RESULTS: Of the 22 vaginoplasty (9 robotic) and 13 gender-affirming vulvoplasty patients, surveys were available for 13 and 6, respectively. Median age was 36 years (interquartile range 19 to 39 years). Thirty percent of vaginoplasty (n = 4) and 50% of vulvoplasty patients (n = 3) did not use any postoperative oxycodone. Figure 1 shows reported outpatient narcotic use. A higher percentage of vulvoplasty patients used acetaminophen, ibuprofen, lidocaine, and ice packs vs vaginoplasty patients, who used oxycodone more often. Vaginoplasty patients most frequently cited oxycodone as the most effective pain management modality, with acetaminophen cited by vulvoplasty patients. Twenty-six reported using nonpathway cannabinoids for analgesia management. Worst pain in the 24 hours before follow-up was a median of 5 out of 10, least pain was 2.5 out of 10. The analgesia regimen provided 50% to 80% pain relief.

CONCLUSION: Patients undergoing vaginoplasty and vulvoplasty successfully use a multimodal strategy for pain control with a subset requiring no post-discharge narcotics. Lidocaine patch utilization was low; some patients used alternative therapies. More subjects are needed to assess differences in narcotic use between groups.

METHODS: We used the all-payer Premier Hospital Database to identify adult radical cystectomy patients from 2004 to 2016. Patient, hospital, and surgical characteristics were collected, as well as use of H2 blockers or proton pump inhibitors (PPIs) within 1 day of operation. Clavien-based and other specific complications were collected, as well as readmissions, mortality, and costs. Associations were characterized via multivariate logistic regression.

RESULTS: We included 8,446 patients with a median age of 70 years (interquartile range 63 to 77 years); most patients received H2 blockers or PPIs perioperatively (87%). At index stay, 1.1% of patients experienced UGIB; neither acid suppression group had reduced odds for UGIB on adjusted logistic regression. However, both acid suppression groups had decreased odds for highest quintile of length of stay (H2 blocker odds ratio [OR] 0.57; 95% CI, 0.46 to 0.71; p < 0.001; PPI OR 0.68; 95% CI, 0.54 to 0.85; p = 0.001) and index stay major complication (H2 blocker OR 0.77; 95% CI, 0.60 to 0.97; p = 0.03; PPI OR 0.81; 95% CI, 0.65 to 1.00; p = 0.049).

CONCLUSION: Our study provides contemporary national data showing that although perioperative acid suppression is not associated with reduced UGIB in cystectomy patients, recipients have shorter length of stay and fewer index stay major complications. These findings suggest that H2 blockers and PPIs may be high-value perioperative interventions.

Preoperative and Intraoperative Factors Predictive of Complications and Stricture Recurrence after Multiple Urethroplasty Techniques

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INTRODUCTION: Optimizing management and prevention of urethral strictures is an important, yet understudied, area of research. In this retrospective analysis, we sought to investigate factors predictive of postoperative recurrence and complications in patients undergoing multiple urethroplasty techniques for stricture repair. We hypothesize that independent risk factors for recurrence after urethroplasty include postoperative complications and stricture complexity (ie longer length).

METHODS: We retrospectively reviewed records of 110 men who underwent urethroplasty for Urethral stricture disease (USD) at a single center from 2016 to 2020. Demographic data, comorbidities, stricture history including etiology and earlier treatments, patient-reported symptoms, and outcomes data were collected for analysis. Data were analyzed in...
aggregate, then stratified by type of urethroplasty performed. Descriptive statistics, multivariate logistic regression analysis, and inter-group comparisons were completed using R Studio (α = 0.05; 95% CI).

RESULTS: Mean age was 55.5 years (range 20 to 83 years), with mean stricture length 2.77 cm (range 0.5 to 10 cm). The most common stricture etiology was iatrogenic (n = 34 [31%]) and common urethroplasty was anterior anastomotic (n = 38 [35%]), followed by buccal mucosal graft (BMG) (n = 34 [31%]). Twenty-five patients (22.7%) had stricture recurrence. Within the aggregate data, recurrence was significantly predicted by obesity (BMI > 30 kg/m²) (odds ratio [OR] 1.27; 95% CI, 1.06 to 1.53), age older than 55 years (OR 1.22; 95% CI, 1.01 to 1.48), and presence of postoperative complications (OR 1.28; 95% CI 1.05 to 1.56). Presence of any postoperative complications within 90 days was significantly predicted by presence of lichen sclerosus (OR 1.57; 95% CI, 1.09 to 2.27). Within the BMG group, patients with penile strictures (OR 0.53; 95% CI, 0.33 to 0.84) and bulbar strictures (OR 0.6; 95% CI, 0.48 to 0.93) were significantly less likely to experience recurrence. Within the anterior anastomotic group, obesity significantly predicted recurrence (OR 1.47; 95% CI, 1.12 to 1.94).

CONCLUSION: Obesity and lichen sclerosus negatively impact outcomes and a penile stricture location is protective when BMG was used for urethral stricture repair.

Preoperative Nutritional Status and Sarcopenia Predict Outcomes after Nephrectomy for Localized Renal Cell Carcinoma
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INTRODUCTION: We investigated associations between preoperative hypoalbuminemia and sarcopenia and oncologic outcomes after partial or radical nephrectomy for localized RCC.

METHODS: We performed a retrospective review of patients who underwent nephrectomy (2005-2019). Preoperative albumin and cross-sectional images within 90 days of operation were obtained. Sarcopenia was defined by sex-specific consensus thresholds. Association between sarcopenia, hypoalbuminemia (< 3.5 mg/dL) and overall (OS), recurrence-free (RFS), and cancer-specific survival (CSS) were evaluated with multivariable and Kaplan-Meier analyses. Composite risk groups were created: low-risk: nonsarcoenic+normal albumin; medium risk: (A) sarcoenic/normal albumin or (B) nonsarcoenic/hypoalbuminemia; and high-risk: sarcoenic+hypoalbuminemia.

RESULTS: Among 344 patients, including mostly T3 (62.8%), N0 (84.3%) patients, 107 (31.1%) were hypoalbuminemic and 137 (39.8%) were sarcoenic. Median follow-up was 35 months. Hypoalbuminemia was associated with OS (hazard ratio [HR] 1.61; p = 0.009), RFS (HR 2.02; p = 0.002), and CSS (HR 1.78; p = 0.034). Sarcopenia was similarly associated with worse OS (HR 1.74; p = 0.002), RFS (HR 1.55; p = 0.044), and CSS (HR 2.10; p = 0.006). In the combined prognostic model, high-risk groups were associated with worse OS, RFS, and CSS (p = 0.001, 0.004, p = 0.008, respectively). The high-risk group demonstrated HRs of 2.64 for OS (p < 0.001), 2.65 for RFS (p < 0.001), 3.56 for CSS (p = 0.001). Median OS was 104, 70, 74, and 61 months for the low-, medium- (A) and (B), and high-risk groups, respectively.

CONCLUSION: Baseline hypoalbuminemia and sarcopenia are associated with inferior RFS, CSS, and OS following nephrectomy for localized RCC. This finding provides valuable insights for preoperative risk stratification of RCC patients. Prehabilitative interventions surrounding nutrition and body composition warrant further study.

Quantifying Publication Rates and Time to Publication for American Urological Association Podium Presentations
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INTRODUCTION: The American Urological Association (AUA) Annual Meeting serves as a large platform for unpublished research. Among the selected abstracts, podium presentations represent the most impactful submissions. Although these podium presentations receive a large audience through conference attendance and social