embolisation at a tertiary referral centre from January 2012 to May 2014. Data related to time from embolisation to surgery, duration of surgery, local staging, blood loss, pre- and post-operative blood parameters (haemoglobin, creatinine and eGFR), analgesic requirements, length of hospital stay and morbidity were collected and analysed.

**Results:** Eight patients, four females and four males were identified over the 2.5 year period. Median age at surgery was 63 years old (range 50–89). Four patients had embolisation one day pre-operatively and four had embolisation on the same day of surgery. All patients had their procedure completed laparoscopically. Median operative time was 2.36 hours (range 1.45–3.18). 4 were right-sided tumours and 4 were left-sided. Median blood loss was 325ml (range 30–1000). Median size of tumour was 9.5cm (range 6.5–15.5). Histologically, 4 cases were T3a or b, 3 cases were T2a or b and one case was T4. Median haemoglobin and eGFR reduction post-operatively was 14.8% (range –32.9 to 26.3) and 23.6% (range –13.5 to 54.7) respectively. The median increase in creatinine levels was 21.1% (range –10.8 to 48.8). Analgesic requirements were less in the patients who had embolisation on the day of laparoscopic nephrectomy. There were two minor complications, one patient had paralytic ileus and the other required more analgesia. The median length of hospital stay was 4 days (range 1–9). The median follow-up is 10.5 months (range 2–30). There was one case of systemic recurrence having systemic therapy but there were no cases of local recurrence.

**Conclusions:** Laparoscopic nephrectomy for large renal tumours are surgically challenging mainly due to its increase vascularity. In our study, pre-operative embolisation of large renal tumours makes the laparoscopic approach feasible, reduces the morbidity and the analgesic requirements were less if embolisation is done on the same day of surgery.

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**Simplified laparoscopic partial nephrectomy: Double layer technique**

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**Introduction & Objectives:** In laparoscopic partial nephrectomy (LPN) the reconstruction stage takes the longest part of warm ischaemia time (WIT) and thus influences renal function after LPN.

**Material & Methods:** 62 LPN have been performed for 2 years. The tumors abutting pelvicalical system (PCS) or renal sinus were considered central. In 22 patients (35.5%) with central tumors PCS of the kidney was opened. These patients underwent double layer technique (DLT) during LPN and formed the first group. The second group consisted of 40 (64.5%) patients with peripheral tumors, and their PCS was not opened during LPN. Mean age in the first and second groups was 62.3±11.8 years (range 38–77) and 55.7±13.5 years (range 33–74), mean tumor size – 35.3±6.8 mm (range 25–58) and 33.5±7.2 mm (range 23–58), mean RENAL nephrometry sum – 7.1±1.5 (range 5–10) and 6.7±1.2 (range 4–8) respectively. The DLT was during the reconstruction stage of LPN in central tumors. It involves the following steps: transperitoneal approach, atraumatic hilar clamping (en bloc or artery only) and tumor excision by cold endoshears. The reconstructive stage excludes separate PCS suture repair. The renal wound is sutured using “sliding clip” technique in two steps. Firstly, the deep parenchymal running suture through fibrous capsule of the kidney is applied. Wherein every stitch of the running suture is performed by two needle punctures of the every edge of the renal wound without gripping opened PCS edges. On completing the deep parenchymal suture through the whole wound of the kidney the hilar clamp is removed, the blood supply of the kidney is restored and WIT is measured. Secondly, the superficial parenchymal running suture through fibrous capsule of the kidney is applied.

**Results:** Mean operative time in the first and second groups was 236.4±168.5 (range 80–380) and 128.8±50.4 (range 80–300), mean WIT – 13.6±2.3 min (range 9–18) and 12.3±3.1 (range 6–16) (p=0.09), mean blood loss – 257.5±237.9 ml (range 50–1100) and 124±132.7 ml (range 50–500) respectively. Intraoperative hemorrhage occurred in 2 patients of the first group. Delayed hemorrhage, urine leak, renal failure did not occur. All patients confirmed RCC with negative surgical margins. Mean follow up was 14.3±5.4 month (range 3–24). No local recurrence and no progression were diagnosed in the both groups.

**Conclusions:** LPN can be safely performed for central tumors with comparable WIT of the same procedure for peripheral tumors. The use of simplified DLT during reconstruction stage of LPN for tumor defect closure may assist to reduce WIT without increasing the risk of complications.