Highlights Session
Friday 24.6.16
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Young Paediatric Urology Committee
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Programme Overview

• DSD
• Hypospadias 1
• Miscellaneous 2
• LUT Dysfunction
• Lecture on primary nocturnal enuresis
• LUT 2
• Lecture on reconstruction of cloacal malformations
• Panel: Complex reconstruction; coordinating of colorectal urological and gynecological goals
• Transplantation
• Laparoscopy/ Robotics
• Panel: Pyeloplasty: which approach?
• “My worst complications”
GLOBAL AND SEXUAL QUALITY OF LIFE IN 130 PATIENTS WITH MRKH SYNDROME: A COMPARATIVE STUDY BETWEEN SURGICAL VERSUS NON SURGICAL MANAGEMENT OF VAGINAL AGENESIS

N=130
Mean age 26.5 years

more complications in surgery group

surgery is not superior to autodilatation

→surgery = 2nd line therapy (colon more complications?)
N=23

Retrospective: Outcome and timing of surgery

Prospective: Body image questionnaire

→ In early surgery (15 months) complications rate / reoperation are low

→ Satisfaction with timing of surgery, body image and sensation was high
N=97
Early operation (10months)
Follow up 11 years

→ 92% no significant reintervention was needed
→ vaginal stenosis is still common, can be repaired with minor surgery
N=129
Occult spinal dysraphism in hypospadias patients 20.9%
Back skin lesions in 25.9%
Higher prevalence in proximal hypospadias
→ Back US for every hypospadias patient??
N = 27 (14 skin release, 13 dorsal plication) 
Recurrent penile curvature is common in postpubertal patients

→ Importance of transitional medicine, follow Ups in later life
N=647

No significant increase in papers of high level evidence

No association of higher level of evidence and journal’s impact factor
N=165

Half life period ~5min

→sedation with nitrous oxide do not alter bladder behaviour
N=39

Idiopathic and neurogenic overactive bladder

Post- injection urodynamics showed improvement in bladder volume, compliance

→ highly effective with idiopathic over active bladder
N=185
Age 3,2 months (10d-6 mo), mean weight 6,7kg
Urine drainage in all patients
Overall success rate in 98,4%

→ laparoscopic pyeloplasty is feasible
New born assessment and interventions
  drainage of hydrocolpos,
  in some patients only vesicostomy not helpful
3 months later ?

Planning for reconstruction
  Radiological examination!!!
  preoperative in severe cases: endoscopic evaluation,
cloaco-gramm

Definitive repair
  posterior sagittal plus/minus laparotomy
  mobilization
Individual operating strategies depended on length of common channel und urethra (posterior approach, mobilization...)
Multimodal approach!
Operating time: Longer cumulative duration anaesthetic exposure → influence cognition and brain structure

Costs

Wound “Incisions do not simply sum”
Dissection of lower pole ureter during preparation

“swiss cheese model”
Thank you for your Attention!