AB01. Percutaneous renal access for nephrolithotomy

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Abstract: Percutaneous nephrolithotomy has revolutionized the ability of the urologist to remove large burdens of renal stones over the last 15 years. In the United States, it has largely replaced open stone surgery for the treatment of large sized stones. One of the key factors in optimizing outcomes for this procedure is accurate percutaneous renal access. The guiding principles for effective renal access will be reviewed in this session.

Keywords: Percutaneous; nephrolithotomy; renal

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AB02. UroLift: a new surgical treatment for BPH without sexual side effect

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Abstract: Benign prostatic hyperplasia (BPH) is a chronic and often progressive condition. It affects nearly three in four men by the seventh decade of life. Clinically, BPH is distinguished by progressive development of lower urinary tract symptoms (LUTS) even though not all patients with BPH develop LUTS. Retropubic simple prostatectomy was first described in 1945 and soon became the popular

surgical management of BPH. Open prostatectomy was gradually replaced by transurethral resection of the prostate (TURP) as the standard surgical treatment of BPH. With the introduction of medical therapy in the 1980s, the standard treatment for patients with LUTS secondary to BPH shifted to pharmacotherapy with α-blockers and/or 5α-reductase inhibitors. This paradigm shift to pharmacological therapy led to a dramatic decrease in hospitalization for TURP throughout the 1990s. After more than 10 years of decrease in total BPH procedure rates, the trend was reversed after 2002 due to the marked increase in Minimally Invasive Surgical Techniques (MISTs) including transurethral microwave therapy, transurethral needle or ethanol ablation, high intensity frequency ultrasound, and laser resection/ablation as well as transurethral saline plasma vaporization. Unfortunately, all MISTs are associated with various degrees of sexual side effects, mainly ejaculatory dysfunction and erectile dysfunction. The UroLift System is newly approved technology by the FDA for BPH. This versatile implant self-sizes in the prostate and mechanically opens the prostatic urethra without causing any sexual side effects. This presentation will introduce this novel technology for the treatment of BPH.

Keywords: BPH; sexual; LUTS

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AB03. Intermittent androgen suppression: current status

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Abstract: Hormone therapy has been a major treatment for advanced prostate cancer. This therapy aims at inhibiting growth of prostate tumor cells by deprivation of male hormones which stimulate prostate cells to grow. However,