Aims and objectives of this session
This session presents the recent advances and evidence about enhanced recovery after surgery programs, as well as new data regarding perioperative care in patients undergoing major urological surgery.

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion.

14:19 - 14:23
Introduction
J. Bjerggaard Jensen, Aarhus N (DK)

588
Enhanced recovery enhances reduction of length of stay in patients treated with robotic assisted radical cystectomy with intracorporeal urinary diversion
By: Tan W.S.¹, Lamb B.², Tan M-Y.³, Sridhar A.², Mohammed A.², Baker H.², Briggs T.², Tan M.⁴, Kelly J.¹
Institutes:¹University College London, Dept. of Surgery and Interventional Science, London, United Kingdom, ²University College London Hospitals, Dept. of Urology, London, United Kingdom, ³University of Glasgow, School of Medicine, London, United Kingdom, ⁴University College London Hospitals, Dept. of Anaesthesia and Perioperative Medicine, London, United Kingdom

589
The application of ERAS pathways to radical cystectomy: Outcomes from 482 consecutive cases
By: Pang K.¹, Groves R.², Noon A.¹, Catto J.¹
Institutes:¹University of Sheffield, Dept. of Oncology and Academic Urology Unit, Sheffield, United Kingdom, ²Royal Hallamshire Hospital, Dept. of Anaesthesia, Sheffield, United Kingdom

590
A prospective randomized single-centre trial evaluating an ERAS protocol versus a standard protocol for patients treated with radical cystectomy and urinary diversion for bladder cancer
By: Frees S., Aning J., Black P., Struss W., Bell R., Gleave M., So A.
Institutes:Vancouver Prostate Centre, Dept. of Urology, Vancouver, Canada

591
Factors influencing the length of hospital stay after robotic radical cystectomy; is 4 days hospital stay feasible?
Institutes:The Royal Surrey County Hospital, Dept. of Urology, Guildford, United Kingdom

592
Enhanced recovery protocol after radical cystectomy is safe and accelerates bowel function recovery compared to standard perioperative care
By: Palumbo V.², Giannarini G.¹, Lami V.², Rossanese M.¹, Crestani A.¹, Ficarra V.¹
Institutes:¹Academic Medical Centre Hospital Santa Maria Della Misericordia, Dept. of Urology, Udine, Italy, ²University of Padua, Dept. of Urology, Padua, Italy

593
Enhanced recovery after radical cystectomy – results of the first 18 months after implementation of a full ERAS program using the EIAS database
By: Müller S., Lilleaasen G., Davami J., Axcrona K.
Institutes:Akershus Universitetssykehus, Dept. of Urology, Lørenskog, Norway
Validation of the Clavien-Dindo grading system in urology by the EAU guidelines ad hoc panel
By: Mitropoulos D., Bjerggaard Jensen J., Artibani W., Biyani C.S., Rouprêt M., Truss M.
Institutes: 1Aarhus University Hospital, Dept. of Urology, Aarhus, Denmark, 2University of Athens Medical School, Dept. of Urology, Athens, Greece, 3University of Verona, Dept. of Surgery, Verona, Italy, 4St. James's University Hospital, Dept. of Urology, Leeds, United Kingdom, 5Pitié-Salpêtrière Hospital, AP-HP, Academic Dept. of Urology, Paris, France, 6Klinikum Dortmund GmbH, Dept. of Urology, Dortmund, Germany

Spinal analgesia versus intravenous opioid for robot-assisted radical prostatectomy: A retrospective analysis of 200 cases
By: Kim L., Brammer K., Jay A., Kasivisvanathan R., Cahill D.
Institutes: 1Royal Marsden Hospital Nhs, Dept. of Urology, London, United Kingdom, 2Royal Marsden Hospital Nhs, Dept. of Anaesthesia, London, United Kingdom

Procedure-specific risks of thrombosis and bleeding in urological cancer surgery: Systematic reviews and meta-analyses
Institutes: 1University of Helsinki, Dept. of Urology and Public Health, Helsinki, Finland, 2McMaster University, Michael G. DeGroote National Pain Center, Hamilton, Canada, 3University of Toronto, School of Medicine, Toronto, Canada, 4Woodstock General Hospital, Dept. of Surgery, Division of Urology, Woodstock, Canada, 5University of Padua, Dept. of Surgical, Oncological, and Gastroenterological Sciences, Urology Clinic, Padua, Italy, 6Imperial College London, Dept. of Epidemiology and Biostatistics, London, United Kingdom, 7ASST Papa Giovanni XXIII, Dept. of Urology, Bergamo, Italy, 8University of Toronto, Dept. of Medicine, Toronto, Canada, 9McMaster University, Dept. of Clinical Epidemiology and Biostatistics, Hamilton, Canada, 10Kaiser Permanente Southern California, Dept. of Research and Evaluation, Pasadena, United States of America, 11University of Oslo, Institute of Clinical Medicine, Oslo, Norway, 12McMaster University, Dept. of Medicine, Hamilton, Canada

NOACs in urology: The surgeon’s guide to perioperative management
By: Rahim S., Datta S., Wood M., Maan Z.
Institutes: 1Colchester Hospital University Nhs Foundation Trust, Dept. of Urology, Colchester, United Kingdom, 2Colchester Hospital University Nhs Foundation Trust, Dept. of Haematology, Colchester, United Kingdom

Prediction of postoperative complications after radical nephrectomy, based on patient comorbidity preoperatively
By: Fragkiadis E., Alamanis C., Mitropoulos D., Constantinides C.A.
Institutes: Laiko Hospital, Urology, Zografou-Athens, Greece

The feasibility of day case robotic-assisted laparoscopic prostatectomy
Institutes: The Royal Gwent Hospital, Dept. of Urology, Newport, United Kingdom, 2The Royal Gwent Hospital, Dept. of Anaesthetics, Newport, United Kingdom

Summary
J. Bjerggaard Jensen, Aarhus N (DK)