The British Association of Urological Surgeons

South Thames & KSS Regional Urology Meeting

Thursday 16th March 2023

Frimley Hall Hotel

Organisers:

Hosted by KSS

Miss Kiki Mistry (Frimley Park)
Mr Ian Rudd (Maidstone & Tunbridge Wells)

<u>Directions to Frimley Hall Hotel</u>

Travelling by road:
Frimley Hall hotel is located 7 minutes by car from Junction 4 M3. For Satellite navigation please use postcode GU15 2BQ.

Travelling by Train:
Fast trains from London Waterloo to Farnborough Station (35 minutes). Frimley Hall Hotel is 4 miles/ 10 minutes in car from Farnborough Station.

Programme

12.00 – 12.45	**Lunch (Sponsors Exhibition)**
12.45 – 12.55	**Welcome** **Mr Marc Lynch Consultant Urologist, BAUS Regional Representative London South**
12.55 – 13.20	***'On The Question of Burnout in Urologists'*** **Mr Tim Terry** **Surgeon, Educator, Mentor**
13.20 – 14.50	**Session 1 Trainee Presentations**
14.50 – 15.10	**Sponsored Talk – Procept BioRobotics** ***'The Evolution of Heat Free Robotic BPH Therapy'*** **Mr Neil Barber Consultant Urologist, Frimley Park Hospital**
15.10 – 15.30	**Coffee Break (Sponsors Exhibition)**
15.30 – 17.00	**Session 2 Trainee Presentations**
17.00 – 17.30	***'Why Workforce and Workflow Matter to All of Us'*** **Mr Steve Payne, BAUS Workforce Lead**
17.*30*	**Close of Meeting**
17.40	**Drinks at the Bar followed by Dinner**
	Please RSVP for dinner by Monday 6th March 2023 forms.gle/7b8XkfPqkx2h4Z…

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Session 1: Session Chairs Mr Ahmed Ali and Miss Danielle Whiting

13.20 **Robot Assisted Ureteric Reimplantation - A Multi-center United Kingdom Study**
Kent and Canterbury Hospital
Pallab Kumar Sarkar

13.30 **For patients re-referred after discharge off the two-week rule pathway for prostate cancer, when should we perform a repeat MRI?**
Epsom and St Helier Hospital
Nadia Rokan

13.40 **Day case TURP + TURBT: Are we GIRFT compliant?**
Darent Valley Hospital
Jayasimha Abbaraju

13.50 **Does the Hounsfield unit and size of ureteric stones equate to success at SWL?**
Guys and St Thomas' Hospital
Zhi-Yang Low

14.00 **Does bilateral same-session ureteroscopy (BURS) result in more infections and readmissions than unilateral ureteroscopy (UURS)**
Epsom and St. Heliers NHS Trust
Muhesh Taheem

14.10 **Lumps and bumps in the bladder: A broad range of tumour types treated with bladder preserving robotic-assisted partial cystectomy**
Royal Surrey County Hospital
Jonathan Ferguson

14.20 **An Audit of the Safety and Efficiency of Cystoscopic Surveillance During Intravesical BCG Therapy at Princess Royal Hospital**
Princess Royal Hospital Brighton
Edward Hart

14.30 **Defining Metrics of Success in in patients undergoing radical nephroureterectomy for upper tract urothelial cancer**
Guys and St Thomas' Hospital
Nataniel Tan

14.40 **Are we following guidelines for diabetic optimisation for patients undergoing urological surgery?**
Epsom and St Helier Hospital
Christopher Beoku-Betts

Session 2: Session Chairs

15.30 **Is It Safe To Spare Gynaecological Organs in Female Patients Undergoing Radical Cystectomy? A Multi-Institutional Study of Three High Volume Pelvic Cancer Centres**
St George's University Hospitals
Leshanth Uthayanan

15.40 **Black patients have worse continence outcomes at 12 months following robotic-assisted radical prostatectomy**
Guy's and St Thomas' Hospital
Findlay MacAskill

15.50 **SHO-Led Core Urology Clinic: A local initiative to improve surgical training and reduce waiting list**
Frimley Park Hospital
Jirayr Ajzajian

16.00 **An Audit of Self-removal of Catheter after Major Pelvic Oncological Surgeries**
Royal Surrey County Hospital
Danny Darlington Carbin

16.10 **Flexible cystoscopy in patients with positive urinalysis- An unnecessary cancellation?**
East Surrey Hospital
Prabisha Jeevanandan

16.20 **Evaluation of changes impacted by COVID-19 pandemic to multidisciplinary urology cancer team meetings 3 years on**
Ashford and St Peter's Hospital
Natalie Kowshiga George

16.30 **Functional and Oncological outcomes of Robot-Assisted Radical Prostatectomy in Obese Men - A Matched Pair Analysis**
Royal Surrey County Hospital
Danny Darlington Carbin

16.40 **Primary ureteroscopy in the emergency setting: Our experience from a District General Hospital**
Princess Royal University Hospital, Orpington
Dhanashree Moghe

16.50 **A 5 year Audit of Managing Testicular Cancer at a South Coast DGH. Eastbourne District General Hospital**
Eastbourne District General Hospital
Mohamed Swamad

Title: Robot Assisted Ureteric Reimplantation - A Multi-Center United Kingdom Study
Authors: Sarkar, Pallab Kumar; Darlington, Danny; Murthy, Kusuma; Moschonas, Dimitrios; Perry, Mahew; Streeter, Edward; Pal, Krishna; Eddy, Ben; Kommu, Sashi
Institution: Kent and Canterbury Hospital, East Kent Hospitals University NHS Foundation Trust, Dept. of Urology, Canterbury, United Kingdom
Presenting Author: Pallab Kumar Sarkar
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Abstract:

INTRODUCTION & OBJECTIVE

Ureteric reimplantation is a reconstructive urological procedure often indicated in a variety of complex urological conditions. It has conventionally been performed using open operative techniques. In the past decade, published reports of ureteric reimplantation using the Da Vinci Surgical System have emerged with at a near exponential rate.

Published comparisons of open vs. robotic procedures have demonstrated shorter hospital stay and reduced opiate requirement, though longer operative times with the robotic platform. Herein, we present a United Kingdom Multicentre experience of robot assisted ureteric reimplantation.

METHODS

We retrospectively reviewed all robotic ureteric re-implantations performed across 3 centres in the United Kingdom between January 2010 and April 2021. Data sets were reviewed for demographics, indication, operative me, length of stay, and complications.

RESULTS

Across the three centres a total of 77 patients underwent robotic assisted ureteric reimplantation / uretero-ureterostomy +/- synchronous procedures. indications included ureteric strictures secondary to endometriosis and stone disease, malignancy in adjacent bladder diverticula, and iatrogenic ureteric injury,

The median operative me was 150 minutes (120-270minutes). The median hospital stay was 1 day. Median blood loss 50 mls (10-100ml). None of the cases required blood transfusion or open conversion or showed immediate intra-operative complications . Post-operative complications include urinary tract infection in one patient requiring admission, and reflux pain on voiding in three patients. There was one readmission due to pain. The mean initial follow-up me was 4.7 months(3-6 months). None of the cases showed evidence of urinary tract obstruction.

CONCLUSION

Our series demonstrates robotic-assisted ureteric reimplantation is safe, feasible and effective and offers a minimally invasive alternative to traditional open surgery. Outcomes have been favourable in short-term follow-up

Title: For patients re-referred after discharge off the two-week rule pathway for prostate cancer, when should we perform a repeat MRI?

Authors: Rokan N, Wise K, Nitkunan T, Ahmad S
Institution: Epsom & St Helier University Hospitals
Presenting Author: Nadia Rokan
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Abstract:

Introduction:
Prostate cancer is the most common cancer in men in the UK. There are no guidelines for patients re-referred after being discharged off the prostate cancer two-week rule pathway. Our aim was to review this cohort of re-referred patients and determine guidance to ensure appropriate usage of MRI resources.

Patients and Methods:
We reviewed 480 patients who underwent two MRI prostates between January 2019 to December 2022. Of those re-referred following the first MRI, we reviewed reasons for repeat scans and their outcomes.

Results:
219/480(46%) were discharged off the cancer pathway following their first MRI prostate.
The main trigger for repeat MRI was an elevated PSA, however 46/219(21%) had repeat MRI with a PSA lower than at previous MRI.
Following their second MRI, 16/219(7%) commenced active surveillance, 22/219(10.05%) started treatment and 181/219(83%) were discharged.
43/219 patients had a negative transperineal biopsy following their first MRI. On repeat MRI, 38/43(88%) were discharged, 3/43(7%) commenced treatment for prostate cancer. ZERO patients had metastatic prostate cancer.
49/219(22%) had a PSA threshold set after their first MRI. 18/49(37%) had a repeat MRI below the threshold.

Conclusion:
Repeat MRIs need to be carefully considered in patients re-referred on the two-week rule prostate pathway. The results in this cohort were reassuring with no metastatic disease and only 10% requiring treatment. A PSA threshold should be clearly defined on initial discharge, considering prostate size, PSA density, ethnicity and patient concerns.

Title: DAY CASE TURP & TURBT: ARE WE GIRFT COMPLIANT?

Authors: ABBARAJU J, BANERJEE S, PETRIDES N, RAY E, MADAAN S, NARICULAM J, ANJUM F, SRIPRASAD S.
Institution: Darent Valley Hospital, Dartford
Presenting Author: Jayasimha Abbaraju
Contact email: jsabbaraju@hotmail.com

Abstract:

Introduction:
The GIRFT (Getting It Right First Time) programme is designed to improve care within the NHS. The 2018 GIRFT report for Urology recommends greater emphasis on day case procedures to optimize quality and efficiency. We describe our experience of day-case TURBT and TURP.

Materials and Methods:
All patients undergoing endoscopic-resection surgery at our department from April-December 2022 were prospectively studied. The demographic details, pre-operative, intra-operative and post-surgical information was collected.

Results:
315 patients underwent TURP or TURBT. 123 of these procedures were performed as a day case, of which 72 patients were TURP and 51 were TURBT.

TURP Group: The mean age was 72 years. Mean operative time was 70.2 minutes (range 25-150). Average time to trial without catheter (TWOC) was 3 days (range 2-5). All patients had a successful TWOC. The mean resection weight was 22.4g (range 3-69). There were eight emergency re-admissions; one presented with sepsis and the other 7 had visible haematuria of which 2 required endoscopic washout.

TURBT Group: The mean age was 72.5 years. Post-operative Mitomycin-C was given in 43% of patients. Average time to TWOC was 2 days (range 1-7). The average operating time was 46 minutes (range 25-120). All patients had a successful TWOC. Four patients re-attended with haematuria, of which 2 required rigid cystoscopy and 3 had sepsis.

Conclusions:
Day-case endoscopic urology surgery is safe. Hospital stay was reduced, enabling cost savings. Patients were also more inclined for discharge on the same day if appropriate with contact details of specialist nurses to contact in case of emergency.

Title: Does the Hounsfield unit and size of ureteric stones equate to success at SWL?
Authors: Zhi-Yang Low, Luis Ribeiro, Nataniel Tan, Sally Bentley, Elizabeth Eversden, Susan Willis
Institution: Guys Hospital
Presenting Author: Zhi-Yang Low
Contact email: zhi-yang.low@nhs.net
Abstract:

Introduction
Extracorporeal shock wave lithotripsy (SWL) is an integral part of the treatment of urolithiasis. This study aims to identify demographic and stone characteristics which may predict for success of SWL treatment.

Methods
A total of 524 patients underwent SWL treatment over a 3-year period at our tertiary Urology centre. Data on patient demographics, stone characteristics and patient outcomes were collected retrospectively. Multivariate analysis was performed using a logistic regression model.

Results
The mean age of this patient cohort was 47.12 years, with 381 (72.7%) being male. The mean maximum stone length was 7.42mm, and the mean Hounsfield units was 883.77. The median number of SWL treatments was 1. An overall stone-free rate of 72.9% was found. 122 (23.3%) patients eventually had ureteroscopy, and 3 (0.6%) had percutaneous nephrolithomy, while 17 (2.7%) opted for surveillance. Multivariate analysis showed that the odds ratios for stone size and Hounsfield units were 1.11 and 1.00 respectively ($p<0.05$).
When grouping Hounsfield units into three categories (â‰¤500, 501-1000, â‰¥1001), the stone clearance rates were 82.0%, 78.3% and 66.8% respectively. There was a strong association between stone Hounsfield unit category and stone clearance (Ï‡2 = 8.902, $p<0.05$). When grouping stone size into three categories (â‰¤5mm, 6-10mm, â‰¥11m), the stone clearance rates were 84.4%, 84.2% and 69.2% respectively.

Conclusion
This work aims to form the basis of a decision tool to predict stone-free rates after SWL, which would prove invaluable while counselling patients for treatment of urolithiasis.

Title: Does bilateral same-session ureteroscopy (BURS) result in more infections and readmissions than unilateral ureteroscopy (UURS)

Authors: Mr. Muhesh Kumar Taheem, Mr. Chike John Okeke, Mr. Philip Brousil
Institution: Epsom & St. Heliers NHS Trust
Presenting Author: Mr. Muhesh Taheem
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Abstract:

Introduction:
Bilateral same-session ureteroscopy (bURS) is traditionally associated with safety concerns, although can reduce number of anaesthetic episodes per patient. The purpose of this audit is to evaluate safety of BURS by reviewing postoperative infections and reattendance rates in bURS compared to unilateral ureteroscopy (uURS) at an NHS trust in London.

Methods:
Retrospective data collection was undertaken from information provided by the coding department for the time period 1st January 2021 and 31st July 2022. Patients were selected consecutively to avoid bias. Datapoints included patient demographics, indication, intraoperative details and outcomes. Statistical analysis was employed to compare the two groups.

Results:
Data for 52 UURS and 41 bURS were collected. 1 patient from the bURS group was excluded due to procedure coding error. 2 patients were excluded from the uURS group; 1 due to procedure coding error and 1 due to inadequate intraoperative details. Standard demographic data between the two groups were similar. No intraoperative complications or one year mortality was observed. Average operating time was 79.7 minutes compared to 51.5 minutes in bURS and uURS respectively ($p<0.05$). Incidence of postoperative infection was 7.5% (n=3) versus 2.1% (n=1) in the bURS and uURS groups respectively ($p>0.05$). Nationally the post-operative infection rate is 6.8% Unplanned postoperative reattendance was 25.0% in the bURS group(n=10) compared to 8.3% (n=4) in the uURS group ($p<0.05$) and 12% nationally.

Conclusion:
Both bURS and uURS had low postoperative infection rates, however bURS is associated with a significantly increased rate of unplanned postoperative reattendance.

Title: Lumps and bumps in the bladder: A broad range of tumour types treated with bladder preserving robotic-assisted partial cystectomy

Authors: Mark P Broe, Jonathan Ferguson, Alison Roodhouse, Danny D Carbin Joseph, Constantinos Adamou, Gerasimos Fragkoulis, Dimitrios Moschonas, VRM Kusuma, Krishna Patil, Matthew JA Perry, Wissam Abou Chedid
Institution: Dept. of Urology, Royal Surrey County Hospital, Guildford, UK
Presenting Author: Dr Jonathan Ferguson
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Abstract:

Introduction
Urothelial carcinoma is the most common histopathological subtype of bladder tumour. Radical cystectomy (RC) with/without neoadjuvant chemotherapy is the standard of care for the treatment of muscle-invasive urothelial bladder cancer. RC complexity confers higher perioperative morbidity, hence bladder-preserving treatments like partial cystectomy (PC) present alternatives for select patients. Most currently published experiences, even at leading centres, are lowly powered. We present our experience treating heterogenous group of bladder tumours using PC.

Materials & Methods
All robotic-assisted PC patients from 2015-2022 with â‰¥9 months follow-up, were retrospectively reviewed. Clinicopathological data was analysed, including tumour histological subtypes. The primary outcomes assessed were: rates of overall survival (OS) and recurrence-free survival (RFS), alongside length of stay (LOS), catheterisation duration and complications/readmissions.

Results
19 PC procedures were performed for various tumour types. 13 (68%) for malignant pathology, most commonly adenocarcinoma(36%), two urothelial(10.5%), and two squamous cell(10.5%), carcinomas. The most common site was the bladder urachus(84%). 42% had bilateral pelvic lymph node dissection. All malignant tumour types had high staging. OS for malignant cases was 69.2%. RFS was 69.2%; 3 adenocarcinoma, and one squamous, recurrences. No recurrences in the urothelial subgroup. LOS was short. One patient suffered urine leak requiring prolonged catheterisation, another developed urethral stricture.

Conclusion
Our experience with PC is associated with good OS and RFS rates, but appropriate patient selection is crucial. A broad range of tumour types are suitable for PC. Particular benefit is seen with potential benign tumours, urachal tumours and leiomyoma/leiomyosarcomas. Recurrence can occur, particularly adenocarcinomas, warranting close monitoring. Robotic approach for PC is associated with low morbidity.

Title: An Audit of the Safety and Efficiency of Cystoscopic Surveillance During Intravesical BCG Therapy at Princess Royal Hospital

Authors: Edward Hart, Ola Blach, Ruairidh Crawford
Institution: Princess Royal Hospital, University Hospitals Sussex
Presenting Author: Edward Hart
Contact email: edward.hart@nhs.net

Abstract:

The optimal cystoscopic surveillance protocol in non-muscle invasive bladder cancer patients undergoing intravesical BCG treatment is unclear, with varying use of general anaesthetic (GA) and local anaesthetic (LA) cystoscopy between
departments. We assessed our current practice of GA cystoscopic surveillance, and explored the safety and efficiency of adopting LA cystoscopy.

A retrospective review of all patients who received intravesical BCG during 2018-2020 was performed. Data was collected on demographics, cystoscopic findings, histology, length of stay, and long term outcomes. Cystoscopic findings were subgrouped into â€œno visible recurrenceâ€, â€œred patchâ€ or â€œexophytic recurrenceâ€, and compared to
histological findings.

140 patients were included. 109 received at least BCG induction plus two maintenance courses. 361 GA cystoscopies were performed in total, of which 307 (85%) were biopsied. 73 patients spent at least one night in hospital (82 inpatient days). Biopsies from an â€œexophytic recurrenceâ€, â€œred patchâ€, and â€œno visible recurrenceâ€ identified
malignant histology in 34 (79%), 15 (8%), and 4 (2.9%) of cases respectively. 3 (75%) of the false negative cystoscopies
were at 1st GA check cystoscopy, of which none had a previous negative biopsy since initial TURBT. If cystoscopies after 1st GA check cystoscopy had been performed under LA, 1% malignant histology (CIS) would be undetected, but 25.8 all day operating lists would be saved.

A very small number biopsies taken from cystoscopically clear bladders were malignant, of which the majority were found at 1st check cystoscopy. Adopting a combination of GA and LA cystoscopic surveillance would improve efficiency with minimal false negatives.

Title: Defining Metrics of Success in in patients undergoing radical nephroureterectomy for upper tract urothelial cancer

Authors: Nataniel Tan, Niyati Lobo, Sachin Malde, Elsie Mensah, Yasmin Abu-Ghanem, Ramesh Thurairaja, Shamim Khan, Kay Thomas, Matthew Bultitude, Rajesh Nair
Institution: Guys and St Thomas Hospital
Presenting Author: Nataniel Tan
Contact email: jin.tan@nhs.net

Abstract:

Introduction
Upper tract urothelial cancer(UTUC) accounts for 5% of urothelial cancers. Radical nephroureterectomy(RNU) is the gold standard treatment for high-risk UTUC but carries significant morbidity. We identify 7 outcome measures which can be adopted to standardise surgical outcomes for patients undergoing RNU.

Methods
We reviewed a prospectively-maintained database of patients undergoing RNU by a single surgeon between November 2017-November 2022. Patient demographics, perioperative parameters, tumour histology and oncological outcomes were collected.

Results
210 RNUs were identified. 186(88.6%) were performed with robotic assistance. Mean age was 71years. Mean operative time was 130minutes(range: 60-210). Median blood loss was <50mls(range: 0-350). Median length of stay was 2days(range: 1-9).

Of 186 robotic RNUs, post-operative histology confirmed UTUC in 180(96.8%), renal cell in 2(1.1%), squamous-cell in 1(0.5%), lymphoma in 1(0.5%) and melanoma in 1(0.5%), a misdiagnosis rate of 3.2%. 32 patients had low-grade UTUC. 3 patients had unifocal tumours <2cm. These patients may have benefited from nephron-sparing surgery.

Mean ureteric length was 189mm(range 110-280mm) and ureteric orifices were excised in 71%. Lymph node excision was performed in 38 patients, with positive nodes in 1/8(12.5%) and 9/30(30%) patients with pT2 and pT3 disease respectively. 160(86%) patients received post-operative mitomycin C; 90% of whom received MMC within the first 3 days. The bladder cancer recurrence rate was 32% and 46% at 3-months and 1-year post-RNU respectively. Adjuvant chemotherapy was administered in 42% of patients.

Conclusion
Seven outcome measures to improve the surgical outcomes of patients undergoing RNU include: 1.Reducing non-urothelial histology rate, 2. Facilitate complete excision of the distal ureter, 3. Perform lymph node excision when indicated, 4.Administration of post-operative mitomycin, 5.Understanding bladder and metastatic recurrence rates 6.Administration of adjuvant systemic chemotherapy and 7.Offering nephron sparing surgery where appropriate

Title: Are we following guidelines for diabetic optimisation for patients undergoing urological surgery?
Authors: Beoku-Betts Chris, Paleheptiya Nalin, Fenske Otto, Abdel-Aal Reem, Nitkunan Tharani.
Institution: Epsom and St Helier Hospital
Presenting Author: Christopher Beoku-Betts
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Abstract:

Introduction
The estimated prevalence of diabetic patients undergoing elective surgery is 15%. The Centre for Perioperative Care published guidelines for patients with diabetes mellitus undergoing surgery recommending that these patients should have an HbA1C within three months and if HbA1c is more than 69mmol/mol, patients should be referred for optimization.
This audit aims to investigate our departmentâ€™s adherence to these guidelines.

Materials and methods
A retrospective analysis of patients undergoing transurethral resection of prostate (TURP), holmium laser enucleation of prostate (HoLEP) and transurethral resection of bladder tumour (TURBT), between January 2021 to January 2022 was performed. Data was collated on operative procedure, HbA1c and post-operative complications.

Results
200 patients were analysed â€“ 100 TURPs, 41 HoLEPs and 59 TURBTs. The prevalence of diabetic patients was 16% (31/200). 55% (17/31) of diabetic patients had their HbA1c recorded within 3 months of surgery. The mean HbA1c was 59mmol/mol (range 34-93). In the diabetic patients we recorded rates of reattendance, haematuria and infection as 13%, 10%, and 6% respectively and in the non-diabetic group the rates were 14%, 5% and 4% respectively.

Conclusions
Prevalence of diabetic patients undergoing elective urological surgery was 16% which is in keeping with national elective surgery prevalence (15%). Compliance with CPOC diabetic guidelines with respect to diabetic optimisation with an HbA1c within three months of surgery is not optimal currently. However, rates of complications do not seem affected in this small cohort. Education of surgical and pre-op assessment teams is required to enable adherence to current guidelines

Title: Is It Safe To Spare Gynaecological Organs in Female Patients Undergoing Radical Cystectomy? A Multi-Institutional Study of Three High Volume Pelvic Cancer Centres

Authors: Leshanth Uthayanan1, Niyati Lobo2, Rodrigo Del Olmo Haro2, Ramesh Thurairaja2, Raj Nair2, Shamim Khan2, Andrea Tay1, Rami Issa1, Murthy Kusuma3, Dimitrios Moschonas3, Simon Woodhams3, Mike Swinn3, Krishna Patil3, Matthew Perry3
Institution: 1St George's University Hospitals NHS Foundation Trust
2Guys and St Thomas' NHS Foundation Trust
3Royal Surrey NHS Foundation Trust

Presenting Author: Leshanth Uthayanan
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Abstract:
Radical cystectomy (RC) in females with urothelial cancer typically involves bilateral salpingo-oophorectomy and hysterectomy. Malignant gynaecological organs involvement is uncommon, but guidelines recommend not offering sexual organ-preserving RC as standard of care. We report the incidence of malignancy in gynaecological organs removed during RC.

A retrospective multicenter study of 1600 RCs at three high-volume institutions between January 2009 and March 2022 was performed. Pathological findings in gynaecological organs in female cystectomy specimens were reviewed.

Overall, 401 women with a median age of 68 years (IQR: 61-75) underwent RC for cT1-T4 urothelial carcinoma. Seventy-six patients were excluded due to: previous hysterectomy and/or bilateral salpingo-oophorectomy (n=68) and pelvic organ-sparing cystectomy (n=8). Ninety-seven patients (29.8%) received neo-adjuvant chemotherapy. Urothelial carcinoma was the predominant histology (86.6%), followed by squamous cell carcinoma (9.5%), adenocarcinoma (2.9%) and small cell carcinoma (1.3%). Overall, malignant gynaecological organ involvement was seen in 20 patients (6.1%); vaginal wall and/or cervix (n=14), uterus (n=10) and ovaries (n=3). In these patients, clinical staging pre-cystectomy was cT2 in (n=6) 38.5%, cT3 in (n=5) 23.0% and cT4 in (n=8) 38.5%; urothelial carcinoma was seen in 60.0%, squamous cell carcinoma in 30.0% and adenocarcinoma in 10.0%. No females had a primary ovarian malignancy detected incidentally at RC.

To our knowledge, we present the first multi-institutional study examining malignant gynaecological organ involvement in females undergoing RC. The rate of gynaecological involvement at the time of RC is low. In the absence of clinical or radiological involvement of sexual organ involvement, our results do not support their routine removal at the time of radical cystectomy.

Title: Black patients have worse continence outcomes at 12 months following robotic-assisted radical prostatectomy

Authors: MacAskill F.E.N., Shabbir M. , Sahai A. , Cathcart P. , Noel J. , Guy's Post Pelvic Surgery Research Group
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Presenting Author: Findlay MacAskill
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Abstract:

Introduction & Objectives
It is known that racial disparities exist for oncological outcomes following prostate cancer, with black patients having a higher mortality. There remains a paucity of specific data regarding functional outcomes and ethnicity in robotic-assisted radical prostatectomy (RARP). The aim of this study was to investigate if racial disparity exists in outcomes following RARP at our institution, which covers a diverse population

Materials & Methods
This single site study utilised an institution approved (10128) prospective database of patients that underwent primary RARP from 2020-2021 with a minimum follow up of 12 months. All 5 surgeons perform a retropubic approach. Logistic regression was performed to investigate the continence rate at 3, 6 and 12 months for significance ($p<0.05$). Continence is defined as 0 pads/24 hours. Further analysis was performed using propensity score matching for 12-month continence rate only.

Results
In this study, 146 white patients (Age 63 (44-76) years, ISUP 2.39, Prostate MR 41 (11-112) cc) and 86 black patients (Age 59 (43-73) years, ISUP 2.64, Prostate MR 38 (15-112) cc). Continence rate for white patients was 42%, 63% ad 75% at 3, 6 and 12 months. Continence rate for black patients was 36%, 49% and 57% at 3, 6 and 12 months. This was significant at 12 months ($p=0.01$). This was not significant at 3 or 6 months. After propensity score matching, 95 white and 95 black patients were evaluated. Mean age was 61 (44-67) and 59 (43-73) years, ISUP grade 2.55 and 2.6, MRI 39 (16-112) and 28 (12-112) cc for white and black patients, respectively. Continence rate at 12 months was 76% and 60% ($p = 0.02$), for respectively.

Conclusions
The study shows that there is a racial disparity for continence at 12 months following RARP. Further work is required to investigate the reasons for the different outcome.

Title: SHO-Led Core Urology Clinic: A local initiative to improve surgical training and reduce waiting list
Authors: Ajzajian J, Maroof H, Giona S, Ali A, Mistry K, Chetwood A
Institution: Frimley Park Hospital
Presenting Author: Jirayr Ajzajian
Contact email: j.ajzajian@nhs.net
Abstract:

Introduction
During the COVID-19 pandemic, hospitals reduced elective surgeries to support the wider response caused by the pandemic. Cancelling surgeries on such a scale had a drastic impact on patients as well as the health-care system. Nonetheless, surgical training was affected as well and surgical trainees struggled to meet educational and operational targets.

Surgical organizational bodies including Royal College of Surgeons and Joint Committee of Surgical Training (JCST) made a plea to all trainers and hospitals about maximizing opportunities for surgical training through local initiatives.

The aim of this study is to establish the success of our local initiative of Senior House Officer (SHO) led peno-scrotal clinic. This clinic was aimed to increase exposure of junior doctors to outpatient urology setting and meet educational targets as well as contribute to clearing the backlog.

Materials and Methods
We studied retrospectively all the patients seen in the SHO clinic from April 2021 to June 2022.

Results
A total of 71 patients were cleared from the waiting list. 32 patients underwent surgery and 39 patients were managed conservatively or discharged back to their GP. On average patients were seen in 115 days from day of referral and operation waiting time was 100 days. The clinic was run by three different junior doctors who reported that this experience made them fulfill their educational and curriculum outcomes.

Conclusion
Allocating senior house officers to dedicated outpatient clinics under indirect supervision can help improve surgical training as well as clear the backlog caused by the pandemic.

Title: An Audit of Self-removal of Catheter after Major Pelvic Oncological Surgeries
Authors: Wissam Abou Chedid, Danny Darlington Carbin, Maria Innes, Helen Casson, Mark Broe, Mohammad Hossain, Gerasimos Frajkoulis, Danielle Whiting, Constantinos Adamou, Murthy Kusuma, Dimitrios Moschonas, James Hicks, Krishna Patil, Christopher Eden, Matthew Per
Institution: Royal Surrey County Hospital
Presenting Author: Danny Darlington Carbin
Contact email: danny.carbinjoseph@nhs.net
Abstract:

Introduction
Self-removal of catheter after Robot-assisted radical prostatectomy (RARP) is a novel concept which has never been reported in the literature.

Methods
We included 129 consecutive RARP performed in our centre for the self-TWOC (trial without catheter) program. The exclusion criteria were: patient preference, surgeon preference due to difficult anastomosis or patients suffering from poor manual dexterity. The men who opted in were explained about self-TWOC preoperatively and contacted after TWOC to fill a questionnaire. Among the 129 who opted in, 112 filled the follow-up questionnaire and therefore were included in the final analysis.

Results
Self-TWOC was successful in all the 112 men included in the study. Patient satisfaction was high as shown in table 1. Distance of travel avoided per patient: 79.6+/-36.72 km (Mean+/-SD). Average travel time per patient: 77 minutes. Waiting time in hospital avoided: four hours per TWOC appointment. This also saved 85/patient for the hospital. Our study showed fuel cost savings of 9.87 to 15.99 per patient depending on car engine size/type. The carbon footprint calculated was 0.02 tonnes of CO2 assuming average engine sized (<2.0 litre capacity) diesel/petrol cars and 0.01 tonnes of CO2 for average UK petrol hybrid car. The calculated carbon offset per patient for diesel/petrol cars: 0.32, petrol hybrid: 0.16.

Conclusion
Self-TWOC after RARP is feasible, safe and cost-effective for the hospital and patients. With 7913 robotic prostatectomies in the UK per year, our program if expanded to other units can save 158 tonnes of CO2 emissions per year.

Title: Flexible cystoscopy in patients with positive urinalysis- An unnecessary cancellation?
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Abstract:

Introduction:
Currently patients with nitrite positive urinalysis attending for flexible cystoscopy (FC) are rescheduled, placing a heavy burden on over-stretched NHS resources. We noted with interest the paper from Trail et al, and wanted to establish whether continuing with FC is safe despite a positive urine analysis in asymptomatic patients, in our region.

Cycle 1:
We retrospectively identified 47 patients cancelled for a positive urine dip in a three-month period. 41 were asymptomatic. Eight of 26 MSUs sent were negative. All were given antibiotics and rescheduled. At the rescheduled appointment 14 had a positive urine dip. They underwent a FC with antibiotic cover. No patients re-presented with a UTI within 2 weeks of their FC.

Intervention;
Modelled on the intervention by Trail et al, we proposed patients with asymptomatic positive urine dip proceed to FC instead of rescheduling, with MSUs sent at the time, to provide sensitivities in case of future infection. We identified risk factors to identify patients who should receive antibiotics at the time of FC.

Cycle 2:
We prospectively identified patients with asymptomatic positive urine dip at time of FC in a three-month period. 15 of 21 were asymptomatic. 11 were given gentamicin pre-procedure. Of the MSUs sent at the time six had positive cultures. Only one patient was readmitted with infection.

Conclusion:
Data collected suggests proceeding with FC despite a positive urine dip is safe if the algorithm is followed. We continue with the algorithm, with a plan to re-audit in six months.

[1] Trail, M., Cullen J., Fulton E et al

Title: Evaluation of changes impacted by COVID-19 pandemic to multidisciplinary urology cancer team meetings 3 years on

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Abstract:

Background
Multidisciplinary team (MDT) meetings are central to the delivery and ratification of decisions for cancer care. These discussions have become more complex with novel investigations and management options. We evaluated the quality of discussions and efficiency during and after COVID-19, whilst transitioning to a virtual platform.

Methods
This was a prospective observational study of 22 Urology Cancer MDT meetings, from February â€“ June 2020 during COVID-19, and three years later (January â€“ February 2023) to assess the continued use of virtual meetings and the benefit of a pre-MDT consultant review. Each meeting was assessed with a validated tool, MDT â€“ MODe (Metric for the Observation of Decision-Making).

Findings
Our results indicate that the number of patients added to the MDT list has increased following the pandemic, returning to the average seen prior to COVID-19 (36 patients). However, the number of cases being deferred has risen from 14% pre-COVID to 29%. Average MDT attendance returned to a similar pre-COVID-19 level (15 members), however, we found there was a better representation of all specialties once established on a virtual platform. Whilst the quality of the MDT discussion has remained the same, the time per patient discussed has increased following a pre-MDT consultant list review.

Discussion
Transitioning to virtual meetings, and incorporating a pre-MDT consultant list review, has helped to optimise meetings and to identify patients who can be deferred prior, improving the overall time available for complex cases. We note more cases are being deferred due to unavailable pathology, which may be explained by a return to higher operative procedures post-pandemic, causing a strain on pathology services. Our findings can help to identify areas for further optimisation of meetings.

Title: Functional and Oncological outcomes of Robot-Assisted Radical Prostatectomy in Obese Men - A Matched Pair Analysis

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Abstract:

Introduction
Robot-assisted radical prostatectomy (RARP) in men with body mass index (BMI) â‰¥35 kg/m2 is considered technically challenging. We conducted a retrospective matched pair analysis to compare the oncological and functional outcomes of RARP in men with BMI â‰¥35 kg/m2.

Methods
We interrogated our prospectively maintained RARP database and identified 1273 men who underwent RARP from January 2018 till June 2021. Among them, 43 had BMIâ‰¥35 kg/m2, and 1230 had BMI<35 kg/m2. A 1:1 genetic matching was performed between these two groups for PSA, Gleason grades, clinical stage, D'Amico risk stratification, and nerve spare extent. Continence rates and biochemical rates on one-year follow-up were analysed. Potency rates were not assessed. Statistical analysis was performed using SPSS. Paired tests were done using Wilcoxon sign rank-sum test. P<0.05 was considered statistically significant.

Results
The two groups were comparable in almost all parameters except for age. Console time (p=0.20) and estimated blood loss (p>0.90) were not significantly different. There was no blood transfusion, open conversion or (Clavien-Dindo gradeâ‰¥3) intra/post-operative complication in either of the two groups. The two groups did not have any difference in biochemical recurrence rates (BCR) on one-year follow-up (p>0.90). Men with BMIâ‰¥35 achieved continence rates equivalent to men with BMI<35 within one year. On logistic regression analysis, age (p<0.001) and extent of nerve sparing (p=0.026) emerged as significant factors influencing continence recovery.

Conclusion
RARP is safe in men with BMI â‰¥35 kg/m2. The one-year continence and oncological outcomes are similar to matched men with BMI<35 kg/m2 undergoing RARP.

Title: Primary ureteroscopy in the emergency setting: Our experience from a District General Hospital.
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Abstract:

Introduction:
The current guidelines support definitive management of ureteric stones as a first-line option, whenever possible, to avoid long-term stenting. The primary aim of our study is to investigate the factors affecting the type of surgical intervention in the form of emergency primary URS (eP-URS) or emergency stenting (ES) performed for acute ureteric stone presentations.

Materials and Methods:
This is a retrospective, single-centred study performed between January and December 2022. All patients requiring emergency surgical intervention in the form of eP-URS or ES for ureteric stones were included. â€¯Data including patient demographic, types of procedure, stone characteristics (location and size), consultant presence in theatre, were collected.

Results:
Of 160 patients presenting with ureteric stones, eP-URS was attempted in 56 (35%) patients and the stone was treated successfully in 36 of these. A decision to perform ES alone was made for 104 (65%) patients. A reason to not attempt eP-URS was clearly documented in 48 (46.1%) of these which included: obstructed infected kidney(45%), impacted stone(26%), urosepsis (15%), tight ureter(12%), unavailability of laser trained staff/theatre(2%). Of those who had no documented reasons, stone location and consultant presence were significantly different between eP-URS and ES groups ($p<0.05$), while stone sizes were not [eP-URS: 6.61mm(2-13), ES: 6.22mm(2-14); , p-value of 0.55].

Conclusion:
Less than a quarter of patients presenting with emergency ureteric stones underwent eP-URS. Location of stone and consultant presence have shown to be significant factors in decision making between ES and eP-URS. Documentation of reason(s) for not performing eP-URS can be improved.

Title: A 5 year Audit of Managing Testicular Cancer at a South Coast DGH.
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Abstract:

Testicular cancer is the commonest solid organ malignancy in young men, with radical orchidectomy being the standard of care for localised disease. We aimed to review our adherence to EAU guidelines on the management of testicular cancer over a 5 year period at our district general hospital.

A retrospective analysis was performed of all patients undergoing radical orchidectomy between January 2017 to January 2022. The parameters collected included the referral criteria, imaging, tumour marker findings and histological results.

Seventy nine patients were identified in the study period who underwent radical orchidectomy whilst on a suspected cancer pathway. The commonest subtype of tumour was a seminoma and the mean age at referral was 45 years old. There was ultrasound imaging in 100% of cases and CT staging being requested in 90% of cases. Pre-operative tumour markers were requested in 99% of cases, with at least one abnormal tumour marker in 41% of cases. Sperm banking advice was documented in 47% of cases, and 10% of patients opted for a testicular prosthesis. All patients were followed up and subsequently discharged to oncology depending on histology.

Our audit confirms the overall adherence of our testicular cancer management to EAU guidelines. The areas of improvement and a need for collaborative efforts have also been highlighted.