postoperative complications, and these scores are not yet standardly used in many countries including Algeria.

Methods: We retrospectively evaluated the clinical records of patients who underwent surgical treatment of renal masses between 2013 and 2016 for clinical renal tumours in the Urology Department of Annaba University Hospital, Algeria. All patients underwent preoperative computed tomography or magnetic resonance imaging to define the clinical stage and anatomical characteristics of the tumours. PADUA and R.E.N.A.L. scores were retrospectively assessed for each of the 88 patients. Uni- and multivariate analyses were used to evaluate the correlations between age, gender, Charlson Comorbidity Index, clinical tumour size, PADUA and R.E.N.A.L. complexity group categories, and grade of postoperative complications.

Results: We noticed that only nine patients had NSS and all the others a total nephrectomy; however, 20 of them had a moderate complexity score for PN and seven a low complexity score. Then we compared with the results with the management in 2017 and 2018, the attitude was more liberal with the number of PNs greater than that of the 6 years previously.

Conclusion: A precise stratification of patients with both PADUA and R.E.N.A.L before nephrectomy is recommended to consider the potential threats and benefits of NSS. They are valuable tools to categorise renal tumours based on anatomical features and to prevent patients from abusive total nephrectomies conserving significant nephronic capital.

doi:10.1016/j.aju.2018.10.092

[46] Cognitive transrectal ultrasonography-guided targeted prostate needle biopsies based on multi-parametric magnetic resonance imaging findings: Initial experience

Muhammad Bulbul, R. Ghandour, H. Hussein, M. Haddad
American University of Beirut, Beirut, Lebanon

Objective: To report an initial experience of cognitive transrectal ultrasonography-guided targeted prostate needle biopsies based on multi-parametric magnetic resonance imaging (mpMRI) findings. Random biopsy of the prostate is a crude way to identify prostate cancer hoping to hit the area of disease and hence the yield has never exceeded 30%. The introduction of mpMRI has tremendously enhanced our ability to identify specific suspicious areas with significant disease [Prostate Imaging - Reporting and Data System (PI-RADS) 4 and 5] and to target those areas thus improving the detection of significant disease with fewer biopsies.

Methods: In all, 97 consecutive patients with elevated prostate-specific antigen levels and suspicious mpMRI underwent targeted biopsies from the suspicious lesion (~five) and two random biopsies from the non-suspicious areas. The biopsies were performed using cognitive identification of the suspected area on MRI by a team comprised of a Urologist and Radiologist. All patients had routine pre-biopsy preparation.

Results: In all, 55 of 97 patients (57%) had positive biopsies, whilst 41/97 patients (42%) had negative biopsies, and two patients had atypical small acinar proliferation. The median number of cores taken was seven. Of the 55 patients with positive biopsies, 42 had significant Gleason grade ≥7 disease, 27 had bilateral disease and in 11 of these 27 one contralateral side was negative on MRI but positive at biopsy.

Conclusion: Cognitive-targeted biopsies of the prostate based on pre-biopsy MRI mapping for suspicious areas has tremendously enhanced our yield of important disease detection and not insignificant ones. In addition, this is done with fewer biopsies thus reducing potential complications.

doi:10.1016/j.aju.2018.10.093

[47] Management and outcomes of mesh complications in female pelvic floor surgery: Results of the York Mesh Salvage Centre

Mustafa Hilmy, S. Faik, B. Vissamsetti, N. Dean, P. Chitsabesan, P. Armstrong, A. Evans
York Teaching Hospital, York, UK

Objective: To review the management and outcome of complications (erosion, extrusion, pain and obstruction) following urinary incontinence (UI) surgery. Stress UI (SUI) has been treated with synthetic mesh and implants procedures for >20 years with good success rates. A recent review indicated safety and efficacy of mid-urethral slings (MUS) for women with SUI. With increasing public and legal interest in litigation cases related to mesh complications, there is a growing need for surgeons to share their experiences to establish best practice care. York is one of the nationally recognised salvage centres for management of women with mesh-related problems.

Methods: Retrospective review of all women who presented with complications related to mid-urethral slings and implants to our unit since 2012.

Results: In all, 64 patients referred with complications related to SUI surgery were included; the majority had their initial UI procedure in other units. The International Continence Society (ICS)/International
Urogynecological Association (IUGA) Standardised Graft Complication Classification was used for adverse effect assessment. Patients were discussed in the pelvic floor multi-disciplinary team and reported to the Medicines and Healthcare Products Regulatory Authority (HMRA). Urethral erosions (14), five macroplastique resected and 10 MUS were excised ± Martius vaginal flap. Bladder erosions (seven): four tension-free vaginal tapes (TVTs), two transobturator tapes (TOTs), and one single-incision mini-sling (SIMS), excised laparoscopy + cystoscopy and two required open excision, with one still awaiting treatment. Vaginal extrusions (26) 12 TVTs, eight TVT-obturator, one SIMS, and in the remaining the type of tape was not clear from the history, 19 had excision of tape ± Martius vaginal flap and five are still awaiting treatment. In all, 17 patients had voiding dysfunction or pain and needed urethrolysis or tape excision. Recurrent SUI after salvage surgery occurred in 23% of patients, with the majority treated successfully with autologous pubovaginal slings or Bulkamid.

Conclusion: Our centre follows NHS England Mesh group, British Association of Urological Surgeons (BAUS) and British Society of Urogynaecology (BSUG) recommendations. Such complications can result in disabling and catastrophic consequences and should be managed in specialist centres. This had led to growing surgical interest in other treatment options for SUI.

doi:10.1016/j.aju.2018.10.094

[48] The role of penile rehabilitation for Peyronie’s disease, does it really work?

Mustafa Hilmy, A. Babu, A. Mlmitwalli, B. Vissamsetti
York Teaching Hospital, York, UK

Objective: To assess the role of penile rehabilitation for Peyronie’s disease (PD). PD causes penile deformity and erectile dysfunction (ED) in sexually active men with an incidence of 3–9%. Penile rehabilitation is recommended (European Association of Urology 2016) to limit the progression of the disease.

Methods: A single-centre analysis of the management of patients with PD over a 2-year period. Data were collected retrospectively via case note review.

Results: A total of 68 new patients were seen from July 2015 to October 2017, with a mean (range) age of 55 (23–74) years. All patients were asked to complete a Peyronie’s Disease Questionnaire (PDQ). Penile deformity ranged between 20 and 60°. Vacuum treatment (SOMAcorrect®, iMEDicare Ltd, Watford, UK) was offered in 51 patients as primary therapy. Surgery was offered as primary treatment in 10 patients, and seven patients were discharged with no treatment. In those that received vacuum treatment, subjective improvement was seen in 49% (25 patients). In this group, there was a significant increase in the ability to perform penetrative intercourse, 48% (12 patients). Those that failed SOMAcorrect therapy were offered surgery (26 patients) in the form of Nesbitt’s procedure. The failure group showed only a 38% improvement in the ability to perform penetrative intercourse pre-surgery. In all, 10 patients were offered Nesbitt’s as a primary treatment method with a 60% improvement in ability to perform penetrative intercourse. Pre-treatment mean curvature in those that improved with SOMAcorrect was noted to be 38°. In contrast, those that failed SOMAcorrect or underwent primary surgery had a pre-treatment angle of 44–45°.

Conclusion: SOMAcorrect is a valuable tool in select patients to treat PD. It has the potential to prevent significant surgical intervention with minimal adverse effects. Preliminary results show comparable efficacy to surgery with a minimally invasive approach. Subjective outcomes are promising, and it should be considered as primary treatment method in appropriate patients.

doi:10.1016/j.aju.2018.10.095

[49] Surgical complications in live-donor paediatric and adolescent renal transplantation: Study of risk factors – Mansoura experience 1976–2017

Ahmed A. Shokeir, Bedeir Ali-El-Dein, Yasser Osman, Mohamed Zahran, Islam Eldiasty
Urology and Nephrology Center, Mansoura, Egypt

Objective: To report the surgical complications amongst our paediatric and adolescent renal transplant patients and to analyse the different factors that may influence the occurrence of complications.

Methods: Between March 1976 and August 2017, 2867 live-donor renal transplants were carried out at Mansoura Urology and Nephrology Center, Egypt, of whom 649 were children and adolescents. The present study included 500 children and adolescents who completed at least 3 years of follow-up (1976–2013). We studied the risk factors for occurrence of surgical complications in terms of bi- and multivariable analyses.

Results: The recorded surgical complications were urinary leakage in 4%, ureteric obstruction in 4.4%, graft ureteric stone in two patients, symptomatic lymphocele in 3.2%, renal artery stenosis in two patients, renal vein thrombosis in two patients, and haematoma requiring exploration in six patients. Using