15 right nephrectomies performed laparoscopically. There were no conversions to open technique and no intraoperative complications. There was an average blood loss of 75 mL and the mean (range) total laparoscopic time was 85 (45–125) min. All cases had no significant postoperative complications, apart from one who developed a postoperative collection and pleural effusion that required a chest tube and drainage. During the follow-up, none of the patients developed signs of an arteriovenous fistula.

**Conclusion:** Pre-intended en bloc renal pedicle control during laparoscopic nephrectomies is safe using the Endo-GIA vascular stapler without significant complications.

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**[28] Retrograde intra-renal surgery as a treatment modality for unilateral renal calyceal stones of 1–2 cm**

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**Objective:** To evaluate the safety and efficacy of retrograde intrarenal surgery (RIRS) as a treatment modality for renal calyceal stones measuring 1–2 cm.

**Methods:** Between July 2015 and January 2017, 78 patients (60 males and 18 females) ranging in age between 22 and 60 years, diagnosed as having a solitary, unilateral renal stone of 1–2 cm were included in this study and underwent RIRS. Patients were classified into three groups according to their stone location; Group I [27 (34.6%) patients] with upper calyceal stones, Group II [26 (33.4%) patients] with middle calyceal stones, and Group III [25 (32%) patients] with lower calyceal stones. All patients were evaluated preoperatively by complete history, clinical examination, laboratory and radiological investigations. All patients were treated with RIRS and evaluated postoperatively for stone-free rate (SFR), operative time, hospital stay, and complications.

**Results:** The overall SFR in our study was 84.6% (66 patients). It was 88.9%, 84.6% and 80% for groups I, II and III, respectively. Residual stones of >4 mm were identified in three (11.1%), four (15.4%) and five (20%) patients in groups I, II and III, respectively. Postoperative complications occurred in four (5.13%) patients, including two with postoperative fever (one each in groups II and III) and another two with postoperative haematuria (one each in groups I and III). All of these complications were treated conservatively.

**Conclusion:** RIRS is a promising, safe and effective modality of treatment for calyceal stones measuring 1–2 cm with minimal complications and should be considered the treatment of choice when extracorporeal shockwave lithotripsy is contraindicated in such cases.

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**[29] Time of onset of symptom relief after intraoperative detrusor injection of botulinum toxin A in patients with neurogenic and non-neurogenic overactive bladder syndrome**

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**Objective:** To investigate the controversy that still exists regarding the time of onset of symptom relief after intraoperative detrusor injection of botulinum toxin A (BOTOX) in patients with neurogenic and non-neurogenic overactive bladder syndrome (OAB), as intra-detrusor injection of botulinum toxin has emerged as a second-line option for patients with neurogenic and non-neurogenic OAB who are refractory to first-line treatment modalities.

**Methods:** This is a retrospective study of 71 patients, who underwent intra-detrusor injection of botulinum toxin A from December 2012 to December 2017. All procedures were performed in a single institute by the same surgeon. Data analysed included patient demographics, disease specifics, and outcomes of the procedure.

**Results:** The mean (range) age of the 71 patients was 44 (14–75) years, 48 of which were females (68%). In all, 58% of the patients had neurogenic bladder and 42% had non-neurogenic bladder. Metabolic syndrome was identified in 36 patients (50%) and 24 (34%) had neurological deficits. The neurogenic bladder group received 200 U of BOTOX, whereas the rest received 100 U. The median response time to BOTOX injection was 7 days and this was used as a threshold: Group I was early response (<7 days) and Group 2 late response (>7 days). This was utilised to analyse the effect of certain variables on response time. Age, gender, smoking status and underlying pathology had no significant effect on response time with P values of 0.14, 0.95, 0.71 and 0.7, respectively. Only diabetes and type of incontinence (wet vs dry) played a significant role with regards to response time with P values of 0.004 and 0.009, respectively.

**Conclusion:** The median time of onset after intradetrusor BOTOX injection was found to be 7 days. Only