Guy's and St Thomas'
NHS Foundation Trust

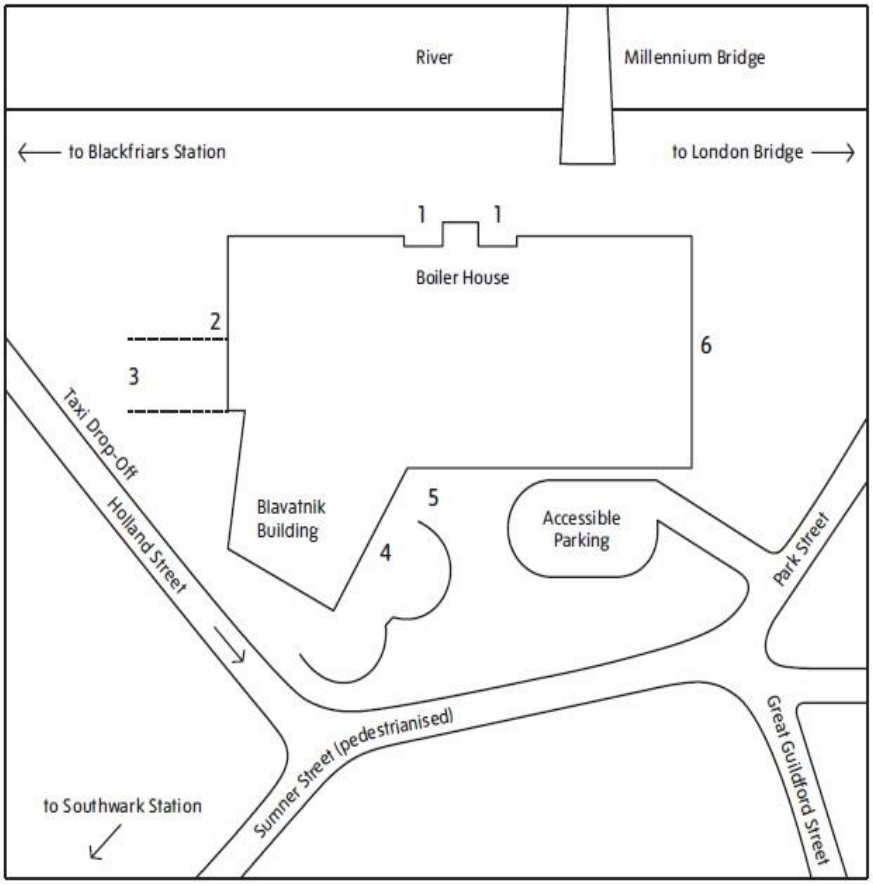
South Thames Regional Urology Meeting

24th November 2022

Starr Cinema at Tate Modern

53 Bankside, London, SE1 9TG

TATE MODERN



ENTRANCES

1 River
2 Cafe
3 Turbine Hall
4 Blavatnik Building Entrance
5 South
6 Staff

Underground
Southwark: Jubilee Line, 600 metres approx.
Blackfriars: District and Circle Line, 800 metres approx.
St Paul's: Central Line, 1,100 metres approx.

Bus
Routes 45, 63 and 100 stop on Blackfriars Bridge Road
Routes RV1 and 381 stop on Southwark Street
Route 344 stops on Southwark Bridge Road

Train
Blackfriars 300 metres from the South exit; 800 metres from the North exit.
London Bridge 1,100 metres approx.

Taxi
A drop off / pick up point is situated on Holland Street, just outside the main entrance.

Coach
A drop off / pick up point is situated on Southwark Street, a short walk from the main entrance.

Car Parking
There are no parking facilities at Tate Modern or in the surrounding streets. Public transport is the easiest way of getting to the gallery.

Guest invitation

- **Date: 24/11/22**
- **Time: 12:30**
- **Entrance: Café entrance**
- **Event Space: Starr Cinema & Foyer**
- **Gallery: Tate Modern**

Dear Colleagues,

Guy's Urology are delighted to welcome you to our first in-person joint South Thames/KSS urology meeting since October 2019. It will be wonderful to see old and new friends and hear about the exciting work that has been going on around the region. The Derek Packham medal, with a prize of £350 for the best abstract presentation and £150 for the runner-up, has again been kindly put forward by the Packham family.

We are very fortunate that the BAUS President, Miss Jo Cresswell, is able to join our meeting and update us on BAUS activity, before taking questions from the audience. Mr Nitin Shrotri will be talking to us about SAS@BAUS and how we can strengthen the urological workforce in our region.

We have selected a very special venue for this meeting: the Starr Cinema in the iconic Tate Modern building on the Southbank of the Thames. The Tate is within walking distance of Guy's Hospital, and several tube and train stations: https://www.tate.org.uk/visit/tate-modern.

Following the meeting, we will host you in The Old Thameside Inn, a ten-minute walk along the river from the Tate:
https://www.nicholsonspubs.co.uk/restaurants/london/theoldthamesideinnlondonbridge#/
There will be a dinner buffet and an open bar, so that you can catch up with colleagues and enjoy the evening.

The meeting has been ably organised by Mr Abhishek Reekhaye (South Thames trainee) and supported by our generous sponsors.

With warm wishes,

Susan Willis
Consultant Urologist, Guy's Hospital

Abhishek Reekhaye
ST7, King's College Hospital

Mark Lynch
South Thames BAUS Regional Rep

Thank you to our sponsors who have kindly agreed to support this event:

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Programme Outline

12:30 – 13:00	**Arrive, refreshments (drinks only), visit sponsors**
13:00 – 13:20	**Miss Jo Cresswell – BAUS President** **Talk and Q&A**
13:20 – 14:50	**Academic Session 1 (10 presentations)**
14:50 – 15:10	**Tea and coffee break**
15:10 – 16:40	**Academic Session 2 (10 presentations)**
16:40 – 16:50	**Mr Nitin Shrotri – Consultant Urological Surgeon** **SAS@BAUS**
16:50	**Prize presentation (Award of Derek Packham Medal)**
17:00	**Close**
17:00 – 17:30	**Visit sponsors, depart**
18:00 – 22:00	**Drinks and Food, The Old Thameside Inn**

Academic Session 1

1. Setting up a multi-disciplinary Klinefelter Syndrome clinic – lessons learnt and shared
Alex Murray
Guy's and St Thomas' Hospitals

2. Outcomes of Percutaneous Epididymal Sperm Aspiration Surgical Sperm Retrieval (PESA-SSR) with Assisted Reproductive Techniques in Men with Obstructive Azoospermia (OA): Single-Centre Experience
Ahmed Khattak
Guy's and St Thomas' Hospitals

3. The Role of a Tele-Haematuria Clinic During and After the COVID-19 Pandemic
Hanna Maroof
Frimley Park Hospital

4. Day surgery for Transurethral Bladder Tumour Resections at GSTT (Guy's and St' Thomas Trust) in comparison to GIRFT (Getting It Right First Time) recommendation
Koko Toe
Guy's and St Thomas' Hospitals

5. The Effect of COVID19-related delays on post-operative infections in patients with ureteric stents
Firas Nasr
St George's Hospital

6. Emergency surgical interventions for ureteric stone disease presentation in a district general hospital – factors affecting decision between emergency stenting and emergency primary ureteroscopy
Kelly Ong
Princess Royal University Hospital

7. Rezūm water vapour therapy of the prostate: a single surgeon's initial results
Javed Burki
Medway Maritime Hospital
Maidstone and Tunbridge Wells NHS Trust

8. Introduction of a Low Power HoLEP Service in a DGH – Our Initial Experience
Shameer Deen
Princess Royal University Hospital

9. Optilume drug-coated balloon: initial experience at Frimley Park
Mahmoud Abuelnaga
Frimley Park Hospital

10. Colposuspension – a DGH Perspective
Jayasimha Abbaraju
Darent Valley Hospital

Academic Session 2

1. A new approach to survivorship care following radical prostatectomy
Findlay Macaskill
Guy's and St Thomas' Hospitals

2. How useful are urodynamics prior to artificial urinary sphincter insertion for male stress urinary incontinence
Danielle Whiting
Worthing Hospital

3. Predicting the progression of bladder dysfunction in young men with bladder neck obstruction following periods of watchful waiting
Ross Stephens
Guy's and St Thomas' Hospitals

4. Optimising the management of recurrent UTIs with an innovative nurse-delivered clinic
Eftichia Iossifidis
Maidstone and Tunbridge Wells NHS Trust

5. The Use of Teaching Associates to Teach the Male Intimate Examination to Medical Students Compared to a Lecture-Based Curriculum: a Randomised Controlled Trial
Anthony Vijayanathan
King's College London, Queen Elizabeth Hospital, Guy's and St Thomas' Hospitals

6. An acute scrotal pain pathway incorporating the TWIST score and ultrasound has decreased the time to scrotal exploration and the negative exploration rate, without any missed testicular torsions
Sam Folkard
Maidstone and Tunbridge Wells NHS Trust

7. The development and validation of a low-cost transperineal prostate biopsy simulator for training: improving trainees' confidence and cognitive targeting skills
Kelly Ong
Canterbury Christ Church University, Princess Royal University Hospital

8. Concordance of MRI, MRI Fusion Transperineal Prostate Biopsies and RARP specimens: a 5-year single centre cohort
Zhi-Yang Low
Croydon University Hospital

9. Mortality audit for suprapubic catheterisation across three NHS hospital trusts
Muhesh Taheem
Epsom & St. Helier's NHS Trust, King's College NHS Trust, Surrey and Sussex Healthcare NHS Trust

10. Video tuition of Intracavernosal Alprostadil injection for management of erectile dysfunction
Findlay Macaskill
Guy's and St Thomas' Hospital

Abstracts

Title of presentation
Setting up a multi-disciplinary Klinefelter syndrome clinic – lessons learnt and shared

Authors
Alex Murray, Sophie Rintoul-Hoad, Karen Briggs, Sujatha Gopal, Paula Allchorme, Paul Carroll, Charlotte Tomlinson, Awatuf El-Shirif, Leila Frodsham, Raveen Sandher, Maj Shabbir, Simon Filson, Kirpal Sahota, Tet Yap

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Abstract

Introduction:
Klinefelter Syndrome (KFS) is commonly diagnosed during investigations for infertility, however there are wider medical and psychological sequalae to this diagnosis which needs holistic management.

Methods:
Review of the Adult KFS clinic data, including: numbers, waiting time and reason for referral (2019-present) with review of patient feedback. Clinician feedback was also assessed.

Results:
15 adult KFS clinics will place between 2019-2022. Patient surveys suggests overall clinic satisfaction of 97%. 98% were 'very satisfied' (score = 5) with their genetic consultation; Endocrine: 100%; Fertility: 97 %; Urology: 100 % ; and Psychosexual: 100%. Key positive factors were presence of an MDT, access to a patient liaison/support groups, patient information sheets and a cohesive approach between specialties.
Clinician feedback was positive with all members agreeing that the pre- and post- clinic MDTs allowed effective discussion of often missed issues (e.g. hormone induction, social issues).
Presentations made using data from this cohort have touched on several themes, including: (1) VTE risk in KFS (2) Gender identity and (3) Surgical Sperm Retrieval outcomes. These suggest: there is an increased risk of VTE in those with KFS receiving testosterone replacement (30% vs 10%, $p<0.001$). Gender Dysphoria Survey showed a high proportion not identifying as male (35%) compared to their gender on birth certificate (92.5% male). Successful Surgical sperm retrieval was possible in 7/32 (22%) of KFS clinic patients; younger age increased success: 29.8yrs vs. 36.1yrs, P- 0.0027).

Conclusion
Increased VTE risk should be considered and holistic issues such as Gender Dysphoria. KFS patients should be carefully counselled regarding their fertility options, including MicroTESE, but with Hormone Stimulation. A multi-specialty approach is important to better manage KFS patients and a purpose designed clinic is recommended.

Title of presentation
Outcomes of Percutaneous Epididymal Sperm Aspiration Surgical Sperm Retrieval (PESA-SSR) with Assisted Reproductive Techniques in Men with Obstructive Azoospermia (OA): Single-Centre Experience

Authors
Khattak, A., Yap, T., Sandher, R., Elsharif, A., Ibrahim, Y., Shabbir, M.

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Abstract

Introduction:
Obstructive azoospermia (OA) is the absence of sperms in a centrifuged semen sample due to mechanical obstruction accounting for 20-40% of azoospermic men.

Aim:
We compared the outcomes of PESA-SSR and assisted conception based on OA aetiology.

Methods:
Retrospective analysis was conducted on patients who had PESA-SSR between August 2019 - July 2021 at a tertiary centre for assisted conception. Only patients with obstructive aetiology who proceeded to intra-cytoplasmic sperm injection (ICSI) were included. Cycle outcomes with respect different OA aetiologies, live birth rate (LBR) compared and significance assessed with Chi square analysis.

Results:
30 patients were diagnosed with OA. 7 patients were excluded as they didn't undergo ICSI (2 had no sperms on PESA, 1 had reversal of vasectomy, and 4 opted against ICSI), 1 patient had MESA.
21/23 men (93.10%) -10 with CBAVD, 8 post-vasectomy, 3 with other causes (2 post-infective & 1 post inguinal hernia repair injury)- were found to have sperm and went on to ICSI. All included patients with CBAVD had cystic fibrosis.
Median number of eggs retrieved and fertilised were 16 (range 7-51) and 9 (range 3-27) respectively.
11 Pregnancies were achieved and 8 live births.
LBR was 16.67% (X2 1.78 – p=0.18) in those with CBAVD –median male age 32.5 (26-43), median female age 31.00 (24-44) with 24 cycles completed.
LBR was 45.50% (X2 4.89 – p=0.03) in those post-vasectomy - median male age 49.5 (41-59), median female age 37.50 (30-42) with 11 cycles completed.
LBR was 0% (X2 1.00 – p=0.32) in those with other causes - median male age 44.0 (42-48), median female age 30.00 (28-36) with 5 cycles completed.

Conclusion:
LBR was highest among those who had vasectomy compared to other causes of OA when undergoing PESA-SSR and assisted conception despite older female age. This was a statistically significant result suggesting the impact of infection/iatrogenic injury and CBAVD in sub-fertility beyond obstruction.

Title of presentation
The Role of a Tele-haematuria Clinic During and After the COVID-19 Pandemic

Authors
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Abstract

Objective:
Improve efficiency of haematuria services and reduce time from referral to management decision at a District General Hospital, during and after the COVID-19 pandemic.

Methods:
Closed-loop audit on the value of a tele-haematuria clinic in place of flexible cystoscopy in patients referred with haematuria via the two-week pathway. Prior to the pandemic, all patients referred with haematuria were directed for flexible cystoscopy, irrespective of imaging results. Data from 73 patients was collected and analysed. Ideas for change were discussed, alongside methods for improvement. During the pandemic, a tele-haematuria clinic was implemented in place of flexible cystoscopy, for patients with imaging results concerning for bladder malignancy. A re-audit including 70 patients was conducted. Time from referral to tele-clinic was calculated and compared to time from referral to flexible cystoscopy. Patient satisfaction post-intervention was also analysed.

Results:
There was a 7-day reduction in time from referral to tele-clinic versus time from referral to flexible cystoscopy. Decision regarding ongoing management was therefore made at an earlier date. Increase in flexible cystoscopy clinic capacity observed and 92% patient satisfaction with new pathway.

Discussion:
Social distancing rules and influx of critically unwell patients to NHS hospitals during the COVID-19 pandemic, has significantly impacted patient wait times and in-person clinic acces. Telemedicine is vital in facilitating optimal service delivery whilst avoiding the hazard of face-to-face contact.

Conclusion:
This study demonstrates an important role for a tele-haematuria clinic in reducing wait times for patients referred with haematuria, whilst maintaining excellent patient satisfaction.

Title of presentation
Day surgery for Transurethral Bladder Tumor Resections at GSTT (Guy's and St' Thomas Trust) in comparison to GIRFT (Getting It Right First Time) recommendation

Authors
Ko Ko Zayar Toe, Kawa Omar, Mominah Khan, Yasmin Abu-Ghanem, Rajesh Nair, Ramesh Thurairaja, Sachin Malde, Elsie Mensah, Shamim Khan

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Abstract

Introduction:
British Association of Day Surgery(BADS) includes Transurethral Resection of Bladder Tumor(TURBT) as operations could be conducted as day-case. GIRFT national report in 2018 based on Hospital Episode Statistics (HES) database for 2017-2018. Of the 19,383 procedures, 15,917 (82.1%) involved an overnight stay. BADS recommended 60% day-case TURBT are achieved by 5% of UK NHS Trusts.

Methods:
Completed 3 Audit cycles were performed in single centre. Initial data was completed for 47 patients between January and December, 2021; Second cycle: 27 patients between 18th January-8th March,2022: 53 between 14th March-14th June,2022. Presentations and reminders were conducted as action plans. Patients' demographics, length of hospital stay, types of anaesthesia, American Society of Anaesthesiologists(ASA) grade, post-op Mitomycin(MMC) administration and their relationships were compared.

Results:
TURBTs were performed as day-case; First cycle: 19%(9 out of 47 patients); Second cycle: 33%(9/27); Third Cycle: 53%(28/53). Patients' demographics are as follow; First Cycle: Male-75%, Average age-75years; Second cycle: 59%, 69years; Third Cycle: 90%, 65years. ASA grade; First cycle: 1-3patients, 2-21, 3-19, 4-4; Second cycle: 1-2, 2-12, 3-13; Third Cycle: 1-6, 2-23, 3-23, 4-1. All MMC doses were administered post-operatively on same day: Second (10% of TURBTs) and Third Cycle(8%).

Conclusions:
There is evident of improvement in day-case TURBT from 19%(1st Cycle), 33%(2nd cycle) to 53%(3rd cycle). MMC was given immediately post-operatively. Candidates for day-case TURBTs are more likely to be male, younger and lower ASA grades.

Title of presentation
The effect of COVID19-related delays on post-operative infections in patients with ureteric stents

Authors
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Abstract

Introduction:
Long-term ureteric stents can be colonised by bacteria and urinary infections can occur following stent replacement surgery. The COVID19 pandemic led to major delays in elective surgery worldwide. We analysed if delays in elective ureteric stent replacement due to the pandemic affected the incidence of post-operative infective complications.

Method:
Data was collected for patients who underwent elective ureteric stent replacement at St George's Hospital before March 2020 and after May 2020 and were divided into pre-COVID19 and COVID19 groups respectively.

Results:
Data was collected for 82 patients over the two groups. In the pre-COVID19 group (n=32) 16% of patients had their stent replacements delayed compared to 46% of patients in the COVID19 group (n=50). Both groups had similar peri-operative positive urine cultures (~45%) but the percentage of infective complications was 6% in the pre-COVID19 group and 16% in the COVID19 group.

Discussion:
The results indicated that significant delays in stent replacement during the pandemic were associated with an increase in post-operative infective complications, despite a similar rate of pre-operative positive urine culture. This may partly be explained by a higher bacterial colonization of the stents, not detectable by conventional urine culture. Other factors, such as urinary diversion were also associated with increased risk of infections.

Conclusion:
There was an increase in infective complications associated with the delays in elective stent replacement due to the COVID19 pandemic. This observation confirms the importance of adhering to a planned stent replacement schedule for patients with long-term ureteric stents.

Title of presentation
Emergency surgical interventions for ureteric stone disease presentation in a district general hospital – factors affecting decision between emergency stenting and emergency primary ureteroscopy

Authors
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Abstract

Introduction

The primary aim of this audit is to investigate the factors affecting the type of surgical intervention performed for emergency stone presentation.

Patients and Methods

A prospective study of all surgical interventions performed for emergency presentation of ureteric stone disease at Princess Royal University Hospital between January and July 2021 was conducted. Data on patient demographics, stone sizes and locations, radiological findings and clinical presentation parameters were collected. Other information including 30-day readmission, stone-free rates and length of stay were collected.

Results

A total of 113 patients were included in this study, 73.5% (n=83) underwent emergency stenting (ES) and 26.5% (n=30) underwent emergency primary ureteroscopy (eP-URS). Fall in renal function (p=0.045), C-reactive protein (CRP) levels (p=0.05), moderate hydronephrosis (p = 0.02) and stone location (p=0.02) were significantly different between both groups. 80% (n=24) of patients in the eP-URS group had distal ureteric stones. There were no significant difference in stone sizes between both groups [ES: 7.02 mm (2 – 23); eP-URS: 6.50 mm (6 – 14), p=0.45]. Of those who underwent ES only, 51.8% (n=43) had documented clinical reason against undergoing eP-URS including difficult access (n=17), pus at ureteric office (n=20) and other (n=6). There were no documented lack of laser – trained staff.

Conclusion

Only approximately a quarter of patients presenting with emergency stone disease underwent eP-URS. Fall in renal function, raised CRP, moderate hydronephrosis and position of stone 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 of presentation
Rezūm water vapour therapy of the prostate: a single surgeon's initial results

Authors
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Abstract

Introduction:
Rezūm vaporisation of the prostate is a NICE approved minimally invasive day case procedure to treat BPH. It has the potential to reduce waiting lists as it is a short procedure with minimal side effects. We report on a single surgeon's experience of his first 125 cases.

Methods
Between January 2019 and March 2022, 125 patients underwent the procedure. All cases were carried out as a day case and patients were discharged with a urethral catheter. TWOC occurred 6 days later and a follow up 3 months later when IPSS, flow rate and residual were repeated.

Results:
The average age, PSA and prostate volume was 65 (44-90), 2.8 (0.3-20) and 51cc (15-130) respectively. The operative time for all procedures was under 15 minutes and all patients were discharged the same day. The average number of steam injections was 6 (2-14) and 34 patients had the median lobe treated. 19 patients failed initial TWOC but ultimately voided successfully. Full 3 month follow up was available on 102 patients. The mean IPSS dropped by 65% from 22 (11-33) to 7 (0-22) with a corresponding improvement in QoL of 67% from 4.6 (2-6) to 1.4 (0-5). Maximal flow rate increased by 122% from 9.5 (1-20) to 21.6 (10-55) and post void residual fell by 76% from 198cc (0-1600) to 28 (0-600). 5 patients required prolonged antibiotics for UTI and 5 patients underwent a subsequent TURP.

Conclusion:
Rezūm water vapourisation of the prostate is a very good alternative to standard surgical treatments with very encouraging early results.

Title of presentation
Introduction of a Low Power HoLEP Service in a DGH – Our Initial Experience

Authors
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Abstract

Background:
Holmium laser enucleation of the prostate (HoLEP) is the preferred technique for management of prostates >80cc in men with lower urinary tract symptoms (LUTS). HoLEP has a steep learning curve for both surgeon and theatre staff. Although commonly performed in tertiary centres, we present our initial experience of low power HoLEP service in a district general hospital (DGH) by a single surgeon.

Methods:
Data was prospectively collected on all patients who underwent HoLEP (39.6W) from 12/02/2020 to 17/08/2022. Patient records were reviewed to assess indication, intra- and post-operative parameters.

Results:
118 patients were identified. Indications included LUTS (n=52; 44%), acute retention (n=30; 25.4%) and chronic urinary retention (n= 36; 30.50%) . Median prostate volume was 114cc (30-300cc). Daycase rate was 61% with 94% home by Day 1 (Median 1 day; Range 0-7). Mean IPSS reduced from 23.8 to 9.1 (p=0.21); QoL score from 4.3 to 1.9 (p<0.001), postoperatively. Qmax improved from 9.1 ml/s to 23.8 ml/s post-op (P<0.001); post-void residual volume from 180ml to 50ml post-op (P<0.001). Incidental cancer pickup rate was 6.8%. Complications occurred in 38 (32.2%) patients, including acute retention (n=12, 10%), early stress urinary incontinence (12, 10%). Two patients required blood transfusion (1.7%), 9 (7.6%) required readmission and 3 (4.2%) required cystodiathermy. All patients were catheter free by 12 weeks.

Conclusion:
Our early results from suggest that it has been possible to setup a safe and effective HoLEP service. Our complication rates are not dissimilar to other more experienced centres and should continue to improve with increasing experience of our team.

Title of presentation
Optilume drug coated balloon: initial experience at Frimley Park.

Authors
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Abstract

Introduction:
Optilume is a paclitaxel coated balloon with promising data from the ROBUST trials for the management of short recurrent anterior urethral strictures. 70 cases have been performed in the UK in 9 centres, 2 of these in the South. We describe the device, technique, patient selection criteria and early outcomes after introducing this at Frimley Park Hospital in January 2022.

Methods:
Training in Germany was undertaken and new procedure approval was granted. Under general anaesthesia a urethroscopy was performed and the 50mm 30Fr balloon was positioned. Inflation for 7 mins at 10ATM. A post-op catheter was sited for initial 3 patients but not since. 7/8 patients were performed as day case. IPSS, urethral stricture PROMs and Flow rates/PVR were collected at baseline, 3 and 6 months.

Results:
We have performed 8 procedures. Mean number of previous urethral dilations/optical urethrotomies was 1.7 (1 – 3). Aetiologies included iatrogenic (BPH surgery (1), brachytherapy (1), catheters (2)) and idiopathic (4). All patients had a diagnostic cysto-urethroscopy and 5/8 a recent retrograde urethrogram. Mean stricture length 2.4cm (1-4cm) with stricture lumen of 6Fr (3 – 10fr). No patients had a pre-operative catheter. Mean baseline IPSS was 26 (17-31). Patient feedback of the procedure/experience has been very positive. Our first patient has reached 6 months with a significant reduction in IPSS, stricture PROM outcomes and symptoms.

Conclusions:
Optilume is safe, simple to perform and very well tolerated. We are looking forward to being part of an EAU registry and being able to report longer term follow-up data.

Title of presentation
Colposuspension – a DGH Perspective

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Abstract

Aim:
To prospectively audit the patients undergoing Colposuspension for stress urinary incontinence (sUI) at our DGH.

Materials and Methods:
We prospectively audited all patients undergoing Colposuspension at our hospital from September 2019 to September 2022. Patient demographics, pre-operative data, operative details and post-procedure outcomes were collected.

Results:
Nineteen women were included in this study. The average age of patients was 47.83 years (range 27-63). Six patients had pure sUI and the rest had mUI. All patients had supervised pelvic-floor muscle training prior to the procedure. Urodynamic studies were performed in eighteen patients and all patients went through Uro-gynaecology MDT. The average body mass index was 30.43 (range 22.8-40.5). Eighteen procedures were conducted by open method and the last one was by laparoscopic technique. Six patients were ASA grade-1 and rest were grade-2. The average duration of procedures was 92 minutes (range 60-150). It was primary procedure in fourteen patients. The average blood loss was 122 ml (range 25-200). The mean length of hospital stay was 2 days. The mean duration of catheterisation was 7 days, and all patients had successful TWOC. The complications included two wound infections, which were treated with antibiotics; one patient returned to theatre for re-exploration for bleeding. Follow-up was at 4 and 12 weeks, with two-thirds giving excellent and the remaining good feedback. Two patients had uUI, one had medication and other intravesical Botox therapy. One patient had residual mild sUI but didn't want any treatment.

Conclusion:
Colposuspension is a safe and effective method of treatment for SUI in hands of appropriately trained surgeons in a DGH. Especially with a national pause on trans-vaginal tape (TVT) insertion, this is an essential game-changer empowering women suffering with urinary incontinence to gain back control.

Title of presentation
A new approach to survivorship care following radical prostatectomy

Authors
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Abstract
Despite advances in prostate cancer diagnostics and treatment outcomes, significant treatment regret still exists largely based on the disparity between the expectation and the actual functional outcome achieved. This has led to an increased focus on cancer survivorship following radical prostatectomy.

We conducted a retrospective review of prostatectomy care pathways. In 2017, 293 patients with mean age 60 (Range 44-76) years. All had a radical prostatectomy at Guy's Hospital. Only 2 out of 293 patients had PROM assessment on erectile dysfunction (ED) or continence. Post-operatively, 283 and 288 were informally asked about ED and continence but no PROM assessment performed. There was inconsistent use of PDE5i and poor access to the vacuum pump across the entire cohort. No patient interacted with the functional or andrological team within the first 12 months.

Following this, we introduced a new survivorship focused pathway in January 2020 with continence and andrology specialists working in conjunction with oncological surgeons, psychotherapists and physiotherapists starting before surgery.

Currently, 819 patients are enrolled with 98% patients completing PROMs on physical and mental wellbeing, continence, and sexual dysfunction at 5 timepoints with 100% patients leaving the hospital with a VED and, if relevant, a daily PDE5i. All patients are reviewed 3 times in the first 12 months by the functional and andrology teams.

Ninety-two percent of patients reported their holistic care needs were being met. Our patient experience data shows 85% and 86% patients report being well-informed about ED and incontinence before surgery and 86% being better informed about their survivorship management after their first rehabilitation appointment.

This new pathway is the first step to put cancer survivorship at the centre of prostatectomy care.

Title of presentation
How useful are urodynamics prior to artificial urinary sphincter insertion for male stress urinary incontinence

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Abstract

Introduction
An artificial urinary sphincter (AUS) can transform the quality of life of men with stress urinary incontinence (SUI). There is a concern that pre-operative detrusor overactivity (DO) may lead to poorer outcomes. The aim of our study was to evaluate the outcome of patients with DO on pre-operative urodynamic studies (UDS).

Methods
We performed a retrospective analysis of all AUS insertions at a single institution between 2012 and 2021. We identified patients undergoing a primary AUS insertion that had pre-operative UDS.

Results
49 patients that had pre-operative UDS and complete follow-up data available were analysed. The mean age was 69±6 years. 47 (95.9%) patients had post-prostatectomy incontinence (PPI) and 2 (4.1%) developed incontinence after external beam radiotherapy (EBRT)/brachytherapy and TURP/HoLEP. In total, 23 (46.9%) patients had been treated with EBRT/brachytherapy. Median length of stay was 1 day (range 1–5).
Pre-operative UDS demonstrated SUI in 39 (79.6%) patients and DO in 20 (40.8%). In the patients with DO 2 (10.0%) reported persistent SUI compared to 2 (6.9%) in those without DO (p=0.697). No patients reported overactive bladder symptoms post-operatively.

Conclusion
In this preliminary study there does not appear to be any evidence that patients with pre-operative DO on UDS have poorer outcomes after AUS insertion. In PPI patients UDS could be omitted in those with a clear history of SUI and no significant urinary symptoms pre-dating their prostatectomy. Further work is required with a larger patient number.

Title of presentation
Predicting the progression of bladder dysfunction in young men with bladder neck obstruction following periods of watchful waiting

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Abstract

Aim:
To evaluate if there is a change in bladder dysfunction in men diagnosed with bladder neck obstruction (BNO) <50 years of age following periods of watchful waiting.

Methods:
We retrospectively analysed the change in urodynamic parameters at initial presentation to urology service to subsequent investigation following period of watchful waiting.

Results:
Fourteen men (mean age 34 ± 12 years) with a mean watchful wait period of 1341 ± 846 days. 8/14 (57%) demonstrated detrusor overactivity (DO) during initial urodynamics. All patients who had DO, also had DO in subsequent urodynamics. Mean (±SD) peak DO pressure at initial and subsequent DO urodynamics were 67.4 (±62.1) and 79.3 (±58.5) cmH2O respectively. There was a mean reduction in compliance of 23.84 ml/cmH2O (±31.1 ml/cmH2O). This change neared statistical significance with a p value of 0.067. There was no change in BOOI, BCI and PVR.

Conclusion:
Bladder dysfunction rate of change appears variable in men with BNO. Our results indicate compliance is the parameter most likely to change. Rate of bladder dysfunction and likelihood may be more accurately predicted by complementary assessments such as bladder neck and bladder wall elastography, Doppler ultrasound and oxidative stress markers .

Title of presentation
Optimising the management of recurrent UTIs with an innovative nurse-delivered clinic

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Abstract
2-7% of women have recurrent UTIs in their adult life and often report frustration with the management of the condition. There are also concerns regarding over-investigation of recurrent UTIs, poor adherence to guidelines and the misuse of antibiotics.

We developed a nurse-delivered clinic for adult women with recurrent UTIs, aiming to provide evidence-based care by reducing inappropriate investigation, improving adherence to guidelines and streamlining patient pathways. The impact of the clinic was assessed by comparing patient management, outcomes and feedback.

Data was collected on all women seen with recurrent UTIs in a one-week period, prior to the start of the recurrent UTI nurse-delivered clinic (Group A) and repeated for a similar cohort of patients seen in the new clinic (Group B). Data included microbiology, imaging and endoscopy results, management plans and patient-reported outcomes via a telephone questionnaire.

The results showed that the clinic helped to reduce over-investigation and improved antibiotic stewardship. 80% of patients in Group A had flexible cystoscopies, compared to 13% in Group B. No patients had any change of management based on cystoscopy. In addition, 80% of patients in Group A had at least one imaging investigation after their initial appointment and 47% had two or more. In Group B, 47% had ultrasound imaging prior to the clinic, none required further scans. Both groups reported an improvement in symptoms. The management in Group A focused on long-term antibiotic prophylaxis, whereas Group B focused on lifestyle advice, topical oestrogens and D-Mannose.

Overall, the recurrent UTI nurse-delivered clinic has modernised management options at a lower resource-burden. We aim to continue these positive outcomes.

Title of presentation
The Use of Teaching Associates to Teach the Male Intimate Examination to Medical Students Compared to a Lecture-Based Curriculum: a Randomised Control Trial

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Abstract

Introduction:
Genital / rectal examinations are challenging examinations for medical students to learn in part due to the difficulty in gaining practice opportunities. A randomised control trial was carried out to compare teaching male intimate examinations to 3rd year medical students using male teaching associates compared with the current curriculum.

Methods:
A single-blinded parallel-group randomised trial was conducted, recruiting 96 students. Block randomisation separated these students into two equal groups. The control group was only given access to the current curriculum (video, models) whilst the other group was offered a bespoke teaching session with teaching associates which included genital / rectal examination. Assessment included Objective Structured Clinical Examination (OSCE) and a self-assessment questionnaire before and after the teaching.

Results:
Assessed by an experienced clinician, the group receiving the additional teaching scored significantly higher than the control group in the OSCE in 55% (n = 11) of domains. This included, but was not limited to, competence at performing hernial orifice ($p<0.001$), testicular ($p=0.002$), penile ($p<0.001$) and prostate examinations ($p=0.026$). Patient assessment yielded a significant difference in favour of the intervention group in all domains. This included whether the patient felt safe ($p<0.001$) and whether the patient would see the student again ($p<0.001$).

Conclusion:
The use of male teaching associates for teaching male intimate examinations results in significantly greater student competence and confidence compared to the current curriculum.

Title of presentation
An acute scrotal pain pathway incorporating the TWIST score and ultrasound has decreased the time to scrotal exploration and the negative exploration rate, without any missed testicular torsions

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Abstract
Testicular torsion is a common urological emergency, necessitating urgent scrotal exploration. The negative exploration rate for torsion has recently been estimated as 75% in tertiary paediatric centres in the UK.

We initially audited our acute scrotal pain pathway results as a cross-site DGH Trust from April 2020-September 2021. A total of 276 patients presented with acute scrotal pain, of which 144 (52%) patients underwent scrotal exploration. The negative exploration rate was 78%. From this baseline we designed and introduced a new Trust protocol for acute scrotal pain incorporating the Testicular Workup for Ischaemia and Suspected Torsion (TWIST) clinical scoring system, and the use of scrotal ultrasound by the radiology team in usual working hours.

The new Trust protocol incorporating the TWIST score and ultrasound decreased the time from presentation to theatre from a mean of over 5hrs to 3hrs 24mins (P=0.02*). The negative exploration rate decreased from 78% to 66%, and representation following scrotal exploration within 30 days decreased from 16% to 11%. There were no missed torsions with the new protocol. All data was uploaded to the STPN regional audit.

In conclusion, our new Trust protocol incorporating the TWIST score and ultrasound has significantly decreased the time from arrival at A&E to theatre start time for patients presenting with suspected testicular torsion. The negative exploration rate has also decreased, without any missed torsions. This protocol has improved patient care for boys and men presenting with acute scrotal pain and would be easily reproducible across different Trusts.

Title of presentation
The development and validation of a low-cost transperineal prostate biopsy simulator for training: improving trainees' confidence and cognitive targeting skills

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Abstract

Objective:
To develop a simulation modality for trans-perineal prostate biopsy that can be utilised in training. The aim of this study is to create a novel and low-cost model that has face, content and construct validity and high educational value.

Methods:
We developed a prostate TP biopsy simulation model using 3D printed moulds and utilisation of tissue mimicking materials (TMM). Important regions including the anterior, mid and posterior zones were coded with different colours. Abnormal lesions were also created and embedded in the prostate phantom. Expert, amateurs and biopsy- naive participants in TP prostate biopsies were prospectively recruited. Performance was evaluated using tasks identified to be essential on construct validity. This included accuracy and timing of systematic and target biopsy. An evaluation survey was distributed to evaluate after usage of simulator to rate its realism and educational value.

Results:
We developed a low cost (<£7) bench model TP biopsy simulator for training and education. We were able to prove face, content and construct validity in this simulator. There was a significant difference (p= 0.02) in the accuracy of systematic 12-core ultrasound-guided biopsy between expert and novice groups. There is also significant difference (p=0.01) in the ability of expert group to accurately identify target lesion on ultrasound. Participants rated the overall realism of the simulator as 4.57 out of 5 (range 3 – 5). 100% of the experts feel that there is benefit in introducing this simulator in TP biopsy training.

Conclusion:
There is a potential in incorporating this proof-of-concept TP prostate biopsy simulator into the training. It has highly rated educational value and was shown to have face, content and construct validity.

Title of presentation
Concordance of MRI, MRI Fusion Transperineal Prostate Biopsies and RARP specimens: a 5-year single centre cohort

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Abstract

INTRODUCTION
Fusion platforms enable targeting of suspicious prostatic lesions during transperineal prostate biopsy (TPBx). We propose to establish concordance of MRI reported lesions, to systematic TPBx and subsequent RARP histopathology.

METHODS
Retrospective analysis of a single surgeon's MRI fusion systematic + target TPBx cases over 5years was performed of a prospectively maintained database (n=382) from a district general hospital population. MRI reporting as quadrants (RA/RP/LA/LP) were compared to fusion TPBx and RARP histopathology. Clinically significant disease (CSD) was taken as MCCL >4mm and Gleason 3+4 or greater.

RESULTS
Cancer pickup rate was 62% (231/373) with good concordance of MRI reporting and TPBx histology positive quadrant/s. MRI reported unilateral disease in 60 (16.1%) cases, in which TPBx found bilateral disease. 14 (3.8%) patients had complete discordance of MRI reported vs. TPBx positive quadrant, therefore a cancer diagnosis would be completely missed if taking a target biopsy alone, of which 5/14 (35.7%) had CSD. There were 31 PIRADS 2 reported MRIs, in whom TPBx found CSD in 35.5% (11/31). Overall, 22.7% (85/373) had discordant MRI and TPBx findings.
Of the positive biopsies, 59 patients proceeded to RARP. 20.3% (12/59) had discordance of having 2 quadrants positive on TPBx, but bilateral disease on RARP.

CONCLUSIONS
There is generally good concordance between MRI reporting, TPBx and subsequent RARP histology; however, MRI may not detect all CSD. As a result, target + systematic biopsies are still recommended as underreporting of contralateral disease may have implications when planning nerve sparing in RARP or considering focal treatments.

Title of presentation
Mortality audit for suprapubic catheterisation across three NHS hospital trusts

Authors
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Abstract

Introduction:

Suprapubic catheter (SPC) insertion is recognised as an alternative to urethral catheterisation to enable urinary drainage or continence control. This audit aims to establish the 1 and 2 year mortality associated with SPC insertion and to identify factors that may be linked with mortality.

Methods:

Data were collected for demographics, medical co-morbidities, indication for procedure and mortality from 1st February 2018 to 1st February 2020 across three NHS trusts. Multivariate regression analysis was undertaken to assess correlation between mortality and collected data.

Results:

48, 12 and 8 (total 68) SPC insertions were identified at the respective trusts. Two patients were excluded owing to a lack of mortality and cognitive data. Total mortality was 10.4% (7/67 patients) at 1 year and 16.4% (11/67 patients) at 2 years. Two-year mortality for those with a clinical frailty score (CFS) ≥3 and <3 was 21% (6/28) and 13% (5/39), p>0.05. Two-year mortality in those aged over and under 71 was 21.6% and 10.3% respectively. Other collected risk factors were not associated with increased mortality.

Conclusion:

Our study has demonstrated increased mortality rates in both the moderately to severely frail population and in elderly patients. These results have triggered the entry of SPC insertion onto the Model Hospital dashboard which states a national 1 year mortality rate of 15.4%. Clinicians should continue to be judicious when considering patients for this procedure.

Title of presentation
Video tuition of Intracavernosal Alprostadil injection for management of erectile dysfunction

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Abstract

Introduction

Intracavernosal injections (ICI) are the second line treatment of erectile dysfunction (ED). To reduce the risk of complications, primarily priapism, the first administration has traditionally required face-to-face appointments. With a move to remote working, the safety and feasibility of an instructional video for the first self-administration of ICI was assessed.

Patients and Methods

Two centres recruited patients, with participants receiving a pack comprising a written ‘how to’ leaflet and Viridal Duo, followed by an email with our instructional video. Patients were given a specific time to self-administer their ICI (Alprostadil 2.5 micrograms), where our CNS was available for support. The same CNS would follow up two hours later via telephone to assess the experience using a Likert scale semi-structured interview.

Results

Thirty-nine patients were recruited between two centres, with 35 continuing to injection. The median age was 63 years (Range 34-78). The most common ED aetiology was post RARP (23/35). Thirty-four (97%) recruits found the video instructions clear, with it being watched a mean 2 (Range 1-8) times. Only 1 patient (3%) required telephone support. At the 2.5mcg dose, the mean EHS score was 2 (Range 1-4) after an average of 5 minutes. No patients reported significant bruising at the injection site and there were no cases of priapism. Thirty-three patients (94%) were ‘very’ or ‘extremely’ likely to recommend this method for starting ICI therapy.

Conclusions

Our study shows ICI tuition does not require direct supervision, thereby reducing face-to-face contact and will tackle significant waiting lists by increasing productivity.