

Paper ID	Paper Title	Abstract	Podium	Author Names
10	HOLMIUM LASER ENUCLEATION OF PROSTATE (HOLEP) : THE CRUCIAL TECHNICAL ASPECTS TO DECREASE THE LEARNING CURVE, OUR INSTITUTIONAL EXPERIENCE OF 500 CASES.	Introduction and Objective To report our experience with initial 500 cases of Holmium Laser Enucleation of Prostate (HoLEP) for BPH and techniques which we adopted to decrease the learning curve. Methods A prospective study was done including all patients who underwent HoLEP at our institution from December 2014 to March 2016. Follow up period ranged from 1 month to 13 months. A pulsed high power 100Watts Holmium Laser with 24F resectoscope sheath was used. Two-lobe or Three-lobe techniques of enucleation followed. All patients were preoperatively assessed with ultrasound prostate volume estimation, maximum urine flow rate (Q _{Max}), post void residual urine volume (PVR) assessment and International Prostate Symptom Score (IPSS). Results Patients mean age was 66±8.1 yrs; mean prostate volume was 62±34 cc. Enucleation time was 55 ±22.9 min and morcellation time 15.3±10min, resected weight was 40±27.5g. Catheter time was 36 ± 14.7h and hospital stay was 48±26h. Mean serum hemoglobin and sodium did not drop significantly from baseline after the procedure (p=0.13). 6 patients had extraperitoneal extravasation. A significant improvement occurred in Q _{max} (25.1±10.7ml/s), PVR and IPSS (0.7±1.3) at follow-up compared with baseline (p<0.05).		Krishna Mohan Ramaswami*, Suzicon; Harigovind p, Aster MIMS; Khurshid ahamed, Aster MIMS
11	3D STANDARD LAPAROSCOPIC DONOR NEPHRECTOMY VERSUS TRANSVAGINAL RETRIEVAL OF DONOR KIDNEY- TECHNIQUES AND COMPARISON OF OUTCOMES	ABSTRACT With the increase in laparoscopic experience and new instruments natural orifice vagina has been used to retrieve the donor kidney in selected females called trans vaginal natural orifice assisted laparoscopic donor nephrectomy (TVNALDN). we share our technique of TVNALDN and compare the outcomes with those of conventional LDN in terms of feasibility and reproducibility. METHODS A total of 200 female patients had underwent donor nephrectomy surgery. Among them 40 underwent TVNALDN and rest(160) standard LDN(SLDN) at our institution between Dec. 1st 2013 to March 1st 2016. It is a retrospective study. females with at least one vaginal delivery were considered for TVNALDN. Two groups were compared in terms of operative characteristics, as well as donor and recipient outcomes. For statistical analysis student-t and chi square test was used. The level of statistical significance was set at p<0.05. RESULTS A total of 40 patients who underwent TVNALDN and 160 patients who underwent standard LDN(SLDN) was included in the study. Body weight and age was comparable in both groups. No significant difference was detected between groups in terms of duration of hot and cold ischemia, operation time, post op creatinine value or operating time but with less		Krishna Mohan Ramaswami*, Suzicon; Harigovind p, Aster MIMS; Khurshid ahamed, Aster MIMS
20	Genitourinary Infections caused by Mycobacterium Other Than Tuberculosis: A Single Tertiary Care Centre Experience.	Introduction and Objective "Mycobacterium Other Than Tuberculosis" (MOTT) are ubiquitous organisms. Genitourinary tuberculosis (GUTB) is the second most common manifestation of extrapulmonary TB. However, genitourinary infections caused by MOTT are rare. The present study aimed to analyze the clinical manifestations, mycobacteriology & outcomes of patients with GUTB due to MOTT infections. Methods We retrospectively searched the records from 2010 to 2016 of patients with positive MOTT urine cultures. Urine culture was performed by using BACTEC MGIT 960 System (Becton Dickinson). Results 10 patients were identified of which 7 were males & 3 were females. Mean age was 57 years. All patients had irritative LUTS along with hematuria in 4 patients, fever in 4 patients & loss of weight in 2 patients. The most common underlying comorbidity was diabetes mellitus (n=4) & 1 patient was having medical renal disease. 4 patient had history of urinary tract instrumentation while one patient had pulmonary TB. 4 patients were treated priorly with ATT. On urine routine examination ,7 patients had proteinuria & 8 patients had pyuria. Acid-fast smears were negative in 4 patients. Mycobacterium abscessus was isolated from 2 samples & Mycobacterium fortuitum/chelonae complex		Gaurav Sali*, Amrita Institute of Medical Sciences and Research Centre, Kochi; Sanjeevan Kalvampara , Amrita Institute of Medical Sciences and Research Centre, Kochi; Anil Kumar, Amrita Institute of Medical Sciences and Research Centre, Kochi; Georgie Mathew, Amrita Institute of Medical Sciences and Research Centre, Kochi; Pooleri Ginil Kumar, Amrita Institute of Medical Sciences and Research Centre, Kochi; Appu Thomas, Amrita Institute of Medical Sciences and Research Centre, Kochi
21	POST-HYSTERECTOMY URETERIC INJURIES - PRESENTATION AND OUTCOME OF MANAGEMENT	Aims and Objective To evaluate and manage the cases of post hysterectomy ureteric injuries and study their outcome. Methods 14 Patients with 16 post-hysterectomy ureteric injuries (for benign conditions)with mean age of 38.5 years managed in the department of urology during 2 years period from March 2011 to February 2013 were included. Patients were evaluated by history, physical examination and investigations like ultrasound, serum creatinine, urine culture and sensitivity, IVU/CT Scan, cystoscopy and retrograde pyelography (RGP) . Results 12 patients underwent abdominal and 2 vaginal hysterectomies. 2 patients presented with anuria, 1 had ureteric and bladder injury with haemoperitoneum underwent emergency laparotomy and bilateral ureteral re-implantation with bladder repair. Another patient underwent RGP followed by stenting on right side, left side unable to put stent so PCN was done followed by antegrade stenting later. 2 patients presented with septicaemia and pyonephrosis were managed initially with percutaneous nephrostomy (PCN) followed by balloon dilatation and JJ stenting. 10 patients presented with leak, among whom stenting was successful in 7 patients, 3 patients in whom stenting was not possible initially,1 underwent PCN and in 2 patients		Nilesh Guru*, Shri B.M. Patil Medical College Hospital and Research Centre; Kshitiz Ranka, Shri B.M. Patil Medical College Hospital and Research Centre; Nikhil Patil, Shri B.M. Patil Medical College Hospital and Research Centre; B.S Patil, Shri B.M. Patil Medical College Hospital and Research Centre; V.S. Kundargi, Shri B.M. Patil Medical College Hospital and Research Centre; S.B. Patil, Shri B.M. Patil Medical College Hospital and Research Centre
25	Role of Antibiotic therapy before prostate biopsy in patients with marginally elevated PSA - A Hospital based Study	Introduction: PSA is not a cancer specific tumor marker. We evaluated the effects of antibiotic treatment on serum total prostate specific antigen, free prostate specific antigen and percent free prostate specific antigen in men with prostate specific antigen between 4 and 10 ng/ml and normal digital rectal examination (DRE). Materials and Methods:152 men requiring urological consultation for PSA between 4 and 10 ng/dl, were enrolled. Exclusion criteria were patients with urinary tract infection and documented history of prostatitis. Basal total-PSA (t-PSA) and free-PSA (f-PSA) were determined. Ofloxacin (200mg BID) / Nitrofurantoin (200mg BID) were given orally for 1 week followed by 100mg OD for 3 weeks. t-PSA and f-PSA levels were repeated 4 weeks after therapy. The change in PSA levels to nadir was maximum within 4 weeks. Patients with raised PSA after a course of antibiotics underwent prostate biopsy whereas patients with PSA reductions were followed. Results: We studied a total of 152 patients who were randomly divided into 2 groups. Mean total PSA was 6.09 ± 1.34 and 3.84 ± 1.25 ng/ml before and after treatment, respectively (mean change -2.25 ± 0.52, p < 0.001). 50 patients with elevated PSA were followed up with repeat levels for another 4 weeks without antibiotic therapy.		Nisarg Mehta*, Lourdes Hospital; Devesh Bansal, Lourdes hospital; manas babu, Lourdes hospital; Biju Pillai, Lourdes Hospital; Mohan P Sam, Lourdes Hospital; H Krishna moorthy, Lourdes Hospital

27	Ureteroscopic evaluation of upper urinary tract bleeding: Single center experience	<p>Aims and objectives: Macroscopic unilateral hematuria is a relatively rare problem. Combined use of semirigid and flexible ureteroscopes allows for the complete inspection of the upper tracts which aids in the diagnosis and treatment. We aim to evaluate the causes of hematuria localised to the upper tract in a cohort of patients presenting to our centre. Methods: The study includes 10 patients who underwent flexible and semirigid ureteroscopy for hematuria localised to one of the upper tract between 2013 and 2016. Prior to ureteropyeloscopy they underwent urine cytology, cystourethroscopy, ultrasonography, computed tomography. The upper tract was inspected systematically using semirigid and flexible ureteroscope under anaesthesia. A biopsy was obtained when a suspicious lesion was seen. Bleeding lesions were fulgurated. Results: Mean age of patients was 61.8 yrs (38- 81 yrs) with Male: Female ratio of 6:4. Unilateral gross hematuria was seen in all 10 patients. Imaging studies revealed a filling defect in 6 (60 %) patients. 2 patients had diabetes (20 %). Urine cytology was suspicious in 20 % (n=2) patients. Results of ureteropyeloscopy were tumor in 30 % (n=3) patients, narrowing in 1 patient and bleeding from a calyx in 40 % (n=4) patients. Biopsies</p>	<p>AARON JAIN*, VEDANAYAGAM HOSPITAL; viswaroop bobby, vedanayagam hospital; arul myilsamy , vedanayagam hospital; ganesh gopalakrishnan , vedanayagam hospital; kandasami sangampalayam vedanayagam , vedanayagam hospital</p>
29	PROSTATIC ABSCESS-OUR EXPERIENCE	<p>Aims and Objective: Prostatic abscess are rare infections with the potential morbidity and mortality. This study evaluates the signs and symptoms, risk factors and causative pathogens, and the treatment outcomes. Methods: 51 patients diagnosed with prostatic abscess between January 2011 and March 2016. Patients were excluded in whom proper medical records are not available. 40 patients included in this study. Results: The patient's age range from 33 to 84 (56.6). The average body mass index was 27.5 (21-38). The common symptoms were dysuria (82.5%), fever (42.5%) and urinary retention (42.5%). 3 [7.5%] presented with vague perineal discomfort. 33 [82.5%] had classical boggy on digital rectal examination. 31 (77.5%) had diabetes mellitus, 2 [5%] had stricture, 4 [10%] had prior instrumentation of lower urinary tract [1-cystoscopy, 3-ureteroscopy] as a risk factor. 6 [15%] had normal urine analysis, rest of them had pus cells/RBC's. 20 [50%] had no growth, 10 [25%] positive for Escherichia coli, 6 [15%] for Staphylococcus aureus, 3 [7.5%] for Klebsiella pneumoniae and 1 [2.5%] for Proteus mirabilis in urine culture. One had a positive blood culture. Average abscess size was 3.88 cm (range 2.0-6.0 cm). Periprostatic extension of abscess noted in 6 [15%]. 12 patients initially treated with antibiotics, then they were subjected to further procedure. 37</p>	<p>suresh gunasekaran*, vedanayagam hospital; viswaroop bobby, vedanayagam hospital; arul myilsamy , vedanayagam hospital; ganesh gopalakrishnan , vedanayagam hospital; kandasami sangampalayam vedanayagam , vedanayagam hospital</p>
32	BUCCAL MUCOSAL GRAFT URETHROPLASTY FOLLOW UP STUDY	<p>Objective: To observe the outcome of buccal mucosal graft urethroplasty for long anterior urethral stricture more than 2.5 cm by dorsal onlay technique through perineal approach. Materials and Methods: From January 2015 to January 2016, 11 patients with long anterior urethral strictures were managed by dorsal onlay buccal mucosal graft urethroplasty through standard perineal approach. After 3 weeks a pericatheter study was done followed by urethroscopy and trial voiding. These patients were followed up at 6 weeks and at 3 months with uroflowmetry, retrograde urethrogram. Successful outcome was defined as normal voiding and if necessary a maximum of one attempt of Visual Internal Urethrotomy after catheter removal. Results: Mean stricture length was 4.6 cm (range 3 to 10 cm) and follow up period range from 2 to 4 months. Two patients showed contrast extravasation so trial void was delayed for 2 weeks followed by retrograde urethrogram and then trial void successful. Two patients were found to develop stricture at proximal anastomotic site, during follow-up at 3 months and required single Visual Internal Urethrotomy and voided thereafter. One patient developed a small diverticulum into scrotum which is conservatively managed. Conclusion: Single staged dorsal onlay buccal</p>	<p>Rajesh kannaiyan*, Kilpauk medical college hospital and Govt. Royapettah hospital</p>
39	Premature ejaculation: Do we need to address the issue differently?	<p>Aims and Objective: To assess the efficacy of the present diagnostic and therapeutic modalities of premature ejaculation by assessing the health seeking behavior of the affected couple. Methods: Sexually active couples with minimum educational qualification of matriculation, who reported premature ejaculation between January 2015 and December 2015, were enrolled in the study. Both the husband and wife were administered premature ejaculation (PE) diagnostic tool questionnaire separately at two separate time intervals, one at the time of initiation of the study and the second one after one month. They were asked to report intravaginal ejaculatory latency time (IELT) and their health seeking behavior at these fixed time intervals. The couple were counseled regarding their diagnosis and offered pharmacological as well as psychological treatment whenever it was required. The data analysed. Results: 53 couples with an average married life of 5.42 years were enrolled for the study. Mean age of the husband and wife was 34.83 years and 30.19 years respectively. Among these, 26 had PE, 16 had probable PE and 11 had no PE as estimated on PE diagnostic tool. Despite PE being absent, 8 of the 11 couples wanted to continue health seeking if given a chance. 5 of the 16 couples with</p>	<p>Gajanan Bhat*, General Hospital, Honavar; Anuradha Bhat, General Hospital, Honavar</p>
45	Validation of APACHE II scoring system at 24 hours after admission as a prognostic tool in urosepsis – a prospective observational study	<p>Aims and Objectives Urosepsis implies clinically evident severe infection of urinary tract with features of systemic inflammatory response syndrome (SIRS). We validate the role of a single Acute Physiology and Chronic Health Evaluation II (APACHE) score at 24 hours after admission in predicting mortality in urosepsis. Methodology A prospective observational study was done in 178 patients admitted with urosepsis in the Department of Urology, in a tertiary care institute from January 2015 to March 2016. Patients >18 years diagnosed as urosepsis using SIRS criteria with positive urine or blood culture for bacteria were included. At 24 hours after admission to ICU, APACHE score was calculated using 12 physiological variables, age and chronic health based on assigned points. Surgical intervention was based on clinical grounds. Results Mean (±SD) APACHE II score was 26.03 ± 7.03. It was 24.31 ± 6.477 in survivors and 32.39 ± 5.091 in those expired (p < 0.001). Among patients undergoing surgery, mean (±SD) score was higher (30.74 ± 4.852) among than survivors (24.30 ± 6.535) (p < 0.001). ROC analysis revealed AUC of 0.825 with cutoff 25.5 being 94.7% sensitive and 56.4% specific to predict mortality. Mean (±SD) score in those who underwent surgery was 25.2 ± 6.7 and was lesser than those who did not</p>	<p>Sundaramourthy Vijay Ganapathy*, Institute of Nephro Urology; Jayaram Sreenivas, Institute of Nephro Urology; Vilvapathy Senguttuvan Karthikeyan, Institute of Nephro Urology; Ashwin Mallya, Institute of Nephro Urology; Ramaiah Keshavamurthy, Institute of Nephro Urology</p>

46	Clinical manifestations, Role of Early DJ stenting and Flexible ureteroscopy in Renal Papillary Necrosis	Presenting Author - Dr. Vigneswara Srinivasan S V Coauthors - Dr. Georgie Mathew, Dr. Appu Thomas, Dr. Sanjeevan K V, Dr. Ginil Kumar P, Dr. Kannan Nair R Aim: To study the spectrum of clinical manifestations of renal papillary necrosis presenting with obstruction. To evaluate the usefulness of DJ stenting with endoscopic retrieval and the outcome of patients with diabetes mellitus presenting with ureteric obstruction caused by necrosed renal papillae. Material and methods: We report 24 cases of diabetes mellitus who presented with signs and symptoms of UTI. All were diagnosed with pyelonephritis with hydrouretero nephrosis on CT abdomen. All patients received antibiotics as per culture sensitivity. All patients underwent early DJ stenting under antibiotic cover followed by flexible ureteroscopy 4 weeks later. Patients were followed up for improvement in renal functions and episodes of recurrent UTI Results: 16 out of 24 patients presented in sepsis. Other clinical manifestations included flank pain, fever and renal failure. All patients improved after early DJ stenting. On flexible ureteroscopy sloughed papilla was found in 20 out of 24 patients, which were extracted. On follow up, there was significant improvement in renal function and decrease in number and severity of UTI Conclusion:	Vigneswara Srinivasan*, Amrita Institute of medical sciences
49	Validation of nasogastric sensor for abdominal pressure measurement in urodynamics - our initial experience	Aims and objectives: Standard transducer for abdominal pressure (Pabd) measurement in urodynamics (UDS) is a rectal sensor. In patients with absent anus or poor anal tone, accurate Pabd measurement is difficult due to unavailability of anal canal or rectal transducer slippage. Only a few anecdotal case reports of intravaginal sensors as an alternative exist. We have previously reported a nasogastric (NG) sensor for Pabd tracings in 21 patients with poor anal tone or absent anus. In this pilot study we simultaneously measured Pabd with both NG and rectal sensors to validate the accuracy of NG sensor. Methodology: Eight consecutive consenting patients with lax anal tone and/or history of fecal incontinence undergoing UDS were included. We inserted a 14F NG tube in sitting position and compared Pabd tracings obtained simultaneously from rectal and NG sensors. In order to accommodate two simultaneous Pabd measurements we used the urethral transducer for NG sensor in urethral profilometry protocol. Results: NG Pabd calibration, excursions, ALPP measurements and end of procedure cough tracings were identical to that in the rectal Pabd transducer. It was possible to make a definitive urodynamic diagnosis in all patients using NG Pabd sensor tracings alone. Insertion of NG	Damanbir Singh Chahal*, Institute of Nephro-Urology; Ali Poonawala, Institute of Nephro-Urology; Ramaiah Keshavamurthy, Institute of Nephro Urology; ChikkaMoga Siddaiah Manohar, Institute of Nephro-Urology; Sundaramourthy Vijay Ganapathy, Institute of Nephro Urology; Neeraj Bhattarai, Institute of Nephro-Urology
52	TURIS VS TURP: OUR INSTITUINAL EXPERIENCE	Introduction:TURIS is an emerging technique that shows the same efficacy of monopolar resection. we assessed the outcome and efficacy of TURIS and TURP for 1 year period Materials and methods: between april 2015 to march 2016, 30 patients with BPH were operated by TURIS .20patients operated by TURP. parameters hemoglobin,s.sodium ,JPSS during preoperative and post operative period were recorded. Amount of saline used during procedure and time taken for resection were recorded. post operative clot retention,blood transfusion,time of catheter removal, post operative uroflow improvement and incidence of stricture formation were recorded Results: follow up period ranges from 3 to 12 months. Hemoglobulin drop ranges from 2to3 gm% in both groups. None of patients developed hyponatremia in both groups. clot retention seen in 2 patients in TURP group and one patient in TURIS group.no significant difference in voiding on catheter removal .2 patients developed bulbar stricture formation in TURP and TURIS group Conclusion: TURIS offers the patient the same results as monopolar technology guaranteeing maximum safety without increasing the incidence of urethral strictures.	Ramesh Ganapathy*, Government Royapettah Hospital
56	Role of intraoperative renal pelvic urine culture and stone culture as predictors of infective complications following percutaneous nephrolithotomy: A prospective study	Purpose Several patient characteristics and operative factors influence the risk of infection in percutaneous nephrolithotomy. Prior studies suggest that intraoperative urine and stone cultures are better predictors of urosepsis. We prospectively studied if these factors predict the risk of septic complications following percutaneous nephrolithomy. Methods All patients undergoing percutaneous nephrolithotomy from March 2014 to January 2016 who fulfilled selection criteria were recruited. Relevant demographic and clinical data were recorded. Urine samples from the bladder, renal pelvis and extracted stones were sent for culture analysis. Postoperatively patients were monitored for signs of infective complications. Regression analysis was done to identify clinical variables associated with systemic inflammatory response syndrome. Results A total 100 percutaneous nephrolithotomy were studied, of whom 36 met the criteria of systemic inflammatory response syndrome. On univariate analysis, intraoperative renal pelvic urine culture, stone culture, male gender, low body mass index, larger stone bulk, longer operative time and multiple tracts were risk factors. Male gender and larger stone bulk were the only independent risk factors on multivariate analysis. No significant concordance was found	Jayesh Mittal*, JIPMER; K Muruganandham, JIPMER; SANTOSH KUMAR, JIPMER; L N DORAIRAJAN, JIPMER; JHARNA MANDAL, JIPMER; R MANIKANDAN, JIPMER; K S SREERAG, JIPMER
57	Effect of Escalating energy strategy on outcome of Extracorporeal Shock Wave Lithotripsy for renal stones: A Randomized controlled trial	Purpose: SWL is a commonly used, non-invasive, and safe treatment for urinary stones with a low complication rate. Escalating energy treatment strategy has been proposed to improve the fragmentation of stone and minimize renal damage. An optimal treatment strategy of SWL that leads to effective stone fragmentation and minimal trauma to renal parenchyma in the clinical setting is not established till now. Hence we, in a randomised controlled trial, studied the effect of escalating versus fixed energy treatment strategy on stone clearance and renal Injury during SWL. Material and methods: 76 consenting patients with a single, radiopaque renal calculus of a size between 1 and 2 cm were randomised for SWL in escalating energy treatment strategy (EETS) (n=38) and fixed energy treatment strategy (FETS)(n=38) groups. Relevant demographic and clinical data were recorded. Voided urine samples was collected and analysed for beta 2 microglobulin and microalbumin before and 2 hours after SWL in both groups. All patients underwent plain X-ray KUB after a month of single session SWL to evaluate stone free rate. Need for repeat session SWL also compared . Results: With 50% stone free rate in EETS group and 31.8% in FETS group, there was no statistically significant difference in stone free rate at 1	Jayesh Mittal*, JIPMER; K Muruganandham, JIPMER; R MEDHA, JIPMER; L N DORAIRAJAN, JIPMER; R MANIKANDAN, JIPMER; K S SREERAG, JIPMER; SANTOSH KUMAR, JIPMER

59	Utility of the Guy's stone score based on computed tomographic scan findings for predicting percutaneous nephrolithotomy outcomes: A single center experience.	Objectives: To prospective evaluation of stone clearance rates according to stone complexity using the Guy's Stone Score (GSS) done. Documentation of perioperative complications of percutaneous nephrolithotomy (PCNL) using the modified Clavien grading system was also done. Materials and Methods: A total of 125 renal units underwent 135 PCNL procedures at a tertiary care urology resident training center between April 2015 and March 2016 and data were recorded prospectively in our registry. Stone complexity was classified according to the GSS while peri-operative complications were recorded using the modified Clavien grading system. Results: There were 38, 56, 28 and 3 renal units in GSS I, II, III and IV groups, respectively. For GSS I, II, III and IV 100%, 74%, 56% and 0% of renal units, respectively, were stone-free after one session of PCNL and 0%, 24%, 44% and 60% respectively needed Relook PCNL to be stone-free. Three renal units are incompletely cleared. In 14 (11.2%) of renal units clinically insignificant residual fragments (CIRFs) (<4mm) remained. Thirty two complications were encountered in 135 PCNL procedures involving 30 renal units (24%). Complications of Grades 1, 2, 3a, 3b, 4a, 4b and 5 were seen in 6 (18.5%), 15 (44.44%), 5 (14.8%), 3 (6.66%), 2 (2.22%), 1 (1.68%)	Jitendra Solanki*, Institute of Nephrourology, Bangalore; Mahadevappa Nagabhushana, Institute of Nephro Urology; Ramaiah Keshavamurthy, Institute of Nephro Urology; GAURAV KOCHHAR, INSTITUTE OF NEPHROUROLOGY, BANGALORE; Jayaram Sreenivas, Institute of Nephro Urology; ChikkaMoga Siddaiah Manohar, Institute of Nephro-Urology
60	Does Low Intensity Shock Wave Therapy (LI-ESWT) help severe ED unresponsive to PDE5i?	Objectives: Low Intensity Extracorporeal Shock Wave Therapy is a new and novel modality of treatment which was shown to benefit ED patients responding to PDE5is. The aim of the study was to assess its effect on patients who did not respond to PDE5is. Methods & Study Design : We studied 22 severe ED patients who failed to respond to PDE5i oral medication. They scored 0-2 on rigidity scale (RS) during PDE5i therapy. Each patient underwent baseline assessment of erectile and sexual function during PDE5i treatment using validated questionnaires and objective penile Doppler/ EndoPAT. Treatment schedule included 2 sessions/ week for 3 weeks & repeated after a '3 week no-treatment' interval. Second phase included 2 sessions / week for another 3 weeks. At each session LI-ESWT was applied on the penile shaft and crus for 3 minutes in 5 different anatomical sites. Shock wave intensity was of 0.09mj/mm2 and 300 shocks given /site. One month after end of treatment the same baseline assessment was repeated. An active PDE5i medication was then provided and final erection function was reassessed. Main endpoints for success were changes in Rigidity Scale (RS) and IIEF-ED Domain score (EDDS). Results : 22 patients (39-78 (mean age 61.5) with an initial average EDDS of 8.6±0.92 (on PDE5i	kammela sreedhar*, Dr.Sreedhar's Kidney & IVF Institute; Dr.Md.Siddique Ahmed Khan, Dr.Sreedhar's Kidney & IVF Institute; Dr.Sreedevi kammela, Dr.Sreedhar's Kidney & IVF Institute; Dr.Saraswathi ks, Dr.Sreedhar's Kidney & IVF Institute; Dr.Shyamala ks, Dr.Sreedhar's Kidney & IVF Institute
61	CONTRAST INDUCED NEPHROPATHY- A UROLOGISTS PERSPECTIVE	AIMS AND OBJECTIVES: Contrast induced ne-phropathy (CIN) is the third most prevalent preventable cause of acute kidney in-jury in hospitalized patients. While majority of studies that have been published till date about CIN are mainly focussed on cardiac intervention patients and rarely focussing about the CIN incidence in patients undergoing urological contrast investigations. Hence this study has been taken up to determine the causal association and effect of intravenous iodinated contrast material on the incidence of contrast induced nephropathy in patients undergoing urological contrast investigations. Materials and methods: This was a prospective study in consecutive patients undergoing intravenous contrast imaging studies in Urology department and those patients undergoing coronary angiogram and angioplasty in Cardiology department, in our hospital from January 2015 to December 2015. Depending upon their underlying condition patient underwent different contrast studies. Presence of risk factors and kidney function before and after the study were evaluated. Results: We included a total of 339 cases (168 Urology, 171 Cardiology), with an age ranging from 22-80 years in Urology group and in Cardiology group it ranged from 37-80 years. CIN was noted in 8.4% of Urology patients	manas babu*, Lourdes hospital; Devesh Bansal, Lourdes hospital; Nisarg Mehta, Lourdes Hospital; ranjeet rathore, lourdes hospital; biju pillai, lourdes hospital; Mohan P Sam, Lourdes Hospital; H Krishna moorthy, Lourdes Hospital
68	IS IRRIGATION NECESSARY AFTER MONOPOLAR TURP? OUR 11 YEARS EXPERIENCE (FOR PROF. V. RAVINDRANATH BEST PAPER PRIZE)	Objective : This study was conducted to evaluate efficacy and safety of monopolar transurethral resection of the prostate without post operative irrigation. Methods: During the period between Jan 2004 and Dec 2014. A total of 993 patients underwent monopolar transurethral resection of the prostate (TURP) in our hospital. All patients were evaluated pre-operatively for the prostate size, co morbidities. Intra-operatively towards the end of our TURP we meticulously coagulate even venous bleeders by stopping the irrigation and looking for that. we inject 10mg iv lasix at the end of the procedure and insert 18 Fr two way Foley without traction. Post-operatively patients were closely monitored for 3rd hourly urine output and operative time, hospital stay, catheterization time, need for blood transfusion and complications were recorded. Results: A total of 993 patients underwent monopolar TURP. The average age was 66.1 years. 505 (54%) had hypertension, 354 (37.7%) had diabetes and 140 (14.9%) had Ischemic heart disease. Mean preoperative prostate weight was 47.1 gm. The mean weight of resected prostate tissue was 21.6gm. 900 (96.25%) were managed without irrigation and 35 (3.74%) required irrigation postoperatively. Post-operatively blood	prasannakumar kamble*, nu trust hospitals bangalore; venkatesh krishnamoorthy, nu trust hospitals bangalore; maneesh sinha, nu trust hospitals bangalore; Krishna Prasad Thyagaraj, NU Hospitals, Bangalore
69	PREDICTORS OF SEPTIC SHOCK IN OBSTRUCTIVE ACUTE PYELONEPHRITIS ASSOCIATED WITH UPPER URINARY TRACT CALCULI	Introduction and Objectives: Acute pyelonephritis (APN) with obstructive uropathy is not uncommon and often causes serious conditions including sepsis and septic shock. We assessed the risk factors for septic shock in patients with obstructive APN associated with upper urinary tract calculi. Materials and Methods: We retrospectively studied 73 patients with obstructive APN associated with upper urinary tract calculi who were admitted to our institution from January 2010 to December 2015. Emergency drainage for decompression of the renal collecting system was performed for empirical treatment in cases of failure of initial treatment and for severe cases. We assessed the characteristics of these patients to determine the risk factors for septic shock using univariate and multivariate analysis. Results: Overall, 47 patients (64.4%) underwent emergency drainage and 23 (31.5%) patients showed septic shock. The presence of diabetes mellitus (DM) in the septic shock group was more common than in the non-septic shock group (p = 0.015). The platelet count and serum albumin level in the septic shock group were significantly lower than in the non-septic shock group (p = 0.004 and p = 0.005, respectively). Positive rates of midstream urine culture and blood culture in the septic shock group were significantly	Tanzilur Rahman*, Institute of Nephrourology; Viswanatha Ramahanumaiah, institute of nephrourology; Ramaiah Keshavamurthy, Institute of Nephro Urology

<p>Double Faced Buccal Mucosal Graft Urethroplasty For Near Obliterative Inflammatory Urethral Stricture: A Retrospective Study Comparing Two Different Techniques.</p>	<p>Objective To compare the perioperative outcomes of two different techniques of double faced buccal mucosal graft (BMG) urethroplasty for near Obliterative inflammatory urethral stricture and to compare the results with historical controls that underwent two stage and one sided (dorsal/ventral) BMG urethroplasty for similar strictures. Materials and Methods Between August 2010 and October 2015, 455 patients who underwent BMG urethroplasty at our centre were retrospectively reviewed. Out of these 46 patients, who presented with near Obliterative urethral stricture of length more than 2 cm and underwent patch urethroplasty, using a dorsal plus a ventral, double BMG were included in this study. In addition 34 patients with similar urethral stricture who underwent 2 stage and one sided (dorsal/ventral) buccal graft urethroplasty were also included in the study for comparison of results in terms of complication and success rate. The patients were divided into three groups based on the operative technique; Group A with 24 patients, Enzo Palminteri technique (dorsal inlay with ventral onlay), Group B with 22 patients, Joel Gelman technique (dorsal onlay with ventral inlay) and Group C with 34 patients (two stage urethroplasty). Results Follow-up included voiding cystourethrogram and uroflowmetry at 3 months, 6 months and SOS, after surgery along with subsequent follow-up with AUA -SS. Failure was found to be in 2 patients 1 in each group (success 95.8% and 95.4% for group A and B respectively, and 100% after 1 urethrotomy). A success rate of 85.2 % was observed in group C as 5 patients had recurrent stricture. Conclusion The result of this study showed that both the techniques of double phase BMG urethroplasty are successful for management of near Obliterative stricture with lesser operative time and increased blood loss with ventral onlay technique and with improved success rate and</p>	<p>Kuldeep Aggarwal*, M S Ramaiah Medical College; Tarun Javali, M S Ramaiah Medical College; H.K. Nagaraj, M S Ramaiah Medical College; S.M.L. Prakash Babu, M S Ramaiah Medical College; Arjun Nagaraj, M S Ramaiah Medical College</p>
<p>76 SAFETY AND EFFICACY OF FLUROSCOPIC GUIDED INSTILLATION OF POVIDONE IODINE WITH CONTRAST AGENT IN TREATMENT OF CHYLURIA</p>	<p>AIMS AND OBJECTIVES To evaluate the safety and efficacy of instillation of combination of povidone iodine with contrast agent as a sclerosant under fluoroscopic guidance for treatment of chyluria. To compare the results obtained with that of povidone iodine instillation without fluoroscopic guidance. MATERIALS AND METHODS A prospective comparative study was done including 43 patients diagnosed to have chyluria in Institute of Urology, Madras Medical College, Chennai from March 2014 to Feb 2016. Of the 43 patients, 20 patients were treated with fluoroscopic guided instillation of 0.2% povidone iodine combined with a contrast agent (study group). Instillation was done using a 5 fr ureteric catheter placed in pelvis. Fluoroscopy was used to evaluate complete filling of pelvic/ureteric system and sclerosant was instilled until blunting of fornices were seen. Sclerosing agent was kept in the system for 5 minutes and then ureteric catheter was withdrawn. Rest 23 patients were treated with instillation of 0.2% povidone iodine alone (control group). Procedure was done in a similar manner, without using fluoroscopy. Patients were followed every 3 weeks with ether test and cystoscopy for 6 months. RESULTS Immediate clearance was noted in 95 % (19 of 20 patients) in study group</p>	<p>DHANASEKARAN DURAISAMY*, MADRAS MEDICAL COLLEGE; saraswathi sattanathan, institute of urology mmc; hemalatha rajkumar, institute of urology mmc; vezhaventhan ganesan, institute of urology mmc; karunamoorthy ramaraju, institute of urology mmc; prakash javankula bakhthavathala rao, institute of urology mmc; ilamparuthi chennakrishnan, institute of urology</p>
<p>78 Surgery for retrocaval ureter/preureteric vena cava: an audit</p>	<p>Introduction: Retro caval ureter, or pre ureteral vena cava, often requires surgical correction to relieve the obstruction and preserve renal function. We present our experience in the management of 27 such cases, encountered in the last 10 years. Material and methods: Cases diagnosed with retrocaval ureters and managed from January 2005 till April 2016, were included. The patient information was obtained from the hospital electronic database. Results: A total of 27 cases were diagnosed and operated upon during this period. All of these were type one. More than half were males. The median age of presentation was 32 years (range 13-52), with 62% patients being symptomatic with pain. Two presented with urosepsis secondary to the right hydronephrosis. Both these patients required prior drainage procedures elsewhere (PCN and DJ stenting respectively) prior to referral. IVU was the most common investigation for diagnosis. Retrograde pyelography was required for diagnosis in one patient. Sixteen 16 (59%) underwent trans-peritoneal laparoscopic ureteroureterostomy, and one retroperitoneoscopy. All 27 were stented. Stasis calculi were present in 3 patients. Two were removed intra operatively (laparoscopically), and one required an additional</p>	<p>Partho Mukherjee*, Christian Medical College, Vellore; Chandrasingh J, Christian Medical College, Vellore; Santosh Kumar, Christian Medical College, Vellore; Nitin Kekre, Christian Medical College, Vellore; Antony Devasia, Christian Medical College, Vellore</p>
<p>79 ASSESSMENT OF EFFICACY OF MULTIPARAMETRIC MRI BY CORRELATION WITH GLEASON SCORING IN DETECTION OF CARCINOMA PROSTATE</p>	<p>AIM & OBJECTIVES The aim of this study is to find out the "Efficacy of Multi-parametric MRI as a noninvasive diagnostic investigation in carcinoma prostate and its correlation with Gleason scoring" among men with prostate-specific antigen (PSA) levels between 4 to 10 ng/ml (Diagnostic Grey zone) and with a normal digital rectal examination. MATERIALS AND METHODS "Assessment of Efficacy of Multiparametric MRI by correlation with Gleason Scoring in Detection of Carcinoma Prostate" among men with prostate-specific antigen (PSA) levels between 4 to 10 ng/ml (Diagnostic Grey zone) and with a normal digital rectal examination (DRE). Study Period:September 2014 to April 2016 Type of Study:Prospective institution-based study CONCLUSION Based on the findings of this study, it can be concluded that multiparametric MRI of prostate for patients with grey zone PSA and normal DRE is an invaluable, non-invasive and feasible option to detect carcinoma prostate with a high sensitivity and specificity besides high predictive values and can help in identifying patients in need of biopsy and also helps in targeted biopsy and characterizing the extent and aggressiveness of the prostate cancer. RESULTS: The age of the patients in the current study ranged from 51 to 81 years, with a mean age of 66.76 ±</p>	<p>vijayasankar subramanayan*, MADRAS MEDICAL COLLEGE; sivabalan jeyaraj, institute of urology mmc; SUBRAMANIVAN KALIYAPERUMAL, INSTITUTE OF UROLOGY MMC; saravanan periakuruppan, institute of urology mmc; muthulatha navaneetha krishnan, institute of urology mmc</p>
<p>80 CORRELATION BETWEEN THE VISUAL PROSTATE SYMPTOM SCORE AND INTERNATIONAL PROSTATE SYMPTOM SCORE IN PATIENTS WITH LOWER URINARY TRACT SYMPTOMS</p>	<p>INTRODUCTION: One of the most common disease affecting elderly males is benign prostatic hyperplasia. To assess the LUTS severity various scoring systems has been used.Though IPSS scoring system is accepted by WHO and in use worldwide it has many disadvantages. MATERIALS AND METHODS: This study is done in Institute of Urology, Madras medical college, Chennai. Duration of study is one year from February 2015 to January 2016. In our study 150 patients presented with LUTS dueto BPH were included. All patients are requested to fill the IPSS questionnaire consisting of 8 questions and the VPSS questionnaire consisting of 4 pictograms regarding frequency, nocturia, stream of urine and quality of life. Peak (Qmax) and average (Qave) urinary flow rates, are measured. The same questionnaire will be repeated after surgery. RESULTS: We found that both VPSS and IPSS scoring system are in good correlation with each other both before and after treatment. They are found to be in good agreement with Qmax and with QoL index also. 95% of our patients felt that VPSS scoring system is simpler and easy to fill than IPSS questioner. We found that fewer patients (4% Vs 30%) required assistance to complete VPSS than IPSS and it is less time consuming (254sec Vs 478sec) CONCLUSION: In our study we found that VPSS scoring system is comparable with IPSS</p>	<p>Karthik Rajan*, Madras Medical College; hemalatha rajkumar, institute of urology mmc; vezhaventhan ganesan, institute of urology mmc; prakash javankula bakhthavathala rao, institute of urology mmc; ilamparuthi chennakrishnan, institute of urology</p>

82	Quality of life in patients undergoing percutaneous nephrolithotomy: a prospective study	Aims and objectives: Percutaneous nephrolithotomy (PCNL) is an established treatment option for complex renal stones with large stone burden. The advantages and safety of PCNL have been proved but literature regarding its impact on quality of life (QoL) is scant. We investigate QoL in patients undergoing PCNL. Methodology: Preoperative and postoperative QoL was assessed in 75 patients undergoing PCNL in the Department of Urology of a tertiary urology referral centre and was compared with that of asymptomatic healthy volunteers accompanying patients. Health related quality of life was evaluated by short form-36 (SF-36) questionnaire preoperatively and at 6 months and 1 year after PCNL. Independent samples and paired 't' test as appropriate were used, taking clinical relevance of subscales into account. Results: Baseline scores of all subscales were lower in PCNL patients when compared to that of healthy volunteers (p<0.05). At 6 months, SF-36 scores showed statistically significant improvement in physical health (p=0.012), role physical (p=0.003), bodily pain (p=0.000), and mental health (p=0.032) subscales when compared to preoperative scores. Patients perceived clinical benefit in subscales of bodily pain [effect size (ES) 0.67, minimally clinically important difference (MCID) = 0.54] and	GAURAV KOCHHAR*, INSTITUTE OF NEPHROUROLOGY, BANGALORE; KARTHIKEYAN V.S., INSTITUTE OF NEPHROUROLOGY, BANGALORE; ChikkaMoga Siddaiah Manohar, Institute of Nephro-Urology; Jayaram Sreenivas, Institute of Nephro Urology; Mahadevappa Nagabhushana, Institute of Nephro Urology; Ramaiah Keshavamurthy, Institute of Nephro Urology
84	Preoperative Plasma fibrinogen level – An emerging prognostic factor in patients with localised upper tract urothelial carcinoma	Introduction: UTUC is a rare urological malignancy which can be treated by Radical Nephroureterectomy with bladder cuff excision. The prognosis of this tumor is poor and affected by various factors. One among them is preoperative plasma fibrinogen level. In our study we analysed the prognostic value of it. Methods: A total of 54 patients who underwent radical nephroureterectomy for UTUC were included in this study. The preoperative plasma fibrinogen levels and other clinicopathological variables were analysed. Results: 7 patients developed recurrence of tumor and 5 died of it during mean follow-up period of 37 months. By multi-variate analysis we found that preoperative plasma fibrinogen level of > 450mg/dl was an independent risk factor for tumor recurrence and cancer specific survival. Our evaluation shows patients with preoperative plasma fibrinogen level of >450mg/dl experienced high recurrence of tumor, low cancer-specific survival rate, advanced disease (>pT3) and positive lymphovascular invasion in surgical specimen. Conclusion: Preoperative elevated plasma fibrinogen level is an independent prognostic factor which is associated with poor survival in UTUC patients. Because of its low cost and wide spread availability it is surely a useful biomarker.	ramesh arumugam*, MADRAS MEDICAL COLLEGE, CHENNAI; saraswathi sattanathan, institute of urology mmc; hemalatha rajkumar, institute of urology mmc; vezhaventhan ganesan, institute of urology mmc; karunamoorthy ramaraju, institute of urology mmc; prakash javankula bakhthavathsala rao, institute of urology mmc; ilamparuthi chennakrishnan, institute of urology
85	Role Of Inversion Therapy And Diuretics During Extracorporeal Shockwave Lithotripsy To Improve Clearance Rate Of Lower Calyceal Stones	Introduction: Extracorporeal shock wave lithotripsy is the preferred modality of treatment for most renal stones of size up to 2cm. However its effectiveness for the management of lower calyceal stones is questionable due to its high rate of residual fragments. Aims and Objectives: To combine Trendelenburg Positioning of Patient and Intra Procedural Forced Diuresis during Shock Wave Lithotripsy to improve stone clearance rate for lower calyceal stones and to compare the results obtained with that of Standard Supine SWL for lower calyceal stones. Materials and Methods: This is a Retrospective and Prospective study conducted in the Institute of Urology from February 2015 to January 2016. All patients presented with isolated lower pole renal calculi of size between 5-20mm were registered. Total number of patients included are 165. Group A, comprising 62 patients who underwent ESWL with inversion therapy and intra-procedural diuresis and Group B, comprising 56 patients, who underwent standard Supine ESWL. Observation and results: Both groups were comparable in terms of Demography and Stone Characteristics. Based on number of sessions for ESWL, there is a significant increase in number of third session required in Group B. Regarding treatment success,	Prabhu Kalidas*, Madras Medical College; Antan Uresh Kumar, Madras Medical college; Harry Santhaseelan, Madras MEDICAL COLLEGE; Balasubramaniam Ramu, Madras Medical College; Chengalvarayan Gopal, Madras medical college; govindarajan periasamy, institute of urology mmc
87	COMPARISON OF RETROGRADE INTRA RENAL SURGERY AND PERCUTANEOUS NEPHROLITHOTOMY FOR THE MANAGEMENT OF LOWER POLE RENAL STONES	Introduction The primary lines of treatment for urinary stones are, Extracorporeal shockwave lithotripsy, Percutaneous nephrolithotomy, Retrograde intraRenal surgery and Ureteroscopic lithotripsy. The treatment of patients with lower pole stones, however, differs from that of upper pole and middle calyceal calculi. Because the lower pole is the most dependent portion and is difficult to access stones in the lower pole. The best treatment option in the management of lower pole calculi is still a dilemma. Aim To compare the efficacy and safety of RIRS and PCNL in the management of lower pole renal stones of 2- 3 cm. Materials And Methods This is a Retrospective and prospective study conducted at Institute of Urology, Rajiv Gandhi Government General Hospital Chennai, between Jan 2015 – Jan 2016. 50 Patients presented with isolated lower pole renal stone, of size 2 -3 cm within age group 20 – 60yrs were enrolled in the study. Results The mean duration of procedure in the RIRS group was 75.68 minutes and it was significantly higher than that of the PCNL group who had a mean duration of 58.36 minutes. The presence of residual calculi in the RIRS group was 32% (SFR 68%) and the PCNL group was 8% (SFR 92%). The presence of post operative pain had significantly increased the duration of hospital	suresh durairaj*, institute of urology; muthulatha navaneetha krishnan, institute of urology mmc; govindarajan periasamy, institute of urology mmc; ilamparuthi chennakrishnan, institute of urology; saravanan periakaruppan, institute of urology mmc; subramaniani kaliyaperumal, institute of urology mmc
88	Evaluation of TWIST score in patients presenting with acute scrotum	Introduction- Testicular torsion is a surgical emergency requiring prompt intervention to prevent testicular loss. Surgical exploration is recommended in high clinical suspicion. Colour Doppler is considered investigation of choice, but it may delay treatment. Barbosa et al created TWIST score based on clinical parameters. We evaluated this score in our population. Materials and methods- We retrospectively calculated TWIST score in patients of acute scrotum admitted to our institute. Patients without complete TWIST score were excluded from the study. The scoring system consisted of testicular swelling (2 points), hard testicle (2), absent cremasteric reflex (1), nausea/vomiting (1) and high riding testis (1). Statistical analysis was done to evaluate validity of scores. Results- Total 118 patients were included in the study, out of which 45 patients had testicular torsion. Mean age of patients was 16.6 years in testicular torsion patients and 15.2 years in other patients. Cut-off for low risk and high risk patients was 2 and 5 respectively. 50.0%, 26.2% and 23.8% patients were present in low, intermediate and high risk groups. NPV of TWIST score for low risk patients was 96.61%, while PPV for high risk patients was 92.86%. Conclusions- TWIST score has high predictive value and can be used for clinical diagnosis	Aneet Gupta*, Institute of Nephrourology

89	Pain management in Emergency Room: Urology perspective	Introduction: In the Emergency room (ER), pain is almost ubiquitous. The truth is, the vast majority of patients coming to emergency room with pain are not “drug-seekers,” but seekers of pain relief. Review of emergency department pain management practices demonstrates inconsistency and inadequacy of pain management groups. Our idea was to develop an effective clinical pathway to assess and treat pain, the objective being relief of pain within 20 minutes of arrival to our emergency room. Materials and Methods: It is a Prospective study. 300 patients who visited emergency room with ureteric colic were included in the study. Pain score was calculated using the Wong Baker pain scale. First analgesic was administered and pain score was reassessed after 10 minutes. If pain score was more than 4 after 10 minutes, a second analgesic was used. Third analgesic was offered to patients having persisting pain with a score of 4/10. Results: 229 patients received Diclofenac as the first analgesic, 43 patients received Pentazocine, 23 received Tramadol, 3 patients Paracetamol and 2 patients Drotin. 255 patients had relief of pain after the first analgesic with reduction of the pain score to average of 2/10. 45 patients who persisted to have pain received Pentazocine and one received Morphine as the	VINOD KUMAR P*, NU Hospitals; Krishna Prasad Thyagaraj, NU Hospitals, Bangalore; maneesh sinha, nu trust hospitals bangalore; venkatesh krishnamoorthy, nu trust hospitals bangalore
94	EVALUATION OF S.T.O.N.E. NEPHROLITHOMETRY SCORING IN PREDICTING OUTCOMES OF PERCUTANEOUS NEPHROLITHOTOMY	Aim: To correlate S.T.O.N.E. Nephrolithometry Score and success after Percutaneous Nephrolithotomy(PCNL). To correlate S.T.O.N.E. Nephrolithometry Score and complications after Percutaneous Nephrolithotomy (PCNL) Materials and Methods: A prospective and retrospective study conducted at Institute of Urology, Madras Medical College and Rajiv Gandhi Government General Hospital, Chennai, from January 2015 to December 2015. After obtaining informed consent, all patients who underwent PCNL were selected. Patient with prior treatment for renal calculi, Renal calculi suitable for other modalities of therapy, contraindications for PCNL, who didn't undergo Non Contrast CT in pre-op workup, age <18yrs, BMI >30 were excluded. From NCCT KUB, stone burden, tract length, presence or absence of Hydronephrosis, number of calyces involved and stone essence (density) were calculated. This was used to derive the STONE nephrolithometry score. Operative time, number of tracts dilated, length of hospital stay, postoperative complications and ancillary procedures for complete clearance of calculi were recorded. The data was statistically analyzed. Results: Complete stone clearance was possible in 147 cases in first session. All cases with score 6, 7 had complete clearance of the calculi. None of the patients with score of 11 or 12 had complete clearance. Mean score of	PRADEEPKUMAR K*, INSTITUTE OF UROLOGY; Antan Uresh Kumar, Madras Medical college; Balasubramaniam Ramu, Madras Medical College; Harry Santhaseelan, Madras MEDICAL COLLEGE; Chengalvarayan Gopal, Madras medical College; govindarajan periasamy, institute of urology mmc
100	Safety and efficacy of sixty degree oblique lateral (SOL) position for percutaneous nephrolithotomy	Aims and Objectives: To report our technique of 60 degree oblique lateral position for percutaneous nephrolithotomy (PCNL) and compare its safety and efficacy with the traditional prone position for PCNL. Methodology: We reviewed our technique of 60 degree oblique lateral position PCNL in 10 patients and retrospectively compared the outcomes with 10 patients who had undergone PCNL in prone position at our center from June 2015 to March 2016. The outcomes studied were operation time, mean hemoglobin loss, postoperative complications and hospital stay. In 60o oblique lateral position PCNL, the patient was placed in lithotomy position and torso was tilted 60o to the contralateral side of stone removal. The lower limbs were adjusted so as to allow for cystoscopy and ureteric catheterization. Results: The 60 degree oblique lateral position PCNL group had shorter operation time when compared to the prone PCNL group. The mean hemoglobin loss, postoperative complications and hospital stay were similar in both groups. There was a perceived ease of patient positioning by the operating team members which was not objectively quantified. Conclusion: The 60 degree oblique lateral PCNL offers unique advantages over the conventional prone PCNL in terms of easier patient positioning and	Raguram Ganesamoni*, Advanced Uro Center, Nagercoil, Tamil Nadu, India; L Jeslin, Advanced Uro Center; Soundarya Ramanatha Pandian, Advanced Uro Center
103	The role of high vaginal swab culture as an adjunct to urine culture in the evaluation women with UTI like symptoms.	AIMS AND OBJECTIVE: Acute uncomplicated urinary tract infections (UTI) are common among women, affecting half of all women during their lifetime. Several historical features, symptoms, and signs have been associated with acute UTI and may be useful as diagnostic tests, allowing the clinician to estimate the probability of UTI in a patient after taking history and performing physical examination. Differentiating between vaginal infections and UTIs can be difficult because symptoms and signs commonly overlap. Our study aimed at evaluating the usefulness of urine culture and high vaginal swab (HVS) retrieved simultaneously in determining true prevalence of UTI. METHODOLOGY We prospectively evaluated 105 consecutive females who presented to our OPD in the past 3 months with clinical features suggestive of UTIs. The demographic data, history and physical examination, informed consent for sending culture & sensitivity of urine as well as HVS was obtained from all the patients. The reports of the culture & sensitivity study were then analysed with clinical and demographic data collected. RESULTS: Of the 210 samples (105 urine and 105 HVS) collected, 61 (29.04%)(20 urine and 41 HVS) had positive microbial isolates while 149 (71.96%) had no isolates. The most common organism was E.	RAKESH B. H*, Kasturba Medical College, Mangaluru; SANMAN K. N, Kasturba Medical College, Mangaluru; RAJESH KUMAR REDDY ADAPALA, Kasturba Medical College, Mangaluru; LAXMAN PRABHU G. G, Kasturba Medical College, Mangaluru; HIMA NAMBIAR, Kasturba Medical College, Mangaluru; APARNA PERI, Kasturba Medical College, Mangaluru; PHILOMENA D'SOUZA, Kasturba Medical College Hospital, Mangaluru
104	Simultaneous percutaneous cystolithotripsy and TURP for BPH with secondary bladder calculi: Point of Technique and Single Centre Experience	Objective To describe our technique and analyse the outcomes of simultaneous percutaneous cystolithotripsy with transurethral resection of prostate for patients with benign prostatic hyperplasia complicated with large vesical calculi. Materials and methods This was a retrospective analysis of 25 patients who underwent simultaneous percutaneous cystolithotripsy with transurethral resection of prostate between January 2012 and January 2016. Brief description of technique: Combined Antegrade and retrograde approach with 2 surgeons and 2 endoscopic monitors. 28 Fr. Amplatz sheath was inserted percutaneously into the bladder after sequential dilatation under cystoscopic guidance. Percutaneous cystolithotripsy with nephroscope and pneumatic lithoclast was then performed simultaneously along with monopolar resection of prostate. Pre-operative parameters reviewed included the patient's symptoms, IPSS score, uroflowmetry pattern, the prostate volume and stone burden on ultrasound abdomen and pelvis. The operative details including operative time and blood loss was analysed. Post operative parameters including the duration of irrigation, time for catheter removal, length of hospital stay and complications were analysed. Results The mean age of the patients was	Arvind Nayak*, MSRMC; H.K. Nagaraj, M S Ramaiah Medical College; Tarun Javali, M S Ramaiah Medical College; S.M.L. Prakash Babu, M S Ramaiah Medical College

107	SEXUAL OUTCOME IN PRIAPISM PATIENTS - A LONGTERM FOLLOW UP STUDY	<p>Aims and Objective: Priapism is an urological emergency requiring prompt evaluation and appropriate management to maximize erectile functional outcomes. We present our experience in management and the sexual outcome of priapism patients at our institute. Methodology: During 2007-2015, 25 patients were treated for ischemic priapism and 22 patients followed up. Data on demographics, etiology, clinical profile and management was assessed. Erectile function was evaluated using International Index of Erectile function-5 questionnaire at admission and postoperatively at follow up. Results: Mean age was 34.18 years. Duration of painful erection ranged from 7-170 hours. Seven patients each had intracavernous papaverine injection and idiopathic etiology, 6 had chronic myeloid leukemia and 2 had sickle cell anemia. Four patients achieved complete detumescence with needle aspiration and normal saline irrigation, 5 needed adrenaline irrigation and 13 patients needed shunt surgery. After needle aspiration, 2 patients achieved normal erection and 2 patients had mild erectile dysfunction(ED). With adrenaline, 3 patients achieved normal erection and 2 had Moderate ED. With shunt surgery, 4 patients had normal erection and 2 patients each had Mild ED, mild to moderate ED, moderate ED,3</p>	<p>Sharanabasappa Rudrawadi*, INSTITUTE OF NEPHROUROLOGY BANGALORE; ChikkaMoga Siddaiah Manohar, Institute of Nephro-Urology; Ramaiah Keshavamurthy, Institute of Nephro Urology; Maregowda Shivalingaiah, Institute of Nephrourology; Mahadevappa Nagabhushana, Institute of Nephro Urology; Jayaram Sreenivas, Institute of Nephro Urology</p>
111	RISK FACTORS FOR POST PERCUTANEOUS NEPHROLITHOTOMY BLEED REQUIRING ANGIO-EMBOLIZATION	<p>Introduction & Objective: Percutaneous nephrolithotomy (PCNL) is an established procedure for the management of large and complex renal calculi. Severe post operative bleeding which require blood transfusion and angio-embolisation is a major concern in cases undergoing PCNL. This study aims to identify the risk factors associated with post PCNL severe bleeding in cases that required blood transfusion and angiographic renal embolization. Methods: Case records of 4706 PCNL procedures done between January 2006 to March 2016 were retrospectively reviewed. All the details including the stone burden, location of stone, site of puncture, number of tracts, Amplatz size, duration of procedure, degree of hydronephrosis and patient characteristics like age, gender, hypertension, diabetes mellitus and renal failure were noted. Data was then compared between PCNL procedures which had severe post PCNL bleed (30) and total number of PCNL procedures (4706). Chi square univariate and regression multivariate analyses were used to analyze the results. Results: Out of 4706 PCNL procedures, 30 cases (0.63%) required angiographic embolization for severe bleeding. Among these patients, 26 (86.66%) were males and 4 (13.33%) were females with the mean age of 48.63± 13.75</p>	<p>Aseem Kapadia*, Kasturba Medical College; Arun Chawla, Kasturba Medical College; Zeeshan Hameed, Kasturba Medical College; Padmaraj Hegde, Kasturba Medical College; Joseph Thomas, Kasturba Medical College</p>
112	METASTASES OF RENAL CELL CARCINOMA TO THE CONTRALATERAL ADRENAL GLAND MANAGED BY LAPAROSCOPIC ADRENALECTOMY	<p>Introduction: Renal cell carcinoma (RCC) is the most lethal urological cancer. It is estimated that one thirds of the patients with localized cancer will develop distant metastasis after radical treatment. Adrenal metastasis of RCC are relatively rare. Contralateral adrenal metastasis are uncommon. It is well-known that some patients with isolated metastasis may benefit from surgical treatment. Since it was first described, laparoscopic adrenalectomy has become the gold standard for the surgical treatment of most adrenal conditions. We report our experience with laparoscopic management of contralateral, metachronous adrenal metastases from RCC. Materials & Methods: Patients undergoing radical/partial nephrectomy for RCC were prospectively followed and evaluated regularly for general health status, local recurrence of tumor and distant metastases. Patients identified to have had adrenal lesion/mass during the follow-up period were evaluated in detail both with imaging as well as endocrinal evaluation for assessment of functional status of these lesions. All these patients underwent laparoscopic adrenalectomy under general anaesthesia. Results: During the study period Jan 2006 - Dec 2015, 8 patients (7 male and 1 female) with a mean age of 57.8 years underwent</p>	<p>Prasad Magdum*, KLES KIDNEY FOUNDATION; Rajendra Nerli, KLES Kidney Foundation, Belgaum; Ranjeet Patil, KLES KIDNEY FOUNDATION; Shivagouda Patil, KLES KIDNEY FOUNDATION; Amey Pathade, KLES KIDNEY FOUNDATION</p>
116	LAPAROSCOPIC PYELOPLASTY IN CHILDREN WITH UPJ OBSTRUCTION ASSOCIATED WITH CROSSING RENAL VESSELS	<p>Introduction: Ureteropelvic junction obstruction (UPJO) is usually intrinsic, however 15%-52% may be associated with crossing renal/lower pole vessels. Crossing vessels are usually located anterior to the UPJ. Investigators have demonstrated that the presence of crossing vessels decreased the success rate of antegrade endopyelotomy. We prospectively reviewed our series of laparoscopic pyeloplasty in children and analyzed as to whether crossing vessels affected the morbidity and outcome. Materials & Methods: Children < 18 years of age undergoing laparoscopic pyeloplasty for UPJO were prospectively included in the study. Pyeloplasty was performed anterior to the vessels and the anastomosis was placed adequately distal to the crossing vessel. Post-operatively the urinary catheter was removed after 48 hrs. Children were followed up in the post-operative period for urinary tract infection and a DTPA renogram was performed after 3 months in all. Results: Twenty (15.74 %) children had crossing renal/lower pole vessels associated with UPJO. In three of these children the crossing vessels were the main renal vessels, whereas in the remaining 17 children, the crossing vessels were the lower polar vessels. The mean age of these children was 11.0±3.37 years. The mean operating time was 96.15±12.54 mins as</p>	<p>Ranjeet Patil*, KLES KIDNEY FOUNDATION; Rajendra Nerli, KLES Kidney Foundation, Belgaum; Prasad Magdum, KLES KIDNEY FOUNDATION; Amey Pathade, KLES KIDNEY FOUNDATION; Shivagouda Patil, KLES KIDNEY FOUNDATION</p>
117	OUTCOMES OF PERCUTANEOUS NEPHROLITHOTOMY IN HORSE SHOE KIDNEY : SINGLE CENTRE EXPERIENCE	<p>OBJECTIVES:-This study aims to evaluate the outcomes of percutaneous nephrolithotomy in patients with horse shoe kidney. METHODS:- We retrospectively reviewed data of 9 patients with horse shoe kidney who underwent PCNL at our institute between Jan 2011 to March 2016. We collected demographic, clinical and perioperative data. Outcomes were analysed in the form of stone free rates and complications graded by modified clavien classification. RESULTS:- Patients with mean age of 37.4 ± 15.1 years(range 10-57 years) and male to female ratio of 1.2 had a mean stone size of 1.9 ± 0.3 cm (range 1.6-2.5 cm).The stones were located in renal pelvis, upper calyx and lower calyx in 6(66.6%), 2 (22.2%) and 1(11.1%) patients respectively. Upper and mid calyces were accessed in 7 (77.7%) and 2(22.2%) patients respectively. All patients had single tract access. Mean operative time was 83.3 ± 25.9 min and mean hospital stay was 3.4 ± 1.2 days . Complete stone clearance was achieved in 8 patients (88.8%). One patient underwent re-look PCNL via the same tract. Tubeless PCNL was done in 4 (44.4%) patients with similar outcomes. Complications were seen in 2 patients with modified clavien grades of 1 and 3A . CONCLUSIONS:- Percutaneous nephrolithotomy is safe and effective with excellent</p>	<p>shivcharan navriya*, Institute of nephro urology,bangalore; sumit kumar, INU; Mahadevappa Nagabhushana, Institute of Nephro Urology; Ramaiah Keshavamurthy, Institute of Nephro Urology; Varinder Singh, INU,Bangalore; Neeraj Bhattarai, Institute of Nephro-Urology</p>

124	Intravesical oxybutynin - an alternative option for treating catheter related bladder discomfort.	<p>Introduction Catheter related bladder discomfort (CRBD) is one of the most distressing symptom occurring in patients who are on catheter for more than 48 hours. This study was therefore conducted to evaluate and compare the efficacy of oxybutynin oral and intravesical and oral solifenacin in treatment of catheter related bladder discomfort.</p> <p>Material and Methods This was a prospective study for 18 months. 204 consecutive patients, of either sex, undergoing elective surgery requiring urinary bladder catheterization were randomized into 3 equal groups of 68 each. Group O (oxybutynin) received oxybutynin 5 mg and Group S (solifenacin) received solifenacin 5mg orally twice a day and Group OI (intravesical oxybutynin) received oxybutynin 5 mg instilled in 30 ml NS intravesically. The bladder discomfort was assessed according to visual analogue scale (VAS) at 1, 6 and 24 hour after the administration of drugs . Correlation was done between all the study drugs with respect to their effect on the relief of pain due to bladder spasm. The side effects were also noted. Results- Out of 204 patient, relief of bladder spasm observed in intravesical oxybutynin was higher (87%) as compared to oral oxybutynin and oral solifenacin where it was 64% and 75% respectively (P<0.05). Reduction of severity of</p>	Devesh Bansal*, Lourdes hospital; manas babu, Lourdes hospital; Nisarg Mehta, Lourdes Hospital; ranjeet rathore, lourdes hospital; biju pillai, lourdes hospital; H Krishna moorthy, Lourdes Hospital
125	OUTCOMES FOLLOWING ROBOTIC SACROCOLPOPEXY IN THE TREATMENT OF PELVIC ORGAN PROLAPSE	<p>Objective To evaluate our outcomes following robotic sacrocolpopexy in the treatment of pelvic organ prolapse. Methods We performed a prospective analysis on 40 consecutive patients from 2012 to 2016 with symptomatic vaginal prolapse that underwent robotic sacrocolpopexy at our institution. All surgeries were performed by a single surgeon. We performed a transperitoneal four-trocar technique with the Da Vinci robotic system using a custom made Y-Shaped polypropylene meshes for fixation to the sacral promontory. The primary outcome was recurrence; secondary outcomes included operating room time, blood loss, conversion to open surgery, complications and length of stay. Results The median age at surgery was 67 years (range 59–74 years) and median follow up was 14 months (range 3–36 months). All surgeries were completed through the robotic approach. Median operative time was 190 mins (range, 100–240 mins). Mean blood loss was estimated to be 32.5 ml (range, 22 – 79 ml). Mean hospital stay was 4 days. There was no mortality and no specific morbidity due to the robotic approach. Two patients had bladder injury which was recognised and repaired intraoperatively. Four patients developed stress urinary incontinence following the procedure and underwent a transobturator tape insertion (TVT-O) on follow-up. There were no mesh erosions in our patients. There was</p>	Brendan Dias*, Manipal Hospital; Deepak Dubey, Manipal Hospital
135	SUPRACOSTAL PUNCTURES FOR PCNL: FACTORS THAT PREDICT SAFETY, SUCCESS AND STONE FREE RATE IN STAGHORN AND NON-STAGHORN STONES – A SINGLE CENTRE EXPERIENCE AND REVIEW OF LITERATURE	<p>INTRODUCTION: Supra costal PCNL has now become an established standard of care in patients with renal stone disease, in terms of morbidity, stone clearance, overall duration of hospital stay and shorter convalescence period. OBJECTIVE: To report a single centre experience on factors that predicts safety, success and stone free rate of Supracostal puncture for PCNL in staghorn and non-staghorn stones Methods: About 376 patients underwent PCNL for renal stones. Ninety two (n=92) of them needed Supra costal puncture. All patients were subdivided into groups 1 and 2 based on the size, location of the stone and the stone burden. In all, 132 tracts were established. Results: About 83% of patients achieved a complete stone free rate after initial PCNL. Stones more than 3cm were found to be associated with significant residual stones. Radio opacity under image intensifier also had a significant impact on the ultimate stone free status. About 23% of those (n=5/22) who needed longer duration of surgery had a clinically significant residual stones, needing ancillary procedures. Fifteen patients (16%) had complications related to the procedure, of which 13 were in group 1 (87%). The high percentage of complications in patients with larger stone burden has been found to be statistically significant. In about</p>	YOGESHWARAN KALEESWARAN*, SRI RAMACHANDRA UNIVERSITY; SRIRAM K, SRI RAMACHANDRA UNIVERSITY; HARIHARASUDHAN SEKAR, SRI RAMACHANDRA UNIVERSITY; natarajan k, SRMC , Porur; venkat ramanan, SRMC , Porur
136	5 YEAR RETROSPECTIVE OVERVIEW OF MANAGEMENT OF RENAL TRAUMA AT A TERTIARY HOSPITAL	<p>Introduction: The incidence of renal trauma is 1-5% of all trauma cases, caused mainly by blunt and penetrating injuries. We present our 5-year experience in the management of renal trauma. Objectives: To assess the severity and AAST grade of injury based on mode of injury. The outcome of conservative and surgical management of renal injuries were analysed in terms of complications and renal function. Methods: From January 2011 to December 2015, 59 patients of renal injury were reviewed. 58 (98.3%) of the injuries were caused by blunt trauma, 1(1.7%) by stab wound. Evaluation was by CECT scan to stage the injury based on AAST scoring and patients classified into group 1 having renal injuries of with grade I-III (n=34) and group 2 with grade IV, V and penetrating injuries (n=25). Follow up evaluation was by clinical examination and by imaging. The significance of difference between two patient groups was assessed statistically by Chi-square test. Results: There were 53 males and 6 females in the age group of 11-70 years. Flank pain (44/59; 74.6%) and hematuria (44/ 59; 74.6%) were the common presentation. 37(62.7%) had associated non renal injuries. In group 2, 15 (60%) presented with h/o RTA, 9(36%) was due to fall from height, and 1 (4%) due to stab injury. In group1, all were managed conservatively</p>	avinash odugoudar*, KMC, MANIPAL; Arun Chawla, Kasturba Medical College; Zeeshan Hameed, Kasturba Medical College; vishal ratkal, kmc,manipal
137	CALYCEAL DIVERTICULA WITH VARIEGATED PRESENTATIONS	<p>Introduction: Calyceal diverticula are rare outpouchings of the upper collecting system that likely have a congenital origin. Stones are found in up to 50% of calyceal diverticula Objective: We aim to report three different management strategies for calyceal diverticula with variegated presentations. Methods: We are presenting five cases of calyceal diverticulum, presented with variegated symptoms like loin pain, acute colic & calculuria. Four patients presented with calculi in the diverticulum, of which one patient had a spontaneous rupture of the diverticulum and presented with steinstrasse. Three patients were managed by Percutaneous approach .The patient with steinstrasse was managed by Ureteroscopy and LASER ablation. One patient with large diverticulum was managed by open diverticulectomy. All patients are doing well on follow up. Results: Over a period of two years we had five case in our unit which were managed by percutaneous approach, Ureteroscopy and Open surgery Conclusion: Calyceal diverticulum is rare and can present with variegated symptoms. Calyceal diverticulum can present with stones in up to 50 percent of cases, 96% of patients present with stones. Management can be by ureteroscopic, percutaneous or surgical methods</p>	SIBI CHAKRAVARTHI*, SRI RAMACHANDRA UNIVERSITY; natarajan k, SRMC , Porur; chandru arasu, SRI RAMACHANDRA UNIVERSITY

139	A study on the role of Fine needle aspiration cytology of testes in azoospermia	<p>a) Introduction and Objective Male infertility is a common problem. Statistics reveal that 15 % of all marriage in future face the problem of infertility. A study of semen analysis and testicular biopsy was done in 42 azoospermic male.. The main aim of the study was to evaluate the cytological features of testicular FNAC in azoospermia and to study the correlation between cytological and histological diagnosis. b) Methods: All infertile men with two successive samples showing azoospermia attending the urology OPD from June 2014 to June 2015 are included in the study. The patients are investigated with hormonal assays, scrotal USG in addition to routine investigation. Patients were then subjected to FNAC of both testes for cytological evaluation and open testicular biopsy was done for histopathological correlation. c) Results: In FNAC the most common diagnosis was maturation arrest (49%), the correlation of FNAC with histopathology was 86 % (p value 0.801). Our study showed an overall sensitivity of 86.7%, specificity of 97.2%, positive predictive value of 91.4% and negative predictive of 96.2%. This emphasizes the fact that unilateral FNAC is more sufficient than for the evaluation of FNAC d) Conclusions: Testicular FNAC gives an accuracy of 91.9% in the diagnosis of patients with male</p>	Arun Kumar*, Stanley medical college; Rajaraman T, Stanley Medical College; Thiruvurul PV, Stanley Medical College; Arunkumar P, Stanley Medical College
142	RARE MANIFESTATIONS OF GENITO URINARY TUBERCULOSIS	<p>Introduction: Genitourinary tuberculosis is a form of secondary tuberculosis with vague symptoms and is the second most common form of extrapulmonary tuberculosis, with more than 90% of cases occurring in developing countries. Objectives : We aim to present a case series of rare presentations of GUTB which includes Granuloma penis, Adrenal TB, Ureteric TB and Isolated Testicular TB. Materials & Methods : We are presenting four rare cases of GUTB which presented to us over the past 1 year. A case with a penile lesion underwent biopsy which revealed TB granuloma. Second case presented with right loin pain, on evaluation found to have adrenal lesion for which adrenalectomy was done. HPE revealed Adrenal TB. Third case presented with Right loin pain. Evaluation revealed Right ureteric lesion. Ureteroscopic biopsy revealed Ureteric TB. Fourth case presented with 4 months duration of Left sided scrotal pain & 1 month history of scrotal ulcer. Testicular biopsy revealed epithelioid granuloma with Langerhans giant cells, suggestive of TB. All patients were started on ATT & doing well on follow up. Results : Four different rare manifestations of GUTB is being reported by us. Conclusion: 20-30 % patients of GUTB have pulmonary infection. Genito urinary spread can be due to</p>	Dhinaharan P*, Sri Ramachandra University; natarajan k, SRMC , Porur; Chandru arasu, SRI RAMACHANDRA UNIVERSITY
145	COMPARISON OF TAMSULOSINS VS SILODOSINS IN PATIENT WITH BLADDER OUTLET OBSTRUCTION DUE TO BPH IN SRI RAMACHANDRA MEDICAL COLLEGE AND RESERCH INSTITUTE	<p>Aim: A prospective double blind crossover randomised trial to compare the effectiveness and safety of the new alpha 1-blocker silodosin versus the established drug Tamsulosin in symptomatic BPH. Methods and material: Ambulatory male BPH patients, aged above 50 years, were recruited on the basis of International Prostate Symptom Score (IPSS) of 8 and above with max flow rate of less than 10. Total number of 60 Subjects were randomized in a double blinded 1:1 ratio to receive either Tamsulosin 0.4 mg controlled release or silodosin 8 mg once daily after dinner for 4 weeks followed by one week of clearance period followed by the crossover drug for 4 weeks. Primary outcome measure was changes in IPSS, change in peak urine flow rate and allied uroflowmetry parameters, were secondary effectiveness variables. Treatment emergent adverse events were recorded. Results and conclusion: In the first treatment period, both drugs significantly improved the International Prostate Symptom Score total score, but the improvement by Silodosin was superior to that by Tamsulosin. After crossover treatment, improvement was observed only with Silodosin treatment. Moreover, intergroup comparison of changes revealed that Silodosin showed improvement of few components in the IPSS sub scores, compared with</p>	vishek rathish*, sri ramachandra medical college and research institution ; venkat ramanan, SRMC , Porur
148	RENAL CELL CARCINOMA WITH INFERIOR VENA CAVA THROMBUS: MANAGEMENT AND PREDICTORS OF OUTCOME	<p>Introduction and objectives: Inferior vena caval (IVC) tumor thrombus in renal cell carcinoma (RCC) is rare (4-10%). This is a heterogeneous group with varying presentations and outcomes. The main treatment is radical nephrectomy with IVC thrombectomy. Factors reported as predictors of survival include clinical, pathological and laboratory parameters. This study describes management of such tumors in a single tertiary care centre and identifies prognostic variables. Methodology: Retrospective cohort study that included patients (n=45) undergoing radical nephrectomy with IVC thrombectomy at CMC Vellore (2003-2015). Demographics, tumor characteristics and laboratory parameters were analyzed. The primary and secondary outcomes were disease specific survival and post-operative complications. Results: 45 patients were treated from 2003 to 2014. The mean age was 56 years. ASA score was 2 - 3 in 60%. The tumors were predominantly right sided (70%) and stage T3b (67%). 26% had nodal or metastatic disease at presentation. 93% were clear cell, high grade (64%) and 50% had necrosis. 60% of the tumors were infra-hepatic. 25% exhibited IVC invasion. Anemia was seen in 47%, hypercalcemia in 4% and thrombocytosis in 13%. All tumors were approached by the open approach. 18 cases</p>	sudhindra jayasimha*, CMC Vellore; Rajiv Mukha, CMC Vellore; Chandrasingh J, Christian Medical College, Vellore; Santosh Kumar, CMC Vellore; Nitin Kekre, Christian Medical College, Vellore; Antony Devasia, Christian Medical College, Vellore
151	Factors influencing patency of Brescia-Cimino AV fistulas in haemodialysis patients.	<p>a) Introduction and Objective: Autologous arterio-venous fistula is gold standard to maintain vascular access for haemodialysis patients. AVF (arterio-venous fistulas) has been the vascular access of choice for haemodialysis because of lower cost, morbidity and mortality. As per KDOQI guide lines distal veins are preferred as first choice. This study was designed to evaluate factors influencing patency of distal forearm AV fistulas. b) Methods we have done a prospective study of total 134 patients and 138 fistulas being evaluated since Apr 2015. Demographic and clinical factors are taken into consideration. c) Results: In this study age, sex, diabetes and type of reconstruction (end to side versus side to side) has no influence over fistula patency rates (p value <0.4).. Intra dialytical hypotension is one of the risk factor for loss of fistula patency. Smoking and Hypertension have shown reduced patency rates (p value < 0.001). Primary failure are more with distal fistulas (15.2%). d) Conclusions: A set of patient risk factors identified in this study, particularly intra dialytical hypotension, can be used to identify patients who are most at risk for developing vascular access failure and to guide a more directed approach for a vascular access screening protocol. Key words: -brescia - cimino, A-V fistula, patency, radio-</p>	venu manne*, narayana medical college and hospital, nellore; Lalith Sagar, Narayana Medical College; Vijay Bhaskar G, Narayana Medical College, Nellore; Sreedhar D, Narayana Medical College, Nellore

152	Factors influencing patency of AV (arterio-venous) fistulas in haemodialysis patients.	Introduction and objective: ESRD (end stage renal disease) patients has to undergo dialysis or renal transplantation. Patients require vascular access for haemodialysis. Autologous arterio-venous fistula is gold standard over CV (central vein) catheters or synthetic graft to maintain vascular access for haemodialysis. Patency rates of fistulas depends on various factors. Aim of this study is to evaluate factors influencing patency of various types of AV fistulas Methods: A prospective study of patients who underwent fistula surgery in this hospital since April 2015 were studied. Demographic and clinical factors taken into consideration , such as Age, gender and site, side, vessel calibre , type of anastomosis, length of anastomosis respectively. Results: In This study total 203 fistulas were evaluated out of 157 patients over a period of 10 months followup. 108 RC(radio-cephalic) , 84 BC (brachio-cephalic) and 5 brachio basilic fistulas and 5 grafts evaluated.in this study age,gender diabetes didn't show any adverse effect over fistula patency. smoking , hypertension and intradialytic hypotension shown adverse effect over patency of fistula. Conclusion: Type of fistula construction in fore arm fistulas has no	venu manne*, narayana medical college and hospital, nellore; Lalith Sagar, Narayana Medical College; Vijay Bhaskar G, Narayana Medical College, Nellore; Sreedhar D, Narayana Medical College, Nellore
153	FACTORS AFFECTING RECURRENCE AND PROGRESSION IN STAGE T1 HIGH GRADE BLADDER TUMORS – A PLEA FOR EARLY CYSTECTOMY	Introduction and Objective: Urothelial cancer of the bladder has a propensity for recurrence and progression.The existing prognostic indices were framed when second transurethral resection and intravesical Bacillus Calmette Guerin (BCG) were not standard of care. This study aims to evaluate factors affecting the recurrence and progression rates of stage T1 high grade bladder tumors. Methods:Retrospective cohort study(Jan 2011-Feb 2016). All pT1 high grade tumors treated at Christian Medical College,Vellore were included. The clinical presentation, intraoperative findings and follow up data were studied. Recurrence and progression rates were calculated.Univariate and multivariate analysis was performed to assess factors affecting recurrence and progression free survival. Results:Of 208 patients,133(63.9%) who had follow up were included. Males predominated (117:16).Median age was 57 years (range:17-85).Median follow up was 12 months (range:3-60). 42% had tobacco exposure. 51% were multifocal .60% received induction and maintenance BCG for at least one year. Concomitant carcinoma in situ was present in 11.27%. The recurrence rate was 21.80%.The progression rate was 9.02%. Adjusted for other variables only tumor multifocality affected recurrence with a hazard	Santhosh Nagasubramanian*, Christian Medical College; Anuj Deep Dangi, Christian Medical College; Santosh Kumar, CMC Vellore; Chandrasingh J, Christian Medical College, Vellore; Antony Devasia, Christian Medical College, Vellore; Nitin Kekre, Christian Medical College, Vellore
155	BLADDER INJURIES - OUR INSTITUTIONAL EXPERIENCE	Aims and Objectives: The purpose of this study is to provide a comprehensive overview of the incidence, spectrum and outcomes of traumatic bladder injury in our institution. Methodology: All traumatic bladder injuries in our institution were retrospectively reviewed from August 2014 to March 2016. Results: Over the study period 44 patients had bladder injuries. Of these 40 were male and 4 were female. The mean age of all the patients was 37.37 years old. Most of them had sustained injury from RTA (31 of 44) remaining (13) were due to fall. The mean presentation time to ER after injury was 20.09 hrs. Of these 91% of patients underwent CT cystogram . 31(70.5%) patients had intraperitoneal injury and 13 patients (29.5 %) had extraperitoneal bladder injury. Isolated bladder injuries were 14(31.8%) and remaining 30(68.2%)were associated with other injuries. All intraperitoneal injuries and 8 of 13 extraperitoneal injuries were managed operatively and remaining 5 cases were managed conservatively. 3 patients (7.69%) had urinary extravasation and 2 patients(5.12%) had wound dehiscence . The mean hospital stay was 15 days. 2 patients were died due to associated injuries mortality rate was 4.5%. CONCLUSION: In our institution majority of bladder injuries were	Sasikumar Sinnathambi*, Madras Medical College; Sivabalan Jeyaraj, Madras Medical College ; SUBRAMANIYAN KALIYAPERUMAL, INSTITUTE OF UROLOGY MMC; saravanan periakaruppan, institute of urology mmc; muthulatha navaneetha krishnan, institute of urology mmc; govindarajan periasamy, institute of urology mmc; ilamparuthi chennakrishnan, institute of urology
156	Assessment of complications in patients undergoing Radical Cystectomy - Our experience.	Aims and Objectives: To examine postoperative complications in a contemporary series of patients after radical cystectomy using a standardized reporting system, and to identify readily available preoperative risk factors. Methods: Using the modified Clavien–Dindo classification, we assessed the 90-day postoperative clinical course of 40 bladder cancer patients who underwent radical cystectomy and urinary diversion (ileal conduit n = 26, ileal neobladder n = 14) between June 2012 and January 2015 at our institution (JIPMER, Puducherry). Uni- and multivariable analyses for prediction of complications were carried out, covariates included age, sex , body mass index, Charlson Comorbidity Index, American Society of Anesthesiologists Score, neoadjuvant chemotherapy, prior abdominal or pelvic surgery, localized tumor and urinary diversion type. Results: The 90-day results for overall Clavien–Dindo complications (I-V), high-grade complications (Clavien–Dindo classification III-V), as well as mortality (Clavien–Dindo classification V), were 54.4, 19.7 and 4.1%, respectively. The most common adverse outcomes being infections (16.4%), bleeding (14.2%) and gastrointestinal complications (10.7%). Independent risk factors for overall complications were body mass index (odds ratio 1.08) and Charlson Comorbidity	SURESH SINGH*, JIPMER;PUDUCHERRY; R MANIKANDAN, JIPMER; L N DORAIRAJAN, JIPMER; KS Sreerag, JIPMER; sunil kumar, JIPMER; Uma Dutt, JIPMER PUDUCHERRY
157	Can Pre- post operative vein diameter and post operative flow rates influence patency of vascular access in haemodialysis patients?	Introduction: Autologous arterio-venous fistula is gold standard to maintain vascular access for haemodialysis. Arterio-venous fistulas are constructed by using radial artery and cephalic vein in forearm and brachial artery and cephalic or basilica vein in upper arm. Anastomosis may be either end to side or side to side from vein to artery. Methods: A prospective study of patients who underwent fistula surgery in our hospital since April 2015 were analysed. All patients subjected to pre and post operative Doppler study. Pre and post operative vein diameter measured in mm and post operative flow velocities measured on 1 st post operative day in cm/sec in vein and across anastomosis. Results: Flow rates in vein and across anastomosis between functioning and failure group were not significant in RC and BB fistulas with p values <0.055 and 0.080, <0.283 and 0.283 respectively and significant flow rates observed in failure and functioning BC fistulas group with p values <0.046 and 0.004. Conclusion: Immediate post-operative flow rates and pre-post operative vein diameters cannot predict the patency of fistula, colour doppler can be used for selection of site for fistula creation , assessment of maturity of fistula for cannulation and detecting the cause for non maturity of fistula or loss of patency of	Lalith Sagar*, Narayana Medical College; venu manne, narayana medical college and hospital, nellore; Sreedhar D, Narayana Medical College, Nellore; Vijay Bhaskar G, Narayana Medical College, Nellore

162	Impact of ureteral and renal morphometry on outcome of ureterorenoscopic lithotripsy.	<p>Purpose: Ureterorenoscopic lithotripsy(URSL), although a safe procedure, still occasionally has major complications. CT scan is often performed to diagnose ureteral calculi providing opportunities for ureteral morphometry that may have a bearing on the outcome of the procedure. We studied the association of stone, ureteral and renal morphometric parameters with the relevant outcome variables, i.e complication rate, stone free rate, surgeon's level of comfort and operating time of URSL. Material and Methods: Ureteric, renal and stone morphometric parameters were measured from CT of the abdomen and pelvis of the 110 patients with ureteral calculi who underwent URSL. Data was collected retrospectively in 25 patients and prospectively in 85 patients. Association of these parameters with the outcome variables of the procedure mentioned above was studied. Results: On univariate analysis BMI, stone size, maximum ureteral wall thickness (MUWT) were found to have a significant association with URSL complications, surgeons level of difficulty, stone free rate and duration of surgery. On multivariable analysis only MUWT were found to be independent risk factors for URSL complications. In 90 % of total patients with residual stones, maximum ureteral wall thickness was found to</p>	<p>amit mishra*, jipmer; SANTOSH KUMAR, JIPMER; L N DORAIRAJAN, JIPMER; G RAMKUMAR, JIPMER; R MANIKANDAN, JIPMER; K S SREERAG, JIPMER; Jayesh Mittal, JIPMER</p>
166	Safety and efficacy of superior calyceal approach for percutaneous nephrolithotomy (PCNL).	<p>Introduction - Superior calyceal access for PCNL is believed to have greater complications than access through other calyces due to risk of pleural injury. We evaluate the Safety and efficacy of superior calyceal approach for PCNL. Material and method – Imaging , intraoperative and post-operative data for total 165 patients from January 2010 to December 2015 who underwent PCNL for renal calculi by single surgeon with superior calyx as primary access tract were prospectively entered into a database and analyzed for stone free rates, operative duration, complications, hemoglobin drop, requirements of additional tracts and auxiliary procedures. Results – In n = 165 the indications for superior calyceal access was based on location of stones, Superior calyceal +/- other calices - n=68 (superior calyceal only n=33) Staghorn/partial staghorn - n=18 (staghorn n=14/partial staghorn n=4) Pelvis +/- other regions - n=79 (pelvis only n=37) Puncture Number (n) Supracostal n=50 (high supracostal n=3) Infracostal n=100 Both (supracostal+infracostal) n=15 Accessory tracts were required in n=41 patients 2 n=30 >2 n=11 Post operative drainage was done by - DJ stent n=154 Nephrostomy + DJ n=2 None (totally tubeless) n=9 Mean Stone burden was 5.21cm2 (range 0.45 -43.5 cm2). Overall,</p>	<p>saurabh gaur*, kasturba medical college, manipal; Arun Chawla, Kasturba Medical College; Padmaraj Hegde, Kasturba Medical College; Zeeshan Hameed, Kasturba Medical College; praveen kumar, Kasturba Medical College</p>
167	SURGICAL AND ONCOLOGICAL OUTCOMES FOLLOWING ROBOTIC ASSISTED LAPAROSCOPIC PARTIAL NEPHRECTOMY	<p>“SURGICAL AND ONCOLOGICAL OUTCOMES FOLLOWING ROBOTIC ASSISTED LAPAROSCOPIC PARTIAL NEPHRECTOMY” INTRODUCTION Robotic assistance is well established in radical prostate surgery and it has also become more common for renal procedures, including pyeloplasty, radical nephrectomy, and donor nephrectomy. Preliminary reports have demonstrated the safety and feasibility of robotic partial nephrectomy. There is inadequate data on the outcomes of Robotic-Assisted Partial Nephrectomy (RAPN) in the Indian setting. We have been successfully performing Robotic-Assisted Partial Nephrectomy for renal tumours since 2009. We hereby describe the surgical and oncological outcomes with RAPN. AIMS AND OBJECTIVES To assess the surgical and oncological outcomes following Robotic Assisted Partial Nephrectomy. MATERIALS AND METHODS We included 50 consecutive patients undergoing Robotic assisted laparoscopic partial nephrectomy (RALPN) in our institution from 2009 to 2015. All surgeries were performed by a single surgeon. RENAL score was calculated for all patients preoperatively. RESULTS The mean lesion diameter was 3.5 cm (range 2.5 to 7.0). We had 37 T1a tumors and 13 T1b tumors. The mean operative time was 215 minutes (range 130 to 262), and the mean blood loss was 200 mL (range 100 to 320). The mean</p>	<p>Brendan Dias*, Manipal Hospital; mir al, manipal hospital bangalore; Deepak Dubey, Manipal Hospital</p>
173	Measurement of pleural collection after supracostal PCNL.	<p>Introduction and objectives The supracostal approach to PCNL is underutilized due to a fear of thoracic complication. We decided to measure the volume of pleural collection after PCNL via the supracostal route. Materials and methods All patients undergoing PCNL via the supracostal route underwent a thoracic ultrasound on the first post operative day irrespective of symptoms. This was correlated with the need for thoracic interventions, Guys stone score, duration of endoscopy and the volume of irrigant fluid. Results 59 patients underwent PCNL via the supracostal route during the study period. The mean pleural collection was 54ml. Only one patient needed intervention where the pleural collection was aspirated. The mean irrigant volume was 15 litres and the mean endoscopy time was 40 minutes. The volume of pleural collection did not correlate with Guys stone score, duration of endoscopy or the volume of irrigant fluid. Conclusions The volume of pleural collection in supracostal punctures is usually negligible. It does not correlate with the stone complexity, duration of surgery and volume of irrigant.</p>	<p>Maneesh Sinha*, NU Hospitals</p>
176	TO COMPARE THE EFFICACY OF ULTRASOUND GUIDED INTERCOSTAL NERVE BLOCK WITH NEPHROSTOMY TRACT INFILTRATION OF LOCAL ANESTHETIC AGENT AFTER PERCUTANEOUS NEPHROLITHOTOMY: A RANDOMIZED STUDY	<p>Objective: To compare the efficacy of ultrasound guided intercostal nerve block with nephrostomy tract infiltration of local anesthetic agent in terms of reducing post-operative pain, narcotic use and Health Related Quality of Life (HRQL) score in early post-operative period in patients undergoing percutaneous nephrolithotomy(PCNL). Methods: The study included 88 consecutive patients of age group 15-60 year, with renal stones planned for percutaneous nephrolithotomy during the study period from February 2014 to January 2016. Patients were randomised into group 1 (ultrasound guided intercostal nerve block) and group 2 (peritubal infiltration) with 0.25% ropivacaine at the end of percutaneous nephrolithotomy as per allocation. Post-operative pain score was evaluated by visual analog scale (VAS) and morphine requirement through patient controlled technique was measured every 3 hour upto 12th hour. HRQL at 1 week was also measured and analysed. The change in pain score and amount of narcotic use in each group was carried out by using one way repeated measures of ANOVA and between the groups by using two way repeated measures of ANOVA. A p-value <0.05 was considered significant. Results: Intercostal nerve block group had better post-operative pain score</p>	<p>manoj das*, JIPMER; R MANIKANDAN, JIPMER; L N DORAIRAJAN, JIPMER; KS Sreerag, JIPMER; SANTOSH Kumar, JIPMER</p>

178	RETROSPECTIVE STUDY OF STAUFFER SYNDROME IN CLEAR CELL - RENAL CELL CARCINOMA	INTRODUCTION AND OBJECTIVES: Renal Cell Carcinoma (RCC) can present with wide variety of symptoms due to local tumor growth, hemorrhage, Paraneoplastic syndromes(PNS), or metastatic disease. Stauffer syndrome(SS) is a PNS known as non metastatic hepatic dysfunction. We have evaluated SS with the most common type of RCC- Clear cell(CC) in our patients. METHODS: Ours is a retrospective study done in the Department of Urology, Baby Memorial Hospital from Jan2001 to Dec2015.193patients of CC-RCC in whom we could get routine investigations and Liver function tests (LFT) were retrieved and selected for the study from Hospital based information system and Follow up(FU) RESULTS: There were 162(83.93%) male patients(pts) and 31(16.06%) female pts with the Mean age being 52 years(28-90 years). SS was noted in 101(52.3%) pts. Out of 101pts of SS, Confounding Factors(Alcohol intake, Dyslipidemia, Hepatotoxic drugs, Liver disease) was present in 18pts. The no of pts having SS without confounding factors were 83(43%). Alkaline Phosphatase(ALP) was the most common aspect of LFT which was altered in 66(65.3%) pts. Evaluation of Pathological Tumor characteristics - Capsule invasion, Tumor size(TS), Renal vein invasion, Fuhrmans grading, Lymph node	santhosh Srinivasan*, Baby Memorial Hospital; roy chally, baby memorial hospital; poulose chally, baby memorial hospital; abdul azeed, baby memorial hospital; mohanan k, baby memorial hospital
184	"Correlation of the anteroposterior diameter of renal pelvis and parenchymal thickness after 3 months of Anderson-Hynes dismembered pyeloplasty in predicting change in the glomerular filtration rate and split renal function after 1 year in paediatric patients with ureteropelvic junction obstruction"	The Gold standard treatment for pelviureteric junction obstruction is Anderson Hynes dimembered pyeloplasty . The Objective evidence of improvement is change in pelvic anteroposterior diameter(APD) , parenchymal thickness and incresed GFR(glomerular filtration rate) in DTPA. On extensive English language based literature search, literature on correlation of the post operative ultrasound parameters in predicting the functional improvement was sparse. The following study is an attempt to assess the various ultrasound parameters in predicting the change in the renal function after pyeloplasty. Aims and objectives To correlate the ultrasound variables with DTPA in predicting the functional outcome of pyeloplasty Methodology A retrospective study was conducted at NU Hospitals Bangalore between January 2012 to March 2016 . An ultrasound abdomen was done preoperatively and 3 months after pyeloplasty to record the APD of renal pelvis, parenchymal thickness . A DTPA scan was done preoperatively and at 1 year of follow up.Statistical analysis was performed using Pearson correlation coefficient to correlate the ultrasound variables in predicting the change in renal function in DTPA after 1 year of pyeloplasty. Results 45 children studied. The mean pre operative APD was 4.01	Prasanna Venkatesh*, NU Hospitals; Pradeepa m g, NU hospitals; venkatesh krishnamoorthy, nu trust hospitals bangalore
185	NOVEL TECHNIQUE OF URETERIC REIMPLANTATION IN PRIMARY MEGAURETER	OBJECTIVE: TO DEMONSTRATE A NOVEL TECHNIQUE OF TAPERING THE MEGAURETER WITHOUT DISRUPTING THE BLOOD SUPPLY AND DISCONNECTING THE URETER. MATERIAL AND METHODS. THREE CASES OF OBSTRUCTIVE MEGA URETER IN AGE GROUP OF 14 - 18YRS, TWO LEFT SIDE AND ONE RIGHT SIDE. THREE PORT WERE UTILISED IN ALL THREE PATIENTS. THE URETER IS DISSECTED AND MINIMALLY MOBILISED. PREVIOUSLY PLACED URETERAL DILATOR ACT AS AN IDENTIFYING TOOL AND ALSO ALLOWS FOR SMOOTH TAPERING OF URETER WITHOUT DISCONNECTING FROM HIATUS. THE URETER IS THEN RE IMPLANTED BY LICH GREGOIR TECHNIQUE. RESULTS: MEAN OPERATING TIME WAS 150 MIN. MEAN BLOOD LOSS OF 25ML. VOIDING CYSTOURETHROGRAM DONE AFTER 3 MONTHS SHOWED NO REFLUX IN ALL THREE CASES. IVU DONE AFTER THREE MONTHS SHOWED NO OBSTRUCTION AND COMPLETE DRAINAGE OF DYE. CONCLUSION: OUR TECHNIQUE OF TAPERING OVER A PRE PLACED URETERAL DILATOR IS VERY SAVING AND ALSO HELPS IN PRESERVING BLOOD SUPPLY TO LOWER URETER. IT IS EASILY REPRODUCIBLE IN OPEN AS WELL AS BY ROBOTIC.	Altaf Khan*, Yenepoya Medical College, Mangalore; Mujeeburrahiman Thottathil, Yenepoya Medical College; Nischith Dsouza, Yenepoya Medical College; Avinash Rai, Yenepoya Medical College; Ashish Verma, Yenepoya Medical College; Rahul Bhargava, Yenepoya Medical College
187	Extra-Peritoneal Versus Trans-Peritoneal Robot Assisted Laparoscopic Radical Prostatectomy – Point of technique and Perioperative outcomes	Background -- Robot assisted laparoscopic prostatectomy has traditionally been done using trans-peritoneal (TP RRP) approach. However this requires patient on steep Trendelenburg position. This has the risk of post operative confusion status, corneal edema, cerebral edema, delay in bowel recovery and small risk of small bowel injury. In addition, there are risks of high ventilatory pressures during surgery as well as a small risk of DVT & compartment syndrome. Extra-peritoneal (EP RRP) approach circumvents the above issues. Material Method --Extra-peritoneal approach is achieved using the spacer balloon after creating a sub-umbilical incision. 5 ports (1x12mm-camera, 1x10mm-assistant& 3x8mm for robot arm) are used. Radical prostatectomy is performed using Leizpig-Bradford technique. This includes paraurethral bladder neck dissection, anterior bladder neck exposure, securing catheter with a stitch, posterior bladder neck dissection, excision of the vasa & vesicle, neurovascular bundle excision, DVC ligation, apical dissection, excision of the prostate and final urethro-vesical anastomosis. Results --Over a 3 year period , 48 patients underwent robot assisted laparoscopic prostatectomy by a single surgeon (NR) using both techniques (EPRRP = 25 and TPRRP =23). The comparison	Narasimhan Ragavan*, Apollo Hospitals Chennai; Meera Ragavan, Apollo Hospitals, Chennai; Malarvizhi Ramesh, Apollo Hospitals, Chennai
190	MANAGEMENT OF STAGHORN CALCULI : SINGLE Vs MULTI STAGE PCNL	AIMS & OBJECTIVES we analyzed the effectiveness and stone clearance rates in stag horn calculi single vs multi stage over 2 year period 2014-2016, 28 cases, METHODOLOGY : WE performed PCNL SINSLE Vs MULTI STAGE using standard nephroscope, pneumatic lithotripter, AMPLATZ and ALKENS METAL DILATORS,Carm fluoroscopy guided punctures.we used a single puncture most often,with need for second puncture and 3rd puncture rarely. THE second stage was usually done by 4th po day during the same admission.We resorted to second stage in cases of difficult access to sec calyces with calculi, bleeding with hypotension or urosepsis or significant urinary extravasation or large stone burden . RESULTS & CONCLUSIONS : We observed good stone clearance while using multi vs single stage PCNL OF NEARLY 98 PERCENT.Moreover muti stage PCNLenabled safe recovery,minimal morbidity with least complications and low infection rate.	JAYAGANESH GANESH* , GOVT ROYAPETTAH HOSPITAL
200	A DESCRIPTIVE STUDY ANALYZING THE ASSOCIATION BETWEEN SITE OF ENTRY WITH INTRA OPERATIVE COMPLICATIONS AND STONE CLEARANCE IN PATIENTS UNDERGOING PERCUTANEOUS NEPHROLITHOTOMY	Aims and Objectives: Percutaneous Nephrolithotomy is considered the gold standard treatment for renal calculi. In this study we intend to analyze the association between site of entry into the Pelvi-calyceal system with Intraoperative complications and Stone clearance in patients undergoing Percutaneous Nephrolithotomy. Patients and Methods: This descriptive study was conducted in Department of Urology of Mahatma Gandhi Medical College and research institute from December 2012 to December 2014. All patients with renal/upper ureteric calculi undergoing PCNL were included in this study. A proforma was prepared to study the patient profile, RGP picture, decision regarding the calyceal puncture and Intraoperative complications (Bleeding, Infundibular tear, Renal pelvic injury, stone clearance rate). Subjective and Objective assessment of the parameters was done. Results: Of total 95 patients recruited in the study, majority of the patients were male (63) compared to female (32). Majority of the access was through upper posterior (38.9%), followed by lower (25.3%) and mid (22.1%) posterior calyx. The present study findings highlighted that the site of entry is associated with an increase in intra operative complications (p value < 0.01). Entry from mid anterior, lower anterior, mid	Satyajeet Pattnaik*, MAHATMA GANDHI MEDICAL COLLEGE AND RESEARCH INSTITUTE