diabetes and type of incontinence significantly affected the response time to BOTOX injection. A larger sample size and a prospective analysis of data are warranted to verify and validate these findings.

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[30] Outcomes of emergency vs elective ureteroscopy for a single ureteric stone

Majd Alkabbani, Ahmed R. EL-Nahas, Meshari Almutairi, Zenab Shehab, Tariq F. Al-Shaiji, Shabir Almousawi, Abdullatif Al-Terki

Urology Unit, Al-Amiri Hospital, Kuwait City, Kuwait

Objective: To compare the results of emergency vs elective ureteroscopy (URS) for the treatment of a single ureteric stone.

Methods: We prospectively constructed a database for patients who underwent URS in the Al-Amiri Hospital from March 2015 through December 2017. Inclusion criteria were adult patients with a single ureteric stone diagnosed by computed tomography of the kidneys, ureters and bladder. Patients who had fever or ureteric stents were excluded. The emergency URS group (EM Group) included patients who presented to the emergency department with persistent renal colic and underwent emergency URS. The elective URS group (EL Group) included patients who underwent elective URS after admission through the outpatient appointment system. The technique for URS was the same in both groups. Safety was defined as absence of complications, whilst effectiveness was defined as stone-free rate after a single URS session. The chi-squared and t-test were used to compare the data of both groups.

Results: The study included 124 patients with a mean (SD) age of 41.4 (12.6) years. The EM Group included 67 patients and the EL Group included 57 patients. Laser disintegration was needed in 48 patients (84%) in the EL Group and 43 (64%) in the EM Group (P = 0.012). Post-URS stents were placed in 43 patients (75.4%) in the EL Group and 60 (89.6) in the EM Group (P = 0.037). Complications were comparable (3.5% for the EL and 4.5% for EM groups, P = 0.785). Ureteric perforation in one patient in the EM Group was treated with a JJ stent. Sepsis in one patient in EM Group was treated with blood transfusion. Stone-free rates were comparable, 93% in the EL Group and 97% in the EM Group (P = 0.297).

Conclusion: Emergency URS in selected cases can be as safe and effective as elective URS for treatment of a single ureteric stone.

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[31] Effect of urodynamic urethral catheter on uroflowmetry parameters: A prospective study

Said Yaiesh a, Ali Albaghl b, Anwar Abdulghani b, Mohammad AlShammali b, Ahmed R. El-Nahas b, Abdullatif Al-Terki b, Tariq Al-Shaiji b

a Resident – Kuwait Institute of Medical Specialization, Kuwait City, Kuwait. b Department of Surgery, Urology Unit, Almouri Hospital, Kuwait City, Kuwait

Objective: To investigate the effect of urodynamic urethral catheter on uroflowmetry (UFM) parameters, as urodynamic studies (UDS) are an integral part in assessing voiding symptoms in both genders and its settings and components are points of debate for possible effects on results that sometimes vary from preliminary diagnoses, particularly the urethral or vesical catheters used in filling and voiding cystometry and their effect on UFM parameters.

Methods: We prospectively enrolled 150 patients undergoing UDS for established voiding symptoms from January 2016 to March 2018. Exclusion criteria were pre-UDS voided volume of <150 mL and/or inability to void during UDS with the catheter in place. Biometric data and clinical history were collected. Free UFM preceded the UDS. A double-lumen 8-F air-charged urethral catheter was inserted to measure intra-vesical pressure and for filling and voiding cystometry. Parameters of free UFM were compared with that of voiding cystometry using t-tests.

Results: The study included 105 eligible patients (mean age 55 years), 54% of which were females. Urge urinary incontinence was most frequent form of leak (28 patients) and 69% of strips showed detrusor overactivity. Statistically significantly better results were observed between pre-UDS UFM and pressure-flow UFM for the mean values of maximum urinary flow (Qmax: + 4.33 mL/s, P < 0.001), average flow (+ 1.95 mL/s, P < 0.05), voiding time (-16.6 s, P < 0.001), and time to Qmax (-6.6 s, P < 0.001), but not post-void residual volume (PVR; 12.2 mL, P = 0.16) and percentage PVR of cystometric capacity (0.55%, P = 0.7). Time to Qmax becomes insignificant when compared amongst males only (P = 0.2), whilst all PVR assessments become significant amongst females alone (P < 0.05). Analysis was repeated including those who voided ≥120 mL (120 patients) on pre-UDS UFM and yielded results of similar significance.
Conclusions: The insertion of a urethral catheter has a significant effect on UFM parameters in patients regardless of gender. Pre-UDS UFM studies are important to identify such effects that may influence the final diagnosis.

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[32] Perceptions of robot-assisted surgery: Results of a survey of surgeons in Kuwait

Saad Aldousari a,b,c, Ali Buabbas d, Said Yaiesh e, Rawan Alyousef f, Abdullah Al-Enazi g, Fawzi Abul a,b

Objective: To gain insight into local surgeons’ perceptions of robot-assisted surgery (RAS), as the use of RAS has rapidly increased amongst hospitals worldwide and the da Vinci® Si surgical system (Intuitive Surgical Inc., Sunnyvale, CA, USA) was installed at Sabah Al-Ahmad Urology Center (SAUC) in February 2014 and at Kuwait’s Chest Disease Hospital in October 2017, with >200 robotic surgical procedures performed by robotic surgeons using these two systems, overall surgeons perceptions and acceptance of this new technology in Kuwait are largely unknown.

Methods: We conducted a questionnaire-based survey distributed amongst surgeons of different subspecialties. The questionnaire had 28 questions related to the surgeon’s knowledge of RAS, its availability in Kuwait, and surgeons attitudes and concerns towards it.

Results: There were 292 surveys, with 278 used for analysis (95.2% response rate). General surgeons, urologists, and gynaecologists constituted 54%, 23%, and 13%, respectively. The mean age of respondents was 36 years. There was a significant association between younger age groups and comfort using the technology ($P < 0.05$). In all, 250 surgeons (91%) had previously heard of RAS, and the majority (73%) agreed with its introduction into surgical practice mostly gynaecologists, urologists and general surgeons ($P < 0.001$) due to their belief of its enhanced precision and better visualisation. However, 50% of surgeons thought that laparoscopic surgery performs what RAS does. When surgeons were asked to rate factors according to their importance when choosing RAS they indicated faster recovery, lower complications, and patient demand were most important ($P < 0.001$)

Conclusions: RAS seems to be an accepted modality amongst surgeons in Kuwait. However, surgeons remain concerned regarding the learning curve, device cost, and availability for use.

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[33] Sacral neuromodulation: Report of initial experience in Kuwait

Zenab Shehab a, Said Yaiesh b, Abdullatif Al-Terki c, Tariq Al-Shaiji c

Objective: To present our 6-year experience with sacral neuromodulation (SNM) since starting implantation in a single centre in Kuwait, as SNM is an established management for several urological and non-urological conditions, and devices and techniques have improved over the past decade.

Methods: We conducted a combined retrospective file review and prospective follow-up of patients who had undergone SNM implants since March 2012 up to May 2018 in Amiri Hospital, Kuwait. We analysed: biometric data; clinical presentation; medical and drug history; surgical history; timeline after the first stage of implantation, including complications and level of satisfaction; and any need for review or explantation of the device.

Results: In all, 21 patients underwent SNM implantation between March 2012 and May 2018, 17 (81%) of which were females. The mean age of the patients was 35.9 years, 52.4% had urinary retention, 38.1% had overactive bladder, and 11.8% had dysfunctional voiding. Almost all patients (19) failed or were unsatisfied with prior conservative treatment. Right- and left-sided Stage 1 insertions were of almost equal frequency, and no devices were initially implanted on the contralateral side in the second stage. The mean hospital stay for both stages was just over 1 day postoperatively, and the time between stages was on average 4.4 weeks. Only one patient, who had an unsatisfactory response (<50% resolution of symptoms) after the second stage of implantation, requested explantation. Another patient requested explantation after revision of the procedure failed to improve her symptoms. This patient is one of five who required some form of revision after implantation within a mean of 8.6 months, all but her reporting satisfactory responses. There were no major complications in our series.