procedures, with mean (SD) operative time of 159.8 (16) s, mean (SD) fluoroscopy time of 93.9 (11.3) s, mean (SD) number of attempts to puncture the pelvi-calceal system (PCS) of 1.3 (0.1), mean (SD) PCS perforation of 0.68 (0.2), mean (SD) vascular injury of 0.3 (0.08), and mean (SD) PCNL-GRS score of 21.8 (0.6). Plateauing of the curve was achieved after 14 trials in terms of the PCNL-GRS score, the operative and fluoroscopy times, and PCS perforations.

Conclusion: Based on these results, we think that a minimum of 15 PCA procedures are needed on the PERC Mentor to obtain the early part of the learning curve for PCA before starting practicing in the operating room.

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[5] Is there a correlation between cognitive and technical skills during urology objective structured clinical examinations (OSCEs)?

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Objective: To assess the relationship between technical and cognitive skills during objective structured clinical examinations (OSCEs).

Methods: During a semi-annual urology OSCE, postgraduate trainees (PGTs) from the four urology training programmes were recruited for this study. Participants were from postgraduate year (PGY) 3, 4, and 5. Technical skills were assessed during two OSCE stations; photo-selective vaporisation of the prostate (PVP) and intracorporeal knot (ICK). Competency passing scores were calculated using the norm-referenced method. PGTs who obtained competency in ICK and PVP tasks were considered competent in technical skills. Furthermore, cognitive skills were assessed during 13 OSCE stations. Correlation between technical and cognitive skills was performed.

Results: In all, 29 PGTs with a mean (SD) age of 29.5 (0.7) years participated in this study. Participants vaporised the right lobe of a 30 g normal prostate with a mean (SD) global score of 146.7 (10) and performed the ICK with a mean (SD) normalised score of 78 (3.6). Furthermore, they completed the 13 cognitive tasks stations with a mean (SD) total score of 62.5 (1.3)%.

Conclusion: Competency in technical skills was associated with higher percentage cognitive tasks scores. However, the lack of correlation between each sole technical and the percentage cognitive tasks score, and between the two technical skills, highlights the importance of practice and training in order to acquire each sole technical skill.

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[6] Overactive bladder amongst Saudi women: Its prevalence, risk factors, and effect on quality of life

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Objective: To assess the prevalence and risk factors of overactive bladder syndrome (OAB), and its impact on quality of life (QoL) in Saudi women.

Methods: A cross-sectional, observational epidemiological study was carried out in women aged ≥18 years to define the prevalence of OAB, risk factors, and the effect on QoL, by self-completed OAB-Short Form (OAB-SF) questionnaire over the period of February to March 2018 in the Eastern province of Saudi Arabia. The OAB-SF questionnaire was translated into Arabic and some questions were developed by the researchers. The questionnaire includes: age, sex, parity, body mass index, education, urinary tract infection (UTI), smoking, chronic medical illness [diabetes mellitus (DM), hypertension, neurological diseases], and menopause. Questions covered:

1. Storage symptoms (urgency, nocturia, frequency, and urge urinary incontinence [UUI]).

2. Severity of symptoms and their effect on QoL.

Results: Data were analysed from 566 responders through either electronic or paper forms. Most responding women were non-smokers (86%), college-graduated (77%), and of childbearing age (87%), with regular menstruation (84%). Obesity prevalence was 63%. Frequent UTIs and other comorbidities (DM, hypertension and neurological disorders) were uncommon, at 18% and 12%, respectively. The prevalence of storage symptoms was common (urgency 62%, frequency 74%, nocturia 75%, and UUI 43%). These OAB storage symptoms were associated with negative effects on QoL; 66% of the respondents had to wake at night and/or look for a restroom in public places to urinate. Using an ordinal regression model to study risk factors associations with either urgency or nocturia; only number of children was statistically significant as an...
Efficacy, complications and tolerability of repeated intravesical onabotulinumtoxinA injections in interstitial cystitis/bladder pain syndrome

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Objective: To evaluate the outcome, safety, and patient’s tolerability of repeated intravesical onabotulinumtoxinA (BOTOX) injection for interstitial cystitis (IC)/bladder pain syndrome (PBS).

Methods: The medical charts of 26 adult patients (four males and 22 females, with a mean age of 40.9 years) who underwent BOTOX injections for IC/PBS from March 2010 to June 2017 were retrospectively reviewed. BOTOX injections of 100, 150 or 200 U were given depending on patient’s condition and side-effects. Preoperative and intraoperative data, and pre, same day postoperative and 4-months postoperative treatment pain scores via visual analogue scale (VAS) scoring, were collected from the files. The patient’s satisfaction rate was assessed through a short survey: ‘fully satisfied’, ‘partially satisfied’, or ‘not satisfied’, if the patient would repeat the injections, and if the patient would recommend this therapy to other patients.

Results: In all, 26 charts were reviewed. Overall, the patients underwent a total of 114 procedures. Repeat procedures (at least twice) were required in 23/26 patients (88.46%), with a mean of 5.15 procedures/patient and a mean of 10.64 months between injections. The mean operative time was 7.2 min. In all, 13 patients received 200 U BOTOX, six received 100 U, and seven received 150 U. Dose adjustment was performed in 10 patients. The VAS pain score dropped to 0.62 after the procedure from 8.7 at the time of the diagnosis of IC/PBS. Five of the 26 patients had classic bladder ulcera-tions and three had complete resolutions of ulcers after two repeated intravesical BOTOX injections, and the remaining two had significant improvement (>50%) in their ulcers. There were no major intraoperative or postoperative complications. Postoperative urinary retention occurred in three patients, and they were managed by clean intermittent catheterisation. Another three patients had urinary tract infections but did not require admission. In all, 16 of 23 patients were fully satisfied and seven of 23 partially satisfied. About 88% of patients would repeat the treatment and 77% of them would recommend the treatment to other patients.

Conclusion: Repeated intravesical BOTOX injection is an effective, well-tolerated, and safe treatment modality for patients with IC/PBS. It has very good outcomes in controlling pain symptoms and treating bladder ulcers.

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Photo-selective vaporisation of the prostate (PVP) with the 180-W GreenLight XPS laser, single-centre experience in high-risk patients

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Objective: To evaluate the safety and efficacy of the 180-W GreenLight XPS laser for treating high-risk patients with benign prostatic hyperplasia (BPH) and to assess patient’s satisfaction with treatment.

Methods: We retrospectively reviewed the charts of 44 high-risk patients who underwent PVP with the 180-W GreenLight XPS laser performed by a single surgeon between November 2013 and December 2016, with a follow-up of \( \geq 1 \) year. High-risk patients were classified as those who had at least one of the following: on anticoagulant therapy, urinary retention, or prostate size of >100 mL. Preoperative, intraoperative, postoperative, and long-term satisfaction were recorded.

Results: In all, 44 patients were included in the study. The mean (range) age was 69.9 (55–88) years. All patients had at least one high-risk factor. In all, 30 patients had urinary retention, 12 had ischaemic heart disease on anticoagulant therapy, the mean (range) prostate size was 111.5 (40–250) mL, 20 patients had a prostate size of <100 mL, and the remaining 24 \( \geq 100 \) mL. There was renal impairment in six patients, bladder stones in two, previous transurethral resection of the prostate in four, haematuria in six, recurrent urinary tract infections (UTIs) in 11, urinary incontinence in six, and 29 patients had other lower urinary tract symptoms. The mean surgery time was 72.9 min, the mean energy used was 230705 W, the mean laser time was 32 min. One patient required postoperative intensive care unit admission due to a chest infection, one required blood transfusions, three developed UTIs, and one developed urethral stricture. The mean maximum urinary flow rate pre- and postoperatively was