

## Improving recovery and reducing complication rate after urological surgery

Poster Session 44

Sunday, 26 March  
14:00 - 15:30

**Location:** Room Vienna, North Hall (Level 1)

**Chairs:** J. Bjerggaard Jensen, Aarhus N (DK)  
I. Korneyev, St. Petersburg (RU)

### 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)

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### Enhanced recovery enhances reduction of length of stay in patients treated with robotic assisted radical cystectomy with intracorporeal urinary diversion

**By:** [Tan W.S.](#)<sup>1</sup>, Lamb B.<sup>2</sup>, Tan M-Y.<sup>3</sup>, Sridhar A.<sup>2</sup>, Mohammed A.<sup>2</sup>, Baker H.<sup>2</sup>, Briggs T.<sup>2</sup>, Tan M.<sup>4</sup>, Kelly J.<sup>1</sup>

**Institutes:**<sup>1</sup>University College London, Dept. of Surgery and Interventional Science, London, United Kingdom, <sup>2</sup>University College London Hospitals, Dept. of Urology, London, United Kingdom, <sup>3</sup>University of Glasgow, School of Medicine, London, United Kingdom, <sup>4</sup>University College London Hospitals, Dept. of Anaesthesia and Perioperative Medicine, London, United Kingdom

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### The application of ERAS pathways to radical cystectomy: Outcomes from 482 consecutive cases

**By:** [Pang K.](#)<sup>1</sup>, Groves R.<sup>2</sup>, Noon A.<sup>1</sup>, Catto J.<sup>1</sup>

**Institutes:**<sup>1</sup>University of Sheffield, Dept. of Oncology and Academic Urology Unit, Sheffield, United Kingdom, <sup>2</sup>Royal Hallamshire Hospital, Dept. of Anaesthesia, Sheffield, United Kingdom

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### 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

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### Factors influencing the length of hospital stay after robotic radical cystectomy; is 4 days hospital stay feasible?

**By:** [Moschonas D.](#), Soares R., Roodhouse A., Jones C., Mostafid H., Woodhams S., Swinn M., Perry M., Patil K.

**Institutes:** The Royal Surrey County Hospital, Dept. of Urology, Guildford, United Kingdom

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### Enhanced recovery protocol after radical cystectomy is safe and accelerates bowel function recovery compared to standard perioperative care

**By:** Palumbo V.<sup>2</sup>, [Giannarini G.](#)<sup>1</sup>, Lami V.<sup>2</sup>, Rossanese M.<sup>1</sup>, Crestani A.<sup>1</sup>, Ficarra V.<sup>1</sup>

**Institutes:**<sup>1</sup>Academic Medical Centre Hospital Santa Maria Della Misericordia, Dept. of Urology, Udine, Italy, <sup>2</sup>University of Padua, Dept. of Urology, Padua, Italy

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### 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

- 594 **Validation of the Clavien-Dindo grading system in urology by the EAU guidelines ad hoc panel**  
**By:** Mitropoulos D.<sup>2</sup>, Bjerggaard Jensen J.<sup>1</sup>, Artibani W.<sup>3</sup>, Biyani C.S.<sup>4</sup>, Rouprêt M.<sup>5</sup>, Truss M.<sup>6</sup>  
**Institutes:**<sup>1</sup>Aarhus University Hospital, Dept. of Urology, Aarhus, Denmark, <sup>2</sup>University of Athens Medical School, Dept. of Urology, Athens, Greece, <sup>3</sup>University of Verona, Dept. of Surgery, Verona, Italy, <sup>4</sup>St. James's University Hospital, Dept. of Urology, Leeds, United Kingdom, <sup>5</sup>Pitié-Salpêtrière Hospital, AP-HP, Academic Dept. of Urology, Paris, France, <sup>6</sup>Klinikum Dortmund GmbH, Dept. of Urology, Dortmund, Germany
- 595 **Spinal analgesia versus intravenous opioid for robot-assisted radical prostatectomy: A retrospective analysis of 200 cases**  
**By:** Kim L.<sup>1</sup>, Brammer K.<sup>1</sup>, Jay A.<sup>1</sup>, Kasivisvanathan R.<sup>2</sup>, Cahill D.<sup>1</sup>  
**Institutes:**<sup>1</sup>Royal Marsden Hospital Nhs, Dept. of Urology, London, United Kingdom, <sup>2</sup>Royal Marsden Hospital Nhs, Dept. of Anaesthesia, London, United Kingdom
- 597 **Procedure-specific risks of thrombosis and bleeding in urological cancer surgery: Systematic reviews and meta-analyses**  
**By:** Tikkinen K.<sup>1</sup>, Craigie S.<sup>2</sup>, Agarwal A.<sup>3</sup>, Violette P.<sup>4</sup>, Novara G.<sup>5</sup>, Cartwright R.<sup>6</sup>, Naspro R.<sup>7</sup>, Siemieniuk R.<sup>8</sup>, Ali B.<sup>9</sup>, Eryuzlu L.<sup>3</sup>, Geraci J.<sup>9</sup>, Winkup J.<sup>9</sup>, Yoo D.<sup>3</sup>, Gould M.<sup>10</sup>, Sandset P.M.<sup>11</sup>, Guyatt G.<sup>12</sup>  
**Institutes:**<sup>1</sup>University of Helsinki, Dept. of Urology and Public Health, Helsinki, Finland, <sup>2</sup>McMaster University, Michael G. DeGroote National Pain Center, Hamilton, Canada, <sup>3</sup>University of Toronto, School of Medicine, Toronto, Canada, <sup>4</sup>Woodstock General Hospital, Dept. of Surgery, Division of Urology, Woodstock, Canada, <sup>5</sup>University of Padua, Dept. of Surgical, Oncological, and Gastroenterological Sciences, Urology Clinic, Padua, Italy, <sup>6</sup>Imperial College London, Dept. of Epidemiology and Biostatistics, London, United Kingdom, <sup>7</sup>ASST Papa Giovanni XXIII, Dept. of Urology, Bergamo, Italy, <sup>8</sup>University of Toronto, Dept. of Medicine, Toronto, Canada, <sup>9</sup>McMaster University, Dept. of Clinical Epidemiology and Biostatistics, Hamilton, Canada, <sup>10</sup>Kaiser Permanente Southern California, Dept. of Research and Evaluation, Pasadena, United States of America, <sup>11</sup>University of Oslo, Institute of Clinical Medicine, Oslo, Norway, <sup>12</sup>McMaster University, Dept. of Medicine, Hamilton, Canada
- 598 **NOACs in urology: The surgeon's guide to perioperative management**  
**By:** Rahim S.<sup>1</sup>, Datta S.<sup>1</sup>, Wood M.<sup>2</sup>, Maan Z.<sup>1</sup>  
**Institutes:**<sup>1</sup>Colchester Hospital University Nhs Foundation Trust, Dept. of Urology, Colchester, United Kingdom, <sup>2</sup>Colchester Hospital University Nhs Foundation Trust, Dept. of Haematology, Colchester, United Kingdom
- 599 **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
- 600 **The feasibility of day case robotic-assisted laparoscopic prostatectomy**  
**By:** Coomer W.<sup>1</sup>, Jefferies M.<sup>1</sup>, Ravi J.<sup>1</sup>, Colmsee M.<sup>2</sup>, Tozer J.<sup>2</sup>, Carter A.<sup>1</sup>, Wilson J.<sup>1</sup>  
**Institutes:**<sup>1</sup>The Royal Gwent Hospital, Dept. of Urology, Newport, United Kingdom, <sup>2</sup>The Royal Gwent Hospital, Dept. of Anaesthetics, Newport, United Kingdom
- 15:15 - 15:22 **Summary**  
 J. Bjerggaard Jensen, Aarhus N (DK)