TWENTY-FIRST ANNUAL SCIENTIFIC MEETING

香港泌尿外科學會

HONG KONG UROLOGICAL ASSOCIATION

2015

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

PRESIDENT'S WELCOME

Dear Colleagues,

On behalf of the Council of Hong Kong Urological Association, I am delighted to welcome you to our 21st Annual Scientific Meeting.

This year's programme features leaders in urology from around the world whose contribution makes this meeting so valued. Professor Philip McCahy from Australia and Professor Li Man Kay from Singapore 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 Edmund Chiong from Singapore will give us a keynote lecture on the Usage and Clinical Experience of Androgen Biosynthesis Inhibitor on mCRPC Patients.

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 urologists and trainees from various centers. As for the Urology Nursing Symposium, this year 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 am confident that you all will enjoy the meeting.

FAN Chi Wai

HKUA COUNCIL (2014 – 2016)

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Dr CHEUNG Fu Keung
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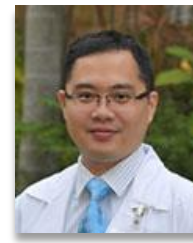

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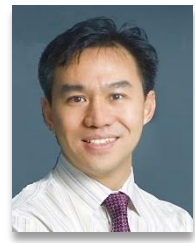

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Yau Koon Chung
Yeung Ka Wai Winnie
Yeung Pui Shan
Yeung Siu Hing
Yim Mei Sum
Yiu Shin Ting Junie
Yu Pui Ling
Yuen Hon Kwan
Yuen Ka Ling
Yuen Sze Man
Yung Kwun Mui
Yung Wai Yi Annie

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KL Ho, JHLTsu, PC Tam, MK Yiu
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Ketamine Uropathy: Hong Kong experience, Ketamine Use and Abuse
PSK Chu, CF Ng, WK Ma
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JY Teoh, NH Chan, SM Mak, AW Lo, CY Leung, Y Hui, et al.
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ATL Ng, MK Yiu
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First online: 09 July 2015, Volume 10, Issue 3, pp 264270

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

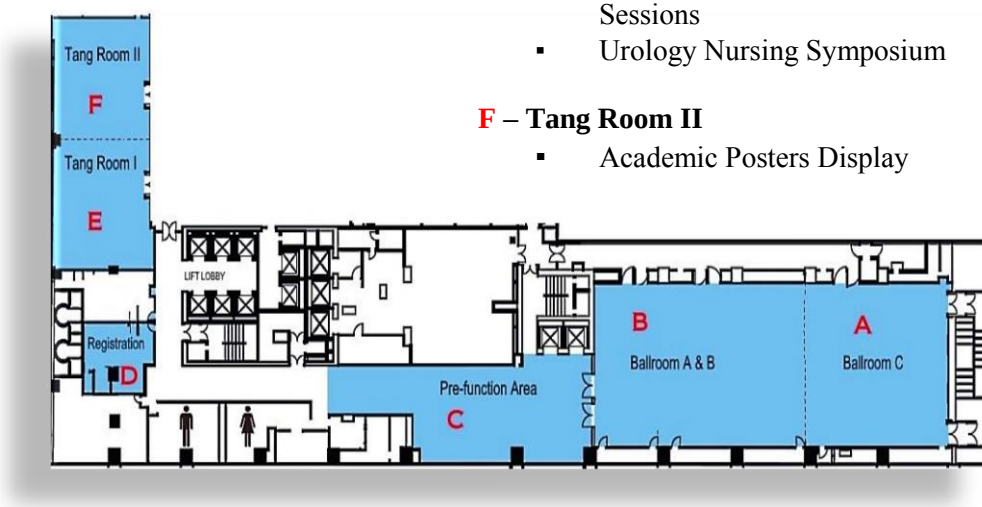
D – Registration

E – Tang Room I

- Moderated Poster (Free Paper) Sessions
- Urology Nursing Symposium

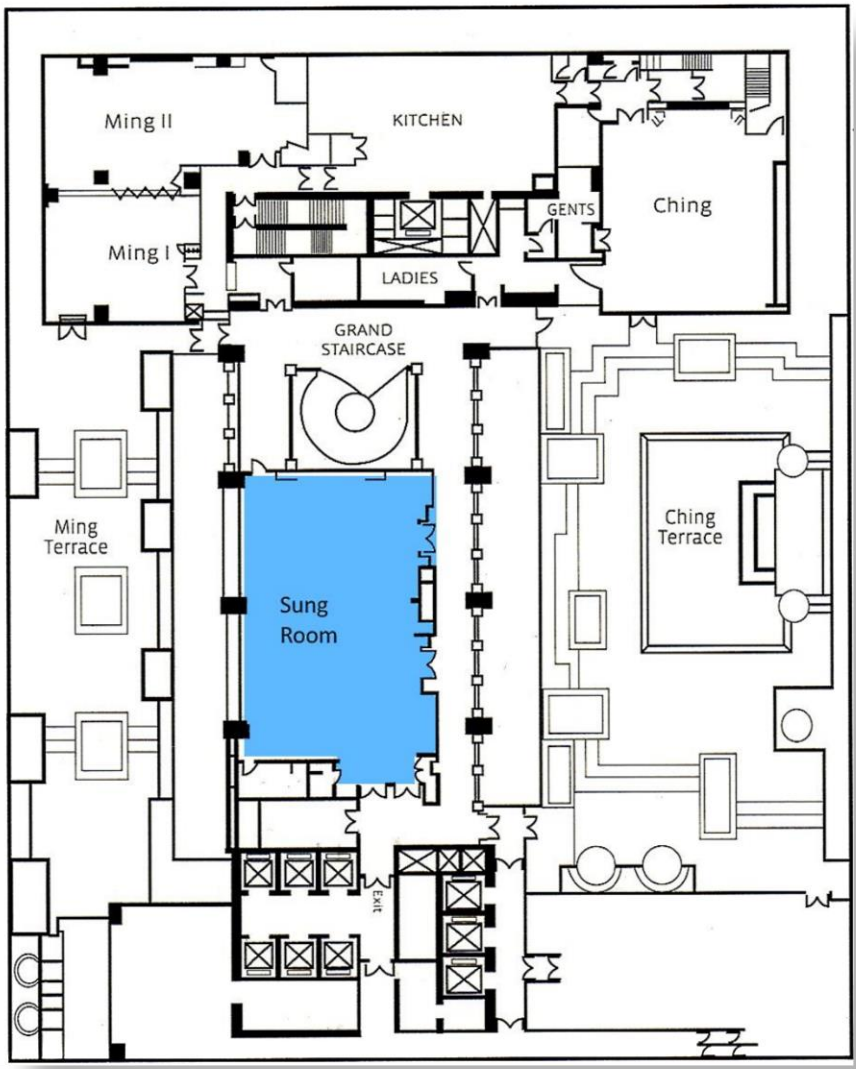
F – Tang Room II

- Academic Posters Display



LUNCH VENUE

Sung Room, 4th Floor, Sheraton Hong Kong Hotel



PROGRAMME AT A GLANCE

SCIENTIFIC PROGRAMME		
0800 - 0850	Registration	
0850 - 0900	**Opening & Welcome** Dr. Fan Chi Wai, President	
PLENARY SECTION		**CONCURRENT SECTION**
BALLROOM C, 3rd FLOOR		
0900 - 0930	**UAA Lecture** **"Surgery for Renal Cell Carcinoma with IVC Thrombus : 25 Years' Experience"** Dr Li Man Kay, Singapore	
0930 - 1000	**Keynote Lecture** *by Janssen* **"The Usage and Clinical Experience of Androgen Biosynthesis Inhibitor on mCRPC Patients"** Prof. Edmund Chiong, Singapore	
1000 - 1030	Coffee Break / Trade Exhibits	**TANG ROOM I**
1030 - 1130	**Oral (Free Paper)** Session I	**Moderated Poster (Free Paper)** Session I
1130 - 1230	**Oral (Free Paper)** Session II	**Moderated Poster (Free Paper)** Session I
1230 - 1330	Lunch / Trade Exhibits	
1330 - 1430	**Oral (Free Paper) Session III**	**TANG ROOM I**
1430 - 1530	**Oral (Free Paper) Session IV**	1300 - 1610
1530 - 1615	Lunch / Trade Exhibits	**Urology Nursing Symposium**
1615 - 1645	**BJUI Lecture** **"PCNL: Back to the Front"** Dr Philip McCahy, Australia	
1645 - 1700	**Prize Presentation & Closing Remarks** Dr. Fan Chi Wai	

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**
"Surgery for Renal Cell Carcinoma with IVC Thrombus : 25 Years' Experience"
Dr. MK LI
Chair: Dr. BTH Wong

09:30 – 10:00 **KEYNOTE LECTURE by Janssen**
"The Usage and Clinical Experience of Androgen Biosynthesis Inhibitor on mCRPC Patients"
Professor E CHIONG
Chair: Dr. PC TAM

10:00– 10:30 Tea Break / Exhibition

BALLROOM C		
10:30 – 11:20	**Oral (Free Paper) Session I**	**Chairs:** Dr. R LO, Dr. YT CHAN
11:30 – 12:30	**Oral (Free Paper) Session II**	**Chairs:** Dr. SWH CHAN, Dr. FCW LEE
TANG ROOM I		
10:30 – 11:18	**Moderated Poster (Free Paper) Session I**	**Chairs:** Dr. MC CHEUNG, Dr. BTC FUNG
11:30 – 12:24	**Moderated Poster (Free Paper) Session II**	**Chairs:** Dr. SSM CHU, Dr. SYL LEUNG

12:30 – 13:30 Lunch at 4/F, Sung Room

BALLROOM C		
13:30 – 14:30	**Oral (Free Paper) Session III**	**Chairs:** Dr. LH IAN, Dr. WS WONG
14:30 – 15:30	**Oral (Free Paper) Session IV**	**Chairs:** Dr. SKH YIP, Dr. TF YIU

15:30 – 16:15 Tea Break / Exhibition

16:15 – 16:45 **BJUI Lecture**
"PCNL; Back to the Front"
Dr. PJ MCCAHY, Australia
Chair: Dr. WH SUN

16:45 – 16:55 **Best Paper Awards Presentation**
Dr. PJ MCCAHY

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

UROLOGY NURSING SYMPOSIUM
(Tang Room I, 3/F)

13:00 – 13:10 **Opening Speech**
Dr. CW FAN, President

Session I	**Chairs:** Ms. CFY CHAU, Mr. HC TO
1310 – 1410	**"Neurogenic Bladder Rehabilitation in China (神經性膀胱康復在中國)"** 蔡文智教授,南方醫科大學護理學院副院長
1410 – 1500	**"VUR Management in China: Nursing Perspective (透視護理在中國之膀胱輸尿管返流管理)"** 周君桂護士長,南方醫科大學南方醫院復康科
Session II	**Chairs:** Ms. HY CHOW, Ms. P SI
1500 – 1507	**"Effectiveness of A New Percutaneous Nephrostomy (PCN) Securing Device in Preventing Catheter Dislodgement and Twinging"** Mr. MF NG
1507 – 1514	**"What Do We Know about Using Catheter Valve on Urethral Indwelling Catheter?"** Ms. ASW WONG
1514 – 1521	**"Is Self Urethral Calibration the Best Alternative to Urethroplasty and Urethral Dilatation?"** Ms. VYC KAM
1521 – 1528	**"Preventing Intravesical BCG Toxicities"** Ms. CFY CHAU
1528 – 1535	**"Re-Designing And Streamlining The Assessment of Haematuria Clinic: 1st Year Preliminary Result"** Ms. SM YUEN / Ms. ML LI
1535 – 1542	**"Pilot Study of Trial Wean Off Urinary Catheter Program in the HKEC Community Setting"** Mr. GKL LUI
1542 – 1549	**"Evaluation of the Treatment Outcomes of Urinary Incontinence by Intra-Vaginal Electrical Stimulation Therapy"** Ms. WKW YEUNG
1549 – 1556	**"To Investigate the Prevalence of Late Onset Hypogonadism In Male Patients Suffered Lower Urinary Tract Symptom"** Ms. CSY LI
1556 – 1600	**Q & A Session and Best Paper Selection** UNC Council members
1600 – 1610	**Closing Remarks** Ms. ASW WONG, UNC Chairlady

"Surgery for Renal Cell Carcinoma with IVC Thrombus : 25 Years' Experience"

Dr. LI Man Kay

FRCSI (Ireland), FRCS (Glasgow), FACS (Urology), FAMS (Urology)

Dr. MK Li was the Past President of the Association of University Surgeons of Asia and the Asian Surgical Association. He is currently a member on the Advisory Committee on Transplantation, Ministry of Health and Asian Erectile Dysfunction Advisory Counsel.

Dr. Li is internationally known for his contribution in renal transplantation and has pioneered hand assisted laparoscopic donor nephrectomy in Singapore in March 2002. His surgical expertise includes bladder replacement and renal cancer with IVC involvement.

Dr. Li has published over 180 articles in peer review journals, 120 conference papers, 80 invited lectures/workshops and many contributions to books and monographs. As a key opinion leader in Urology and erectile dysfunction Dr. Li has been quoted in local and international media in many occasions

KEYNOTE LECTURE *by Janssen*

"The Usage and Clinical Experience of Androgen Biosynthesis Inhibitor on mCRPC Patients"

Professor Edmund CHIONG

PhD, FRCSEd, FRCSI, FAMS (Urology)

Professor Edmund Chiong is currently the Vice President of the Singapore Urological Association and Singapore's National Representative in the Asia Pacific Society of Uro-Oncology.

He is a Senior Consultant Urologist, Director of Urologic Oncology and Director of Research, in the Department of Urology, National University Health System, Singapore and an Associate Professor at the National University of Singapore (NUS).

His sub-specialty interest is in Urologic Oncology and performing DaVinci robotic surgery. Prof. Chiong is an investigator in a number of grant-funded, clinical and basic science research projects. His research interests include investigating immunotherapy, gene therapy and targeted therapy for bladder cancer, and diagnostic modalities and new therapies for urologic malignancies. He has minor interests in investigating urinary tract infections, and medical device innovation.

"PCNL; Back to the Front"

Dr. Philip James MCCAHY
FRACS, FRCS (Urol)

Dr. Philip McCahy is a consultant urologist with an endourology bias at Monash Health, Melbourne. He is clinical head of urology at Casey Hospital and a senior lecturer at Monash University.

Prior to moving to Australia in 2007, he was a member of the Court of Examiners of the Royal College of Surgeons of Edinburgh and was involved in the development of the Intercollegiate urology examination.

Dr. McCahy has been heavily involved in teaching trainees in both Australia and the UK. In Australia he has overseen the expansion of urology at Casey Hospital with numerous publications and presentations at national and international meetings. In particular he has developed work into complete stone clearance using a modified supine position for PCNL and taken this technique across 4 continents.

ORAL FREE PAPER SESSIONS

Adjudicators:

Dr Li Man Kay
Dr Philip J McCahy

MODERATED POSTER SESSIONS

Adjudicators:

Dr Cheung Man Chiu
Dr Simon SM Chu
Dr Berry TC Fung
Dr Simon YL Leung

ORAL (FREE PAPER) SESSION I

Uro-oncology: Kidney **10:30 – 11:20**

10:30-10:40
[OP.1-1]

Tumour Complexity is Predictive for Early but not Long-term Renal Function after Partial Nephrectomy

JY Teoh, JHM Wong, SC Yee, SY Chan, CF Ng, SM Hou
SH Ho Urology Centre, Division of Urology, Department of Surgery
Prince of Wales Hospital, The Chinese University of Hong Kong

10:40-10:50
[OP.1-2]

Robotic Partial Nephrectomy vs Open Partial Nephrectomy: Our 5-year Experience

WCW Lam, CY Ng, LY Law, KL Ho, FK Cheung
Division of Urology, Department of Surgery
Princess Margaret Hospital, Hong Kong

10:50-11:00
[OP.1-3]

Perfecting 'Zero Ischemia' Technique? - Application of Near-infrared Fluorescence Imaging in Partial Nephrectomy

SKK Yuen, JHM Wong, CH Yee, SY Chan, CF Ng, SM Hou
SH Ho Urology Centre, Division of Urology, Department of Surgery
Prince of Wales Hospital, The Chinese University of Hong Kong

11:00-11:10
[OP.1-4]

Segmental Versus Main Artery Clamping Partial Nephrectomy: Comparison of Peri-operative Outcomes and Renal Function Preservation

SKK Yuen, JHM Wong, CH Yee, SY Chan, CF Ng, SM Hou
SH Ho Urology Centre, Division of Urology, Department of Surgery
Prince of Wales Hospital, The Chinese University of Hong Kong

11:10-11:20

[OP.1-5]

Minimizing Renal Ischemia in Robot-assisted Laparoscopic Partial Nephrectomy (RaLPN)

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

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

ORAL (FREE PAPER) SESSION II

Uro-oncology: Prostate / Kidney 11:30 – 12:30

11:30-11:40

[OP.2-1]

Androgen Deprivation Therapy and the Risk of Acute Myocardial Infarction in Chinese Men with Prostate Cancer

JY Teoh[1], PK Chiu[1], SY Chan[1], VM Mak[2], DM Poon[3], HY Cheung[4], PS Chu[2], CW Man[2], SS Hou[1], CF Ng[1]

[1] Department of Surgery, [3] Department of Clinical Oncology, Prince of Wales Hospital, The Chinese University of Hong Kong, Hong Kong.
[2] Department of Surgery, Tuen Mun Hospital, Hong Kong
[4] Department of Surgery, North District Hospital, Hong Kong

11:40 - 11:50

[OP.2-2]

Time Trends of the Presentation and Characteristics of Prostate Cancer in Hong Kong from 1997 to 2013

JHF Wong, PKF Chiu, SYS Chan, JYC Teoh, WM Lee, SSM Hou, CF Ng
SH Ho Urology Centre, Division of Urology, Department of Surgery
Prince of Wales Hospital, The Chinese University of Hong Kong

11:50 – 12:00

[OP.2-3]

High-Risk Prostate Cancer: What Can We Expect after Prostatectomy?

SKK Yuen[1,2], PK Chiu[1], SY Tong[1], SM Hou[1], MK Yiu[2], CF Ng[1]

[1]SH Ho Urology Centre, Division of Urology, Department of Surgery,
Prince of Wales Hospital, The Chinese University of Hong Kong
[2]Division of Urology, Department of Surgery
The University of Hong Kong, Queen Mary Hospital, Hong Kong

12:00 – 12:10

[OP.2-4]

Prevention of Fall-Associated Fractures in Patients on Antigen Deprivation Therapy: Denosumab is a Safe Start

TL Ng, CF Kan, WH Au
Division of Urology, Department of Surgery
Queen Elizabeth Hospital, Hong Kong

12:10 – 12:20

[OP.2-5]

Survival Outcomes after Radical Cystectomy in Chinese Population: 10 Years' Experience

CH Ip, RWM Kan, TM Ng, VHW Yeung, SK Chu, CW Man

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

12:20 – 12:30

[OP.2-6]

Local Experience on Use of Abiraterone in Castration Resistant Prostate Cancer without Previous Chemotherapy

TW Chan, AKC Leung

Department of Clinical Oncology
Queen Elizabeth Hospital, Hong Kong

ORAL (FREE PAPER) SESSION III

Andrology / Stone & Infection / Stents **13:30 – 14:30**

13:30 – 13:40

[OP.3-1]

Can Erectile Dysfunction Severity Predicts Coronary Artery Disease?

SYS Chan, CSY Li, CH Yee, KWM Lee, SSM Hou, CF Ng

SH Ho Urology Centre, Division of Urology, Department of Surgery

Prince of Wales Hospital, The Chinese University of Hong Kong

13:40 – 13:50

[OP.3-2]

A Prospective Review of Outcomes of Metallic Ureteric Stents

HF Wong[1], BSH Ho[3], PKF Chiu[1], SKK Yuen[3], WK Ma[3], HL Tsu[3], SM Hou[1], CF Ng[1,2], MK Yiu[3]

[1]*Division of Urology, Department of Surgery*

Prince of Wales Hospital, Hong Kong

[2]*SH Ho Urology Centre, The Chinese University of Hong Kong*

[3]*Division of Urology, Department of Surgery*

The University of Hong Kong, Queen Mary Hospital, Hong Kong

13:50 – 14:00

[OP.3-3]

Current Pattern of Antibiotic Resistance of Extended-Spectrum Beta-Lactamase Positive *Escherichia Coli* Isolated in Percutaneous Nephrostomy and Ureteric Urine, and Its Relationship with Previous Urinary Tract Infection in a Tertiary Centre

PW Siu[1], MH Fung[1], WK Ma[1], JF Chan[2], CKW Wong[1], CY Kwok[1], S Poon[1], A Tang[1], KW Wong[1], SH Ho[1], TL Ng[1], HL Tsu[1], MK Yiu[1]

[1]*Division of Urology, Department of Surgery*

[2]*Department of Microbiology,*

The University of Hong Kong, Queen Mary Hospital, Hong Kong

14:00 – 14:10

[OP.3-4]

Upper Urinary Tract Infection with Extended-Spectrum Beta-Lactamase Positive Organisms: Prevalence and Risk Factors of Infection in a Tertiary Centre

MH Fung[1], WK Ma[1], PW Siu[1], JF Chan[2], CKW Wong[1], CY Kwok[1], S Poon[1], A Tang[1], KW Wong[1], SH Ho[1], TL Ng[1], HL Tsu[1], MK Yiu[1]

[1]Division of Urology, Department of Surgery

[2]Department of Microbiology,

The University of Hong Kong, Queen Mary Hospital, Hong Kong

14:10 – 14:20

[OP.3-5]

Is Cystolithotripsy Alone an Acceptable Option for Patients with Benign Prostatic Hyperplasia and Bladder Stones?

KK Lo, SC Kwok, MC Law, PL Liu

Division of Urology, Department of Surgery

Caritas Medical Centre, Hong Kong

14:20 – 14:30

[OP.3-6]

A Multicentre Research Trial to Assess the Effectiveness of Rowatinex as Medical Expulsive Therapy (MET) for Patients Presented Acutely with Ureteral Stone Less Than 10mm in Hong Kong

CLF Lee[1], LH Chau[1, 2], TC Yu[3], BSH Ho[4], VHW Yeung[5]

[1]Division of Urology, Department of Surgery, United Christian Hospital

[2]Division of Urology, Department of Surgery, Pamela Youde Nethersole Eastern Hospital (2010)

[3]Division of Urology, Department of Surgery, Princess Margaret Hospital

[4]Division of Urology, Department of Surgery, Queen Mary Hospital

[5]Division of Urology, Department of Surgery, Tuen Mun Hospital

ORAL (FREE PAPER) SESSION IV

BPH **14:30 – 15:30**

14:30 – 14:40

[OP.4-1]

Cross-Sectional Population Based Study on Nocturia in Hong Kong: Prevalence, Impacts, and Treatment Seeking Behaviours

MKT Wong, SYL Leung
Hong Kong Society of Practising Urologists

14:40 – 14:50

[OP.4-2]

Efficacy and Safety of MINIRIN Melt in Elderly with Nocturia – Pilot Study of a Randomized Double-Blinded Placebo Controlled Trial

YC Lam, WC Lam, CM Ng, CK Chan, KL Ho, Y Chiu, TY Chu, FK Cheung
Division of Urology, Department of Surgery
Princess Margaret Hospital, Hong Kong

14:50 – 15:00

[OP.4-3]

Symptom Prevalence, Bother and Treatment Satisfaction in Men with Lower Urinary Tract Symptoms- Preliminary Results from a Local Center

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

15:00 – 15:10

[OP.4-4]

Hybrid Technique in Endoscopic Management of Large Prostate: A New Horizon

VHW Yeung, MWY Chung, MTM Ng, VTT Law, DCH Ip, CYK Lee, CC Ngo, CH Cheng, MTY Chan, PSK Chu, CW Man
Division of Urology, Department of Surgery
Tuen Mun and Pok Oi Hospitals, Hong Kong

15:10 – 15:20

[OP.4-5]

Comparison of Storage Symptom Outcomes of Transurethral Minimally Invasive Surgical Therapies (MIST) for Benign Prostate Hyperplasia

TK Lo, CF Kan, HY Ngai, HH Hung, LY Ho, WH Au
Division of Urology, Department of Surgery
Queen Elizabeth Hospital, Hong Kong

15:20 – 15:30

[OP.4-6]

Early Postoperative Outcomes and Safety of Bipolar Transurethral Enucleation of Prostate

KW Chan, CL Cho, RWH Chu, IC Law
Division of Urology, Department of Surgery
Kwong Wah Hospital, Hong Kong

MODERATED POSTER (FREE PAPER) SESSION I

Pedi-urology / Stone / Uro-oncology **10:30 – 11:18**

10:30-10:38

[MP.1-1]

Experience and Outcomes of Paediatric Pyeloplasty In a Local Urology Centre of Hong Kong

LY Law, CY Ng, CM Ng, TY Chu, FK Cheung
Division of Urology, Department of Surgery
Princess Margaret Hospital, Hong Kong

10:38-10:46

[MP.1-2]

Ten-dose Intravesical BCG Induction and Maintenance Regimen: Is it an Effective and More Tolerable Regimen?

MH Yu, CT Pun, KF Chau, SK Li, MH Wong, NH Chan, CM Li, CW Fan, CN Tang
Division of Urology, Department of Surgery
Pamela Youde Nethersole Eastern Hospital, Hong Kong

10:46-10:54

[MP.1-3]

Longer Operative Duration is Predictive of Post-Operative Haemorrhage after Partial Nephrectomy

CLH Leung, JHM Wong, KF Chiu, CK Chan, CF Ng, SM Hou
SH Ho Urology Centre, Division of Urology, Department of Surgery
Prince of Wales Hospital, Hong Kong

10:54-11:02

[MP.1-4]

Non-inferiority of Vivostat to Other Haemostatic Agents for Patients Undergoing Partial Nephrectomy

CLH Leung, JHM Wong, KF Chiu, CK Chan, CF Ng, SM Hou
SH Ho Urology Centre, Division of Urology, Department of Surgery
Prince of Wales Hospital, Hong Kong

11:02-11:10

[MP.1-5]

Percutaneous Use of Ureterorenoscope (URS) in Percutaneous Nephrolithotomy (PCNL). What are the Added Benefits?

LH Chau[1], CLF Lee[1], BKC Cheng[1], WHC Chan[1], PMH Cheung[2], JKM Lam[2], HS So[1]

[1]Division of Urology, Department of Surgery
United Christian Hospital, Hong Kong
[2]Division of Urology, Department of Surgery
Tseung Kwan O Hospital, Hong Kong

11:10-11:18

[MP.1-6]

Artificial Urinary Sphincter for Post-Radical Prostatectomy Patients: The PYNEH Experience

CT Pun, J Li, CW Fan, CN Tang

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

MODERATED POSTER (FREE PAPER) SESSION II

Andrology / BPH **11:20 – 12:24**

11:20-11:28

[MP.2-1]

Finasteride or TURP: Which Modality Can Stop Bleeding from the Prostate Better?

CT Pun, CF Kan, WH Au
Division of Urology, Department of Surgery
Queen Elizabeth Hospital, Hong Kong

11:28-11:36

[MP.2-2]

Ambulatory Day Surgery for BPH: Early Experience on 180W GreenLight XPS (GL-XPS) Photoselective Vaporization of Prostate (PVP)

HY Ngai[1], KC Lui[2], ACY Wu[2], A Ching[1], KK Yan[1], PT Chan[1], PY Hui[1], YC Kam[1], HC To[1], TT Law[1], TK Lo[1], TCF Li[1], RWM Kan[1], CF Kan[1], HH Hung[1], LY Ho[1], WH Au[1]
[1]*Division of Urology, Department of Surgery*
[2]*Department of Anaesthesia*
Queen Elizabeth Hospital, Hong Kong

11:36-11:44

[MP.2-3]

Risk Factors of Unsuccessful Trial Without Catheter in Acute Urinary Retention – A Revisit to the Basics of Urology

CLF Lee, BKC Cheng, JKM Lam, HS So
Division of Urology, Department of Surgery
United Christian Hospital, Hong Kong

11:44-11:52

[MP.2-4]

Prostatic Artery Embolization (PAE) for Bleeding Prostate: A Single Centre Experience in Hong Kong

CH Cheng[1], KL Siu[2], JCW Siu[2], PSK Chu[1]. CW Man[1]
[1]*Division of Urology, Department of Surgery*
[2]*Department of Radiology*
Tuen Mun Hospital, Hong Kong

11:52-12:00

[MP.2-5]

Current Status of Intracarvernosal (Caverject) Injection Utilization in Patients With Erectile Dysfunction in Hong Kong

EMH Wong , CW Fan
Division of Urology, Department of Surgery
Pamela Youde Nethersole Eastern Hospital, Hong Kong

12:00-12:08

[MP.2-6]

Inflatable Penile Prosthesis, Report on Initial Experience in Hong Kong

EMH Wong , CW Fan
Division of Urology, Department of Surgery
Pamela Youde Nethersole Eastern Hospital, Hong Kong

12:08-12:16

[MP.2-7]

The Relationship between Metabolic Syndrome and Male Lower Urinary Tract Symptoms

KM Li, SCH Yee, SY Luke, CF Ng
SH Ho Urology Centre, Division of Urology, Department of Surgery,
Prince of Wales Hospital, Hong Kong

12:16-12:24

[MP.2-8]

Treatment of Benign Prostate Enlargement with MemokathTM 028 Intraprostatic Stent in Frail Elderly Patients - A 5-year Single Centre Experience

EMH Wong , TK Lo, KF Chau, SK Li, NH Chan, J Li, CW Fan
Division of Urology, Department of Surgery
Pamela Youde Nethersole Eastern Hospital, Hong Kong

UROLOGY NURSING SYMPOSIUM

Session II **15:00 – 15:50**

15:00 – 15:07

[UNS-1]

Effectiveness of a New Percutaneous Nephrostomy (PCN) Securing Device on Prevention of Catheter Dislodgement and Twisting

HMF Ng, JWS Wong, ASW Wong, SYK Ng, HY Cheung, HT Leong
Division of Urology, Department of Surgery
North District Hospital, Hong Kong

15:07 – 15:14

[UNS-2]

What Do We Know about Using Catheter Valve on Urethral Indwelling Catheter?

ASW Wong, SYK Ng, HY Cheung, HT Leong
Division of Urology, Department of Surgery
North District Hospital, Hong Kong

15:14 – 15:21

[UNS-3]

Is Self-urethral Calibration the Best alternative to Urethroplasty and Urethral Dilatation?

YC Kam, HC To
Urology Nurse Clinic, Division of Urology, Department of Surgery
Queen Elizabeth Hospital, Hong Kong

15:21-15:28

[UNS-4]

Preventing Intravesical BCG Toxicities

CFY Chau
Pedder Clinic, Hong Kong

15:28-15:35

[UNS-5]

Re-Designing and Streamlining the One-Stop Hematuria Clinic: First Year's Preliminary Result

ML Li, SM Yuen, LH Wan, YK Lu, KH Wong, LY Wong, TY Chan, CH Cheng, VHW Yeung, SK Chu, CW Man
Division of Urology, Department of Surgery
Tuen Mun and Pok Oi Hospital, Hong Kong

15:35-15:42

[UNS-6]

Pilot Study of Trial Wean off Urinary Catheter Program in the HKEC Community Setting

KL Lui[1], MY Mak[2], WF Ho[1], KY Tam[2], MS Lee[2], KW Yeung[1], CS Poon[1], CM Li[1], NH Chan[1], MH Wong[1], CW Fan[1], CN Tang[1]
[1]*Department of Surgery, Pamela Youde Nethersole Eastern Hospital*
[2]*Community Nursing Services, Hong Kong East Cluster*

15:42-15:49

[UNS-7]

Evaluation of the Treatment Outcomes of Urinary Incontinence by Intra-Vaginal Electrical Stimulation Therapy

KW Yeung, KL Lui, WF Ho, CM Li, NH Chan, CW Fan, CN Tang
Department of Surgery, Pamela Youde Nethersole Eastern Hospital, Hong Kong

15:49-15:56

[UNS-8]

To Investigate the Prevalence of Late Onset Hypogonadism in Male Patients Suffered Lower Urinary Tract Symptom

CSY Li[1], HSW Kwok[1], JWM Yuen[2], SSM Hou[1], CF Ng[1]
[1]*SH Ho Urology Centre & Division of Urology, Department of Surgery*
Prince of Wales Hospital / The Chinese University of Hong Kong
[2]*Department of Nursing, The Polytechnics University of Hong Kong*

Tumour Complexity is Predictive for Early but not Long-term Renal Function after Partial Nephrectomy

JY Teoh, JHM Wong, SC Yee, SY Chan, CF Ng, SM Hou

SH Ho Urology Centre, Division of Urology, Department of Surgery
Prince of Wales Hospital, The Chinese University of Hong Kong

Objective:
We investigated the predictors of early and long-term renal function following partial nephrectomy.

Patients & Methods:
All patients who underwent partial nephrectomy from year 2004 to 2015 were reviewed. The estimated glomerular filtration rate (eGFR) nadir percentage drop before discharge, and the eGFR percentage drops at post-operative 3-month and 1-year were calculated. Predictors for the eGFR percentage drops were analysed using multiple linear regression analyses. Post-hoc analyses were performed to investigate the role of the RENAL nephrometry score in predicting renal function following partial nephrectomy.

Results:
A total of 78 patients underwent partial nephrectomy during the study period. Upon multiple linear regression analyses, a higher RENAL nephrometry score was associated with a greater eGFR nadir percentage drop before discharge (regression coefficient 3.91, 95% CI 1.42-6.40, p=0.003). No significant predictors for the eGFR percentage drop at post-operative 3-month and 1-year were identified. By stratifying the patients according to their RENAL nephrometry score (4-6, 7-9 and 10-12), The eGFR nadir percentage drop before discharge were significantly different between the three groups (p=0.005), which became insignificant for the eGFR percentage drops at post-operative 3-month and 1-year.

Conclusion:
Tumour complexity is predictive for early but not long-term renal function after partial nephrectomy.

[OP.1-2]

Robotic Partial Nephrectomy vs Open Partial Nephrectomy: Our 5-year Experience

WCW Lam, CY Ng, LY Law, KL Ho, FK Cheung

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

Objective:
To compare the surgical, oncological outcome and renal preservation of robotic partial nephrectomy (RPN) vs open partial nephrectomy (OPN) in small renal tumours.

Patients & Methods:
A total of 18 patients underwent RPN and 27 patients underwent OPN between 1/2010 and 7/2015. The median age in RPN and OPN are 60 and 59 respectively. The operation time, warm ischemic time, change of serum creatinine after operation, complication rate and oncological outcome were compared between the two groups.

Results:
There were no differences in the patients' baseline and tumour characteristics. The mean operation time was significantly longer in RPN (267min vs 190min, $p < 0.001$). There were no significant difference in warm ischemic time (30.4min vs 22.3min, $p = 0.214$), complication rate (11.1% vs 7.4%, $p = 0.529$), positive margin in malignant tumour (0% vs 4.2%, $p = 0.667$). RPN showed no significant difference in Pre-op eGFR and post-op eGFR (99.4 vs 91.4, $p = 0.523$); while OPN showed significant worsening of post-op eGFR (91.1 vs 81.9, $p = 0.007$).

Conclusion:
OPN is currently the gold standard of treatment, yet RPN is a feasible alternative with similar surgical and oncological outcome.

Perfecting 'Zero Ischemia' Technique? - Application of Near-infrared Fluorescence Imaging in Partial Nephrectomy

SKK Yuen, JHM Wong, CH Yee, SY Chan, CF Ng, SM Hou

SH Ho Urology Centre, Division of Urology, Department of Surgery
Prince of Wales Hospital, The Chinese University of Hong Kong

Objective:
Near-infrared fluorescence (NIRF) imaging with indocyanine green dye (ICG) can provide an alternative form of intra-operative real-time imaging as an aid in partial nephrectomy (PN).

Patients and Methods:
Six patients underwent laparoscopic/ robotic partial nephrectomy from April to July 2015, utilizing ICG-NIRF imaging. The NIRF scope was inserted whilst ICG was administrated intravenously; images displayed separately in real-time manner. All data was prospectively collected and analysed.

Results:
Our prime usages include visual confirmation of 1) parenchymal perfusion deprivation around tumour with ICG injection after clamping of target artery in five patients, 2) tumour resection margin in one patient, 3) reperfusion of vessel after unclamping. The choice of segmental artery to be clamped was changed in one case (20% of cohort), owing to improved vasculature identification with ICG. The mean ischemia time is 32 minutes (17-47); mean operative duration 248 minutes; mean estimated blood loss 202ml. All patients enjoyed uneventful recovery. None had positive surgical margins.

Conclusion:
Selective clamping guided by ICG-NIRF imaging negates the need for global ischemia by providing real-time intra-operative angiogram to confirm targeted ischemia of the tumour, whilst maintaining perfusion in normal tissue. Enhanced vasculature identification with this technology could profoundly affect the way minimally invasive nephron-sparing surgery is performed.

Segmental Versus Main Artery Clamping Partial Nephrectomy: Comparison of Peri-operative Outcomes and Renal Function Preservation

SKK Yuen, JHM Wong, CH Yee, SY Chan, CF Ng, SM Hou

SH Ho Urology Centre, Division of Urology, Department of Surgery
Prince of Wales Hospital, The Chinese University of Hong Kong

Objective:
To compare short-term outcomes in segmental renal artery clamping and main artery clamping in partial nephrectomy (PN).

Patients and Methods:
The peri-operative outcomes and change in estimated glomerular filtration rate (eGFR) of forty-five patients who underwent laparoscopic or robotic PN at Prince of Wales Hospital from January 2005 to June 2015 were analysed.

Results:
Twelve PN adopted segmental artery clamping technique, while thirty-three PN had main artery clamping. Patient demographics and all baseline parameters were similar between two groups. All PN using segmental renal artery clamping (6 laparoscopic and 6 robotic) were performed successfully without converting to main artery clamping, and achieved clear margins. The two approaches (segmental versus main) have comparable mean operative time (224.0 ± 49.9minutes vs 243.3 ± 66.8minutes, p=0.370), warm ischaemia time (34.3 ± 25.3minutes vs 34.6 ± 16.1minutes, p=0.952), and mean estimated blood loss (309.1 ± 271.9ml vs 253.7 ± 405.5ml, p=0.678). There is no statistical significant difference in percentage of change in eGFR between segmental and main artery clamping immediate post-operatively, at 3 months and 6 months.

Conclusion:
Segmental artery clamping is a safe technique in partial nephrectomy. Our early experience shows that it has comparable short term renal function outcomes with main artery clamping technique.

Minimizing Renal Ischemia in Robot-assisted Laparoscopic Partial Nephrectomy (RaLPN)

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

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

Objective:
To review and compare the outcome of different clamping techniques in RaLPN.

Patients & Methods:
We retrospectively reviewed all RaLPN performed from 2009-2014. Perioperative, renal function, oncological outcome were compared between different techniques.

Results:
Of 40 RaLPN identified, there were 20 hilar clamping (HC), 11 selective artery clamping (SC), 6 parenchymal clamping and 3 off clamping. Technical evolution from HC to SC was noted during the study period. Comparison was made between SC and HC. Two groups were comparable in age, sex, baseline serum Cr, eGFR and Charlson Comorbidity Index. Tumours in SC were larger (35.5vs23.8mm) and more complex (PADUA 8.8vs7.2). Operating time was shorter in SC (266vs369mins). There were no difference in blood loss, complication rate and hospital stay. There were 8(73%) and 15(75%) RCC in SC and HC respectively, one positive margin in HC and none in SC. eGFR percentage decline was less in SC at postop 3, 6, 9m although not significant. None of our patients had solitary kidney which made eGFR not accurate reflection of renal function benefit from elimination of global kidney ischemia in SC.

Conclusion:
RaLPN with SC is feasible in experienced centre with potential renal functional benefit. Perioperative, oncological outcome were not compromised despite larger and more complex tumours in our series.

[OP.2-1]

Androgen Deprivation Therapy and the Risk of Acute Myocardial Infarction in Chinese Men with Prostate Cancer

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Objective:
We investigated the association between androgen deprivation therapy (ADT) and acute myocardial infarction (AMI), and the risk factors of AMI in Chinese men with prostate cancer.

Patients & Methods:
All Chinese prostate cancer patients treated in five local hospitals from year 2000 to 2009 were reviewed. Patients' and disease characteristics, and the treatment given for prostate cancer were reviewed. The primary outcome is any new event of acute myocardial infarction. The association between ADT and AMI was first analysed by Kaplan-Meier method. Multivariate Cox regression analysis was performed to adjust for potential confounding factors.

Results:
A total of 1467 patients were included in our study, which consisted of 423 patients in the non-ADT group and 1044 patients in the ADT group. The ADT group was associated with increased risk of AMI upon Kaplan-Meier analysis (p<0.001). Upon multivariate Cox regression analysis, dyslipidaemia (HR 2.96, 95% 1.64-5.31, p<0.001) and the use of ADT (gonadotropin-releasing hormone agonist: HR 3.96, 95% 1.09-14.38, p=0.036; bilateral orchidectomy: HR 6.26, 95% 1.42-27.56, p=0.015) were significant risk factors of developing AMI.

Conclusion:
ADT was associated with increased risk of AMI in Chinese men treated for prostate cancer, especially in those with known history of dyslipidaemia.

Time Trends of the Presentation and Characteristics of Prostate Cancer in Hong Kong from 1997 to 2013

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Objective:
Incidence of prostate cancer in Asia was increasing in recent decades. We would like to report the time trend of characteristics of prostate cancer diagnosed from 1997 to 2013 in a regional hospital.

Methods:
Four 2-year cohorts (1997-98, 2002-03, 2007-08, 2012-13) were selected. Cases of prostate cancer managed during the selected periods were reviewed.

Results:
A total of 945 patients were diagnosed with prostate cancer in the 4 cohorts. Among the 4 cohorts, the incidence was increasing (109, 184, 263 and 389 patients). Mean and median age was 71 years old, with no significant differences. There were significantly lower median serum PSA level (ug/l) at diagnosis (57.5 ug/l, 44.5 ug/l, 25.5 ug/l, 18.4 ug/l; $p<0.0005$), increase in patients with normal digital rectal examination (DRE) (13.4%, 18.0%, 33.2% and 44.1%; $p< 0.0005$) and increase in patients diagnosed with Gleason score < 7 (28.4%, 31.6%, 38.3% and 45.8%; $p=0.001$). Significantly more patients received local radical therapies in later cohorts (10.4%, 36.8%, 46.9%, 52.9%; $p<0.0005$).

Conclusion:
More patients were diagnosed with lower serum PSA level, normal DRE and lower Gleason score. Hence more patients could receive primary local therapy. Further studies would be needed to assess whether this would lead to better outcomes and cancer specific survival.

[OP.2-3]

High-Risk Prostate Cancer: What Can We Expect after Prostatectomy?

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Objective:
To analyse 18 years of oncological outcomes in high-risk prostate cancer(HRPC) patients after prostatectomy.

Patients and Methods:
HRPC patients who underwent prostatectomy at two university-affiliated hospitals from 1996 to 2014 were analysed retrospectively. HRPC is defined by high risk factors(HRF): clinical T-stage(cT-stage)≥T2c, biopsy Gleason score(GS)8-10, or prostate-specific antigen(PSA)>20 ng/m. Relationship between HRF and positive margin rate(PSM) was assessed by multivariate logistic regression. Predictors and time to biochemical recurrence(BCR), adjuvant/salvage radiotherapy(RT), androgen deprivation therapy(ADT), metastasis and overall survival were assessed by Cox proportional hazards regression and Kaplan-Meier method.

Results:
Amongst 139 prostatectomies (37 open, 12 laparoscopic, 90 robotic) over median follow-up of 54 months, 40.3% had PSM. cT-stage(OR 2.879, p=.007) predicted PSM, while GS(OR1.377, p=0.425) and PSA(1.016, p=.101) did not. 5-year BCR-free survival is 64.8%; while that of carrying one, two and three HRF are 67.9%, 57.7%, 44.4% respectively. 5-year RT-free survival and RT or ADT-free survivals are 70.6% and 42.6%. Eleven patients (7.9%) had metastasis, where those with 2 or 3 HRF carry higher tendency of metastasis(log-rank test, p=0.050). Five and ten-year overall survivals are 91.6% and 72.0%.

Conclusion:
HRPC patients enjoyed excellent long-term survival after prostatectomy; a significant proportion did not require any adjuvant treatment. Higher number of risk factors was associated with poorer oncological outcome.

Prevention of Fall-Associated Fractures in Patients on Antigen Deprivation Therapy: Denosumab is a Safe Start

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Objective:
To investigate the incidence of fall-associated fractures in patients on antigen deprivation therapy (ADT) and the efficacy and safety of Denosumab for patients on ADT.

Patients & Methods:
All Patients with bilateral orchidectomy performed for prostate cancer from January 2008 to January 2013 were retrospectively reviewed for fall and fall-associated fracture. All patients with Denosumab 60 mg 6-monthly injection were prospectively recruited. Patients were followed up 6-monthly with blood tests and interviews. DEXA scans were performed before treatment and 12 months afterwards.

Results:
Two hundred and two patients were reviewed, the incidence of fall was 9.9%, in which 40% resulted in fractures. Fourteen patients were recruited for Denosumab injection. The change in T-score in 12 months for spine and hip were 0.54+/-0.26 (P=0.01) and 0.18+/- 0.13(P=0.04) respectively. The patients experienced no side effect. No fall and no fracture were recorded.

Conclusion:
Patients on ADT were at risk of fall and fall-associated fractures. Denosumab was safe and effective in increasing bone mineral density in patients on ADT.

Survival Outcomes after Radical Cystectomy in Chinese Population: 10 Years' Experience

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Tuen Mun Hospital, Hong Kong

Objective:
To review the survival outcomes of bladder cancer patients who had underwent radical cystectomy in our hospital.

Patients & Methods:
From January-2005 to December-2014, 74 patients (M:F=60:14) mean aged 65years(range39-82) with bladder cancer underwent open(64)/ laparoscopic(10) radical cystectomy. Patients' demographic data, use of neoadjuvant/adjuvant therapy, techniques for cystectomy, pathology, recurrence pattern and survival data were retrospectively analysed.

Results:
The mean follow-up period was 40 months (range1-122). The techniques for urinary diversion were: ileal conduit (37); substitution cystoplasty (31); continent catheterizable pouch (6). Eighteen (24.3%) and six (8.1%) patients received neoadjuvant and adjuvant chemotherapy respectively. Pathological T3(pT3) or above diseases were found in 44 patients(59.5%) while 19 patients(25.7%) had lymph node metastases. Resection margin was positive in 6 patients (8.1%). The recurrence pattern was: local only (6); with distant metastases (21). Univariate analysis showed that tumour recurrence was significantly increased in presence of pT3 or above diseases (47.7%vs20.0%), lymph node metastases(78.9%vs21.8%), positive resection margins(83.3%vs23.4%) and without use of neoadjuvant chemotherapy(42.9%vs16.7%). Multivariate analysis showed that lymph node metastases was the only predictor for recurrence-free survival(OR0.078, p=0.000). The cancer-specific mortality rate was 66.7% and 0% for patients with and without recurrence respectively (p=0.000).

Conclusion:
The survival outcome after radical cystectomy was poor in patients with lymph node metastases and tumour recurrence.

Local Experience on Use of Abiraterone in Castration Resistant Prostate Cancer without Previous Chemotherapy

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Objective:
To retrospectively study the clinical characteristics and treatment outcomes in patients with castration resistant prostate cancer who received no previous chemotherapy and treated with abiraterone in Department of Clinical Oncology, Queen Elizabeth Hospital

Patients and Methods:
Patients with castration resistant prostate cancer without previous chemotherapy who started treatment with abiraterone between January 2013 and June 2015 in Department of Clinical Oncology, Queen Elizabeth Hospital were evaluated. Abiraterone was given at 1000mg daily together with prednisolone 5mg twice daily.

Results:
The age of 27 patients ranged from 57 to 88 (median, 78) years. 93% of patient had bony metastasis and 22% had documented lymph node metastasis. All patients were ECOG 1 or 2. Follow-up time ranged from 1.7 to 29.9 (median, 10.1) months. PSA response rate was 63%, median time to progression was 9.6 months. By the time of analysis, 7 patients died, and the median overall survival was 24.7 months. The treatment was generally well tolerated.

Conclusion:
Our early results demonstrated good PSA response as well as comparable time to progression to that reported in the international studies. Collection of longer follow-up data and treatment outcomes concerning the use of abiraterone in asian population is recommended.

[OP.3-1]

Can Erectile Dysfunction Severity Predicts Coronary Artery Disease?

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Introduction:
Vasculogenic erectile dysfunction (ED) shares the same pathophysiology of vascular disorder and considered as an early manifestation of systemic vascular disorder and coronary artery disease (CAD).

Methods:
Retrospective review of the baseline parameters of patients attend erectile dysfunction clinic from January 2004 to January 2015. Patients with identifiable hormonal or neurogenic causes for ED were excluded from analysis. Logistic regression analysis was performed to assess the effect of different risk factors including the severity of erectile dysfunction on the presence of CAD.

Results:
During the study period, 504 patients were identified for analysis. Amongst these patients, 44 (8.7%) patients suffered from CAD at baseline. The prevalence of moderate-to-severe erectile dysfunction in patients with and without coronary heart disease were 43.8% and 30.8% respectively. Waist circumference (OR 1.082 (1.021 – 1.146), p=0.007), hypertension (OR 2.505 (1.341 – 4.678), p=0.004), diabetes (OR 3.138 (1.676 – 5.877), p=0.000) and severity of erectile dysfunction (OR 1.070 (1.003 – 1.143), p=0.042) was correlated with CAD. By using multivariate analysis, hypertension, diabetes and severity of erectile dysfunction were found to be independent predictors for the presence of CAD.

Conclusion:
This study suggests that the severity of erectile dysfunction could be considered as a surrogate marker to predict the occurrence of CAD.

A Prospective Review of Outcomes of Metallic Ureteric Stents

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Objective:
To review outcomes of Resonance® metallic ureteric stents in patients with ureteric obstruction

Patients & Methods:
All patients with ureteric obstruction who were arranged to have metallic ureteric stenting from 2011 to 2015 were prospectively recruited. Factors predicting failure of stent insertion and subsequent stent failure were analysed.

Results:
A total of 81 patients with 99 obstructed ureters and 102 metallic stents were included. 89.9% were malignant obstruction. Failure of metallic stent insertion occurred in 13 out of 99 ureters(13.1%) despite dilatation. In multivariate analysis, factors predicting failure of stent insertion included multi-level obstruction(OR 7.7, p=0.030), bladder lesion(OR14.3, p=0.004), and lack of prior ureteric stent(OR 7.1, p=0.020), but not age, cause of obstruction, general(GA)/ local(LA) anaesthesia, or radiation.

39 out of 86(45.3%) successful metallic stent insertion required ureteric dilatation. Success rates of stent insertion were both high under GA(85.5%) and LA(93.8%).

Median duration of functioning stent was 15 months(interquartile-range 11-22months). In Kaplan-Meier Cox-regression analysis, factors predicting stent failure included initial ureteric dilatation(OR 3.2, p=0.012) and bladder lesion(OR 11.9, p=0.001), but not age, multi-level obstruction or radiation.

Conclusion:
Metallic ureteric stents were effective and could be performed under LA. Factors predicting stent failure could guide treatment decision.

[OP.3-3]

Current Pattern of Antibiotic Resistance of Extended-Spectrum Beta-Lactamase Positive *Escherichia Coli* Isolated in Percutaneous Nephrostomy and Ureteric Urine, and Its Relationship with Previous Urinary Tract Infection in a Tertiary Centre

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Objective:
Antimicrobial resistance of extended spectrum beta-lactamase positive *Escherichia coli* (ESBL+ *E.coli*) in upper urinary tract infection alters choice of antibiotics. This study aims to identify the current pattern of antibiotic resistance of upper tract ESBL+ *E.coli* and its association with previous UTI in a tertiary centre.

Patients & Methods:
A total of 47 patients with PCN or ureteric urine cultured positive of ESBL+ *E.coli* from January 2012 to December 2014 were identified in database of Clinical Microbiology Laboratory, Queen Mary Hospital. Patients were stratified into three groups, UTI-naïve (28%), with previous ESBL negative *E.coli* UTIs (55%) or previous UTIs due to other organisms (17%). Resistance pattern to 9 antibiotics were analysed.

Results:
1. Wide range of resistance of upper tract ESBL+ *E.coli* to antibiotics was revealed, from 0% resistance to amikacin and 14.6% resistance to nitrofurantoin, to 81.3% resistance to levofloxacin and 100% resistance to ampicillin and cefuroxime.
2. The three groups of patients showed statistically insignificant differences between antibiotic resistances (p-value 0.252 to 2.243).

Conclusion:
Upper tract urine ESBL+ *E.coli* has high quinolone resistance but low aminoglycoside resistance. The relationship between previous UTIs and ESBL+ *E.coli* emergence cannot be established.

Upper Urinary Tract Infection with Extended-Spectrum Beta-Lactamase Positive Organisms: Prevalence and Risk Factors of Infection in a Tertiary Centre

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Objective:
Upper urinary tract infection with extended-spectrum beta-lactamase positive (ESBL+) organisms, e.g. *Escherichia coli, Klebsiella species* can be devastating and hence prompt management is essential. This study aims to reveal the prevalence of upper tract infection with ESBL+ organisms and the associated risk factors in a tertiary centre.

Patients & Methods:
From the database in Clinical Microbiology Laboratory in Queen Mary Hospital, all patients with PCN and ureteric urine cultured positive of ESBL+ organisms between January 2012 and December 2014 were identified. Patient demographics, course of disease and antibiotic exposure were studied.

Results:
A total of 1847 upper tract urine samples from 227 patients were found. 314 samples were cultured positive of *E.coli* with 47 being ESBL+. Among this subgroup, 13 did not have prior UTI, 26 had previous ESBL negative *E.coli* UTIs while 8 had previous UTIs caused by other organisms. Statistically significant risk factors include repeated hospital admission ($p=0.005$ to 0.046), recent catheterization ($p=0.003$) and stone disease ($p=0.02$).

Conclusion:
The current prevalence of upper tract ESBL+ *E.coli* is low. Important risk factors include repeated hospital admission, recent catheterization and stone disease. With attempts to reduce hospital admission and catheterization, and treatment of stone disease, the incidence of ESBL+ organisms may be lowered.

Is Cystolithotripsy Alone an Acceptable Option for Patients with Benign Prostatic Hyperplasia and Bladder Stones?

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Objective:
To determine whether cystolithotripsy alone is an appropriate option for patients with benign prostatic hyperplasia (BPH) and bladder stones.

Patients & Methods:
We retrospectively reviewed all patients who underwent cystolithotripsy for bladder stones but refused surgical treatment for BPH at Caritas Medical Centre from July 2000 to July 2010. BPH-related complications and subsequent surgery for BPH after stone removal were recorded. Cumulative BPH-related complication-free survival and the association between pre-operative parameters and occurrence of BPH-related complications were analysed.

Results:
A total of 60 patients with a mean age of 67.5 years (range: 40-91) were included. Mean follow up time was 57.6 +/- 10.2 months. 17 patients (28.3%) developed BPH-related complications: 2 (6.7%) had recurrent UTI, 7 (11.6%) had AROU, and 6 (10%) had recurrent bladder stones. The cumulative BPH-related complication-free survival was 90% at 1st year, 81.7% at 3rd year, and 71.7% at 5th year. 12 (20%) patients required surgery for BPH and its related complications during the follow up period. Only the number of bladder stones on presentation was found to be associated with the occurrence of complications after stone removal (p=0.006).

Conclusion:
Cystolithotripsy alone is an acceptable option for patients with BPH and bladder stones.

A Multicentre Research Trial to Assess the Effectiveness of Rowatinex as Medical Expulsive Therapy (MET) for Patients Presented Acutely with Ureteral Stone Less Than 10mm in Hong Kong

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Objective
To assess the spontaneous passage rate for patients presented acutely with ureteral stone using Rowatinex as medical expulsive therapy (MET)

Patients and methods
This is a historical controlled multicentre trial involving four local hospitals in 2014. Patients presented acutely with ureteral stone of size between 5-10mm were given Rowatinex 1 capsule tds for 4 weeks and paracetamol 1 tablet QID prn for 2 weeks. All patients were assessed with KUB with or without bedside USG at week 4 for the status of stone passage. The results were compared with another trial in 2010 in a local hospital which acted as a control group. The control trial included similar patients who received the analgesic for 2 weeks only.

Results
A total of 68 patients were analysed. The mean stone size was 5.9mm. The overall spontaneous passage rate was 70.6% (46/68). The rate was 51.4% and 90.9% for upper and distal ureteral stone respectively. For the historical control group, 34 patients with a mean stone size of 6.9mm were assessed. The passage rate was 50% only (p=0.041).

Conclusions
Rowatinex is an effective alternative MET to enhance the spontaneous passage of ureteral stone apart from alpha-blocker. Further prospective trial is required to compare their efficacy.

[OP.4-1]

Cross-Sectional Population Based Study on Nocturia in Hong Kong: Prevalence, Impacts, and Treatment Seeking Behaviours

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Hong Kong Society of Practising Urologists

Objective:
This study is to estimate the prevalence of nocturia in the population aged 40 years or above in Hong Kong, to evaluate the impact of nocturia on QOL and to identify predictors of QOL and treatment seeking.

Patients and Methods:
It was a population-based cross-sectional survey conducted in September 2014. Data was collected through phone interview. A sample size of 1,000 yields 3% margin of error for a 50% prevalence rate with 95% confidence interval. The *p*-value <0.05 was declared as statistically significant and all statistical tests were two-sided.

Results:
Around 22,000 valid phone numbers had been generated. 1,009 evaluable questionnaires were collected. The response rate was 9.6%. The overall prevalence of nocturia $\geq$1 void/night was 63% and $\geq$2 voids/night was 32%. Aging, hypertension, and prostate disease were primary risk factors. The number of nocturia episodes was negatively associated with N-QOL score. Heart disease, stroke, obstructive sleep apnoea, prostate disease, and depression reduced N-QOL scores. The proportions of nocturia respondents consulted doctor and currently taking medications were 131 (23%) and 74 (13%) respectively.

Conclusion:
Quality of life was significantly affected by nocturia. However, only 23% of nocturia individual consulted medical professional. Public education is required to address the issue and early treatment should be provided to reduce QOL loss.

Efficacy and Safety of MINIRIN Melt in Elderly with Nocturia – Pilot Study of a Randomized Double-Blinded Placebo Controlled Trial

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Princess Margaret Hospital, Hong Kong

Objective:
We investigate the efficacy and safety of MINIRIN Melt in patients with nocturia in our locality.

Patients and Methods:
Patients complained of nocturia would be interviewed in our nocturia specialty clinic. Detailed history taking and assessment were performed. The starting dose of 60 µg MINIRIN melt would be given to those who fulfilled the study criteria. Every patient was scheduled to have weekly follow up to review any possible adverse effect. Dose escalation would be considered on individual basis.

Results:
There were 14 patients (mean age 72.5 years, 2 female and 12 male) recruited between March to August 2015. Thirteen of them took 60µg and one took 120µg without any minor or major adverse effect. Numbers of nocturnal void were significantly reduced from 4.93 to 2.57 (-2.36, $p < 0.0001$). First undisturbed sleep period increased by 71mins ($p < 0.0001$). Nocturnal void volume reduced by 650ml ($p = 0.001$). Nocturia specific QoL questionnaires showed statistically significant improvement in both sleep and bother domain (-3.455, $p = 0.006$ and -4.000, $p = 0.009$ respectively). Overall QoL was also improved (-0.636, $p = 0.026$).

Conclusion:
MINIRIN melt is safe and effective to treat nocturia together with patient education and close monitoring.

[OP.4-3]

Symptom Prevalence, Bother and Treatment Satisfaction in Men with Lower Urinary Tract Symptoms- Preliminary Results from a Local Center

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Objective:
To examine the patients' perspectives on LUTS and their treatment when they seek help in the urology clinic.

Patients & Methods:
From December 2014 to May 2015, all patients who were referred for LUTS secondary to BPH were recruited. The questionnaire from the Southeast Asia Urology Think Tank was used to assess 1) the prevalence and bother of urgency, nocturia, slow stream and post-micturition dribble, and 2) how TURP relieved these symptoms.

Results:
A total of 68 questionnaires were included for analysis. Nocturia was the most common symptom (96%), followed by slow stream (82%), post-micturition dribble (69%) and urgency (56%). Post-micturition dribble (74%) and nocturia (72%) were reported to cause some or a lot of bother, followed by slow stream (64%) and urgency (63%). 46% patients reported some or a lot of bother with 1-2 times of voids per night. 40% patients received prescription before attending urology clinic and 86% patients intended to receive further treatment. 23% patients underwent TURP before, with poor stream (50%) improved most amongst these symptoms.

Conclusion:
The result, especially in form of the multi-centre study, could facilitate formulation of the strategy in patient education, primary health care and urology treatment plan in Hong Kong and Southeast Asia.

Hybrid Technique in Endoscopic Management of Large Prostate: A New Horizon

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Objective:
Endoscopic management of large prostate (>80 grams) is traditionally challenging. We introduce a novel and safe technique of transurethral resection of prostate (TURP) using a combination of thulium laser and bipolar energy. We will compare its early results with thulium laser prostatectomy as well as bipolar hybrid TURP.

Patients and Methods:
From January 2014 to August 2015, 89 patients (with prostate size >80 grams) who underwent bipolar hybrid TURP (BH) or thulium laser TURP (T) or bipolar and thulium laser hybrid TURP (BTH) were recruited into the study.

Results:
The average prostate size for the T, BH and BTH groups were 119.2, 98.5 and 132.5 grams respectively. The rate of operation (defined as prostate size divided by operation time) for the BTH group is significantly faster than the T group ($p = 0.015$), but similar to the BH group ($p = 0.664$). The haemoglobin drop after the operation is not statistically significant for all three groups ($p > 0.05$), but the secondary haemorrhage after bipolar hybrid TURP is more common than the other two techniques ($p = 0.031$).

Conclusion:
Bipolar and thulium laser hybrid TURP is an efficient and safe alternative in treating large prostates endoscopically with minimal blood loss.

[OP.4-5]

Comparison of Storage Symptom Outcomes of Transurethral Minimally Invasive Surgical Therapies (MIST) for Benign Prostate Hyperplasia

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Queen Elizabeth Hospital, Hong Kong

Objective:
To compare the storage symptom outcomes of different transurethral MIST for BPH.

Patients & Methods:
We retrospectively reviewed all transurethral MIST performed since 2010. Storage subscore and nocturia score of International Prostate Symptom Score (IPSS) at baseline, post-op 3 months and 12 months were evaluated and compared between different techniques. Only procedures with complete data were included for analysis.

Results:
Of 341 procedures identified, 112 had complete data for analysis. There were 14 transurethral bipolar enucleation, 19 transurethral electrovaporization of prostate (TUEVP), 17 bipolar transurethral resection of prostate (TURP), 32 hybrid TURP (bipolar TURP+TUEVP), 20 photoselective vaporization of prostate (PVP)-120W and 10 PVP-180W. All groups were comparable in terms of age, baseline IPSS, storage subscore and nocturia score. Storage subscore and nocturia score were significantly improved compared to baseline in transurethral bipolar enucleation, TUEVP and hybrid TURP. There were improvement of storage subscore and nocturia score in PVP-120W and PVP-180W but to a lesser extent and did not reach statistical significance.

Conclusion:
Storage symptoms improvements were less in PVP-120W and PVP-180W among the above described transurethral MIST. Our finding may be useful in patient counselling and selection of the most appropriate technique for individual patient.

Early Postoperative Outcomes and Safety of Bipolar Transurethral Enucleation of Prostate

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Objective:
We report the early postoperative outcomes and safety of the bipolar transurethral enucleation of prostate (TUEP) technique.

Patients & Methods:
A total of 40 consecutive patients had undergone bipolar TUEP were prospectively studied. All patients were evaluated preoperatively by physical examination, digital rectal examination, transrectal ultrasonography and blood tests, including haemoglobin, sodium level and prostate specific antigen measurement. Patients were assessed peri-operatively and postoperatively at 1, 3, 6 and 12 months. Post operative uroflowmetry, IPSS, and PSA level were measured.

Results:
The mean enucleated prostatic adenoma specimen weight was 52.6g. The mean enucleation, resection and operative time were 13.6, 47.7 and 91.5 minutes respectively. The mean decrease in serum PSA after bipolar TUEP was 87.8% (from 6.36 to 0.86 ng/mL). Prostate volume was decreased by 68.6% at 4 weeks postoperatively. The mean haemoglobin drop was 1.18 g/dL. Post operation Qmax is increased by 127%. None of the patients required blood transfusion or developed clot retention.

Conclusion:
The technique of bipolar TUEP has a satisfactory early functional outcomes and low morbidity.

[MP.1-1]

Experience and Outcomes of Paediatric Pyeloplasty In a Local Urology Centre of Hong Kong

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Princess Margaret Hospital, Hong Kong

Objective:
To review our 10-year experience and outcomes of paediatric pyeloplasties.

Patients and Methods:
We retrospectively enrolled all paediatric patients who underwent pyeloplasty at our department between the year of 2005 and 2014. They underwent pre and post-operative ultrasound kidney, scintigraphy and renal function tests. Outcomes were described as the improvement of post-operative creatinine level, differential function, renal pelvis anterior-posterior (AP) diameter and drainage half-time. Their statistical significances were calculated by paired sample T-test.

Results:
In the 10-year period, a total of 26 children were enrolled. We performed almost equal numbers of pyeloplasties by open, laparoscopic and robotic assisted means. 3(11%) of them required re-operation due to obstruction, none was complicated with urine leak. The mean operation time was 240 minutes. The mean drainage half-time improved from 54.94 minutes to 9.79 minutes *(P = 0.013*.) The mean AP diameter of renal pelvis improved from 27.50mm to 18.67mm *(P = 0.032)*. The mean differential function improved from 41.54% to 46.85% *(P = 0.012)*.

Conclusion:
We performed paediatric pyeloplasty by different means according to patients' characteristics. There was no major complications and minimal morbidity. There were statistical significant improvements in drainage half-time, AP diameter of renal pelvis and differential function.

Ten-dose Intravesical BCG Induction and Maintenance Regimen: Is it an Effective and More Tolerable Regimen?

MH Yu, CT Pun, KF Chau, SK Li, MH Wong, NH Chan, CM Li, CW Fan, CN Tang

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

Objective:
To assess the recurrence rate of bladder cancer and muscle invasive progression of our patients receiving the 10-dose intravesical BCG induction and maintenance regimen. We also evaluate the compliance and complication to our regimen.

Patients & Methods:
Patients receiving intravesical BCG in the period of 2006-2009 were retrospectively reviewed. They received 6 doses of weekly induction intravesical BCG, then 4 doses of maintenance BCG during each of our 3-monthly cystoscopy follow up. The 5-year recurrence rate, mortality and muscle invasive progression were assessed. The drop out and complication rate of the intravesical BCG were also evaluated.

Results:
A total of 88 patients were included in the analysis. The 5-year recurrence rate was 12.1%. The overall disease specific mortality was 10.2%. The muscle invasive progression after completing the intravesical BCG regimen was 3.45%. Overall compliance to our intravesical BCG was 78.4%. There were one case of BCG related sepsis and one case of granulomatous hepatitis.

Conclusion:
The 10-dose intravesical BCG regimen shows promising efficacy and satisfying compliance rate.

[MP.1-3]

Longer Operative Duration is Predictive of Post-Operative Haemorrhage after Partial Nephrectomy

CLH Leung, JHM Wong, KF Chiu, CK Chan, CF Ng, SM Hou

SH Ho Urology Centre, Division of Urology, Department of Surgery
Prince of Wales Hospital, Hong Kong

Objective:
To evaluate the peri-operative outcomes and predictive factors of patients who developed haemorrhage after partial nephrectomy.

Patients & Methods:
All patients underwent partial nephrectomy for renal tumours in Prince of Wales hospital from October 2004 to June 2015 were retrospectively reviewed. Patient demographics, peri-operative outcomes including renal function were analysed.

Results:
A total of 78 patients underwent partial nephrectomy, among which 8 developed post-operative haemorrhage (open approach in one, laparoscopic in five, robotic in two cases), and 5 had subsequent selective embolization. The mean RENAL score of these 8 patients was of 7.0±2.0(5-9), operative duration of 282±50 minutes(195-360), ischaemia time of 42±26 minutes(0-89), and estimated blood loss of 250±218ml(50-600). On multivariable logistic regression, operative duration is the only statistically significant predictive factor for post-operative haemorrhage(95%CI:1.1-2.6,p=0.016). Further analysis showed that every 30 minutes increase in operative duration leads to 1.7-fold increase in odds ratio for developing haemorrhage. The two groups (post-operative haemorrhage versus without haemorrhage) have no statistical significant change of estimated glomerular filtration rate immediate after operation, at 3 and 6 months.

Conclusion:
Longer operative duration is predictive of post-operative haemorrhage after partial nephrectomy, and closer monitoring should be employed. Selective embolization does not have detrimental impact on renal function preservation in these patients.

Non-inferiority of Vivostat to Other Haemostatic Agents for Patients Undergoing Partial Nephrectomy

CLH Leung, JHM Wong, KF Chiu, CK Chan, CF Ng, SM Hou

SH Ho Urology Centre, Division of Urology, Department of Surgery
Prince of Wales Hospital, Hong Kong

Objective:
To evaluate the effectiveness of Vivostat as a haemostatic agent in partial nephrectomy.

Patients & Methods:
We retrospectively reviewed 70 patients underwent partial nephrectomy in Prince of Wales Hospital from October 2004 to June 2015. Autologous fibrin sealant was applied to resection bed via the Vivostat system in 29 patients while other haemostatic agents (Tisseel and FloSeal) were utilized in 41 patients. Peri-operative outcomes of two groups were analysed.

Results:
Demographic data of two groups (vivostat versus non-vivostat) were comparable. Post-operative complications were comparable and no statistical difference was demonstrated between 2 groups. The post-operative complication rates were similar (24.1% vs 24.4% respectively in vivostat vs non-vivostat, p = 0.981). Post-operative haemorrhage, post-operative blood transfusion and post-operative embolization in Vivostat vs non-Vivostat groups were 10.3% vs 12.2%(p = 0.981), 6.9% vs 7.2%(p=1.000) and 6.9% vs 1.4%(p=0.168) respectively. Urinary leakage in Vivostat group is 3.4% while that of non-Vivostat group is 2.4%(p=1.000).

Conclusion:
Vivostat system is demonstrated non-inferior to other commonly used haemostatic agents in partial nephrectomy. With elimination of the potential risks of infectious disease transmission and allergy from other human or animal products in conventional haemostatic agents, Vivostat system is a considerable option to facilitate haemostasis in urological surgeries.

[MP.1-5]

Percutaneous Use of Ureterorenoscope (URS) in Percutaneous Nephrolithotomy (PCNL). What are the Added Benefits?

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United Christian Hospital, Hong Kong
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Tseung Kwan O Hospital, Hong Kong

Objective
To assess for any added benefits when URS is used percutaneously during PCNL

Patients and Methods
During the tract creation step in conventional PCNL, a hydrophilic guide-wire (GW) was passed into kidney. In our group of patients, if the GW failed to pass into ureter directly under fluoroscopy, the tract will be dilated to 12Fr using serial fascial dilators. An 8.5Fr URS was then inserted over the GW into the kidney. Further manipulation of the scope could facilitate the passage of the GW from any site in kidney into the ureter. Moreover, one more GW could be passed into ureter as additional safety GW and make subsequent X-ray free tract dilatation feasible.

Results
Between January 2014 and July 2015, 65 PCNL cases were performed in the United Christian Hospital. 23/65 (35%) cases utilized a URS to pass the GW into ureter and saved the usage of double-lumen catheter. X-ray free tract dilatation is performed in 13 out of the 23 patients. Nil complication was found.

Conclusions
URS can safely facilitate the passage of GW into ureter. This can save the cost of using double-lumen catheter and can promote the safe usage of X-ray free tract dilatation.

Artificial Urinary Sphincter for Post-Radical Prostatectomy Patients: The PYNEH Experience

CT Pun, J Li, CW Fan, CN Tang

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

Objective:
To review the outcomes of artificial urinary sphincter (AUS) implantation in patient who underwent radical prostatectomy.

Patients & Methods:
Patients who had AUS implantation done in Pamela Youde Nethersole Eastern Hospital from 2013 to 2015 for urinary incontinence after radical prostatectomy were prospectively reviewed. Operative details, outcomes related to continence and complications were analysed.

Results:
14 patients were reviewed, with a mean follow-up period of 10.8 months. 13 of the patients were completely continent after the operation. There was only one infective complication that required a re-operation.

Conclusion:
AUS implantation is a good treatment option for patients with post-radical prostatectomy urinary incontinence.

[MP.2-1]

Finasteride or TURP: Which Modality Can Stop Bleeding from the Prostate Better?

CT Pun, CF Kan, WH Au

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

Objective:
To compare the efficacy of finasteride and TURP in preventing haematuria associated with benign prostatic hyperplasia.

Patients & Methods:
Patients who presented with haematuria in Queen Elizabeth Hospital from 2009 to 2014 were retrospectively reviewed. Patients diagnosed with haematuria secondary to benign prostatic hyperplasia were analysed. These patients were treated conservatively, by finasteride or by TURP after discussion. Outcomes related to recurrent haematuria were compared.

Results:
A total of 200 patients were included for analysis (conservative, 62; finasteride, 65; TURP, 73) with a mean follow-up of 37.5 months. Mean prostate size was 79.8cc. The rates of re-bleeding were lower in the finasteride (29.2%) and TURP group (26.0%) compared with the conservative group (38.7%). The haematuria-free period was found to be significantly better in the intervention groups only if the prostate size was 60cc or greater ($p<0.05$). The time to first hospitalization due to haematuria was significantly delayed in the TURP group compared to the conservative group ($p=0.014$) but not in the finasteride group ($p=0.324$).

Conclusion:
Finasteride and TURP are viable options for preventing haematuria associated with benign prostatic hyperplasia for patients with larger prostates. TURP can further defer the major re-bleeding requiring hospitalization.

Ambulatory Day Surgery for BPH: Early Experience on 180W GreenLight XPS (GL-XPS) Photoselective Vaporization of Prostate (PVP)

HY Ngai[1], KC Lui[2], ACY Wu[2], A Ching[1], KK Yan[1], PT Chan[1], PY Hui[1], YC Kam[1], HC To[1], TT Law[1], TK Lo[1], TCF Li[1], RWM Kan[1], CF Kan[1], HH Hung[1], LY Ho[1], WH Au[1]

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Objective:
532nm-GreenLight Laser is popularized for treating BPH with its advantageous haemostatic mechanism by PVP, obviating the need of bladder irrigation and related hospital stay.
With the introduction of 180W GL-XPS, meaning enhanced vaporization efficiency and improved coagulation feature, this makes PVP an attractive treatment in day surgery settings.
We would like to evaluate the feasibility of performing 180W GL-XPS PVP as Day Surgery Procedure.

Patients & Methods:
From July to August 2015, patients with BPH indicated for PVP surgery were enrolled.
PVP was performed using 180W GL-XPS system. Monitored Anaesthetic Care with pudendal blocks was used for anaesthesia. Primary and secondary outcomes were the successful rate of day discharge and the patients' satisfaction respectively.

Results:
A total of 5 patients underwent 180W GL-XPS PVP. The mean age was 65.8 (range, 61-73), with mean prostate size of 43.0cc (19.4 – 63.7). The mean operative time was 88 minutes (54 – 135), lasing time was 22.4 minutes, and lasing energy applied was 144.1kJ (107.4 – 207.3) respectively. All patients were successfully discharged same day, with mean total hospitalization time of 11hours 20minutes. 1 patient failed TWOC due to dysuria.

Conclusion:
180W GL-XPS PVP appears as a feasible ambulatory day procedure. Appropriate case selection and multi-disciplinary contributions are of critical importance.

[MP.2-3]

Risk Factors of Unsuccessful Trial Without Catheter in Acute Urinary Retention – A Revisit to the Basics of Urology

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United Christian Hospital, Hong Kong

Objective:
To identify the risk factors of unsuccessful trial without catheter (TWOC) by reviewing emergency admissions for first acute urinary retention (AUR)

Patients and Methods:
Emergency admissions for first AUR of male patients in 2013 were retrospectively reviewed. Patient demographics, comorbidities, first catheterization volume (FCV), provoking factors, the outcomes of voiding trials were studied. Patients with obstructive uropathy and FCV > 1500ml were excluded.

Results
A total of 245 cases were identified. Higher FCV (Mean FCV was 1002ml and 765.1ml for failed and successful TWOC, p=0.000), unprovoked AUR (RR 1.476, CI 1.130 – 1.928) were associated with a higher chance of TWOC. Relative risk for failed TWOC was highest (RR 3.133,95%CI 2.181-4.502) when cut-off of FCV was set at 1000ml. Age, history of lower urinary tract symptoms, diabetes mellitus, stroke, dementia, neurological disease, pelvis surgery, and pelvic radiotherapy were not associated with risks of failed TWOC. Multivariate analysis showed FCV (p=0.000), unprovoked AUR (p=0.016) were significant risk factors for failed TWOC.

Conclusion:
Large FCV and unprovoked AUR were associated with higher chance of failed TWOC.

Prostatic Artery Embolization (PAE) for Bleeding Prostate: A Single Centre Experience in Hong Kong

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Tuen Mun Hospital, Hong Kong

Objective:
Life threatening haematuria due to bleeding prostate in elderly was managed by surgery traditionally. This study aims to review the outcome of radiological prostatic arterial embolization (PAE) in Tuen Mun Hospital.

Patients & Methods:
From Jan to Jun 2015, 5 patients with mean age of 77.8 years underwent PAE for bleeding prostate. Their demographics, co-morbidities, urological history, clinical parameters, embolization procedure and complications were retrospectively studied.

Results:
The mean prostate size was 106ml. One patient was on dual anti-platelets for ischaemic heart disease while one had severe COAD. Two patients were already on oral finasteride for over 5 months while 2 had transurethral resection of prostate performed previously. All required continuous bladder irrigation and clot evacuation. The mean haemoglobin drop was 4.9g/dl. Computed Tomography confirmed bleeding prostate in all before PAE while 4 had supra-selective embolization. Haematuria subsided completely in all without further intervention except one who required repeated PAE for rebleeding and then subsequent laser prostatectomy. One patient was complicated with contrast nephropathy and one had groin haematoma.

Conclusion:
PAE has a high success rate in controlling severe prostatic bleeding. Our preliminary experience supports its use as an alternative in selected patients with multiple co-morbidities who have high surgical or anaesthetic risk for emergency endourological prostate intervention.

[MP.2-5]

Current Status of Intracarvernosal (Caverject) Injection Utilization in Patients With Erectile Dysfunction in Hong Kong

EMH Wong, CW Fan

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

Objective:
Intracavernosal injection such as alprostadil (Caverject) will be given as second line treatment for organic erectile dysfunction. We investigate the current status on use of intracarvernosal injections in a group of Hong Kong male.

Patients & Methods:
This is a retrospective review of our clinical database of our patients who were prescribed with intracarvernosal injection for more than 1 year. Demographics data, use of medication, effectiveness and side effects were reviewed and analysed.

Results:
A total of 11 patients currently on alprostadil were identified. In terms of maximal percentage of rigidity achieved, 63.6% (7) were able to maintain a hardness of more than 50%, while only 0.9% (1) had completely no response to injection therapy. 45.5% (5) were able to attain hardness enough for vaginal penetration every time and were able to complete sexual intercourse in more than 50% of the time. 45.4% (5) were willing to receive surgical intervention as next step of treatment

Conclusion:
Intracarvernosal injection therapy with caverject appears to be an effective treatment of erectile dysfunction with a high response rate. Further treatment options may be discussed with patients who are not responsive to treatment.

Inflatable Penile Prosthesis, Report on Initial Experience in Hong Kong

EMH Wong, CW Fan

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Pamela Youde Nethersole Eastern Hospital, Hong Kong

Objective:
Erectile dysfunction is common. Initial treatment with phosphodiesterase type-5 inhibitor (PDE5-I) and other vasculoactive medications may show promising results, however, more than 80% will eventually be unresponsive to medical treatment. Inflatable penile prosthesis implant is currently the last resort.

Patients & Methods:
We report our initial experience of two cases of inflatable penile prosthesis in two of our patients who are suffering from organic erectile dysfunction.

Results:
Both of our patients were suffered from organic erectile dysfunction for more than five years and had failed oral PDE5 inhibitor therapy and intracavernosal injection, with minimal response and a Sexual Health Inventory for Men (SHIM) of 2 and 3 with maximal medical therapy. Three–piece inflatable penile prosthesis (AMS 700 CX) was implanted under general anaesthesia with penoscrotal approach. Both patients started to use the device on week 6 and reported satisfactory results both for patients and their partner. No complication such as infection or mechanical failure was reported thus far.

Conclusion:
Inflatable penile prosthesis is considered the last resort to restore erectile function in patients with erectile dysfunction. Patient outcomes were good and satisfaction rate is high. This operation should be offered to patients who have failed or opt not to continue medical therapy for their treatment of erectile dysfunction.

[MP.2-7]

The Relationship between Metabolic Syndrome and Male Lower Urinary Tract Symptoms

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Objective:
To determine the relationship between metabolic syndrome (MetS) and the lower urinary tract symptoms (LUTS) in men referred to the urology specialty out-patient clinic (SOPD) in the public sector.

Patients & Methods:
From a database with data collected (including demographics, past health, severity of LUTS, flow rate, and blood taking) before the first attendance to the SOPD in a pre-assessment clinic. MetS is determined by the National Cholesterol Education Program Adult Treatment Panel III criteria. International Prostate Symptom Score (IPSS) was also determined. For the comparison of variables, $p < 0.05$ was used as the level of significance.

Results:
There were a total of 4105 patients in the database since April 2005. The mean age was 66 years. There were 2320 patients with diagnosed MetS, where 1176 patients had incidental finding of MetS. Patients with MetS has slower stream (14.24ml/min vs 15.13ml/min, $p = 0.038$). However, there was no statistically significant difference between the post-void residual volume (64.8ml vs 63.5ml, $p = 0.636$), serum prostatic specific antigen level (5.48 vs 6.63, $p = 0.321$) and similar IPSS score ($p = 0.358$).

Conclusion:
Lower urinary tract symptoms may be the first presentation for a patient with metabolic syndrome.

Treatment of Benign Prostate Enlargement with MemokathTM 028 Intraprostatic Stent in Frail Elderly Patients - A 5-year Single Centre Experience

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

Objective:
Memokath^{TM} 028 prostatic thermo-expandable metal stent insertion is a minimally invasive technique carried out under local anaesthesia in the treatment of patients with benign prostate enlargement (BPE) and refractory urinary retention.

Patients and Methods:
A retrospective analysis was conducted in patients who underwent Memokath^{TM} 028 insertion for treatment of BPE between June 2010 and June 2015. . Patient demographics, indications, operative data, complications and outcome were collected and analysed.

Results:
A total of 89 patients were eligible for the study. 11(12%) patients failed to void following stent insertion and required supra-pubic catheterization. A total of 50(56%) patients developed post-operative complications. 33(37%) patients required subsequent stent removal. 45 (50%) patients died of unrelated causes during follow-up. Mean time from stent insertion to death was 17 months (1-41).

Conclusion:
Memokath^{TM} 028 prostate stent has an acceptable short to medium-term efficacy. However, it is associated with a high complication rate. It should only be recommended to a carefully selected group of frail, elderly patients with a limited life expectancy, who are not able to tolerate a long-term catheter.

Effectiveness of a New Percutaneous Nephrostomy (PCN) Securing Device on Prevention of Catheter Dislodgement and Twisting

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North District Hospital, Hong Kong

Introduction:
Percutaneous nephrostomy (PCN) is a procedure to relieve upper urinary obstruction by PCN catheter insertion. Catheter dislodgement and twisting are common, which increase medical cost and patient suffering from catheter replacement. A new PCN securing device (PCN Sheath) was developed and a pilot study was conducted to investigate its effectiveness.

Objective:
(1) To reduce the occurrence rate of PCN dislodgement and twisting
(2) To reduce the medical cost related to eventual procedure
(3) To enhance the satisfactory level among patients

Patients & Medthods:
Patients discharged with PCN catheters were recruited between February and June in 2015. PCN Sheaths were applied before discharge. The occurrence rate was evaluated by paired t-test using SPSS version 20.0.

Results:
Thirty patients (mean age: 63yrs old) were recruited. The occurrence rate of PCN dislodgement and twisting was significantly reduced by 55.6% (P=0.04). 100% of them were free from PCN site infection, and the related medical cost was reduced by $39,220. The average patient satisfactory level was 8/10. Nevertheless, the reduction rate of urinary tract infection and hematuria was not significant (P=0.387).

Conclusion:
The PCN Sheath could effectively reduce PCN dislodgement and twisting. It helped to reduce the medical cost whereas patients' satisfaction on service was obtained.

What do We Know About Using Catheter Valve on Urethral Indwelling Catheter?

ASW Wong, SYK Ng, HY Cheung, HT Leong

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

Objective:
To review outcomes of patient using catheter valve as alternative urine drainage method.

Patients & Methods:
From Jan 2014 to Jul 2015, patients with AROU on urethral catheter and using catheter valve, the cause of AROU, satisfactory level and related urinary problems were reviewed prospectively. The correlation among vary outcomes and null hypothesis on "Empty urine using catheter valve can lead to urinary problems" were tested by Pearson's correlations and ANOVA, SPSS Version 20.0.

Results:
39 patients with mean age 67.1 (31 males and 8 females) suffering from AROU and managed by urethral catheters and catheter valves were reviewed (64.1% associated with BPH, 25.6% associated with Neurogenic Bladder and 10.3% associated with transient causes). Overall satisfactory rate was 92%. Pearson's correlations on regular bladder emptying, urine culture and urine bypassing were analyzed without relationship ($-0.154 < r < 0.276$, p-valve = 0.412 versus p-valve = 0.089 representatively). Null Hypothesis was rejected with p-valve equal to 0.023. No evidence shown haematuria is correlated with using catheter valve. However, no evidence to infer using catheter valve not leading to problems such as urine bypassing (p-valve = 0.515), urinary tract infection (p-valve = 0.530), dysuria and urgency (p-valve = 0.552).

Conclusion:
Patient using catheter valve have high satisfaction with less association with haematuria. However, according to findings in the study, associated problems such as positive urine culture, urinary bypassing, urgency and dysuria are still present. Therefore, monitoring the condition of patient during use of catheter valve are needed for early problem detection and management.

[UNS-2.3]

Is Self-urethral Calibration the Best alternative to Urethroplasty and Urethral Dilatation?

YC Kam, HC To

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

Objective:
To investigate the efficiency and compliance of Self Urethral Calibration (SUC).

Patients & Methods:
We retrospectively assessed all patients referred for SUC in Urology Nurse Clinic from January 2008 to December 2009 in Queen Elizabeth Hospital. The cause of urethral stricture, compliance to SUC and stricture recurrence of patients were assessed. In the study period, patients had more than one urethral dilatation were included as control. Demographic data were retrieved from clinical management system retrospectively.

Results:
There were 62 patients included for analysis with additional 43 patients included as control. In the control arm 67.4% patient experienced at least one or more additional recurrence of urethral stricture in the follow up period. SUC could be learnt and well practiced in most of the patients. Fr 16 Nelaton catheter was well tolerated in 95.2% patients. There were only 4.8% had documented urinary tract infection after the use of SUC and only one patient (1.6%) developed urethral false tract due to SUC.

Conclusion:
SUC performed under Urology Nurse's supervision is the best alternative to Urethroplasty and Urethral dilatation. It is well tolerated and provides an extra option for those who refuse Urethraoplasty.

Preventing Intravesical BCG Toxicities

CFY Chau

Pedder Clinic, Hong Kong

Intravesical BCG is an important part of the management of non-muscle invasive bladder cancer. It can delay tumour recurrence and progression. But it can have potential side effects that may result in cessation of treatment.

Strategies for preventing BCG-associated adverse events will be discussed. The use of prophylactic quinolone will be reported.

Education, awareness, and prevention are key elements in reducing BCG-associated adverse events. Improving patient tolerability enables them to benefit from the efficacy of intravesical BCG.

[UNS-2.5]

Re-Designing and Streamlining the One-Stop Hematuria Clinic: First Year's Preliminary Result

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Division of Urology, Department of Surgery
Tuen Mun and Pok Oi Hospital, Hong Kong

Objective:
A hematuria nurse clinic (HNC) and hematuria flexible cystoscopy clinic (HFC) were established in August 2014. We aim at reporting the first year outcome of a dedicated hematuria clinic collaboration between urologist and urology nurse, as well as reviewing the effectiveness of the re-designed workflow.

Patients & Methods:
All patients assessed in the hematuria clinic from August 2014 to July 2015 were included in the analysis, and the outcomes were recorded prospectively and analyzed retrospectively.

Results:
During the study period, 337 patients were included in the analysis. They include 111 females (Mean age: 60.9 years, Range: 37-93 years) and 226 males (Mean age: 64.5 years, Range: 25-94 years). Among these patients, 6% (21/337) were found to have urological malignancies which include 17 bladder cancers; one bladder and prostate cancer; one prostate cancer and two renal tumors. With this dedicated hematuria clinic, the waiting time for a flexible cystoscopy and subsequent transurethral resection of bladder tumor was shortened by 4 and 6 months respectively.

Conclusion:
The collaboration hematuria clinic with urologists and urology nurses has served as an efficient and effective tool for rapid assessment, and shortened the treatment waiting time for patients presenting with hematuria.

Pilot Study of Trial Wean off Urinary Catheter Program in the HKEC Community Setting

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[2]Community Nursing Services, Hong Kong East Cluster

Introduction:
Patients requiring trial wean off catheter (TWOC) are traditionally done in the acute hospital setting. In avoid the trouble of travelling for old age home (OAH) patients and to reduce the workload for TWOC, a CNS TWOC program in community setting has been established and a trial pilot was started in Oct 2013.

Objectives:
This is a retrospective review of the outcomes of the CNS TWOC program.

Methodology:
OAH patients suffered from AROU admitted to PYNEH Surgical Ward will be recruited into the CNS TWOC program after discharge. CNS will visit the patient to perform TWOC following the protocol and carry out post void residual urine measurement by bladder scan.

Result:
Atotal of 20 cases were recruited in this program. Seven patients (35%) including 5 male patients and 2 female patients had successful TWOC without any complications, only 2 male patients need to re-catheterize within 1 week after TWOC, translating to a 20 day patient bed days saved. For those failure cases, 8 more cases can TWOC successful by 2nd trial in surgical day ward.

Conclusion:
In conclusion, the CNS TWOC program is effective for OAH patients to successfully wean off catheter in community setting.

[UNS-2.7]

Evaluation of the Treatment Outcomes of Urinary Incontinence by Intra-Vaginal Electrical Stimulation Therapy

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Department of Surgery
Pamela Youde Nethersole Eastern Hospital, Hong Kong

Introduction:
Poor coordination of pelvic floor muscle contraction will lead to unsatisfactory treatment outcomes. Intra-vaginal electro-stimulation therapy is an alternative treatment for patients with urinary incontinence.

Objectives:
To evaluate the outcomes of intra-vaginal electro-stimulation therapy for patients with urinary incontinence.

Methodology:
From June 2014 to Dec 2014, female patients suffering from urinary incontinence with weak pelvic floor muscle were recruited into the study. A twelve weekly electro-stimulation were done. Patients' continence status and quality of life score were reviewed with UDI-6, IIQ7, no. of pad used and time between each void were evaluated. The inclusion criteria were normal cognitive and tactile function. The exclusion criteria were pregnancy, on pacemaker and pelvic organ prolapse.

Result:
A total of 25 female patients were recruited age between 41-83 (mean 58.8). Forty percent had mixed urinary incontinence, 48 % had stress incontinence and 12 % had urge incontinence. After 12 weeks of Intra-vaginal electro-stimulation, a reduction of UDI-6 symptom score from 7.8 to 5.9. IIQ-7 score reduced from 9.1 to 7.1. No. of pad used reduced from 2.8 per day to 1.1 per day. Time between each void was increase from 1.4 hour to 2.9 hour. In conclusion, electro-stimulation is an effective alternative management for urinary incontinence.

To Investigate the Prevalence of Late Onset Hypogonadism in Male Patients Suffered Lower Urinary Tract Symptom

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Prince of Wales Hospital / The Chinese University of Hong Kong
[2]*Department of Nursing, The Polytechnics University of Hong Kong*

Objective:
To assess the prevalence of LOH in male patients presented with lower urinary tract symptom (LUTS) in our clinic by the Aging Males' Symptoms (AMS) questionnaires.

Patients & Methods:
This is a prospective cross-sectional study, adult male patients presented with LUTS to our unit from January 2015 to June 2015 were recruited for this study. After informed consent obtained, background information of these patients would be collected. They were then asked to answer the Chinese version of AMS questionnaires. Data would then be analyzed.

Results:
During the study period, 115 patients were recruited. One patient was excluded for the use of androgen deprivation therapy for prostate cancer. The mean age for the remaining 114 patients was 64.66 (41-79) years old. The number of patients has mild, intermediate and severe LOH were 56 (49.1%), 21 (18.42%) and 6 (5.24%), respectively. While there was no correlation observed between age and the total AMS score and Psychologic and Somatic sub-score, a weak positive correlation between age and Sexual subscore was observed. ($r=0.271$, $p=0.004$)

Conclusion:
LOH is not an uncommon condition in male presented with LUTS. Careful screening might help to provide appropriate intervention for these patients.

EXHIBITION FLOOR PLAN

Ballroom A&B / Pre-function Area
Sheraton Hong Kong Hotel, 3/F

SD (1) Janssen Hong Kong and Johnson & Johnson (HK) Ltd.
SD (2) Olympus Hong Kong & China Ltd.
SD (3) Astellas Pharma HK Co Ltd.

D (1) Pfizer Corporation Hong Kong Ltd.
D (2) GlaxoSmithKline Ltd.

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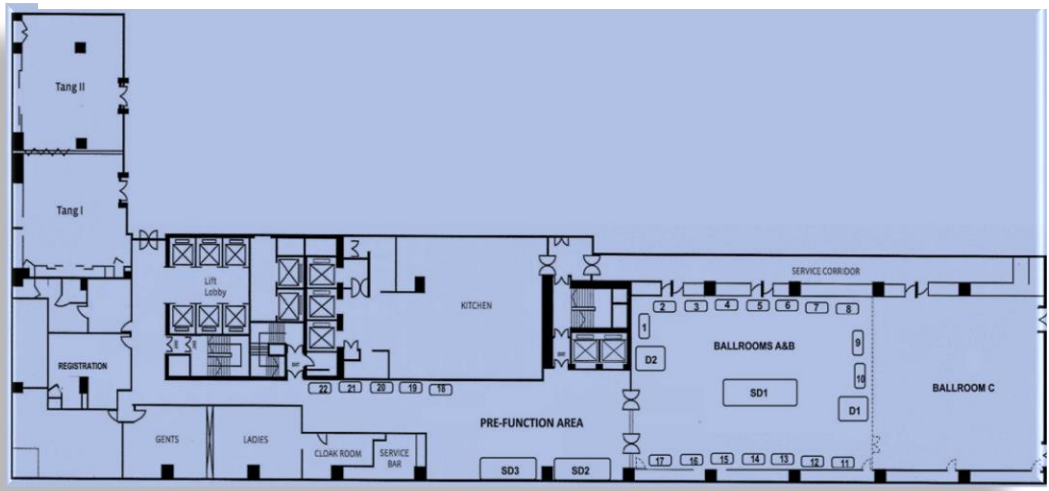

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