use of vaginal pessaries and misdiagnosis with stress UI that had led to the performance of trans-obturator tape (TOT) insertion, unnecessarily. Post-TOT the patient's UI worsened from occasional to total. Investigations initially showed vesico-vaginal fistula, but examination under anaesthesia by cystoscopy and hysteroscopy showed a large vesico-uterine fistula. Lower midline fistula repair was complicated by a chronically inflamed friable bladder on cystostomy and total abdominal hysterectomy after ureterine transection due to adherent ureter and anterior vaginal walls to the bladder. Bladder repair was augmented with omental flap interposition posteriorly to cover the fistula site, and omental flap wrapping superiorly, laterally and anteriorly to enhance its recovery. The patient had an uneventful postoperative recovery and follow-up cystography showed a small capacity bladder but no leakage.

Results: To our knowledge this is the first attempt of its kind to utilise an omental flap to support bladder repair in a wrapped fashion. The omentum is known for its extraordinary support mechanisms, mechanical and anti-inflammatory, and has been incorporated into many forms of repairs as a flap and graft. In what looked like a poor outcome bladder repair due to extremely inflamed tissue, the bladder healed completely in a short time.

Conclusion: Vesical fistulae are difficult entities to diagnose and treat. Incorporation of innovative surgical principles of repair from other experiences can improve outcomes of traditional procedures.

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[26] Failure of ureteric access sheath insertion in virgin ureters: a prospective cohort study

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Objective: To identify the failure rate of insertion of a ureteric access sheath (UAS) during primary flexible ureteroscopy (FURS), in order to improve preoperative patient’s counselling as well as identify patients who might benefit from pre-stenting FURS.

Methods: This is a single-surgeon single tertiary care centre prospective cohort study. All patients who underwent primary FURS for proximal ureteric or renal stones from November 2014 to May 2018 were included in the study. We used one type of UAS 10/12-F coaxial UAS from Rocamed. Data collected included: age, gender, body mass index (BMI), previous spontaneous passage of stones, and congenital anomalies. Descriptive analysis was done.

Results: The study included 128 patients and they all underwent primary FURS. In all, 73.4% (94 patients) were males, 26.6% (34) were females. The failure rate of primary UAS insertion was 11.7% (15 patients), the mean age of the failure group was 43.2 years and 14/15 were males. Six were obese with BMI of >30 kg/m² and six had a previous episode of spontaneous stone passage. None of the failed patients had anatomical abnormalities. In all, 113 patients (88.3%) had a successful primary FURS and insertion of a UAS. The mean age was 46.3 years and 27.4% (31 patients) were females. In all, 50.4% (57 patients) of the success group had previous episodes of spontaneous stone passage.

Conclusion: A very low failure rate was obtained in unstented patients. Female patients and patients with an episode of spontaneous stone passage were more likely to be accessed primarily. Our study helps the urologist to make an informed consent and facilitate the decision of pre-stenting in selected patients.

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[27] Safety of pre-intended en bloc renal pedicle control for laparoscopic nephrectomy

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Objective: To evaluate preoperatively intended en bloc renal pedicle control for laparoscopic nephrectomy in our hospital, as the safety and efficacy of en bloc renal pedicle control has been approved for laparoscopic nephrectomy but some authors do not advocate the generalised use of it.

Methods: We reviewed all laparoscopic nephrectomies that were carried out by two laparoscopic surgeons (from January 2015 until April 2017) who had a preoperative intention of en bloc renal pedicle control. By creating a window at the lower pole and another window at upper pole then using the Covidien Endo-GIA™ (45.60 mm vascular reload) to control the pedicle. We analysed patients’ demographic data, nephrectomy indication, intraoperative findings, and intra- and postoperative complications. Patients were followed-up with blood pressure measurements and for the presence or absence of any signs of hyperdynamic circulation. The analysis of data was done using SPSS® version 20 (SPSS Inc., IBM Corp., Armonk, NY, USA).

Results: We found 38 laparoscopic nephrectomies done for patients with mean (range) age 55.7 (18–94) years and mean (range) body mass index of 29.2 (17–41) kg/m². The indications for nephrectomy were variable: 22 patients (57.9%) for non-functioning kidney, 14 (36.8%) for renal tumours and two (5.2%) for ureteric tumours. There were 23 left nephrectomies and
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