheter: A Single Centre 17-Year Experience

KF Lee, WK Ma, JHL Tsu, MK Yiu
Division of Urology, Department of Surgery
Queen Mary Hospital, Hong Kong

15:40 – 15:50

[OP.4-6]

Use of Fibrin-Based Gelatin-Matrix Sealant (FLOSEAL®) in Renal Transplantation

TCT Lai, YC Lam, CH Yip, FK Cheung
Division of Urology, Department of Surgery
Princess Margaret Hospital, Hong Kong

MODERATED POSTER (FREE PAPER) SESSION I

Uro-Oncology 10:30 – 11:26

10:30-10:38
[MP.1-1]

Laparoscopic Partial Nephrectomy with Segmental Renal Artery Clamping: A Safe Technique That May Improve Early Postoperative Renal Function Preservation

JHM Wong[1], SCH Yee[1], PKF Chiu[1], KT Wong[2], SY Chan[1], CK Chan[1], CF Ng[1], SM Hou[1]
Division of Urology, Department of Surgery[1]
Prince of Wales Hospital, Hong Kong
Department of Imaging and Interventional Radiology[2]
Prince of Wales Hospital, Hong Kong

10:38-10:46
[MP.1-2]

Metallic Ureteral Stents: A Cost Effective Management in Malignant Ureteric Obstruction

SKK Yuen, B Ho, WK Ma, MK Yiu
Division of Urology, Department of Surgery
Queen Mary Hospital, Hong Kong

10:46-10:54
[MP.1-3]

Local Experience on Short Term Outcome of Robotic Assisted Laparoscopic Radical Prostatectomy

YK Lee, KL Ho, YC Lam, FK Cheung.
Urology Division, Department of Surgery
Princess Margaret Hospital, Hong Kong

10:54-11:02

[MP.1-4]

Predictors of Overall Survival in Renal Cell Carcinoma Following Partial or Radical Nephrectomy

JY Teoh, VM Mak, RW Kan, VH Yeung, TY Chan, CH Cheng, SK Chu, CW Man.
Division of Urology, Department of Surgery
Tuen Mun Hospital, Hong Kong

11:02-11:10

[MP.1-5]

Short Term Results of Partial Nephrectomy in Kowloon East Cluster

YK Lee, Lysander Chau, KM Lam, HS So.
Division of Urology, Department of Surgery
United Christian Hospital, Hong Kong

11:10-11:18

[MP.1-6]

Long-Term Functional Outcome of Partial Nephrectomy for Benign and Malignant Renal Lesions: Ischaemic Time and The Cherry on Top

RWM Kan, CH Cheng, TY Chan, SK Chu, CW Man
Division of Urology, Department of Surgery
Tuen Mun Hospital, Hong Kong

11:18-11:26

[MP.1-7]

A Retrospective Study of Oncological and Functional Outcome and the Complication Rates of Robotic-Assisted Radical Prostatectomy (RRP): A Single Centre Experience over A 5-Year Period

KM Li, JCM Li, MH Wong, NH Chan, CW Fan
Division of Urology, Department of Surgery
Pamela Youde Nethersole Eastern Hospital, Hong Kong

MODERATED POSTER (FREE PAPER) SESSION II

Lower Urinary Tract 11:30 – 12:26

11:30-11:38
[MP.2-1]
Single-Staged Closure of Exstrophy- Epispadias: An Audit
JHK Ngan, ASW Fung, MCY Ngan
MedArt's China Orphan Outreach Program

11:38-11:46
[MP.2-2]
A Pilot Study of Sublingual Desmopressin on Nocturnal Polyuria and Sleep Quality
CLH Leung, CC Ngo, KW Chan, CL Cho, WH Chu, IC Law
Division of Urology, Department of Surgery
Kwong Wah Hospital, Hong Kong

11:46-11:54
[MP.2-3]
Initial Experience with Low Intensity Extracorporeal Shock Wave Therapy for Treatment of Erectile Dysfunction
CC Ngo, HY Ngai, HC To, WH Au
Division of Urology, Department of Surgery
Queen Elizabeth Hospital, Hong Kong

11:54-12:02
[MP.2-4]
A Local Case Series of Laparoscopic Transperitoneal Extravesical Approach for Bladder Diverticulectomy
CLH Leung, KW Chan, CL Cho, WH Chu, IC Law
Division of Urology, Department of Surgery
Kwong Wah Hospital, Hong Kong

12:02-12:10

[MP.2-5]

Percutaneous Tibial Nerve Stimulation - Feasible Option for Refractory Overactive Bladder

HF Wong, SW Wong, KL Lo, HY Cheung, SM Hou, HT Leong
Division of Urology, Department of Surgery
North District Hospital, Hong Kong

12:10-12:18

[MP.2-6]

Initial Experience in Percutaneous Tibial Nerve Stimulation (PTNS)

J Ching, YK Lee, MH Cheung, KM Lam
Urology Division, Department of Surgery
Tseung Kwan O Hospital, Hong Kong

12:18-12:26

[MP.2-7]

RCT: Role of Prophylactic Antibiotics in Prevention of Urinary Tact Infection in Patients with Acute Retention of Urine undergoing Trial without Catheter

CHF Wong, CK Tai, KL Lui
Division of Urology, Department of Surgery
Pamela Youde Nethersole Eastern Hospital, Hong Kong

Session II 15:00 – 15:50

15:00 – 15:10
[UNS-1]
Urethral Pressure Profile for the Perioperative Assessment of the Patients Undergoing Radical Prostatectomy
YC Kam, HC To, CF Kan, LY Ho, WH Au
Division of Urology, Department of Surgery
Queen Elizabeth Hospital, Hong Kong

15:10 – 15:20
[UNS-2]
Effectiveness of Behavioral Therapy on Improving LUTS for Male Patients by Evaluate Their International Prostate Symptom Score (IPSS)
HMF Ng, ASW Wong, SYK Ng, HY Cheung, HT Leong
Division of Urology, Department of Surgery
North District Hospital, Hong Kong

15:20 – 15:30
[UNS-3]
How does Behavioral Therapy help to improve Patient‘s Urinary Incontinence (UI) Severity and Psychological Distress Level?
ASW Wong, SYK Ng, HY Cheung, HT Leong
Division of Urology, Department of Surgery
North District Hospital, Hong Kong

15:30-15:40

[UNS-4]

Maximizing Bladder Drainage by Changing the Posture of the Patient – A Lesson Learnt from Video Urodynamic Studies

HC TO, YC KAM, CF KAN, LY HO, WH AU
Division of Urology, Department of Surgery
Queen Elizabeth Hospital, Hong Kong

15:40-15:50

[UNS-5]

Is Urology Nurse-Led Clinic Efficacious and Cost Effective in Managing Women with Lower Urinary Tract Symptoms (LUTS)?

ML Li, SK Chu, CW Man
Division of Urology, Department of Surgery
Tuen Mun Hospital, Hong Kong

[OP.1-1]

Risk of Ischaemic Stroke after Androgen Deprivation Therapy for Prostate Cancer in The Chinese Population

JY Teoh, PK Chiu, SY Chan, DM Poon, HY Cheung, SS Hou, CF Ng.

Division of Urology, Department of Surgery
Prince of Wales Hospital, Hong Kong

Objective:
To investigate the risk of ischaemic stroke after androgen deprivation therapy (ADT) for prostate cancer in the Chinese population.

Patients & Methods:
All Chinese prostate cancer patients who were treated primarily with radical prostatectomy or radiotherapy, with (ADT group) or without further ADT (non-ADT group) from year 2000 to 2009 were reviewed. The risk of ischaemic stroke after ADT was first analyzed with Kaplan-Meier method, followed by Cox regression analyses to adjust for other potential risk factors.

Results:
A total of 452 patients were included, consisting of 200 patients in the non-ADT group and 252 patients in the ADT group. The ADT group appeared to have increased risk of ischaemic stroke when compared to the non-ADT group (P = 0.063) upon Kaplan-Meier analysis. Upon Cox regression analyses, older age (HR 1.13, 95% CI 1.05-1.22, P=0.001), dyslipidemia (HR 3.84, 95% CI 1.79-8.22, P=0.001) and the use of ADT (HR 3.04, 95% CI 1.33-6.94, P = 0.008) were associated with increased risk of developing new ischaemic stroke.

Conclusion:
There was increased risk of ischaemic stroke after ADT for prostate cancer in the Chinese population, especially in elderly patients with history of dyslipidemia.

A 16-Year Analysis of Sepsis Rate after Prostate Biopsy Comparing Different Antibiotic Regimes

PKF Chiu, CF Li, ESY Chan, SM Hou, CF Ng

Division of Urology, Department of Surgery
Prince of Wales Hospital, Hong Kong

Objective:
To investigate the incidence of sepsis after Transrectal Ultrasound-guided(TRUS) prostate biopsy using different antibiotic regimes from 1998 to 2014

Patients & Methods:
Patients with TRUS biopsy performed from January 1998 to August 2014 were included. All patients were phone contacted about 1 week after TRUS biopsy for any occurrence of fever and medical attendance.

Results:
A total of 3928 patients with TRUS biopsy performed and successful phone contact were included for analysis. The sepsis rates of patients on different pre-biopsy antibiotics are as follows: Group 1(Augmentin only) 3.91%(7/179), Group 2(Quinolone only) 7.07%(33/466), Group 3(Quinolone+Augmentin) 1.01%(33/3283), chi-square test $p<0.00001$. Among the 48 patients with TRUS biopsy sepsis from 2006-2014, 77.1% required hospital admission, 10.4% developed septic shock, 4.2% required ICU care, 2.1% required inotropes, and none had mortality. A median of 10 biopsy cores(range 7-11) were taken. 15 out of 48 patients had positive culture results, including 11 E. coli, 2 Klebsiella, and 2 ESBL-producing E. coli. Quinolone+Augmentin regime was applied to all patients from January 2009-August 2014, and the sepsis rate remained low at 0.94%(21/2243).

Conclusion:
Using both Quinolone and Augmentin as prophylaxis was associated with significantly less TRUS biopsy sepsis compared with either one antibiotic.

[OP.1-3]

Comprehensive Urodynamic Evaluation Before and After Radical Prostatectomy: What Do We Learn from Assessment of Early Continence Recovery?

RWM Kan, CF Kan, YC Kam, HC To, LY Ho, SWH Chan, WH Au

Division of Urology, Department of Surgery
Queen Elizabeth Hospital, Hong Kong

Objectives:
To report the urodynamic changes before and after radical prostatectomy.

Patients & Methods:
Patients who underwent radical prostatectomy from January to December 2013 were evaluated pre-operatively and 3-month post-operatively with symptom questionnaires (UDI-6, IIQ-7, OAB-V8), 1-hour pad test, cystometrography and urethral pressure profilometry.

Results:
A total of 33 patients with mean age of 67.2 years underwent radical prostatectomy. 17 patients (51.5%) regained urinary continence at 3 months post-operation. The pre-operative and 3-month post-operative UDI-6 & IIQ-7 scores were 4 vs 6 *($p = 0.001$)* and 0 vs 2.5 *($p = 0.032$)* respectively. The pre-operative and 3-month post-operative functional profile length and maximal urethral closure pressure were 6.1cm vs 2.4cm ($p = 0.001$) and 67cmH2O vs 42.5cmH2O ($p = 0.000$) respectively. 45.5% and 56.7% patients had detrusor overactivity respectively at pre-operation and 3-month post-operation. Significant associative factors for post-operative urinary incontinence included IPSS/QoL scores, OAB-V8 scores, and the presence of two peaks in urethral pressure profilometry.

Conclusion:
Urinary incontinence caused significant distress in patients who underwent radical prostatectomy. Post-operative urethral pressure profilometry revealed significant reduction in functional profile length and maximal urethral closure pressure. Evaluation of early continence recovery resulted in better understanding of the post-prostatectomy continence mechanism and recovery.

The Changes in Storage Symptoms, The Distress and Impact Related to Urinary Incontinence at 12th Month after Radical Prostatectomy

JTL Ng, CF Kan, YC Kam, HC To, LY Ho, SWH Chan, WH Au

Division of Urology, Department of Surgery
Queen Elizabeth Hospital, Hong Kong

Objective:
To investigate the changes in storage symptoms, the distress and impact related to urinary incontinence at 12th month after radical prostatectomy.

Patients & Methods:
All patients with radical prostatectomy performed from January 2011 to July 2013 were reviewed. The pre-operative, 3rd month and 12th month post-operative urinary symptoms were assessed by UDI-6 for incontinence distress, IIQ-7 for incontinence impact and OAB-V8 for storage symptoms. Urinary continence was defined by pad use ≤ 1 per day or 1-hour pad test ≤ 1gram.

Results:
A total of 108 patients were included. Urinary continence rate was 64% and 88% at 3rd and 12th month after operation. At 12th month, UDI-6 and IIQ-7 improved compared with 3rd month results ($p<0.05$) but were persistently inferior to the pre-operative level ($p<0.05$). The OAB-V8 correlated with the 1 hour pad test results at both 3rd and 12th month ($p=0.000$). The improvement in OAB-V8 was only observed at 12th month after operation ($p=0.016$).

Conclusion:
Despite the improvement in continence at 12th month after operation, the patient did not reach their pre-operative urinary incontinence distress and impact level. Storage symptoms, which correlated with urinary continence, should be evaluated and managed in follow-up visits.

[OP.1-5]

Oncological Outcomes after Radical Prostatectomy and Radiotherapy for High Risk Prostate Cancer

PKF Chiu[1], SYT Tong[1], DM Poon[2], ESY Chan[1], SM Hou[1], CF Ng[1]

Division of Urology, Department of Surgery[1]
Prince of Wales Hospital, Hong Kong
Department of Clinical Oncology [2]
Prince of Wales Hospital, Hong Kong

Objective:
To analyze oncological outcomes after radical prostatectomy(RRP) or radiotherapy(RT) for high risk prostate cancers

Patients & Methods:
All D'Amico high risk prostate cancers with RRP(1996-2014) or RT(2002-2009) performed in our hospital with available data were included. Oncological outcomes were compared using Kaplan-Meier analysis.

Results:
A total of 92 RRP patients and 155 RT patients were included. Baseline age was higher in RT group (70.1 Vs 66.6years, $p<0.001$). Pre-treatment PSA was higher in RT group (60.9 Vs 25.4ng/ml, $p=0.003$). Gleason score was similar in both groups. Median follow-up was 5.7(range 0.1-17.4) years. There was no significant difference between RRP and RT in terms of biochemical recurrence (RRP 18.7% Vs RT 23.8%), development of new metastasis (RRP 6.7% Vs RT 12.5%), prostate cancer mortality (RRP 2.2% Vs RT 8.3%) and overall mortality (RRP 12.1% Vs RT 26.4%). RRP group was associated with higher rate of ADT use (RRP 37.1% Vs RT 29.7%, log-rank test, $p=0.020$), but RT group had higher rate of castration resistance development (RT 16.8% Vs RRP 3.4%, log-rank test, $p=0.022$).

Conclusion:
RT for high risk prostate cancer was associated with higher rate of castration resistant status comparing with RRP, but there was no significant difference in prostate cancer mortality or overall mortality.

Economical Impact of Prostate Health Index in Guiding The Decision on Transrectal Ultrasound-guided Prostate Biopsy

JY Teoh, VH Yeung, AT Ip, TY Chan, CH Cheng, SK Chu, CW Man.

Division of Urology, Department of Surgery
Tuen Mun Hospital, Hong Kong

Objective:
To investigate the economical impact of prostate health index (*phi*) in guiding the decision on transrectal ultrasound-guided prostate biopsy (TRUS-PB).

Patients & Methods:
Patients with prostate-specific antigen (PSA) of 4-10ng/ml and normal digital rectal examination (DRE) who had *phi* testing from June 2013 to May 2014 were reviewed. The costs of the two strategies in offering TRUS-PB using a PSA threshold of ≥ 4.0ng/ml and a *phi* threshold of ≥ 35.0 were compared.

Results:
A total of 127 patients were included, consisting of 113 patients (81.1%) with *phi* <35.0 and 14 patients (18.9%) with *phi* ≥ 35.0. The costs of each TRUS-PB and *phi* testing were 10,900 HKD (1,397.4 USD) and 3,000 HKD (384.6 USD) respectively. In our cohort, the costs of offering TRUS-PB using a PSA threshold of ≥ 4.0ng/ml were calculated to be 1,384,300 HKD (177,474.4 USD), and the costs of offering TRUS-PB using a *phi* threshold ≥35.0 were calculated to be 533,600 HKD (68,410.3 USD). The utility of *phi* was estimated to save 850,700 HKD (109,064.1 USD) during the study period.

Conclusion:
Using a *phi* threshold of ≥35.0 in offering TRUS-PB had a positive economical impact in managing patients with PSA 4-10ng/ml and normal DRE.

[OP.2-2]

Is Pre-Operative MRI Really A Must for Robotic-Assisted Laparoscopic Radical Prostatectomy (RaLRP)?

KW Wong, WK Ma, SH Ho, TL Ng, HL Tsu, PC Tam, MK Yiu

Division of Urology, Department of Surgery
Queen Mary Hospital, Hong Kong

Objective:
To evaluate MRI with endorectal coil (ER-MRI) in detecting laterality of tumor and T staging on patients with localized prostate cancer before RaLRP

Patients & Methods:
Between November 2007 and February 2014, 149 patients were recruited. All patients had biopsy-confirmed disease and ER-MRI before operation. ER-MRI and prostatectomy pathology findings were correlated.

Results:
ER-MRI staged 104 patients as T2 disease, 14 patients as T3 disease and did not detect any tumor in 31 patients. Pathology showed T2 disease in 127 patients, T3 disease in 20 patients and no tumor in 2 patients. Laterality of tumor reported by ER-MRI was consistent with pathology findings in 46.4% of patients. ER-MRI sensitivity, specificity, PPV and NPV resulted respectively 0.70, 0.32, 0.86 and 0.16 for T2 disease and 0.20, 0.92, 0.29 and 0.88 for T3 disease. For low-risk tumor classified with D'Amico risk stratification system, ER-MRI appears most accurate to confirm T2 disease and rule out T3 disease with PPV of 0.97 and NPV of 0.97 respectively.

Conclusion:
While ER-MRI is far from perfect as pre-op assessment tool for prostate cancer, it is very accurate to confirm organ confined disease in low-risk patients. Judicious use and interpretation of ER-MRI is important.

Review of Post TRUS Sepsis

YK Lee, KL Ho, YC Lam, FK Cheung.

Urology Division, Department of Surgery
Princess Margaret Hospital, Hong Kong

Objective:
To identify the risk factors for post-TRUS biopsy sepsis, to review the incidence of that and investigate if more potent broad spectrum antibiotics is indicated in susceptible individuals.

Patients & Methods: Patients with early re-admission after TRUS biopsy were retrieved with CIDARS. Clinical history, progress and culture results were reviewed and analyzed

Results:
A total of 4719 TRUS biopsies were done between 2005-2014. 209 (0.04%) of them had early re-admission and 67 of them were re-admitted for post-TRUS sepsis. Among them, 15 out of the 67 patient had history of DM. Thus, patients with DM had a relative risk of 2.2. Other risk factors such as old age and steroid usage were not shown to cause increase risk of sepsis statistically.

Conclusion:
DM patients have significantly increased risk for post-TRUS sepsis. If the sepsis rate is increased in the future, we can consider giving more potent prophylactic antibiotics to patient with DM undergoing TRUS biopsy.

[OP.2-4]

Novel Use of Tachosil® in Bilateral Nerve-sparing Robot-assisted Laparoscopic Radical Prostatectomy (biNS-RaLRP)

TK Lo, WK Ma, BSH Ho, ATL Ng, HL Tsu, MK Yiu

Division of Urology, Department of Surgery
Queen Mary Hospital, Hong Kong

Objective:
To investigate the novel use of Tachosil® (an absorbable fibrin sealant patch) in biNS-RaLRP with conventional athermal dissection technique.

Patients & Methods:
Since November 2013, Tachosil® was investigated as a haemostatic tool in biNS-RaLRP. Operative data, outcomes were prospectively collected and compared with our historical cohort from June 2012 to November 2013.

Results:
A total of 16 and 20 patients had biNS-RaLRP performed with and without Tachosil® respectively. All of them had intrafascial nerve-sparing technique. Both groups were comparable in age, pre-op PSA, prostate size and console time. There were a trend of less haemoglobin drop (-0.78 vs -1.13) and drain output (without pelvic lymph node dissection: 84.5 vs 112.4ml) in the Tachosil® group. Complications rates and hospital stay were similar. Continence rates by one hour pad test were good in both groups at 1m, 3m and 6m (1, 1, 0.5 gram vs 1, 0, 1 gram). For patients with pre-op IIEF-5≧17, baseline IIEF-5 (21.9 vs 19.8) were similar and potency recovery appeared faster in the Tachosil® group (IIEF-5 change at 1m, 3m, 6m: -14.7, -7.9, -5.8 vs -14.2, -8.7, -7.1)

Conclusion:
Tachosil® is a feasible haemostatic option in biNS-RaLRP with athermal dissection. The potency recovery appears faster in Tachosil® group. Longer follow-up is needed to assess the impact on sexual function.

Robotic-Assisted Laparoscopic Partial Nephrectomy (RaLPN): The Road to Zero Ischemia

CH Ip, KC Cheng, WK Ma, HL Tsu, PC Tam, MK Yiu

Division of Urology, Department of Surgery
Queen Mary Hospital, Hong Kong

Objective:
Every minute counts in reducing ischemic time in RaLPN. We aim to review outcomes with advancement of clamping techniques from hilar clamping(HC) to parenchymal clamping(PC) and selective arterial clamping(SC).

Patients & Methods:
Between 1/2009-6/2014, 36 patients underwent RaLPN using HC(23) since 1/2009, PC(6) since 11/2012 or SC(7) since 9/2012. Patients' characteristics, pre-operative tumor status, intra-operative parameters and post-operative outcomes were analyzed.

Results:
The mean age of patients was 59. There were no difference in tumor complexity (median PADUA score=8) among groups. The mean ischemic time were 37, 20 and zero minutes in HC, PC and SC respectively, with significant reduction in mean operation duration (355 vs. 230 vs. 281 minutes, p=0.006). Three patients in HC required conversion to open approach with none in other groups. We observed a trend of reducing intra-operative blood loss (213 vs. 142 vs. 186ml, p=0.627), with one patient in HC requiring blood transfusion post-operatively. There were no difference in complication rate (p=0.55) or serum creatinine change immediate post-operatively (p=0.18) among groups. RCC were diagnosed in 75% of patients and two in HC had positive surgical margins.

Conclusion:
Advancing clamping techniques(SC and PC) in RaLPN have better outcomes in terms of ischemic time, operation duration and blood loss.

[OP.2-6]

Comparison of Functional Outcome between Partial and Radical Nephrectomy in Treating Chinese Patients with Renal Cell Carcinoma

VM Mak, JY Teoh, RW Kan, VH Yeung, TY Chan, CH Cheng, SK Chu, CW Man.

Division of Urology, Department of Surgery
Tuen Mun Hospital, Hong Kong

Objective:
To compare the functional outcome between partial nephrectomy (PN) and radical nephrectomy (RN) in treating Chinese patients with renal cell carcinoma (RCC).

Patients & Methods:
All Chinese patients who underwent PN or RN for RCC from year 2004 to 2013 were reviewed. Pre- and post-operative eGFR at 6-months and 1-year were calculated by Chinese version MDRD. The percentage reduction difference in pre- and post-operative eGFR between PN and RN were compared using independent samples t-test. Further multiple linear regression analyses were performed to adjust for other potential confounding factors.

Results:
A total of 143 Chinese patients were included; 43 patients (30.1%) underwent PN and 100 patients (69.9%) underwent RN. The mean age was 59.6 $\pm$ 12.0 years and the median follow-up was 44 months. Patients who underwent PN had lower percentage reduction in eGFR when compared to RN at post-operative 6-months (21.8$\pm$18.1% Vs 34.3$\pm$16.5%, P <0.001) and post-operative 1-year (22.1$\pm$14.5% Vs 35.0$\pm$18.3%, P <0.001). Upon multiple linear regression analyses, partial nephrectomy was associated with a lower percentage reduction in eGFR at post-operative 6-months and 1-year (both P<0.001)

Conclusion:
Compared to RN, PN was associated with better functional outcome in treating Chinese patients with RCC.

Is Bipolar Transurethral Resection of Bladder Tumor (TURBT) Superior to Monopolar TURBT? An Interim Report of A Randomized Controlled Trial

CF Tsang[1], ESY Chan[1], HM Tam[1], PKF Chiu[1], CH Yee[1], HM Wong[1], CK Chan[1], SM Hou[1], CF Ng[1,2]

Division of Urology, Department of Surgery[1]
Prince of Wales Hospital, The Chinese University of Hong Kong
S.H. Ho Urology Center, Faculty of Medicine[2]
The Chinese University of Hong Kong

Objective:
To evaluate the advantage and outcome of transurethral resection of bladder tumor (TURBT) using bipolar energy compared with monopolar TURBT.

Patients and Methods:
Patients diagnosed with bladder cancer from May 2012 to July 2014 were recruited and randomized into either monopolar or bipolar TURBT. Patient demographics, pathological characteristics (tumor stage and grade, muscle-sampling rate), intra-operative parameters (ease of resection / hemostasis, obturator jerks, bladder irrigation rate, operative time), post-operative parameters (incidence of bladder perforation, post-operative bleeding and hospital stay) were analyzed.

Results:
A total of 102 patients were recruited (51 in monopolar arm, 51 in bipolar arm). The bladder irrigation rate was significantly lower in the bipolar arm than in the monopolar arm (24% vs 49%, p=0.02). The muscle-sampling rate was higher (83% vs 74%), and the incidence of obturator jerks was lower (14% vs 23%) in the bipolar arm than in the monopolar arm. The difference did not reach statistical significance in this interim report. There was no early post-operative bleeding in both arms. All secondary outcomes were comparable between the 2 arms.

Conclusion:
Bipolar TURBT may have an advantage in less post-operative bladder irrigation, higher muscle sampling rate and lower incidence of obturator jerks.

[OP.3-2]

Neoadjuvant Chemotherapy for Muscle-Invasive Bladder Cancer: The Invisible Pink Unicorn

RWM Kan[1], TY Chan[1], CH Cheng[1], ML Li[2], KC Lee[2], WH Mui[1], SK Chu[1], CW Man[1]

Division of Urology, Department of Surgery[1]
Tuen Mun Hospital, Hong Kong
Department of Clinical Oncology[2]
Tuen Mun Hospital, Hong Kong

Objective:
To review the peri-operative outcome and oncological outcome following the use of neoadjuvant chemotherapy for muscle-invasive bladder cancer.

Patients & Methods:
Retrospective review of patients who underwent radical cystectomy for bladder cancer from 2005 to 2013, and the effect of neoadjuvant chemotherapy was determined.

Results:
Out of 69 patients, 15 patients (21.7%) received neoadjuvant chemotherapy. The mean age and estimated glomerular filtration rates for those who had and had not received neoadjuvant chemotherapy were 59.4 *vs* 66 years (p = 0.026) and 90ml/min *vs* 73ml/min (p = 0.045) respectively. Other background demographics were comparable between the two groups. For those who had and had not received neoadjuvant chemotherapy, 0% *vs* 8% (p = 0.277) required post-operative image-guided drainage of collection, 13.3% *vs* 7.4% (p = 0.471) had wound complication. 30% and 40% of those who had clinical T2 and clinical T3 diseases were down-staged to pT0 after neoadjuvant chemotherapy. 6.7% *vs* 38.9% (p = 0.019) had tumour recurrence. Kaplan Meier analysis demonstrated a favourable recurrence-free survival for those who received neoadjuvant chemotherapy (Log-rank test = 0.039)

Conclusion:
Despite its almost-delusional misbelief, neoadjuvant chemotherapy had yet unfailingly demonstrated a significantly favourable oncological outcome without jeopardising the peri-operative outcome.

Outcomes of Maintenance Intravesical Mitomycin C and BCG Instillation in Intermediate Risk Non-Muscle Invasive Bladder Cancer

CT Pun, CF Kan, WH Au

Division of Urology, Department of Surgery
Queen Elizabeth Hospital, Hong Kong

Objective:
To compare the oncological outcomes and side effects of maintenance intravesical mitomycin C (MMC) and BCG instillation in patients with intermediate risk non-muscle invasive bladder cancer (NMIBC).

Patients & Methods:
All intermediate risk NMIBC patients in Queen Elizabeth Hospital who had maintenance MMC instillation from Sep 2012 to Oct 2013, BCG instillation from Sep 2010 to Aug 2011 and a cohort without adjuvant therapy given from Mar 2008 to Dec 2009 were included for analysis. The oncological outcomes were retrospectively reviewed. The side effects of MMC and BCG were reported based on Common Terminology Criteria of Adverse events version 3.

Results:
A total of 103 patients were included in the study (Control, 50; MMC, 30; BCG, 23). The relative increase in recurrence-free survival at 1 year was comparable between the MMC and BCG group (46.1% and 38.9% respectively, p=0.138). MMC had fewer side effects compared to BCG instillation, especially in pain on voiding and fever. 22% patients withdrew from BCG treatment due to side effects while there was none in the MMC group. Administration of MMC therapy was less costly than BCG therapy.

Conclusion:
Maintenance intravesical MMC therapy provided comparable oncological outcome with BCG therapy for intermediate risk NMIBC patients, and is a more tolerable and less expensive option.

[OP.3-4]

Long Term Outcome of Orthotopic T-Pouch Ileal Neobladder

VTT Law, MTY Chan, ML Li, VHW Yeung, CH Cheng, PSK Chu, CW Man

Division of Urology, Department of Surgery
Tuen Mun Hospital, Hong Kong

Objective:
To study outcome of patients with post-cystectomy T-pouch cystoplasty for carcinoma of bladder.

Patients & Methods:
Hospital notes during follow-up were analyzed. From Jan 2007 - Jan 2014, 29 patients (27 male, 2 female), mean aged 61.9 years (range 31 - 77 years) underwent T-pouch cystoplasty.

Results:
A total of 26 patients had muscle-invasive transitional cell carcinoma and 6 received neoadjuvant chemotherapy, with 1-year and 3-year survival rate of 100%. For the non-neoadjuvant chemotherapy group, 1-year and 3-year survival rate were 71% and 55% respectively. Median follow-up and operation time were 60 months (5-86) and 464 minutes (370-605) respectively. 27 patients with sufficient data were analysed. 25.9% (7/27) had history of urinary tract infections. The daytime and nighttime continence rates were both 74% (20/27). 78% (21/27) could initiate micturition by either Valsalva or pelvic floor relaxation. 22% (6/27) depended fully on clean intermittent catheterization. Upon univariate and multivariate analyses, the incontinence rate had no relationship with either age, sex, diabetes or neoadjuvant chemotherapy.

Conclusion:
T-pouch cystoplasty could offer post-radical cystectomy patient satisfactory continence rate. A larger group of patients is required to determine the predicting factors of incontinence rate.

Clinical Outcome of a Prospective Case Series of Patients with Ketamine Cystitis who Underwent Standardized Treatment Protocol

CH Yee, FPT Lai, KWM Lee, TTC Chan, PYH Tam, CF Ng

Division of Urology, Department of Surgery
Prince of Wales Hospital, Hong Kong

Objective:
We are reporting the management outcome of a prospective cohort of patients from a dedicated centre treating ketamine-associated uropathy.

Patients & Methods:
All patients who attended our centre for ketamine related urological problems were recruited. Management includes a 4-tier approach, namely anti-inflammatory drug / anti-cholinergic, opioid analgesic / pregabalin, intravesical hyaluronic acid, and surgical intervention. Outcome was assessed with functional bladder capacity (FBC), pelvic pain and urgency/frequency (PUF) symptom scale, EuroQol Visual Analogue Scale (EQ VAS) and general response assessment (GRA).

Results:
Between December 2011 and June 2014, 463 patients attended our clinic for ketamine-associated uropathy. All were managed by the same standardized protocol. Amongst these patients, 319 patients came back for follow-up. For patients who received first-line treatment (290 patients), there was a significant improvement in PUF scores, EQ VAS and FBC. Abstinence from ketamine abuse and the amount of ketamine consumed were factors predicting the improvement of PUF scores. Among patients who required second-line oral therapy (62 patients), 42 (67.7%) patients reported improvement in symptoms. Eight patients have completed intravesical therapy. There was a significant improvement in voided volume for the patients after treatment.

Conclusion:
The study demonstrated the efficacy of managing ketamine-associated uropathy using a four-tier approach.

[OP.3-6]

Urodynamic and Metabolic Outcomes after Augmentation Cystoplasty — Results after a Decade of Follow Up

KC Cheng, CF Kan, LY Ho, WH Au

Division of Urology, Department of Surgery
Queen Elizabeth Hospital, Hong Kong

Objective:
To review the long term functional and metabolic outcomes of augmentation cystoplasty.

Patients & Methods:
Retrospective review of case notes, laboratory results and urodynamic reports was done for elective augmentation cystoplasty performed from 1995 to 2004. Long term postoperative outcomes of ten years or more were studied. Paediatric(Age <15) and adult(Age >=15) patients were interpreted separately.

Results:
A total of 9 paediatric patients and 25 adult patients were identified with a median follow up of 18 years and 11.5 years respectively. Their mean percentage increase in cystometric capacity were 336% and 131%. The prevalence of poor compliance bladder, detrusor overactivity decreased by 88.9% and 75%; 27.8% and 41.6% respectively. Presence of vesico-ureteric reflux, urinary incontinence decreased by 22.2% and 4%; 33.9% and 41.7%. Median time from surgery to the latest urodynamic study were 5.7 years and 3.7 years.
Mean preoperative and latest estimated glomerular filtration rate(eGFR) were 71.7ml/min and 68.1ml/min respectively for adult patients. The decrease in eGFR was insignificant (p=0.205). Metabolic acidosis were present in 11.1% paediatric and 40% adult patient. 16% of adult patient required oral bicarbonate supplement.

Conclusion:
Augmentation cystoplasty is a time-honored procedure which provides great urodynamic improvement and low metabolic complication rate in long term follow up.

Prospective Randomized Controlled Trial for Patient with Renal Stone Undergoing Extracoperal Shockwave Lithotripsy (ESWL) Using Tamsulosin as Adjuvant Medical Explusive Therapy: Are There Any Added Benefits?

H Chau, HC Chan, TB Li, MH Cheung, KM Lam, HS So

Division of Urology, Department of Surgery
United Christian Hospital, Hong Kong

Objective:
The primary objective of the study is to assess the effectiveness of Tamsulosin as Medical Expulsive Therapy (MET) for patients presented with renal stones undergoing ESWL up to three times.

Patients and Methods:
This is a prospective randomized controlled trial. Patients were randomized to receive Tamsulosin 0.4mg daily for 4 weeks plus analgesic (MET group) or to receive analgesic only (control group). We will follow up the patient 4 weeks after the ESWL with KUB.

Results:
A total of 183 patients were analyzed (88 in MET group and 95 in control group). The mean stone size was 9.9mm. 93 patients, 51 patients and 39 patients completed one, two and three ESWL respectively. The stone clearance rate for the MET group was 39.0%, 17.9% and 21.1% after first, second and third ESWL respectively whereas the control group was 40.4%, 8.7% and 15.0% respectively ($p = 0.894$, 0.344 and 0.622 respectively).

Conclusion
Using Tamsulosin after ESWL did not show significantly improved clearance rate. Therefore it is not recommended as routine adjuvant treatment after the procedure.

[OP.4-2]

Role of Vitamin D Receptor Gene Taq 1 Polymorphism in Recurrent Urolithiasis

SP Ganesh Prasad, RR Meyyappan, V Kamaraj, R Jeyaraman

Madras Medical College and Rajiv Gandhi Government General Hospital, Chennai, Tamil Nadu, India

Objective:
The aim of study is to determine the role of Taq1 gene polymorphism (Vitamin-D receptor gene) in calcium urolithiasis. To perform a stratified analysis of the genotype with clinical characteristics of patients like family history, stone recurrence and hypercalciuria in them.

Patients & Methods:
A total of 50 patients with documented calcium stone disease were included in the study. Among them, 25 having only one episode of calcium-stone disease were stratified as Group 1 and the remaining 25 patients with recurrent calcium-stone disease constituted Group 2. Fifty normal subjects with no stone disease composed the control group Group 3.
DNA was extracted and Polymorphisms was analyzed by Taq-1 restriction enzyme digestion. Comparison of the distribution of VDR genotypes was carried out by the chi square test.

Results:
Hypercalciuria was seen in 75% of tt genotypes. Both 'tt' and 'Tt' genotypes have a statistically significant increase in the incidence of hypercalciuria. Numerically' tt' polymorphs had the highest number of positive family history contributing 63.6% to the group.

Conclusion:
Presence of "t" allele increases the risk for stone formation statistically. Both tt and Tt genotypes have a statistically significant increase in the incidence of hypercalciuria in South Indian population.

Navigation System in Percutaneous Nephrolithotripsy – Initial Experience

H Chau, H C Chan, MH Yu, M H Cheung, K M Lam, HS So

Division of Urology, Department of Surgery
United Christian Hospital, Hong Kong

Objective:
The objective is to assess the feasibility of using USG with navigation system (NUSG) in patients undergoing PCNL.

Patients & Methods:
Since 1/2014, 23 patients underwent PCNL. 9 patients with NUSG guidance whereas the rest with conventional X-ray or USG guidance. For the NUSG group, the magnetic field-based navigation USG can visualize the position of the needle track in order to achieve precise calyceal puncture during track creation.

Results:
Of the 9 patients, 3 patients underwent X-ray less PCNL (no X-ray guidance required during track creation and dilatation) and 6 patients underwent NUSG calyceal puncture with X-ray assisted track dilatation. 2 puncture procedures were performed by 2 urological trainees without any previous NUSG experience. Both of them could successfully target the calyx with one attempt only. The stone clearance rate was 66%.

Conclusion:
USG with navigation system can provide radiation free guidance of creating track in PCNL. It is predictable, precise, reliable and safe. Most importantly the technique is easy to learn particularly for urologist who is new to PCNL.

Review of the Microbiology and Antibiotic Sensitivities of Fournier's Gangrene in a Local Centre: 12 Years' Experience

B Ho, WK Ma, A Ng, HL Tsu, MK Yiu

Division of Urology, Department of Surgery
Queen Mary Hospital, Hong Kong

Objective:
To review the local microbiology & antibiotic sensitivities of organisms found in cultures from patients with Fournier's gangrene in a local centre over 12 years

Patients & Methods:
All patients diagnosed with Fournier's Gangrene since 2001 were recruited and their records retrieved and evaluated. Patient demographics, culture results, antibiotic sensitivities from culture results, antibiotics given to patients on presentation, number of operations, and outcomes were analyzed.

Results:
A total of 32 patients were identified. Only 29 patients have complete set of culture and sensitivitives, with a mean age of 65 years. Among them, 89% had multiple organisms on culture. The 3 most common organisms were bacteroids (62%), E. coli (48%), and Enterococcus (31%). 18% of the microbes produced ESBL. The antibiotics that most organisms were sensitive to were imipenem, gentamicin, and augmentin. Levofloxacin was resistant in 80% of the patients, whereas cefuroxime resistance reached 40%. Only 15 patients' records described the antibiotics used on presentation, of which only 7 patients (46.7%) had been prescribed an antibiotic that did not have antibiotics resistance on culture.

Conclusion:
When prescribing antibiotics for patients with Fournier's gangrene, one must take into consideration the high resistance to levofloxacin and cefuroxime in Hong Kong.

Laparoscopic Salvage of Malfunctioning Tenckhoff Peritoneal Dialysis Catheter: A Single Centre 17-Year Experience

KF Lee, WK Ma, JHL Tsu, MK Yiu

Division of Urology, Department of Surgery
Queen Mary Hospital, Hong Kong

Objective:
To review the incidence and outcomes on laparoscopic salvage of malfunctioning tenckhoff peritoneal dialysis catheter (TC), and to identify factors associated with failed salvage procedure.

Patients & Methods:
Patients aged 18 or above with laparoscopic salvage of malfunctioning TC were identified through a territory-wide database. Salvage procedure was performed using 3 laparoscopic ports. Repositioning of catheters, omentectomy, intra-corporeal anchorage, adhesiolysis or in combination were done at the discretion of the operating surgeons. Patients' demographics, past medical history, surgical intervention and outcomes were analysed retrospectively.

Results:
Between July 1997 and August 2014, 1487 TC insertion procedures were performed. Laparoscopic salvage of malfunctioning TC were attempted in 57 (3.8%) patients, of which 52 cases (91.2%) were successful. The most common intra-operative finding was omental wrap (29 case, 55.8%), followed by malposition (27 case, 51.9%) and intra-abdominal adhesion (11 case, 21.2%). 30-day catheter-patency rate after salvage procedure was 82.7%. With mean follow-up of 64.2 months, the median catheter-patency period was 36 months (range 1-117 months). History of previous abdominal surgeries and peritoneal dialysis related complications before salvage procedure were associated with lower early catheter-patency rate.

Conclusion:
Laparoscopic salvage of malfunctioning TC is an effective and feasible measure to prolong catheter survival.

Use of Fibrin-Based Gelatin-Matrix Sealant (FLOSEAL®) in Renal Transplantation

TCT Lai, YC Lam, CH Yip, FK Cheung

Division of Urology, Department of Surgery
Princess Margaret Hospital, Hong Kong

Objective:
To investigate incidence of lymphocoele formation in renal transplantation with the use of FLOSEAL®.

Patients & Methods:
We retrospectively reviewed the data of renal transplantation performed between October 2012 and July 2014 in Princess Margaret Hospital. From May 2013 onwards, FLOSEAL® was applied to the hilar region of graft kidney. Patients' demographics, pre-operative and operative parameters were analysed.

Results:
A total of 95 patients were included in our study. FLOSEAL® was applied in 25 (21%) patients. Drain output was significantly less in FLOSEAL® group (344mL vs. 678mL; 95% CI, 54-615, p=0.020) and drains could be removed earlier (4.1 days vs. 6.3 days; 95% CI, 1.1-3.3, p=0.000). The incidence of symptomatic lymphocoele was reduced with the application of FLOSEAL® (10% vs. 21.5%), but statistically significant difference was not reached (OR 0.87, p=0.251). Formation of symptomatic lymphocoele was associated with older age (46.2 vs. 35.0; 95% CI, 20.3-2.1, p=0.016), and renal replacement therapy for more than 5 years (OR 1.29; 95% CI, 1.03-1.63, p=0.025).

Conclusion:
Preliminary data in our centre suggest a tendency of reduced lymphocoele formation with the use of FLOSEAL® in renal transplantation. Further study is recommended to confirm the efficacy of FLOSEAL® in such aspect.

Laparoscopic Partial Nephrectomy with Segmental Renal Artery Clamping: A Safe Technique That May Improve Early Postoperative Renal Function Preservation

JHM Wong[1], SCH Yee[1], PKF Chiu[1], KT Wong[2], SY Chan[1], CK Chan[1], CF Ng[1], SM Hou[1]

Division of Urology, Department of Surgery[1]
Prince of Wales Hospital, Hong Kong
Department of Imaging and Interventional Radiology[2]
Prince of Wales Hospital, Hong Kong

Objective:
Segmental renal artery clamping (SAC) is a novel technique in partial nephrectomy that eliminates global ischaemia. We evaluate its feasibility and short term outcomes in comparison with the conventional main renal artery clamping (MAC) technique.

Patients & Method:
A total of 5 consecutive patients underwent laparoscopic partial nephrectomy (LPN) with SAC using retroperitoneal approach from September 2013 to June 2014, and we compared with our historic cohort of 10 consecutive LPN with MAC from 2006 to 2012. Patient demographics, intra-operative parameters, and short term outcomes were analyzed.

Results:
SAC was successfully performed in all 5 LPN cases with no conversion to MAC. None required intra-operative transfusion and all had negative margins. Patient demographics, operative time, warm ischaemia time, blood loss, and post-operative complications rates in SAC were all comparable to the MAC technique. SAC had a less reduction in the early post-operative trough GFR than MAC [12% vs 21%, p=0.16], although the difference did not reach statistical significance. The reduction of GFR at 3 months were comparable [1.0% vs 0.9%, p=0.99].

Conclusion:
Our early experience showed that LPN with SAC is a feasible and safe technique. It showed a trend towards less reduction in early post-operative trough GFR, and hence may improve preservation of early post-operative renal function.

[MP.1-2]

Metallic Ureteral Stents: A Cost Effective Management in Malignant Ureteric Obstruction

SKK Yuen, B Ho, WK Ma, MK Yiu

Division of Urology, Department of Surgery
Queen Mary Hospital, Hong Kong

Objective:
For patients requiring long-term ureteral stenting, conventional polymer stents necessitate multiple exchanges per year, bearing significant financial cost and likely detrimental effect on patients' health. We report our experience with Resonance (Cook) metallic ureteral stent and present a cost analysis on its usage.

Patients & Methods:
Patients were prospectively recruited for metallic stent insertion from January 2012 to July 2014. Clinical outcome and database were prospectively reviewed. Cost analysis was based on fiscal year 2013. Total charges were based on stent cost, surgery and stent-related stay.

Results:
Twenty-three patients had successful metallic stent insertion with mean follow-up of 1-32 months. Mean total charge for metallic stent insertion was HKD$43978 per patient, while estimated mean total charge for polymer stent (4 exchanges per year) would be HKD$44838 per patient. Estimated total budget saved would be HKD$19780. Compared to polymer stents, there was a potential financial savings of 45% (at 6 months) and 95% (at 12 months). Mean hospital stay for metallic stent insertion was 2.87 days, while polymer stent insertion required day admission. No patient had significant metallic stent related complications requiring hospital readmission.

Conclusion:
Metallic stent is a cost effective method in relieving ureteric obstruction in patients with more than six months of expected survival.

Local Experience on Short Term Outcome of Robotic Assisted Laparoscopic Radical Prostatectomy

YK Lee, KL Ho, YC Lam, FK Cheung.

Division of Urology, Department of Surgery
Princess Margaret Hospital, Hong Kong

Objective:
To review the correlation between the TRUS biopsy results and the final pathology, and try to identify risk factors of having a positive surgical margin.

Patients & Methods:
All the robotic assisted prostatectomy done in Princess Margaret Hospital between 2009 and 2013 was reviewed, looking specifically into the incidence of positive surgical margins.

Results:
A total of 314 robotic assisted laparoscopic prostatectomy was done in the Princess Margaret Hospital since 2009. 239 TRUS biopsies had positive core only on one side. However, in the final pathology, 168 (70%) of them actually had bilateral involvement. 84 of them had nerve sparing over the contralateral side. 13 out of the 84 patients ended up having a positive surgical margin.

Conclusion:
The side involved in TRUS biopsy correlates poorly to the final pathology specimen. It does not provide a good guidance for deciding which side of the nerves should be spared. Other newer imaging modality can be considered to serve that purpose.

[MP.1-4]

Predictors of Overall Survival in Renal Cell Carcinoma Following Partial or Radical Nephrectomy

JY Teoh, VM Mak, RW Kan, VH Yeung, TY Chan, CH Cheng, SK Chu, CW Man.

Division of Urology, Department of Surgery
Tuen Mun Hospital, Hong Kong

Objective:
To investigate for predictors of overall survival (OS) in renal cell carcinoma (RCC) following partial nephrectomy (PN) or radical nephrectomy (RN).

Patients & Methods:
Patients who underwent PN or RN for RCC from year 2004 to 2013 were reviewed. Patien and disease characteristics were reviewed. Predictors of OS were analyzed by univariate and multivariate Cox regression analyses.

Results:
A total of 143 patients were included; 43 patients (30.1%) underwent PN and 100 patients (69.9%) underwent RN. The mean age was 59.6 $\pm$ 12.0 years and the median follow-up was 44 months. Upon univariate Cox regression analyses, better pre-operative eGFR (HR=0.98, 95% CI 0.97-0.99, *P*=0.013), clear resection margin (HR=0.29, 95% CI 0.12-0.67, *P*=0.004) and PN (HR=0.29, 95% CI 0.09-0.96, *P*=0.043) were associated with better OS, while higher pathological T-stage (HR=1.82, 95% CI 1.16-2.85, *P*=0.009) and higher Fuhrman grading (HR=2.00, 95% CI 1.29-3.09, *P*=0.002) were associated with shorter OS. Upon multivariate Cox regression analyses, only a clear resection margin was associated with better OS (HR=0.30, 95% CI 0.10-0.93, *P*=0.037).

Conclusion:
PN did not jeopardize OS when compared to RN; a clear resection margin was the most important factor in predicting better OS in patients with RCC following PN or RN.

Short Term Results of Partial Nephrectomy in Kowloon East Cluster

YK Lee, Lysander Chau, KM Lam, HS So.

Urology Division, Department of Surgery
United Christian Hospital, Hong Kong

Objective:
Partial nephrectomy ideally preserves some nephrons and renal function, yet having adequate tumour control, similar blood loss and a similar complication rate. This is an effort to see if the above mention goals are achieved by retrospectively reviewing the cases that is done in the kowloon east cluster between 2009 to 2014.

Patients & Methods:
All patients with partial nephrectomy done in the kowloon east cluster between 2009 and 2014 were retrospectively reviewed. Blood loss, ischaemic time, renal function, surgical margins etc were retrieved from ePR and anaesthetic records.

Results:
A total of 38 partial nephrectomy was done between 2009 to 2014. Average blood loss was 456ml (ranges 10 - 2200ml), 31 had cold ischaemia (32-82 mins), 7 had warm ischaemia (28-80 mins). Average serum creatinine (Cr) level pre-op was 92umol/L, and average Cr post-op was 121 umol/L. Only one had positive surgical margin and completion nephrectomy was done later for that patient due to renal artery thrombosis.

Conclusion:
Partial nephrectomy is a safe and descent option in selected cases. Results might have been even better if warm ischaemic time can be shortened.

[MP.1-6]

Long-Term Functional Outcome of Partial Nephrectomy for Benign and Malignant Renal Lesions: Ischaemic Time and The Cherry on Top

RWM Kan, CH Cheng, TY Chan, SK Chu, CW Man

Division of Urology, Department of Surgery
Tuen Mun Hospital, Hong Kong

Objective:
To report on the long-term outcome of partial nephrectomy.

Patients & Methods:
Retrospective review of patients who underwent partial nephrectomy from 2004 to 2013.

Results:
A total of 65 patients with a mean age of 58.7 years (range: 23-85 years) were identified. 50.8%, 36.9% & 10.8% of our patients had stage I, II & III chronic kidney disease pre-operatively. The mean ischaemic time was 46.7 minutes (range: 15-91 minutes). The mean diameter of renal lesion was 48mm (range: 12-230mm). 66.1%, 30.8% & 3% had renal cell carcinoma, angiomyolipoma and cyst respectively. For patients with renal cell carcinoma, the resection margin was clear in 86%. Linear regression models showed that ischaemic time was a significant predictor for estimated glomerular filtration rates (eGFR) at 6 months (R^2 =0.495, p = 0.007), 1 year (R^2 = 0.504, p = 0.007), and 5 years (R^2 = 0.454, p = 0.012). Multi-variable regression model analyses suggested that ischaemic time remained an independent predictor of eGFR at 6 months (p = 0.03) and 1 year (p = 0.041).

Conclusion:
Partial nephrectomy was an oncologically sound, and renal-function-preserving option to consider for small renal lesions. Ischaemic time was imperative as a significant predictor for intermediate and long-term renal function outcome.

A Retrospective Study of Oncological and Functional Outcome and the Complication Rates of Robotic-Assisted Radical Prostatectomy (RRP): A Single Centre Experience over A 5-Year Period

KM Li, JCM Li, MH Wong, NH Chan, CW Fan

Division of Urology, Department of Surgery
Pamela Youde Nethersole Eastern Hospital, Hong Kong

Objective:
To review the oncological and functional outcome and complication rates of robotic-assisted radical prostatectomy (RRP) in our unit.

Patients & Methods:
We reviewed 155 consecutive patients undergoing RRP from May 2009 to August 2014. The demographic data, oncological outcome, functional outcome and complications are reported.

Results:
The mean age was 66.5 years (48-77) with a mean PSA level of 10.7µg/ml (1.4-88). The mean operation time was 317 minutes (160-645) and the average estimated blood loss was 288ml (20-2500). The average prostate size was 41.8ml (8-108). The proportions of pT2 and pT3 disease were 77.1% and 20.7%, respectively. Positive margin rate was 23.6%. Biochemical recurrence was seen in 9 patients (5.8%). The post-operative erection rate and continence rate were up to 50% and 80%, respectively, at 24 months. The complication rate was 4.5% and conversion rate and mortality were both 0%.

Conclusion:
This retrospective study of a single centre result showed that RRP is a safe procedure with improving results over the years.

[MP.2-1]

Single-Staged Closure of Exstrophy- Epispadias: An Audit

JHK Ngan, ASW Fung, MCY Ngan

MedArt's China Orphan Outreach Program

Objective:
Exstrophy is a very rare (1:400,000) disease. A clinical audit was performed to examine the efficacy of care delivered.

Patients & Methods:
All exstrophy-epispadias patients (16 classic, 10 cloacal variants) presented to MedArt's China Orphan Outreach in 2003-2014 were reviewed. 13 operations of (9 virgin, 4 complete dehiscence after previous attempt) single-staged closure including epispadias repair were studied.

Results:
Nine (M:F 7:2) patients with virgin bladder exstrophy received single-staged primary closure. Transfusion was required in 7 of them. Females required shorter operative time (10.4 vs. 12.3 hours). No complication was encountered in females. 7 complications were encountered in 4 males (3 fistulas, 1 urolithiasis, 3 pyelonephritis).
Four (M:F 2:2) out of seven previously operated patients required repeat closure. Wound infection was encountered in 1 female. 3 complications were encountered in 2 males (1 persistent fistula, 1 failed urethroplasty, 1 recurrent hernia).
Three cloacal variants (3 males, 2 complete dehiscence after previous attempt) required repeat closure. 2 (1 virgin, 1 redo) patients encountered 3 complications (1 fistula, 2 wound infection).

Conclusion:
Exstrophy-epispadias surgery, despite of its complexity, is feasible to be carried out especially for female. Previous surgical failures did not preclude the chance of a successful repeat closure. However, when complications were encountered, they tended to be more serious.

A Pilot Study of Sublingual Desmopressin on Nocturnal Polyuria and Sleep Quality

CLH Leung, CC Ngo, KW Chan, CL Cho, WH Chu, IC Law

Division of Urology, Department of Surgery
Kwong Wah Hospital, Hong Kong

Objective:
To assess efficacy and safety of sublingual desmopressin in the treatment of nocturnal polyuria and its impact on sleep quality.

Patients & Methods:
Patients with nocturnal polyuria are identified from urology clinic Oct 2013- Aug 2014 according to frequency volume chart. One month of 60mcg sublingual desmopressin was prescribed with IPSS, number of nocturia, nocturnal polyuria index, first sleep duration, morning refreshment and quality of life recorded before and after the medication. Serum sodium and creatinine were monitored closely. Any side effect was also documented.

Results:
Sixteen male patients were recruited. Three of them dropped out because two (12.5%) noted mild hyponatraemia while one complained of headache. All the remaining thirteen patients have a decreased number of nocturnal voids (mean -40%, $p<0.001$). Twelve of them have decreased nocturnal polyuria index (mean -25%, $p<0.001$) and increased time of 1st sleep (mean +75%, $p<0.001$). Eleven of them have improvement in IPSS (mean: -5.0, $p<0.001$). No major side effect was noted after a mean follow up of 4 months.

Conclusion:
Sublingual desmopressin is safe with good efficacy for patients with nocturnal polyuria but requires close monitoring of serum sodium.

[MP.2-3]

Initial Experience with Low Intensity Extracorporeal Shock Wave Therapy for Treatment of Erectile Dysfunction

CC Ngo, HY Ngai, HC To, WH Au

Division of Urology, Department of Surgery
Queen Elizabeth Hospital, Hong Kong

Objective:
To report our initial experience with use of low intensity extracorporeal shock wave therapy (LI-ESWT) for treatment of erectile dysfunction (ED)

Patients & Methods:
A total of 7 men with ED who had responded to phosphodiesterase type-5 inhibitors (PDE5i) underwent 6 sessions of LI-ESWT. Visual Analog Scale (VAS) after each session, changes in International Index of Erectile Function EF (IIEF-EF) domain scores, Erection Hardness scores (EHS) and Erectile Dysfunction Inventory of Treatment Satisfaction (EDITS) scores and record of spontaneous erection without PDE5i and morning erections were analysed at 1, 3 and 6 months post-treatment.

Results:
At 1, 3 and 6 months post-treatment, mean IIEF-EF was 13.8, 15.3 and 15.0 respectively versus 13.1 before treatment; mean EHS was 2.7, 2.6 and 2.6 respectively versus 2.1 before treatment; mean EDITS was 53.9, 50.3 and 51.6 respectively versus 43.8 before treatment. Mean VAS score for each session was 1.2. Spontaneous or morning erection was reported by 28% of patients while this was absent in all men before LI-ESWT.

Conclusion:
LI-ESWT is a safe, non-invasive and tolerable treatment for patients with ED. There is tendency of improvement of IIEF; EHS; EDITS scores and spontaneous erection without PDE5i and morning erection in this study.

A Local Case Series of Laparoscopic Transperitoneal Extravesical Approach for Bladder Diverticulectomy

CLH Leung, KW Chan, CL Cho, WH Chu, IC Law

Division of Urology, Department of Surgery
Kwong Wah Hospital, Hong Kong

Objective:
We report our initial experience with 10 cases of laparoscopic bladder diverticulectomy for symptomatic treatment between 2010 and 2014.

Patients & Methods:
All of our patients are male with mean age of 75. All of them had previous prostate surgery done for BPH with six of them having stricture requiring either dilatation or bladder neck incision. Most of the indications of surgery were symptomatic diverticuli except two due to transitional cell carcinoma in diverticuli.

Results:
The mean operation time was 179 minutes with a mean blood loss of 71ml. Mean haemoglobin drop was 0.9 and no transfusion was needed.
All patients had improvement in voiding with less residual urine (mean change: -60%, $p < 0.001$) and subjective improvement on subsequent follow up. There was no urine leakage or ureteric injury. Mean duration of stay was 7.1 days, with round drain removed on day 3.7 and Foley removed on day 11. One patient with hypocontractile bladder failed weaning off Foley catheter initially but subsequently can void. Urinary tract infections were noted in two patients, caused by Enterococcus and Enterobacter respectively, both resistant to Augmentin. There was no recurrence of TCC bladder so far.

Conclusion:
Laparoscopic diverticulectomy is technically feasible and safe. The prophylactic antibiotic regime may however need to be modified.

[MP.2-5]

Percutaneous Tibial Nerve Stimulation - Feasible Option for Refractory Overactive Bladder

HF Wong, SW Wong, KL Lo, HY Cheung, SM Hou, HT Leong

Division of Urology, Department of Surgery
North District Hospital, Hong Kong

Objective:
To evaluate the feasibility of percutaneous tibial nerve stimulation (PTNS) in patients with refractory detrusor overactivity

Patients & Methods:
Patients with overactive bladder symptoms receiving PTNS from October 2013 to December 2013 in North District Hospital were evaluated. Two patients with cystometrogram (CMG) confirmed detrusor overactivity with refractory symptoms or intolerance to medications were selected and received 12 sessions of PTNS. Questionnaires were done before and after the procedure to evaluate the symptoms, satisfaction and side effects.

Results:
A total of 1 male and 1 female patient received PTNS. No significant side effects were reported. Mean score for "8-item symptom bother scale of the OAB-questionnaire" was improved by 34% after PTNS (22 and 14.5) and the effectiveness was comparable with medications and was higher than behavioral therapy by subjective scoring (6.5, 6, 2, out of 10 respectively).

Conclusion:
PTNS is feasible for selected patients with refractory detrusor overactivity in Hong Kong. Larger scale study should be done to evaluate the patient selection, short and long term effectiveness of PTNS and side effects.

Initial Experience in Percutaneous Tibial Nerve Stimulation (PTNS)

J Ching, YK Lee, MH Cheung, KM Lam

Division of Urology, Department of Surgery
Tseung Kwan O Hospital, Hong Kong

Objective:
Neuromodulation is a treatment option for overactive bladder syndrome (OAB). PTNS is a peripheral type of neuromodulation by applying electrical stimulation to tibial nerve at ankle level. This study describes the experience of PTNS and early result.

Patients & Methods:
It was a prospective review of three patients who had PTNS for OAB from May 2013 to July 2014. All of them had clinical diagnosis of OAB and sub-optimal response to pharmacological therapy. Objective assessment tools including frequency volume chart, OABSS, UDI6 and IIQ7 were employed at treatment session 0, 3, 6, 9 and 12.

Results:
All three patients had completed 12 sessions of PTNS. They noticed symptomatic improvement during the course of treatment. The mean score of OABSS decreased from 9 to 2.5. The mean minimal and maximal voiding capacity increased from 60ml and 290m to 265ml and 415ml respectively. UDI 6 mean score decreased from 8.5 to 2.5, IIQ 7 mean score decreased from 5.5 to 1.5. Upon 1 month post-treatment follow-up, OABSS & voiding capacities remained unchanged. One patient reported minimal tolerable pain during needle puncture. There was no major complication.

Conclusion:
The technique of PTNS was easy to master. The initial result was encouraging and complication was minimal.

[MP.2-7]

RCT: Role of Prophylactic Antibiotics in Prevention of Urinary Tact Infection in Patients with Acute Retention of Urine undergoing Trial without Catheter

CHF Wong, CK Tai, KL Lui

Division of Urology, Department of Surgery
Pamela Youde Nethersole Eastern Hospital, Hong Kong

Objective:
This study aims to evaluate the role of prophylactic antibiotics in patients with acute urinary retention undergoing trial without catheter (TWOC) in prevention of urinary tract infection (UTI).

Patients & Methods:
A total of 160 patients were randomized into antibiotic group and control group. One dose of levofloxacin 500mg was given on the day of TWOC in antibiotic group. Rate of bacteriuria in urine culture and rate of clinical UTI within 2 weeks of TWOC were compared between the antibiotic group and control group.

Results:
In patients with successful TWOC, the rates of bacteriuria were similar among the antibiotic group and the control group. However, the rate of clinical UTI was lower in the antibiotic group (5% vs 11%).

Conclusion:
Prophylactic dose of antibiotic in patients with acute urinary retention undergoing TWOC has the benefit of reducing clinical UTI in successfully TWOC patients.

Urethral Pressure Profile for the Perioperative Assessment of the Patients Undergoing Radical Prostatectomy

YC KAM, HC To, CF Kan, LY Ho, WH Au

Division of Urology, Department of Surgery
Queen Elizabeth Hospital, Hong Kong

Objective:
To investigate if urethral pressure profile (UPP) should be performed under gravity (UPPG) or under pressure of 150mmHg (UPPP) and the association of UPP findings with urinary continence control at 3rd month after radical prostatectomy.

Patients & Methods:
We prospectively assessed the patients who were scheduled for radical prostatectomy from January to December 2013 in urology nurse clinic pre-operatively, 1st and 3rd month after radical prostatectomy. Pre-operative patient counselling, 1-hour pad test, validated questionnaires, CMG and urethral pressure profile (UPP) were performed.

Results:
There were 33 patients fulfilled the inclusion criteria. Fifty percent (16/32) patients achieved urinary continence by having <=1gram urine leak in 1-hour pad test. At 3 months after prostatectomy, the functional profile length decreased from 6.1cm pre-operatively to 2.4cm by UPPG and decreased from 6.1cm to 3.1 cm by UPPP. Similarly, the maximal urethral closure pressure (MUCP) decreased from 67 to 43cmH_2O by UPPG and decreased from 86 to 53 cmH_2O by UPPP. However only the post-operative MUCP from UPPG correlated with the urinary continence at 3rd month (p=0.014). The preoperative UPPP masked the pressure peak pattern from internal sphincter and the prostate which predicted the continence outcome at 3rd months after prostatectomy (p=0.028).

Conclusion:
UPP performed by gravity correlated better that performed with pressure bag with the clinical urinary continence at 3rd months after radical prostatectomy. The pattern of pre-operative UPP predicted the early continence outcome which facilitated patient counseling.

Effectiveness of Behavioral Therapy On Improving LUTS for Male Patients by Evaluate Their International Prostate Symptom Score (IPSS)

HMF Ng, ASW Wong, SYK Ng, HY Cheung, HT Leong

Division of Urology, Department of Surgery
North District Hospital, Hong Kong

Introduction:
Lower Urinary Tract Symptom (LUTS) is commonly found in aged male patients, which affect their quality of life. The symptoms include sense of incomplete bladder emptying, frequency, urgency, intermittency, weak stream, straining and nocturia. Behavioral Therapy such as educating patients for constant drinking & timely voiding as well as bladder retraining are conducted to improve their LUTS. The effectiveness of behavioral therapy and patient's satisfaction level on IPSS and Quality of Life (Qol) were reviewed retrospectively.

Objective:
(1) To examine the effectiveness of behavioral therapy on the IPSS of patients with LUTS.
(2) To examine the quality of life of patients after the behavioral therapy.

Methodology:
Medical records of all male patients who were suffering from LUTS and receiving behavioral therapy were retrieved within August and December 2013. Pre & post rating of IPSS and Qol score were evaluated by paired t-test using SPSS version 20.0 to analyze the data.

Results:
A total number of 51 male patients (mean age = 60.7) who were reviewed and found that 51.8% were having urinary frequency & urgency, 32.1% having urge urinary incontinence, 11.1% having nocturia, 2.5% having post-voiding dribbling and 2.5% having sense of incomplete bladder emptying. These patients experienced LUTS for 4.5 years in average. Statistic result shown IPSS was reduced significantly from 18.5 to 13.8 ($p<0.001$) after behavioral therapy, urinary frequency & urgency was improved from 3.27 to 2.24 ($p<0.001$) and better sense of bladder emptying was improved from 1.94 to 1.39 ($p<0.05$). The quality of life was improved from 3.18 to 2.51 ($p<0.001$). Overall, the results showed that behavioral therapy can improve LUTS and Qol effectively.

How does Behavioral Therapy help to improve Patient‘s Urinary Incontinence (UI) Severity and Psychological Distress Level?

ASW Wong, SYK Ng, HY Cheung, HT Leong

Division of Urology, Department of Surgery
North District Hospital, Hong Kong

Objective:
To review the clinical outcomes of patients who undergone behavioral therapy in Well Women Clinic, NDH

Patients & Methods
From Dec 2012 to July 2014, the data on 238 patients who had suffered from Urinary Incontinence and undergone behavioral therapy were reviewed retrospectively. Patient’s type of urinary incontinence, urine leakage severity level by Urogenital Distress Inventory Six (UDI-6) and patient‘s satisfactory rate by Incontinence Impact Questionnaire Seven (IIQ-7) before and after treatment were analyzed by SPSS Version 20.0.

Results:
Total 238 female patients with mean age 56.7 who suffering from urinary incontinence with average 6.4 years were reviewed (51.7% having Mixed Urinary Incontinence, 33.2 % having Stress Urinary Incontinence and 12.2 % having Urgency Urinary Incontinence). After the treatment, the number of pad use per month was 62% reduced significantly from average 31.8 to 11.9 (Paired sample t-test, p-value <0.001), level of severity of UI was also reduced from scoring 1.3 to 0.8 (38.5% reduction rate with $p <0.001$) and the psychological distress level including rating on the anxiety and depression level by patients was also significantly reduced from average score 1.0 to 0.6 and 0.8 to 0.4 representatively with p-value less than 0.001.

Conclusion:
UI could be treated by behavioral therapy effectively in term of reduction on urine leakage severity and alleviate patient’s anxiety and depression level. However, it required patient intensive practice on behavioral medication in order to make the effect sustainable.

[UNS-2.4]

Maximizing Bladder Drainage by Changing the Posture of the Patient – A Lesson Learnt from Video Urodynamic Studies

HC To, YC Kam, CF Kan, LY Ho, WH Au

Division of Urology, Department of Surgery
Queen Elizabeth Hospital, Hong Kong

Objective:
To investigate if bladder drainage can be further improved by changing the posture of the patient before performing video urodynamics study

Patients & Methods:
We prospectively assessed all patients had video urodynamics study from March 2012 to Decemeber 2013 in Queen Elizabeth Hospital. The patients were catheterized at supine position to measure the residual urine volume. The patients were then instructed to stand up to assess if extra bladder volume could be drained. A sitting position or supine position were adopted with standing position of patients were not feasible. Demographic data were retrieved from clinical management system retrospectively.

Results:
There were 354 patients included for analysis. The mean age of the patients was 53.8 years old. There were 59.0%, 12.7% and 21.7% patients who could walk unaided, walk with stick and wheelchair or bedbound respectively at the time of investigation. For adult patients, there were 7.5% and 10.1% patients had ≥ 100ml extra urine drainage by adopting a standing or sitting position respectively. There were 9/22 (40.9%) pediatric patients who had urine volume of ≥10% of the expected bladder capacity drained by posture adjustment. The age and the mobility of the patient did not correlate with the extra urine drained by posture changes ($p>0.05$).

Conclusion:
By adopting a standing position, or sitting position if standing is not feasible, for bladder catheterization, bladder drainage can be more complete. This allows more accurate measurements in video urodynamics studies. According to this finding, intermittent urinary catheterization in standing or sitting position may benefit patients with complete bladder emptying, hence reduce the risk of urinary tract infection.

Is Urology Nurse-Led Clinic Efficacious and Cost Effective in Managing Women with Lower Urinary Tract Symptoms (LUTS)?

ML Li, SK Chu, CW Man

Division of Urology, Department of Surgery
Tuen Mun Hospital, Hong Kong

Introduction:
A urology nurse-led clinic was set up in Oct 2011 in Tuen Mun Hospital with the aim to reduce the ultra-long waiting time for first urologist's consultation; by providing a comprehensive assessment with counseling and education of female patients with LUTS. The objective is to evaluate the efficacy and cost effectiveness of urology nurse-led clinic in managing women with lower urinary tract symptoms (LUTS).

Patients and Methods:
From Oct 2011 – Oct 2013, 280 women, mean aged 53.8 years (range 17-88) attended Nurse-led LUTS clinic for LUTS due to: urinary incontinence (42.9%), frequency (39.6%) and nocturia (8%). Primary treatment including behavioural therapy, pelvic floor muscle exercise training and fluid management etc. were introduced at first visit. Patients were followed up 3-6 months later for efficacy of primary treatment. A cross-sectional survey in the second clinic visit with questionnaires based on the following subjective criterion: decreased in frequency/nocturia episodes, number of pads reduced and UDI-6, IIQ-7 & OAB-V8 scores. Uroflowmetery was performed to determine the short term result and the effectiveness of the treatment.

Results:
Among these 280 patients: 197(70%) attended follow up nurse-led clinic: 67(24%) defaulted follow up; 14(6%) were referred to urologist for further assessment.
Among 197 patients followed by nurse-led clinic: 156(79%) claimed to have subjective improvement rate from 10-90%, 40(22.3%) claimed to have significant improvement rate more than 50% while 41(21%) patients had no significant improvement.
The cost of Nurse Consultant is approximately $176 per patient for 30 minutes compared with an average urologists in out-patient clinic cost $ 327 per patient for 30 minutes; therefore the saving per patient of each visit is $ 151. The actual saving of the 1st visit was calculated to $42,280($151x280).
The patients were followed up in nurse-led clinic and then discharged with satisfactory results. Apart from the drug saving, the saving of medical follow up was summed up to $29,747 ($151x197) for 2nd visit nurse-led clinic.

Conclusions
A nurse-led lower urinary tract symptoms clinic is a cost effective and efficacious. Female LUTS is a highly prevalent condition with a profound influence on the well-being and quality of life. Patients should receive counseling on the behavioural modification for promoting healthy lifestyle in the prevention and optimizing treatment of LUTS.

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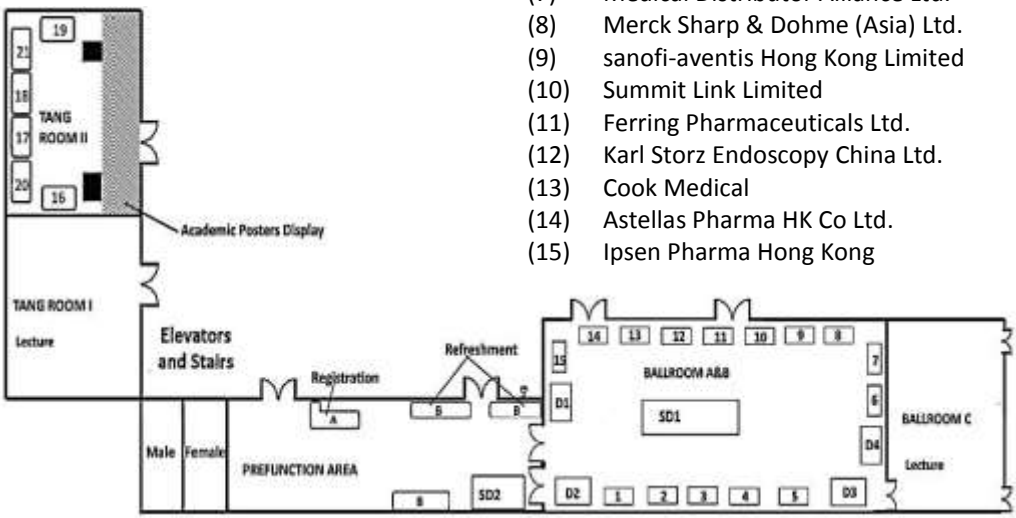

Booth 16

Associated Medical Supplies Co Ltd.
Room 1201, Fo Tan Industrial Centre
26 Au Pui Wan Street
Fo Tan, New Territories, Hong Kong

Mr. Sanny Ip
Deputy General Manager
Tel: (852) 2604 9389

Booths 2& 14

Astellas Pharma Hong Kong Co. Ltd.
Unit 1103-07, 11/F, Tower 1
Grand Century Place
193 Prince Edward Road West
Mongkok, Kowloon, Hong Kong

Ms. Rachel Kwan
Product Manager - Urology
Tel: (852) 2377 9801

Booth 4

Beckman Coulter Hong Kong Ltd.
12/F, Oxford House
979 King's Road
Taikoo Place, Hong Kong

Mr. Gary Lee
Marketing Manager
Tel: (852) 2240 6180

Booth D3

Boston Scientific Hong Kong Ltd.
12/F, W Square
318 Hennessy Road
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Mr. Keith Cheung
Territory Manager
Tel: (852) 6111 2540

Booth 6

Caster (HK) Medical Supplies Co., Ltd.
Room 606, Chevalier Commercial Centre
8 Wang Hoi Road, Kowloon Bay
Kowloon, Hong Kong

Mr. Andrew Wu
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12/F, Room 1204-6, Tai Tung Building
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Wan Chai, Hong Kong

Ms. Joyce Au
Territory Sales Manager
Tel: (852) 3472 1688

Booth D2

Eli Lilly Asia, Inc. (Hong Kong)
Suites 2501-9, Shell Tower, Time Square
1 Matheson Street
Causeway Bay, Hong Kong

Mr. Sean Lung
Band Manager
(Neuroscience & Cialis)T
Tel: (852)2964 2959

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Esaote China Ltd.
18/F, Bonham Strand Trade Centre
135 Bonham Strand
Sheung Wan, Hong Kong

Mr. Alberto Boni
General Manager
Tel: (852) 2545 8386

Booth 11
Ferring Pharmaceuticals Ltd.
Unit 1-12, 25th Floor
1 Hung To Road, Ngau Tau Kok
Kowloon, Hong Kong

Mr. Lawrence Wong
Product Manager-HK &
Southeast Asia Region
Tel: (852) 2622 8181

Booth D4
GlaxoSmithKline Ltd.
23/F, Tower 6, The Gateway
9 Canton Road, Tsim Sha Tsui
Kowloon, Hong Kong

Ms. Molly Cheung
Group Product Manager
Tel: (852) 3189 8989

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14/F, Lifung Centre
2 On Ping Street, Siu Lek Yuen
New Territories, Hong Kong

Mr. Terry Chan
District Manager (Hong Kong)
Tel: (852) 2635 5449

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Unit 1302-1307, Tower 1`
Grand Century Place
193, Prince Edward Road West
Mongkok, Kowloon, Hong Kong

Mr. Grahm Ho
Product Manager
Tel: (852) 2738 6179

Booth SD1
Johnson & Johnson (Hong Kong) Ltd.
Room 1001-9, 10/F, Tower 2
Grand Century Place
193, Prince Edward Road West
Mongkok, Kowloon, Hong Kong

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Senior Product Manager
Tel: (852) 2738 6000

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Mr. Cyrus Kwok
Senior Marketing Executive
Tel: (852) 2865 2411

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Sales Manager
Tel: (852) 2323 3018

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Tel: (852) 2170 5680

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18/F Kerry Centre
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Tel: (852) 2963 5580

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13/F, LiFung Centre
2 On Ping Street, Siu Lek Yuen `
Shatin, New Territories
Hong Kong

Mr. Alan Leung
Sales Manager
Tel: (852) 2635 5448

Booth 9

sanofi-aventis Hong Kong Ltd.
25/F, Windsor House
311 Gloucester Road
Causeway Bay, Hong Kong

Ms. Alison Lam
Assistant Product Manager
Tel: (852) 2105 4894

Booth 10

Summit Link International Limited
Unit 827, 8/F, Ocean Centre
Harbour City, 5 Canton Road
Tsim Sha Tsui, Kowloon
Hong Kong

Ms. Xuemei Wu
Manager
Tel: (852) 5489 3397

Booth 17

Surgical Solution HK Limited
Unit 806, 8/F, Asia Trade Centre
79 Lei Muk Road
Kwai Chung, New Territories
Hong Kong

Mr. Simon Cheung
Sales Director
Tel: (852) 2499 8488

Booth 21

Takeda Pharmaceuticals
(Hong Kong) Limited
Unit 2301A, 23rd Floor
Bank of East Asia Harbour View Centre
56 Gloucester Road
Wan Chai, Hong Kong

Ms. Cadence Yan
Associate Product Manager
Tel: (852) 2133 9856

Booth 5

Tronda Electronics Ltd
Suite 601-602, 6/F Lever Tech Centre
69-71 King Yip Street
Kwun Tong, Kowloon
Hong Kong

Mr. Terence Chui
Business Manager
Tel: (852) 2648 2822

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