groups. The only exception: subclavian vein catheterization was more common in women because of more advanced age of patients in group (20% vs 10%, $p<0.0001$). As very painful (SVA>5) were reported: arterial puncture (in 50% cases), subclavian vein catheterization (22%), neuraxial puncture (13%), nasogastric tube (12%), bladder catheterization (12%), peripheral venous line (7%), and other interventions (<5%). The conclusions are: 1) induced pain in intensive care unit has an extremely high incidence, intensity and variety of sources. 2) Generally were not identified gender differences in the spectrum, frequency and intensity of induced pain.

Laparoscopic Treatment of Simple Renal Cyst

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Laparoscopic resection of simple renal cyst is a method of choice (N.A. Lopatkin, 1999; I. Coman, 2000; R. Boja, 2000; E. Angelescu, 2003), including by excision of symptomatic and recurrent cysts, as an alternative to open and percutaneous surgery (Z.A. Kadyrov, 2000,). Laparoscopic treatment of simple renal cysts is a well-standardized urological operation, with minimal complications and practically no risk of recurrence (Rassweiller, 1998). New technologies of endoscopic surgery are becoming gradually the gold standard in the treatment of many urological diseases. Analysis of the treatment results and presentation of own experience in laparoscopic resection of simple renal cysts. The study was made on the basis of 17 operated patients with simple renal cyst (5 men and 12 women) during 2009 - 2010 years in the Department of Urology from Clinical Republican Hospital, Moldova. Patient age ranged from 21 to 65 years (average 48.3 years). Mandatory screening of the patients included ultrasound and intravenous urography, and in some cases, CT in the urographyc mode and selective angiography. In 8 (47%) patients the cyst was found on the left (17,6% - middle segment, 29,5% - upper segment of the kidney), 9 (53%) patients on the right (17,6% - middle and 35,2% - inferior segment of the kidney). All cysts located at the middle segment were of lateral location. As a result of instrumental examination were revealed unvascular liquid formations with a diameter from 5,6 up to 10,5 cm (mean 7.8 cm) with extra renal location. Laparoscopic resection of renal cysts was implemented in 15 (88,2%) cases. From the total number of operated patients laparoscopic resection was converted to open surgery in 2 (11,8%) cases due to technical difficulties of laparoscopic resection of renal cysts. From the total number of operations, simultaneously with laparoscopic resection of renal cysts were performed: in one case (5.9%) laparoscopic cholecystectomy, in the second case (5,9%) laparoscopic cholecystectomy and laparoscopic resection of a hydatid cyst of the liver. Hospitalization period of the patients averaged 6.2 days, postoperative period was 2.8 days. The duration of operation ranged from 28 to 62 minutes, average length - 34.6 minutes. A check up of patients after 3 and 6 months after surgery showed no recurrence of cysts. Results of treatment of simple renal cysts by laparoscopic surgery are comparable with open operations, and have such great advantages as: reducing of the length of patients' hospitalization, the lack of postoperative scars, rapid postoperative recovery and earlier return to the social and working life. Transperitoneal access in laparoscopy allows solving several surgical problems simultaneously (laparoscopic cholecystectomy, resection of the liver cyst, plastia of the esophageal hernia, etc.).