AB189. Laparoscopic nephropexy using a self-designed Polytetrafluoroethylene "basket" (video available)

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Objective: Laparoscopic nephropexy has been reported as a minimally invasive approach for symptomatic nephroptosis. We performed five cases of laparoscopic nephropexy using a self-made polytetrafluoroethy-lene "basket" to fix the inferior parts of kidneys to 12th rib.

Methods: All patients (4 women and 1 man) had symptomatic nephroptosis presenting with flank pain, repeat hematuresis or hydronephrosis. Preoperative ultrasonography, intravenous urography and renal CT scan in supine and upright positions were done for nephroptosis diagnosis. Transperitoneal laparoscopic nephropexy were carried out using self-prepared "basket"made of stripes cutting from Polytetrafluoroethy-lene herniorrhaphy mesh. After the kidney was completely dissected from surrounding perirenal fat, it was put into the non-absorbable Polytetrafluoroethy-lene "basket" through multiple suturing and fixation to renal capsule. Then suspended the kidney by fixation the lower pole of kidney to the twelfth rib, and reinforced by suturing the posterior surface of the kidney to the quadratus lumborum muscle.

Results: The operation was successfully completed laparoscopically in all cases without major perioperative complications. The average operative time was 95 min, and the mean estimated blood loss was less than 60 mL. Hospital stay was 4.5 days (range, 3 to 6 days). Postoperative urography or ultrasound revealed complete resolution of loin pain and nephroptosis with a median follow-up of 8 months (range, 2 to 15 months).

Conclusions: Laparoscopic nephropexy using self-made polytetrafluoroethy-lene "basket" with a modified three-point fixation technique is an effective minimally invasive procedure for treating symptomatic nephroptosis with excellent short-term results.

Keywords: Laparoscopic nephropexy; symptomatic nephroptosis

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AB190. Transumbilical single incision for laparoendoscopic bilateral renal cyst decortication using a homemade glove port device (video available)

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Objective: Transumbilical single incision surgery (TSIS) has recently gained popularity for symptomatic renal cysts. We evaluated the clinical utility and safety of homemade glove port device in bilateral renal cyst decortication patients at our institution.

Methods: We reviewed our series of 42 bilateral symptomatic renal cyst (range, 4-12 cm) decortication performed from November 2010 to December 2013. A homemade port device consisted of two control loops and a glove to form three channels was placed through the umbilical single incision. A homemade single port device was made by fixing a size 7 1/2 surgical glove to the retractor outer ring and securing the glove fingers to the end of 3 trocars with a tie. The homemade port was inserted at the umbilical incision; operation was performed by using a special flexible 30-degree laparoscope and conventional laparoscopic instruments.

Results: All cases were completed successfully, without conversion to a standard laparoscopic or open approach. The average operative time was 75 min and the estimated blood loss was less than 30 mL, no intraoperative

complication occurred. The mean hospital stay was 2.8±1.5 (range, 2-5) days, with a median follow-up of 20 (range, 8-32) months, there was no recurrence.

Conclusions: Our homemade single port device is cost-effective and more flexible to deal with bilateral renal cysts especially ventral lesions than the current multichannel port or traditional laparoscopic surgery.

Keywords: Transumbilical single incision surgery (TSIS); renal cysts; laparoscopic surgery; bilateral renal cyst decortication

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AB191. Varicocelectomy decreases sperm DNA fragmentation index in infertile men

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Objective: To observe the routine semen parameters (semen concentration, progressive motility, normal morphology) and sperm DNA fragmentation index (DFI) with correlation to varicocelectomy.

Methods: A total of 120 infertile men meeting the inclusion criteria were enrolled in this retrospective study. Related data, including semen parameters and DFI were collected and analyzed.

Results: There was a significant elevation of semen concentration, progressive motility and normal morphology after the varicocelectomy; by contrast, a decrease of DFI was observed postoperatively.

Conclusions: Varicocelectomy was associated with an elevation of routine semen parameters and an improvement of sperm DNA damage in infertile male. However, studies better designed and larger subjects involved are warranted to better address this relationship.

Keywords: Varicocelectomy; sperm DNA fragmentation index (DFI); infertile

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AB192. Efficacy and safety of local anaesthetics in the treatment of premature ejaculation: a systematic review and meta-analysis

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Objective: To assess the efficacy and safety of local anaesthetics for premature ejaculation (PE), a systematic review of the literature was performed using the Cochrane Library, PubMed and EMBASE.

Methods: We screened and retrieved the randomised controlled trials on the treatment of PE with local anaesthetics. End points included intravaginal ejaculation latency time (IELT), patient-reported outcome assessments and adverse events. Meta-analyses were conducted with STATA 11.0.

Results: In total, seven publications involving 566 patients with local anaesthetics and 388 with placebos strictly met our eligibility criteria. Meta-analyses showed that after the patients were treated with the local anaesthetics, the value of the standardised mean difference of the changes in IELT was 5.02 (95% CI: 3.03-7.00). A higher rate of adverse events occurred compared with placebos (odds ratio =3.30;

