also tested and compared two different treatment protocols.

Results: We have been able to confirm that this newly developed comprehensive approach, with an emphasis on complete tissue coverage and tailored treatment, can be very beneficial. We have also verified the success of this new approach in a single blinded placebo-controlled study.

Conclusion: We believe that complete tissue coverage and a tailored approach, together with proper patient selection are the most important factors for successful shockwave treatment of ED.

doi:10.1016/j.aju.2018.10.067

[21] Implementation of an enhanced recovery after surgery (ERAS) protocol for radical cystectomy: a Moroccan single-centre experience

Amine Saouli, Othmane Yddoussalah, Tarik Karmouni, Khalid Elkhader, Abdellatif Koutani, Ahmed Ibn Attya Andalousi

Ibn Sina Hospital, Rabat, Morocco

Objective: To evaluate the impact of the implementation of an enhanced recovery after surgery (ERAS) protocol on functional results after radical cystectomy (RC) for bladder cancer, as RC is a major surgery with significant morbidity and mortality risks.

Methods: We conducted a monocentric prospective study from March 2017 to April 2018. Patients who underwent RC for bladder cancer at our institute after introduction of the ERAS protocol were compared with a control group of patients who previously underwent surgery with a standard protocol (control group). Primary endpoints evaluated were: length of hospital stay, rates of complications, gas recovery time, and first defaecation. The comparison of the means was performed using the Student’s test for quantitative variables, and the Pearson chi-square test and Fisher’s test for the qualitative variables; statistical significance was considered at a P < 0.05.

Results: We studied 45 consecutive patients, 17 operated upon with the traditional protocol and 27 according to the ERAS protocol. The mean hospital stay was 9.4 vs 11.7 days, in favour of the ERAS group (P = 0.05). The gas recovery time was longer in the control group, at 69.8 vs 36.4 h (P < 0.001). The delay of the first defaecation was less in the ERAS group, at 126.6 vs 64.6 h (P < 0.001). The general postoperative complication rate was 31% in the control group and 24.4% in the ERAS group. The rate of gastrointestinal complications was higher in the control group, at 8.8% vs 2.2%.

Conclusion: Despite the heterogeneity in ERAS protocols, which are different from one centre to another, its application significantly reduced the length of hospital stay and tended to reduce the rate of general and gastrointestinal complications, and the time to gas recovery and first defaecation.

doi:10.1016/j.aju.2018.10.068

[22] Urinary colonisation in patients with JJ catheters

Amine Saouli, Abdelouhed Lasri, Tarik Karmouni, Khalid Elkhader, Abdellatif Koutani, Ahmed Ibn Attya Andalousi

Ibn Sina Hospital, Rabat, Morocco

Objective: To evaluate the prevalence of urinary colonisation in patients with JJ catheters and to define the risk factors associated with these colonisations, as urinary colonisation in patients with JJ catheters plays a key role in the physiopathology of urinary tract infections.

Methods: This was a monocentric prospective study between January 2013 and April 2017. In all, 145 JJ ureteric catheters in 120 patients, 25 of which had bilateral probes, were examined. The bacteriological profile of the urine of our patients was followed by the completion of an initial cytobacteriological examination of urine and another at the time of removal of the JJ catheter. The comparison of the means was performed using the Student’s test and the Mann–Whitney test for continuous variables and by the chi-square test and Fisher’s test for qualitative variables. The threshold for statistical significance was set at P < 0.05.

Results: The rate of colonised JJ probes was 35.8% (43/145). The urinary colonisation rate was 31.7%. The rate of urinary colonisation in patients with colonised probes was 71.1%, compared to 9.1% for non-colonised probes. Of the identified pathogens, Escherichia coli was found in 38.1% of the colonised probes; Klebsiella pneumoniae was second (19.1%), followed by Enterococcus faecalis (16.6%). The same bacteria isolated in the JJ probes were found in the urine. Diabetes mellitus (P = 0.001), emergency JJ placement (P = 0.02), and JJ implantation time (P = 0.01), were risk factors for urinary colonisation in patients with JJ probes.

Conclusion: The prevalence of urinary colonisation in patients with JJ catheters was 31.7%. Diabetes mellitus, prolonged JJ implantation, and emergency JJ placement were associated with a higher risk of urinary colonisation.

doi:10.1016/j.aju.2018.10.069