

NS-AUA 2023 Annual Meeting Abstracts – Education, Laparoscopy, Robotics, Surgical Innovation

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Abstract 54

Kolb's experiential learning theory in learner module for lower urinary tract symptoms using uroflowmetry in office practice

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Introduction: Office urology practice forms a significant portion of any urological program. Medical schools' curricula may contain exposure to hospital surgical operating room but little of office practice procedures. As more procedures become office-based, learner's preparation in techniques and competency is imperative. Between May 25, 2022, and September 30, 2022, a module was developed and implemented for an office urology practice curriculum based on Kolb's experiential learning model for possible adaption to a training program.

Method: The module was developed based on literature review and needs assessment. Volunteer learners were recruited. Consent to participate and confidentiality agreement were obtained. Various conditions of the lower urinary tract were categorized; subjects identified and consented. Participants were scheduled to a learning experience and cycle through multiple times. The cycle of experience as follows: concrete experience-observation by learner of direct care by faculty; reflective observation-faculty-facilitated reflection, learning contracts, and feedback; abstract conceptualization: discuss other diagnosis and management strategies based on experience; and active experimentation/hands-on practice with real patient scenarios. Feedback from volunteer learners and patient participants was obtained orally and/or online.

Results: There were 4 volunteer learner participants (two undergrad university and 2 nurses). Patient encounter scenarios were BPH, hematuria, incontinence, dysuria, nocturia, and overactive bladder. Learning experience included: performing and interpreting uroflows, ultrasound, and digital rectal exams; obtaining consent and informed consent process; IPSS and urinary diary. This process provided guidance to learners to acquire skills useful for future career and for building faculty-learner relationships. Learners were given the opportunity to make their choices and faculty encouraged them to create their learning objectives, identify resources, and devise strategies to achieve their learning objectives. Limitations included the fact that this was a pilot program, with few participants, as well as potential faculty bias and limited ultrasound use.

Conclusions: Kolb's experiential learning theory, despite limitations, is useful for a learner module in office urology curriculum. It is recommended for trial in both well-established and newer urology programs.

Abstract 55

The learning styles of graduating Canadian urology residents

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Introduction: The Kolb learning theory emphasizes that differences in the way people learn has to do with the way they perceive and process an experience. This led to the development of a learning style inventory with the latest version in the form of the validated Kolb's Experiential Learning Profile (KELP). Identifying the learning style of urology residents may help in the development of teaching curricula that are best suited to knowledge and skill acquisition. The objective of this study is to characterize the learning styles of graduating Canadian urology residents.

Methods: KELP was administered to all graduating Canadian urology residents attending QUEST for the years 2021 (n=35) and 2022 (n=29). Project participation was 100%. All participants received a report at the conclusion of the course. Participants' preferred learning phase (acting, thinking, reflecting, experiencing) and a specific learning style (deciding, analyzing, thinking, acting, initiating, balancing, reflecting, experiencing, imagining) were identified for all residents. Results for

2021 and 2022 cohorts were combined and reported as percentage of residents identified per learning phase and style.

Results: In aggregate, the most common preferred learning phase for graduates were "acting" and "thinking" (24/64 participants, 37.5%, each), followed by "reflecting" (11/64, 17.2%) and "experiencing" (5/64, 7.8%). Further, of the nine specific learning substyles, the most common among graduates included "deciding" (14/64, 21.9%), "analyzing" and "thinking" (10/64, 15.6%, each), "acting" and "initiating" (8/64, 12.5%, each), "balancing" (7/64, 10.9%), "reflecting" (3/64, 4.7%), and "experiencing" and "imagining" (2/64, 3.1%, each).

Conclusions: Graduating Canadian urology residents vary in their preferred learning styles, but the majority seem to learn by acting and thinking. Kolb's model would suggest that urology residents learn by doing some abstract conceptualization followed by active experimentation. This lays the groundwork for future studies correlating learning style to exam performance and identifying predictors of successful completion of residency.

Abstract 56

Single-center, pilot study evaluating feasibility of virtual reality to alleviate pain during transperineal prostate biopsy

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Introduction: Transperineal prostate biopsy (TPBx) has been used as an alternative to transrectal prostate biopsy (TRBx) given the lower risk of sepsis. Multiple studies have shown patients who underwent office based TPBx under local anesthesia self-reported higher levels of pain, embarrassment, and anxiety during the procedure than their TRBx counterparts. Given these results, adjuncts to improve procedural tolerability are needed. Virtual reality has been evaluated in various procedural settings to reduce pain and anxiety but has yet to be explored as a tool for prostate biopsy. This IRB approved pilot study evaluated patient interest and operational feasibility of a VR headset during TPBx.

Methods: All patients undergoing a TPBx at a large academic medical center were eligible except patients with a previous history of seizures, medical device use (ex. pacemaker), or any other indication that would impair use of the VR headset. Eligible and interested patients provided written consent. During the biopsy, patients used the Meta Quest 2 VR headset to watch an underwater oceanscape with meditative audio. Once the procedure was complete, participants took a validated survey using a visual analog scale (VAS) of 0–10 evaluating their pain, anxiety, and embarrassment before, during, and after the procedure. They were also surveyed about their experience using the VR headset.

Results: Twenty-two of 23 (96%) patients approached expressed interest and participated in the study. All 22 participants used the VR headset throughout the procedure with no technical issues. This was the first time using a VR device for more than 15/22 (68%) participants. Twenty of 22 (82%) participants had no symptoms associated with VR device use. Two of 22 (9.1%) participants reported minor side effects. One patient experienced dizziness and another experienced lightheadedness from use of the VR device. All (100%) participants enjoyed using the device to some extent and 16/22 (73%) participants agreed that the device helped with their anxiety during the procedure.

Conclusions: Use of VR during a TPBx is feasible and of interest to many patients. Patient self-reported survey responses imply that use of the VR headset or other non-anesthetic pain management procedures may have a significant beneficial impact on patient experiences during TPBx. Future directions include a randomized, controlled trial comparing patient experiences with and without the headset, along with other potential pain management tools.

Abstract 57**Utilization of preference signaling in the 2023 urology match cycle**

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Introduction: Preference signaling is a system that allows residency applicants to demonstrate additional interest to five programs of their choosing and was adopted by the urology match in the 2021–2022 application year. At that time, the Society of Academic Urologists (SAU) published a list of guidelines instructing both programs and applicants how these signals were intended to be used. The purpose of this study is to examine the impact that preference signaling has on the ranking and matching processes and to gain a better understanding of how these signals are being used from the perspective of the residency programs.

Methods: An anonymous survey with three questions about the 2023 match was emailed to 120 urology residency program coordinators who are members of the Association of Coordinators in Urologic Residency Education (ACURE). We asked programs what percentage of their top 20 ranked applicants had signaled them, what percentage of their matched students had signaled the program, and whether they expected a signal from students who rotated at their institution or considered a rotation equivalent to a signal.

Results: There were 24 survey responses by urology residency programs. Four survey responses were excluded due to insufficient or contradictory data; 29.5% of responding program's top 20 had signaled them, and 37.1% of matched students had signaled their program. A total of 26.1% of programs expected signals from students that rotated at their program. Of programs that expected signals from rotating students, a lower proportion of students who signaled were ranked within their top 20 (7.5% compared to 35.0%; $t(18)=3.58, p=0.003$).

Conclusions: This study suggests that there is heterogeneity in the usage of preference signaling by programs, most notably in the adherence to guidelines put out by the SAU indicating students should not signal any program where they completed an in-person or virtual rotation. Rotating students may therefore benefit from inquiring about each program's expectations for signaling during their rotation. We conclude that there is a need for increased standardization of the signaling process and improved communication to programs to ensure strict adherence to the published SAU guidelines.

Abstract 58**Initial experience with bupivacaine-meloxicam extended formulation (Zynrelef) for open urologic surgery**

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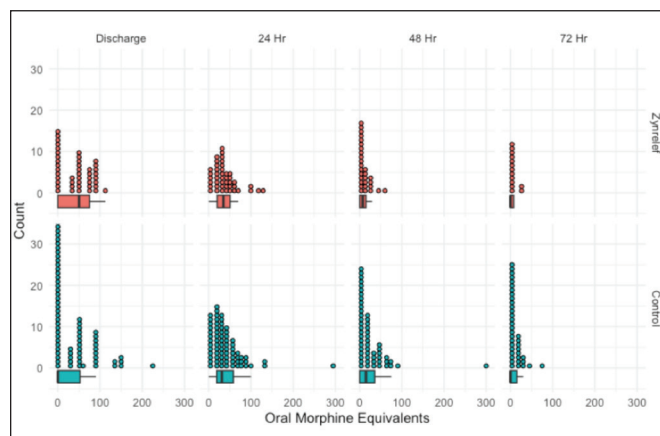
Introduction: Bupivacaine-meloxicam extended formulation (Zynrelef) is a topical pain medication applied to the incision during surgery. It was developed with the goal of reducing opioid consumption following procedures; however, its efficacy and safety have not been evaluated in urologic surgery. This study hypothesized that Zynrelef would limit opioid consumption during prostatectomy and nephrectomy with an acceptable complication profile.

Methods: Patients were recruited prospectively for inclusion in this non-randomized study. Following a control collection period, open prostatectomy and nephrectomy patients were offered use of Zynrelef from April 2022 through December 2022. The primary outcomes were opioid consumption (morphine milligram equivalents) and wound complications. Secondary outcomes included pain survey results and unexpected care utilization.

Results: Overall, 116 patients were included undergoing open prostatectomy or nephrectomy during the study period, 44 of which received Zynrelef. The groups were similar in terms of comorbidities and procedures. Median length of hospital stay was similar in patients who received Zynrelef compared to controls (1.9 vs. 2.1 days). Morphine milligram equivalents decreased over the first three postoperative days in both groups. The median morphine milligram equivalent consumed on postoperative day 2 for the Zynrelef group was half that of the control group (7.5 vs. 15 equivalents) (Figure 1). The proportion of patients who were opioid-free was higher among the Zynrelef group compared to the control group at postoperative day 2 (58.6% vs. 44.4%) and day 3 (85.7% vs. 65.8%). Average pain reported on a 10-point scale was similar between Zynrelef and

controls (5.0 vs. 4.0). Three wound infections occurred in the Zynrelef group (6.8%) all following prostatectomy with none occurring in the control group.

Conclusions: Zynrelef administration following urologic procedures appears to have a similar effect on pain control to standard multimodal analgesia pathways. The rate of wound infections however may be increased compared to controls.



Abstract 58. Figure 1. Opioid consumption following surgery may be decreased with Zynrelef. Patients receiving Zynrelef tended to consume fewer opioids on postoperative day 2 compared to control participants.

Abstract 59**Application profile of successful urology match candidates without a home residency program**

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Introduction: Research on matched urology applicant characteristics as they relate to differences in demographic information is limited, particularly regarding students without home urology residency programs. The purpose of this study is to guide applicants with information on the characteristics of successfully matched applicants stratified by home urology residency program status.

Methods: Self-reported data from matched applicants was collected from the publicly available 2022 and 2023 urology match Google spreadsheets. Demographic data collected included home urology residency program status. Application characteristics included USMLE Step scores, publications, posters, research experiences, interviews offered, number of programs applied to by each applicant, acting internships completed, and position matched on rank list. A series of Student's t-tests were performed to assess the application characteristics stratified by home urology residency program status.

Results: There were 183 matched applicants reporting a response for home urology residency program status; 150 applicants came from a medical school with a home urology residency program and 33 applicants came from a medical school without a home program. Applicants without a home program had similar numbers of publications (w/o: 3.79, w/: 4.52; $p=0.296$), posters (w/o: 9.59, w/: 9.06; $p=0.700$), research experiences (w/o: 10.00, w/: 8.13; $p=0.122$), acting internships (w/o: 2.76, w/: 2.64; $p=0.510$), and matched at similar positions on their rank lists (w/o: 3.48, w/: 3.07; $p=0.438$) when compared to applicants with home programs. Applicants without a home residency programs reported lower performance on USMLE Step 1 (w/o: 241, w/: 247; $p=0.005$) and Step 2 (w/o: 250, w/: 257; $p<0.001$), applied to more programs (w/o: 93.2, w/: 84.4; $p=0.05$) and received fewer interview invitations (w/o: 13.3, w/: 18.1; $p=0.005$) compared to applicants with a home program.

Conclusions: Among matched urology applicants, differences were observed when stratified by home urology program status. Not having a home residency program was associated with fewer interview invitations despite a greater number of applications. Applicants who matched without a home urology program had lower board examination scores. We conclude that not having a home program should not dissuade applicants from applying into urology despite the observed differences in board examination scores and fewer interview invitations.

Abstract 59. Table 1. Mean (standard deviation) matched applicant characteristics stratified by home program status

	Step 1	Step 2	Publications	Posters	Research experiences	Programs applied	Interview invitations	Acting internships	Number on rank list matched
Home program status									
Yes (n=150)	247 (10.9)	257 (10.1)	4.52 (3.77)	9.06 (7.06)	8.13 (6.13)	84.4 (22.9)	18.1 (8.56)	2.64 (0.84)	3.07 (2.88)
No (n=33)	241 (14.0)	250 (13.2)	3.79 (3.00)	9.59 (7.31)	10.00 (6.05)	93.2 (25.2)	13.3 (8.85)	2.76 (1.17)	3.48 (2.32)
p	0.005*	<0.001*	0.296	0.700	0.122	0.050*	0.005*	0.510	0.438

*Significance considered at p≤0.05.

Abstract 60
ChatGPT performance on the American Urological Association (AUA) self-assessment study program: A possible tool in graduate medical education

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Introduction: As AI continues to advance in complexity and accessibility, many new and exciting applications of this technology continue to arise. We hypothesized that ChatGPT might serve as a tool for medical education by providing reasonable and interactive responses to urologic questions. We sought to assess this by evaluating ChatGPT's performance on the AUA SASP and stratifying its performance by question stem complexity.

Methods: Questions from the 2021–2022 AUA SASP program were administered to ChatGPT. Questions were administered to the model using a standardized prompt. The answer choice selected by ChatGPT was then used to answer the question in the AUA SASP program. ChatGPT was then prompted to assign a question stem order (first, second, third) to each question. The percentage of correctly answered questions were determined for each order level. All responses provided by ChatGPT were qualitatively assessed for appropriate rationale. Questions including images were excluded.

Results: A total of 268 questions were administered to ChatGPT. ChatGPT performed better on the 2021 compared to 2022 AUA SASP question set, answering 42.3% vs. 30.0% of questions correctly (p<0.05). All (100%) of answer explanations provided appropriate, relevant rationale regardless of whether the answer was correct. Further stratification included assessment by question order level. ChatGPT performed progressively better on the 2021 question set with decreasing order level, with first order questions reaching 53.8% (n=14); however, differences in proportions did not reach statistical significance (p>0.05).

Conclusions: ChatGPT answered questions correctly at a level comparable to a junior urology resident while providing reasonable rationale for each answer choice. While ChatGPT was unable to answer numerous first order questions, future language processing model learning may lead to optimization of its fund of knowledge. In time, this capability may lead to the use of AI like ChatGPT as an educational tool for urology trainees and professors.

Abstract 60. Table 1. Performance results of ChatGPT on AUA SASP question sets by year and stratified by question order level

	AUA SASP 2021	AUA SASP 2022	p
Question total			
Correct, n (%)	58 (42.3)	39 (30.0)	NA
Incorrect, n (%)	79 (56.7)	92 (70.0)	NA
Question order			
First (% correct)	53.8%	22.2%	>0.05
Second (% correct)	41.5%	32.3%	>0.05
Third (% correct)	37.0%	29.4%	>0.05

Abstract 61
Is it time to reclaim our lane?

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Introduction: When rulings like the Dobbs decision came out or with the continued attacks on care for transgender youth, many in our profession stay silent. There are real pressures to stay out of politicized issues. In 2018, the American College of Physicians declared gun violence a 'public health crisis.' The NRA promptly replied to this statement with a Tweet warning 'anti-gun doctors' to 'stay in their lane.' Others argue urologists should not weigh in on politicized disputes, as taking a stance may damage the reputation of the profession; however, a recent survey done by the AUA asking whether the AUA should develop positions on topics outside the traditional urologic clinical and practice space found that 49% thought they should not, 45% thought they should, and 6% were undecided. We examine the roots of political advocacy in urology by highlighting several endeavors by Hugh Hampton Young, a father of modern-day urology.

Methods: Young's autobiography, as well as other documents written about Young's efforts in advocacy, were examined.

Results: Young worked with local, state, and federal agencies to advocate for a variety of healthcare- and non-healthcare-related issues. His political advocacy started in 1903, when Young successfully advocated for tuberculosis (TB) legislation at the Maryland Legislature that allowed for: the tracking of TB cases, the teaching of hygiene and cleanliness in the homes of TB patients, and the development of a state sanatorium for patients with pulmonary TB. This advocacy led William Henry Welch to recommend Young to chair The Lunacy Commission. Prior to the U.S. entry into World War I, Young had published articles in the New York Times and Baltimore Sun about preparing the youth for war and even met with President Wilson to discuss the U.S. entering the war. The day before a vote on a Prohibition bill that would ban alcohol from being prescribed by physicians or used by clergy for religious purposes in Maryland, Young took out an entire page advertisement opposing the effort in the Baltimore Sun. The bill was defeated the next day when it came up for a vote.

Conclusions: The urologists of today should understand that a founding father of urology often found his 'lane' well outside the scope of what was considered routine urologic practice. Young was a pioneer and leader who used his influence to advocate for efforts on a wide range of politically polarizing topics a century ago.

Abstract 62**Hemorrhagic complications after laparoscopic donor nephrectomy: A single-center experience**John Kim¹, Deron Britt¹, Jennifer Tang¹, Ibrahim Ebeido², Evan Fang², Amanda Paynter², Shahid Lambe³¹Division of Urology, Department of Surgery, McMaster University, Hamilton, ON, Canada; ²Michael G. DeGroot School of Medicine, McMaster University, Hamilton, ON, Canada; ³McMaster Institute of Urology, St. Joseph's Hospital, Hamilton, ON, Canada**Introduction:** Laparoscopic donor nephrectomy remains the gold standard for living kidney donation. The method by which the renal artery and vein are controlled plays an important role in determining vessel length. Staples are usually perceived as being safer than clips due to concerns regarding clip slippage and subsequent surgical bleeding. In this study, we aimed to assess outcomes of donor nephrectomy at our institution and determine if there was an association between the method of vascular control and postoperative outcomes, focusing on hemorrhagic complications.**Methods:** A retrospective chart review was conducted at a single renal transplant center examining all adult (age > 18 years) patients who underwent laparoscopic donor nephrectomy between 2017 and 2022. Demographic data, including age, sex, body mass index (BMI), and comorbidities, were collected. The primary outcomes we collected included postoperative hemoglobin (g/L), transfusion rate, need for additional intervention, and overall complication rate, as categorized by Clavien-Dindo classification. We also analyzed intra- and postoperative variables, including operative time, conversion to open nephrectomy, method of vascular control, estimated blood loss (EBL), and length of stay.**Results:** A total of 168 patients were identified for inclusion, of which 66 (39%) were male and 102 (61%) were female. The majority (81%) of patients underwent left laparoscopic donor nephrectomy. The median EBL was 100 mL (IQR 100–200) and the median hemoglobin decrease at the time of discharge was 19 g/L (IQR 15–24). The most common methods of controlling the artery were staples and clips (69%) and clips alone (28%). The most common method of controlling the vein was staples alone (83%). Only two patients required postoperative blood transfusion, although neither were due to clip or staple malfunction; both also required admission to the intensive care unit (ICU). When comparing patients whose arteries were stapled and clipped to patients whose veins were solely clipped, there were no significant differences in EBL, hemoglobin decrease, length of stay, or complication rate. No patients required surgical reintervention for any reason and there were no postoperative deaths.**Conclusions:** At our center, laparoscopic donor nephrectomy was associated with low rates of hemorrhagic complications and associated transfusions or reintervention. In most cases, the artery was stapled and clipped and the vein was stapled. Due to low rates of postoperative complications, a definitive comparison between different methods of vascular control could not be conducted. Our data suggest that laparoscopic donor nephrectomy is a safe procedure with low complication rates.**Abstract 63****Predictors of failed same day discharge in patients undergoing robot-assisted radical prostatectomy: A retrospective cohort study**Matthew Fuda¹, Abdullah Alrumaih², Michael Uy², Raees Cassim², Braden Millan², Bobby Shayegan^{2,3}¹Faculty of Health Sciences, McMaster University, Hamilton, ON, Canada; ²Division of Urology, Department of Surgery, McMaster University, Hamilton, ON, Canada; ³Department of Urology, St. Joseph's Healthcare Hamilton, Hamilton, ON, Canada**Introduction:** Advances in surgery and perioperative care have shortened length of stay in patients undergoing robot-assisted radical prostatectomy (RARP), and same-day discharge (SDD) has been shown to be feasible and safe. There is heterogeneity in inclusion criteria for patients who are offered SDD in published literature. Our objective was to determine patient-specific and intraoperative predictors for failure of SDD for patients undergoing RARP at our center.**Methods:** We performed a retrospective chart review of all patients undergoing RARP with pelvic lymph node dissection at a tertiary academic center in 2022. Multivariate regression analysis determined predictors for non-initiation, and failure of SDD (GraphPad Prism, Boston, MA, U.S.).**Results:** One hundred and eighty-six patients were identified, 103 (55%) were initiated on the SDD pathway, and of these, 48 (46.6%) of were successfullydischarged home. Patients who travelled distances greater than 100 km (OR 0.18, 95% CI 0.06,0.49) or who had obstructive sleep apnea (OSA) (OR 0.32, 95% CI 0.16,0.64) were significantly less likely to be initiated on the SDD pathway ($p < 0.05$). There was no association between patient body mass index ≥ 30 kg/m², age ≥ 65 , American Anesthesia Society (ASA) score ≥ 3 , or case order on being initiated on the SDD pathway. Of those initiated on the SDD pathway, cases that were scheduled to be second or later (OR 0.47, 95% CI 0.21,0.99), had an estimated blood loss ≥ 300 mL (OR 0.23, 95% CI 0.10,0.53), or had a postoperative abdominal drain (OR 0.23, 95% CI 0.05,0.75) resulted in increased likelihood of failing SDD ($p < 0.05$). Operative time (OR 0.45, 95% CI 0.09, 1.65) and ASA ≥ 3 (OR 1.16, 95% CI 0.45,3.06) had no significant relationship with failing SDD. **Conclusions:** We found that patients who live a greater distance from the hospital or have a medical history of OSA are predictive of not being initiated on the SDD pathway. Of those initiated on the pathway, postoperative abdominal drains, increased intraoperative blood loss, or being the second/third case of the day are more likely to fail SDD. The results of this study inform on clinical predictors for safe and feasible SDD pathways and will be increasingly important as centers move towards an ambulatory RARP system.**Abstract 64****The experience of faculty members of urology residency programs****Abstract 63. Table 1. Predictors of being offered and having a successful SDD**

	Predictors of being offered SDD		Predictors of successful SDD	
	OR (95% CI)	p	OR (95% CI)	p
Preoperative variables				
Age ≥ 65 (years)	0.71 (0.39–1.27)	p=0.245	1.60 (0.75–3.42)	p=0.225
BMI ≥ 30 (kg/m ²)	0.40 (0.41–1.36)	p=0.341	1.12 (0.50–2.51)	p=0.778
ASA ≥ 3	0.70 (0.31–1.52)	p=0.375	1.16 (0.45–3.06)	p=0.765
OSA	0.32 (0.16–0.64)	p=0.002	0.52 (0.15–1.57)	p=0.255
Distance ≥ 100 km	0.18 (0.06–0.49)	p=0.001	0.27 (0.01–1.88)	p=0.244
Second case or later	0.98 (0.55–1.74)	p=0.935	0.47 (0.21–0.99)	p=0.049
Intraoperative variables				
Operative time ≥ 150 (min)	–	–	0.45 (0.09–1.65)	p=0.256
Postoperative drain	–	–	0.23 (0.05–0.75)	p=0.027
EBL ≥ 300 (mL)	–	–	0.23 (0.09–0.53)	p=0.001

with social media accounts of potential urology applicantsRebecca Takele, Seamus Barrett, Rachel Vancavage, Brian Inouye, Barry Kogan
We received responses from 70 urology faculty members mostly between 36 and 50 years old (58.5%) at urology residency programs representing the Western (21.4%), Northeastern (17.1%), New York (10.0%), New England (10.0%), Mid-Atlantic (10.0%), North Central (17.1%), South Central (7.14%), and Southeastern (7.14%) sections. Of those who responded, 70.0% have a Twitter account and 52.9% use Twitter at least weekly. The majority who use Twitter observe potential urology applicants' profiles but do not like, retweet, or direct message applicants. A total of 29.2% of respondents endorse observing content that they would deem unprofessional on an applicant's Twitter. Most faculty members do not use social media to gain information about applicants prior to interviewing them (88.6%) and do not let Twitter affect how they rank applicants (91.1%). About one in three urology faculty Twitter users have had applicants reach out to them since March 2020. Respondents believe that benefits for the urology applicant include: networking (65.7%), promoting themselves for programs (30%), promoting research (42.9%), learning about urology programs

(58.6%), learning about urology in general (55.7%), and learning about surgical techniques (34.3%).

Abstract 65

A propensity score-matched analysis of perioperative outcomes of laser enucleation vs. laser vaporization of the prostate for patients with increased bleeding risk

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Introduction: Laser vaporization (LVP) and laser enucleation of the prostate (LEP) are recommended treatment options for benign prostatic hyperplasia (BPH) in men with increased risk of bleeding. In this study, we aimed to assess perioperative outcomes after LEP and LVP in patients with increased bleeding risk.

Methods: ACS-NSQIP data was queried for patients who underwent LVP and LEP between January 2014 and December 2017. History of bleeding disorder,

Abstract 65. Table 1. Pre-and post-propensity score-matching characteristics of patients undergoing laser enucleation of the prostate and vaporization of the prostate

	Post-propensity score-matching		
	Laser enucleation of the prostate, n=235	Laser vaporization of the prostate, n=235	p
Age, median [IQR]	73 [66–80]	73 [65–80]	0.9
Non-Caucasian race, n (%)	35 (15)	33 (16)	1.0
Elective surgery, n (%)	0	0	–
ASA 3 and above, n (%)	188 (80)	190 (81)	0.9
BMI, median [IQR]	28 [35–31]	28 [25–32]	0.7
Comorbidities, n (%)			
Congestive heart failure ^a	7 (3.0)	7 (3.0)	1.0
Severe COPD	19 (8.1)	15 (6.4)	0.6
Disseminated cancer	2 (0.9)	8 (3.4)	0.4
Diabetes mellitus	58 (25)	62 (26)	0.7
Dyspnea ^b	15 (6.4)	15 (6.4)	1.0
End-stage renal disease ^c	7 (3.0)	4 (1.7)	0.5
Hypertension	175 (74)	172 (73)	0.8
Sepsis ^a	1 (0.4)	3 (1.3)	0.6
Current smoker	28 (12)	22 (9.4)	0.5
Functionally dependent	15 (6.4)	10 (4.3)	0.4
Steroid use ^d	13 (5.5)	16 (6.8)	0.7
Weight loss of >10 ^e	2 (0.9)	1 (0.4)	1.0
Blood transfusion ^f	1 (0.4)	5 (2.1)	0.2

^aWithin 30 days prior to surgery. ^bWith mild exertion or more. ^cOn dialysis. ^dFor chronic condition. ^eWithin last 6 months. ^fBlood transfusion within 48 hours.

Abstract 65. Table 2. Perioperative outcomes of laser enucleation of the prostate and laser vaporization of the prostate

	Laser enucleation of the prostate, n=235	Laser vaporization of the prostate, n=235	p
30-day mortality, n (%)	0	0	–
30-day complications, n (%)	21 (8.9)	21 (8.9)	1.0
Respiratory complications	2 (0.9)	1 (0.4)	1.0
DVT and pulmonary embolism	3 (1.3)	1 (0.4)	0.6
Renal failure	1 (0.4)	1 (0.4)	1.0
Sepsis	3 (1.3)	2 (0.9)	1.0
Blood transfusions	5 (2.1)	4 (1.7)	1.0
Cardiac complications	2 (0.9)	6 (2.6)	0.3
Urinary tract infections	11 (4.7)	9 (3.8)	0.8
Total operative time, median min [IQR]	86 [51–126]	46 [31–69]	<0.001
Length of total hospital stay, median days [IQR]	1 [1–2]	0 [0–1]	<0.001

patients on chronic anticoagulation that was not stopped prior to the surgery, INR above 1.1, PTT above 35 seconds, and platelet counts below 70 000 were used to classify patients as increased bleeding risk. A total of 1648 patients were identified, of which, 1411 underwent LVP and 237 underwent LEP. After propensity score (1:1) matching for all confounding variables, LEP was compared to LVP for operative time, perioperative complications, blood transfusions, risk of mortality and morbidity, and total length of stay. Chi-squared and t-tests were used for statistical analysis for categorical and continuous variables respectively.

Results: Of the 470 matched cohort, 42 (8.9%) patients experienced postoperative complications within 30 days following LVP or LEP. There was not significant difference in rate of complications between LVP or LEP. Postoperative urinary tract infection (3.8% vs. 4.7%) and bleeding requiring transfusion (1.7% vs. 2.1%) were the two most common complications following the procedures that were not statistically significant. LEP patients had longer operative times and length of hospital stay. On multivariate analysis, history of diabetes (OR 0.44, 95% CI 1.13–4.50, p=0.02), heart failure (OR 5.51, 95% CI 1.69–17.9, p=0.005), and preoperative blood transfusion (OR 22.86, 95% CI 3.91–133, p=0.001) were associated with complications within 30 days in patients with increased bleeding risk.

Conclusions: Both LVP and LEP have comparable perioperative outcomes in patients with increased bleeding risk. Urinary tract infection and bleeding requiring transfusion are the most common complications within 30 days. Preoperative blood transfusion was the independent predictor of postoperative complication.