South London Healthcare NHS
NHS Trust

Queen Elizabeth Hospital

Urology Department
Thursday, 11th November 2010

Speciality Training Committee in Urology Meeting – South London and Kent, Surry and Sussex

13:30 - 13:40 Impact of ethnicity on prostate cancer incidence in TRUS prostate biopsy patients in Mayday Hospital
Arsanious N, Krishnan H, Perry M, Das G
Croydon University Hospital (Formerly Mayday Hospital)

13:40 – 13:50 A Prospective audit of Renal Trauma at Kings College Hospital
Elhage O, Carmana L, Brown C, Sharma D.
Kings College Hospital NHS Foundation Trust

13:50 – 14:00 Urinary retention following template prostate biopsy
Willis S, Bott S, Montgomery B
Frimley Park Hospital

14:00 – 14:10 An Audit of Active Surveillance for Prostate Cancer at East Kent Hospitals NHS Foundation Trust
Aframian A, Mukhtar S, Jones B, Streeter E
Kent and Canterbury Hospital

14:10 – 14:20 Experience with salvage HIFU
Itam S, Hale J, Larner T
Royal Sussex County Hospital Brighton

14:20 – 14:30 Greenlight PVP versus TURP – is the perceived shorter length of stay true in a UK DGH?
Zakri RH, Black D, Montgomery B, Bott S, Naerger H, Palfrey E, Barber NJ
Frimley Park Hospital, Camberley

14:30 – 14:40 Laparoscopic and Robotic Fellowship
Eddy B, Sutherland P
Royal Adelaide Hospital 2008-2009

14:40 – 14:50 Glans resurfacing – pushing the boundaries of penile preserving surgery for invasive penile cancer
Ayres BE, Lam W, Corbishley CM, Perry MJA, Watkin NA
St George's Hospital

14:50 – 15:00 CystinuriaUK - Developing a Patient Orientated Website
Bultitude M, Thomas K
Guy's and St. Thomas' Hospitals NHS Foundation Trust

15:00 – 15:30 **Coffee break**

15:30 – 1540 Urological investigations from a Spina Bifida database
John B, Hsu R, Boddy S, Lee F
St. George's Hospital

15:40 – 15:50 Intravesical Botulinum Toxin Injection for Refractory Overactive Bladder: Queen Elizabeth Hospital Experience
Huf S, Firmin L, Muirhead L, Elhage O, Hammadeh M
Queen Elizabeth Hospital, Woolwich

15:50 – 16:00 Robotic-assisted dismembered pyeloplasty
Slawinski C, Elhage O, Challacombe B, Hegarty N, Dasgupta P.
Guy's and St. Thomas' Hospital NHS Foundation Trust

16:00 – 16:10 Treatment of Transitional Cell Cancer of the bladder using out-patient Flexible cystoscopy and photodynamic guided Holmium Laser Ablation
Wong KA, Pardy C, Zisengwe G, Gouldbourne B, Mukwahuri A, O'Brien T, Thomas K
Guy's and St. Thomas' Hospitals NHS Trust

16:20 – 16:30 Narrow band imaging improves detection of non-muscle invasive bladder cancer
Ayres BE, Corbishley C, Perry MJA
St George's Hospital

16:30 – 16:40 T0 Radical Cystectomy: An Audit of Oncologic Outcome
Lobo N, Maqsood S, Elhage O, Challacombe B, Ismail F, Rimington P, Khan MS and Dasgupta P
Guy's and St. Thomas' Hospitals NHS Foundation Trust

16:40 – 16:50 Enhanced Recovery Protocol in radical cystectomy improves patient care
Ayres BE, Kelliher N, Swinn M, Das G, Bailey MJ, Perry MJA
St George's Hospital

16:50 – 17:15 **Prize award to first three abstracts**

Impact of ethnicity on prostate cancer incidence in TRUS prostate biopsy patients in Mayday Hospital

Arsanious N, Krishnan H, Perry M, Das G
Croydon University Hospital (Formerly Mayday Hospital)

Aim
to examine the impact of ethnicity on the incidence of prostate cancer in patients who underwent TRUS prostate biopsy.
Introduction: According to 2001 census, 72% of the population in Croydon are white compared to 92% in England as a whole. Higher incidence of prostate cancer in Africans and Afro-caribbeans is well documented in the literature. We examined the ethnic distribution in the cohort of patients who had prostate biopsies in our department in 2009.

Material and Methods
From the histo-pathology department database we obtained a list of the patients who had prostate biopsy from 1.01.2009 to 31.12.2009. The demographic, clinical and pathological details of these patients were retrieved. Multidisciplinary meeting (MDM) management decisions and the treatment received were identified.

Results
305 biopsies were performed. 180 were obtained from Caucasians (59%) Non-Caucasians constituted 41% of this cohort. Cancer diagnosis was made in 152 patients of whom 64 were ethnics (42.1%). 98 of patients with cancer diagnosis required active treatment (Radical surgery, radiotherapy or androgen deprivation therapy) of whom 49 patients were non-Caucasians (50%).

Discussion and conclusion
Whereas non-Caucasians constitute 28% of the population in Croydon, in our cohort they constituted 41% of patients who underwent TRUS biopsy. 42% of prostate cancer diagnosis occurred in non-Caucasian patients. 76.5% of cancers diagnosed in non-Caucasian patients required active treatment compared to 55.7% in Caucasians.Tumour characteristics in non-Caucasians suggest that they present late and develop more aggressive disease.These figures suggest that the higher incidence of prostate cancer in our cohort is possibly due to the increased ethnic population.

A Prospective audit of Renal Trauma at Kings College Hospital

Elhage O, Carmana L, Brown C, Sharma D.
Kings College Hospital NHS Foundation Trust

Introduction

The kidney is the most commonly injured genitourinary organ. This is usually due to blunt trauma in the civilian setting. Health Care for London has recently established a trauma network with King's College Hospital chosen as one of four Major Trauma Centres (MTC). There is, however minimal data on urological trauma in the UK and the impact of trauma reconfiguration on Urology services is unknown.

Materials and Methods

A prospective database for urological trauma was started 2008. Data has now been collected for 2 years (2008 – 2010) with each case reviewed in the Urology Multidisciplinary meeting and if appropriate in the weekly Trauma meeting.

Results

A total of 45 patients had Urological trauma, 27(60%) of which suffered renal trauma. Mean age for renal trauma was 29.7 years (16-87), with 26 males. All renal trauma patients had urgent abdominal CT scan. 59% of the injuries involved the left kidney, most inter-polar or at the lower pole. There was a high rate of penetrating injury (41%, n=11) and higher-grade injuries (Grade >3, 67%). Most cases were managed conservatively 85% (n=23). Three kidneys were lost due to a Grade 5 injury and two Grade 4 vascular injuries.

Discussion

The incidence of penetrating renal trauma and higher-grade injuries was greater than in most contemporary civilian series. Careful clinical assessment and detailed acute phase contrast imaging allowed most injuries to be managed non-operatively achieving renal preservation.

Conclusion

It is essential that Urology trauma leads be identified in MTCs so that optimum management is delivered.

Urinary retention following template prostate biopsy

Willis S, Bott S, Montgomery B
Frimley Park Hospital

Introduction

As greater numbers of template prostate biopsies are being performed, we have noticed that a considerable number of patients experience urinary retention post-procedure. We wanted to quantify this, and to examine factors that might predict which patients will experience retention.

Methods

Retrospective data collection was performed on 93 consecutive NHS patients undergoing template prostate biopsy in the last 12 months. Pearson correlation calculations were performed.

Results

The mean patient age was 66 years. The mean PSA was 8.34ng/ml, mean TRUS volume 51cc and mean number of cores 52. 25 patients had muscle relaxant as part of their anaesthetic (27%). 15 patients had haematuria immediately post-procedure (16%). 26 procedures were performed by a registrar (28%).

16 patients went into retention post-template biopsy (17%). Their mean age was 67 years, mean PSA 8.90ng/ml, mean TRUS volume 68cc and mean number of cores 58. Of the retention group, 10 patients had muscle relaxant (63%), 1 patient had haematuria (6%) and 4 procedures were performed by a registrar (25%).

Factors that significantly correlated with retention were TRUS volume ($r=0.36$, $p=0.0004$), and the use of muscle relaxant ($r=0.37$, $p=0.0003$). Age, PSA, number of cores taken, haematuria post-biopsy, and intra-operative frusemide, paracetamol, diclofenac, morphine and dexamethasone were not correlated with retention ($p>0.05$).

Conclusion

Patients with a TRUS volume >50ml should be counselled pre-operatively on their increased risk of retention post-template biopsy, and given the option of a catheter for 5 days following the procedure. The use of muscle relaxant should be discouraged for this procedure.

An Audit of Active Surveillance for Prostate Cancer at East Kent Hospitals NHS Foundation Trust

Aframian A, Mukhtar S, Jones B, Streeter E
Kent and Canterbury Hospital

Introduction
We performed an audit of patients entering active surveillance from 2005 - 2009, to analyse outcomes for this heterogeneous group of patients.

Methods
A retrospective analysis of pathology and patient records. Patients were included up to age 70 years.

Results
195 patients with up to 5 years follow up (median = 1.55 years) were identified. 32 underwent treatment in the study period, median time 1.2 years from diagnosis. There were no significant differences in the treated vs. untreated groups in terms of PSA or tumour grade, but a tendency towards higher tumour burden was seen in those later treated.

Conclusions
This data will help us to counsel our patients and refine the inclusion criteria into our active surveillance program.

Experience with salvage HIFU

Itam S, Hale J, Larner T
Royal Sussex County Hospital Brighton

Introduction

Salvage high-intensity focused ultrasound is being used for the treatment of locally recurrent prostate cancer after external beam radiotherapy. We present the results and follow up of 29 patients at a single UK centre.

Methods

All 29 patients were deemed as failed radiotherapy by Phoenix criteria. Patients were excluded if MRI shows T3 or more, positive bone scan, pre-radiotherapy PSA>20 or Gleason grade >8, AP diameter >30mm or life expectancy less than 10 years. Patient's ages ranged from 59-79years with a mean of 71.9 years.

Results

One patient was lost to follow-up secondary to lymphoma, one was abandoned due to thick rectal wall and two patients were done in the last 3 months so no PSA result yet.
PSA nadir <0.5 was obtained in 16 out of the 25 patients (64%). Follow up of these patients varies from 6 months to 4years. So far only one late failure in this group has presented after a year with a slow rise in their PSA over a subsequent18 month period.
In 9 out of the 25 patients (36%) we failed to get the nadir PSA <0.5. Of these 9 patients 2 has Gleason 3+3, 6 patients had 3+4 and one had 4+3, all were stage T2a or T1c prior to radiotherapy.
Side-effects have included UTI, incontinence, urgency, bulbar stricture, detrusor failure and new erectile dysfunction.

Conclusions

It is important to get PSA nadir below 0.5 and it is difficult to identify those patients who will fail.

Greenlight PVP versus TURP – is the perceived shorter length of stay true in a UK DGH?

Zakri RH, Black D, Montgomery B, Bott S, Naerger H, Palfrey E, Barber NJ
Frimley Park Hospital, Camberley

Introduction

Greenlight PVP has recently become more controversial thanks to NICE guidelines. Like most new technology, the initial issue is higher costs. This is both in terms of the laser generator and the single use laser fibre. The argument for enthusiasts has been that shorter lengths of stay (LOS) balance out the cost of disposables.

Objective

To evaluate true LOS of patients undergoing either TURP or Greenlight PVP at our institution, a standard UK DGH, and incidence of complications leading to return to hospital, which has its own cost implications.

Materials and methods

Data was collected prospectively as recorded by the coding department on both TURP (monopolar and bipolar) and Greenlight (HPS) laser prostatectomy for 2 years; 2007 – 2009. As 18% of procedures were incorrectly ascribed, data was retrospectively 'cleaned up'. Information on recorded LOS and readmission rates within first 28 post operative days noted.

Results

666 patients were treated in 2 years, 380 Greenlight PVP (Group A) and 286 TURP (Group B). Mean LOS Group A = 1.2 days, Group B = 3.3 days. Readmissions (<28days) Group A 35/380 (4 for non-urological causes) 9.2%, Group B 30/286 (9 for non-urological causes) 10.4%. Most common cause of readmission in Group A was haematuria versus clot retention in Group B.

Conclusion

This audit confirms that in the real world of a UK DGH, offering bladder outlet surgery to a very heterogenous patient group, that Greenlight PVP does achieve a significantly shorter hospital stay compared to TURP. The cost of 2 extra days in hospital (£250/day) does cover the cost of consumables with no significant difference in risk of readmission in the early post-operative period, despite the later group including patients with significant medical co-morbidities.

Laparoscopic and Robotic Fellowship

Eddy B, Sutherland P
Royal Adelaide Hospital 2008-2009

Introduction

The Royal Adelaide Hospital is South Australia's main teaching hospital. Its urology department, one of three in Adelaide, is the largest with 8 consultants performing a wide range of urological services for a population of approximately 1 million, covering an area over 3000km.

As my final year of training, from February 2008, over a 15 month period, I was the Urological Fellow at the Royal Adelaide Hospital, with a specialist interest in laparoscopic, robotic surgery and pelvic oncology. This high volume job gave me a wide experience of complex major urological surgery. This talk summarises the experience gained in this fellowship.

Results

Over this time I went through a fully mentored, one on one, modular training programme in robotic surgery, gaining experience over 170 cases, completing 30 complete cases by the end of the programme and being accredited by Intuitive as robotically trained. I also performed 50 laparoscopic nephrectomy's independently and 19 cystectomy's. The job also involved a high volume of general urology and I was introduced to novel techniques such as supine PCNL's. Other educational opportunities included a visiting HoLEP masterclass with Peter Gilling, the National Prostate Cancer Symposium and state and national meetings.

Conclusion

The Royal Adelaide Hospital offers a superb urological fellowship for final year trainees with interests in oncology, stones or minimally invasive surgery. I would recommend this fellowship to any further trainees.

South Australia also offers a great lifestyle for families with world class beaches, sport and wine regions within easy reach of the city.

Glans resurfacing – pushing the boundaries of penile preserving surgery for invasive penile cancer

Ayres BE, Lam W, Corbishley CM, Perry MJA, Watkin NA
St George's Hospital

Introduction

Glans resurfacing involves excision of the glans and subcoronal epithelial and subepithelial tissues, leaving the denuded glans corpus spongiosum which is then grafted with partial thickness extra-genital skin. This technique was developed for the treatment of severe glanular lichen sclerosus and premalignant penile lesions.

Methods

26 patients have had glans resurfacing at our unit for T1 invasive penile cancer since 2002. Data was recorded in a prospectively collected database and outcome measures of positive margin rate and local recurrence rate were assessed from the database, patient notes and histopathology records.

Results

13 patients had glans resurfacing to treat clinically superficial, biopsy proven T1G1/2 penile cancer. 8 men had hyperkeratotic lesions suspicious for cancer, although biopsies had revealed premalignant disease only - all had T1G1/2 penile cancer confirmed at glans resurfacing. A further 5 patients who failed topical chemotherapy for premalignant penile lesions had unexpected T1G1/2 penile cancer on histology.

There were 6 positive margins with early disease recurrence in 3 cases. Patient 1 had tumour invading the corpus spongiosum and required a glansectomy. Patients 2 and 3 both had a small recurrence excised completely without further problem. Patient 4 had a glansectomy for unexpected aggressive disease. There were no recurrences in the remaining 22 patients at a median follow up of 10 months (range 1-69 months).

Conclusions

In our experience glans resurfacing is oncologically safe for the management of selected superficial penile cancers. It provides the optimal cosmetic and functional result currently available in penile cancer surgery.

CystinuriaUK - Developing a Patient Orientated Website

Bultitude M, Thomas K
Guy's and St. Thomas' Hospitals NHS Foundation Trust

Introduction

The internet can be both a resourceful and dangerous place. Patients are often overloaded with sites that use complicated terminology with no guarantee of accuracy. We run a novel dedicated clinic for cystinuric patients with nationwide referrals. Our patients find currently available resources confusing with an American bias. At our patients request we established a website to support and inform UK cystinuric patients.

Methods

Working closely with our patients we developed a website covering the key areas of frequently asked questions (FAQ's), whilst also including 'tell me more' links with more detailed information for those that are interested. We used standard web design software and purchased a domain name. The pages contain up-to-date referenced information with pictures and video illustrations. Patients have remained involved throughout to ensure the content remains relevant and understandable.

The website is now completed – visit www.cystinuriauk.co.uk. Feedback from our patients has been positive and we report the outcomes from formal feedback through an online questionnaire.

Conclusion

We hope this initiative will provide a valuable resource for patients with cystinuria. Future plans are to develop an online forum so that patients can directly exchange stories.

Urological investigations from a Spina Bifida database

John B, Hsu R, Boddy S, Lee F
St. George's Hospital

Introduction
Children born with neural tube defects need multi-specialty and life-long care. The thinking behind various interventions has changed over the years helping more of these patients survive in to adulthood. We aimed to show this in our own cohort of patients and compare to a large earlier cohort.

Methods
The St. George's Hospital spina bifida prospective database was analysed and urological investigations and interventions noted.

Results
The average age of patients was 24 years. There were no deaths in the cohort from renal failure and only 2 out of 89 were in CKD stage 4 and 5. 50% of patients had surgery to preserve renal function. 60% had surgery to improve their quality of life.

Conclusions
The advent of early and intensive interventions has turned the tide in a group that had a high mortality rate in previous cohorts from renal failure and sepsis. The effect of these interventions on their quality of life is yet to be known.

Intravesical Botulinum Toxin Injection for Refractory Overactive Bladder: Queen Elizabeth Hospital Experience

Huf S, Muirhead L, Elhage O, Hammadeh M
Queen Elizabeth Hospital, Woolwich

Introduction

Botulinum toxin A has been effectively used in patients with refractory overactive bladder (OB) who failed medical treatment. In here we present our experience in a multidisciplinary setting.

Methods

This prospective audit assesses patients who presented to our unit between September 2007 and June 2010. All patients who were considered for Botulinum toxin A (200 u for idiopathic OB and 300 u for neurogenic OB) injections were assessed by a senior consultant and a specialist nurse. Pre-treatment investigations included urodynamic studies and training in clean intermittent self catheterisation (CISC) for all patients. Post treatment assessment at 3 and 6 months included a consultation visit and ICIQ-OAB and ICIQ-UI questionnaires.

Results

A total of 26 patients underwent the treatment (including 4 males). Mean age was 56 (29-79). Twenty-one patients had idiopathic detrusor overactivity, 3 neurogenic detrusor overactivity and 2 sensory urgency. Post-operatively 7 patients had urinary tract infections and 12 patients had urinary retention subsequently requiring CISC. Eight patients required further injections after a successful period of 8 months (4 – 15). Pre treatment ICIQ-OAB score was 12 (2-21), ICIQ-UI 15 (3-21). At 3 months ICIQ-OAB score was 3 (0-13) and ICIQ-UI was 3 (0-21) and 6 months ICIQ-OAB score was 5 (0-12) and ICIG-UI 5 (2-8).

Conclusion and discussion

Botulinum toxin A treatment for bladder overactivity appears to be effective and safe. Our results are comparable to the published series. Patients should be selected carefully with regular follow up in a multidisciplinary team setup. Long-term results are awaited.

Robotic-assisted dismembered pyeloplasty

Slawinski C, Elhage O, Challacombe B, Hegarty N, Dasgupta P.
Guy's and St. Thomas' Hospital NHS Foundation Trust

Introduction

Minimally invasive dismembered pyeloplasty has become the standard management of PUJ obstruction. Here we present our experience of robotic-assisted laparoscopic pyeloplasty (RALP) and suggest technical modifications contributing to operative success.

Methods

Between 2004 and 2009, all patients requiring RALP were prospectively assessed. Preoperative investigations included MAG3 renogram and a 3D reconstructed CT. An on-table retrograde ureteric stent insertion/replacement was performed immediately prior to each case. During RALP the anterior part of the anastomosis is completed initially with 3-0 absorbable sutures. Subsequently this allows the assistant to retract more effectively, controls the proximal end of the ureteric stent, and displays the posterior suture line to the primary surgeon. JJ stent removal and MAG3 renograms were performed at 6 and 12 weeks respectively.

Results

32 RALP, 15 left and 17 right, were performed for symptomatic PUJ obstruction, including 2 patients with horseshoe kidneys. Mean age was 36.7±11 years. Mean operative and anastomosis times were 165 ± 39.2 mins and 41.2 ± 12.2 mins respectively. Mean blood loss was 59.1± 73.3 mls. Post-operative hospital stay was 1.4 ± 0.9 days. Mean follow up was 30 ± 14.4 months. One patient had worsening renal function and needed a nephrectomy and two were lost to follow up. The other 29 patients (91%) had symptomatic relief and good drainage on post-operative renograms.

Conclusion

RALP is a safe and effective procedure and particularly suitable in institutions where robotic surgery is already available. Completion of the anterior anastomosis first facilitates rapid closure with excellent functional results.

Treatment of Transitional Cell Cancer of the bladder using out-patient Flexible cystoscopy and photodynamic guided Holmium Laser Ablation

Wong KA, Pardy C, Zisengwe G, Gouldbourne B, Mukwahuri A, O'Brien T, Thomas K
Guy's and St. Thomas' Hospitals NHS Trust

Introduction

Patients with transitional cell carcinoma (TCC) bladder have a protracted disease course with high recurrence-rates. Repeated procedures under general/regional anaesthetic place elderly patients with co-morbidities under considerable risk. We evaluated clinical outcome and cost-effectiveness of local anaesthetic outpatient flexible cystoscopy laser ablation using photodynamic diagnosis (PDD/blue) or white light.

Methods

Prospective cohort study of 39 selected patients deemed unsuitable for day surgery and high risk for general anaesthesia. Primary end points included procedural tolerability, recurrence rate and length of stay. Patients acted as their own control in the assessment of recurrence rates between the inpatient and outpatient procedures. Markov modelling was used to calculate procedural costs using manufacturer data.

Results

Mean patient age 78. Over 50% had >/=3 co-morbidities. The procedure was well tolerated by all 39 patients – with pain scores ranging from 0-2. Hospital stay was reduced from 3.8 days to <2 hours ($p=0.0085$). All patients chose to have the procedure again. There was no statistical difference observed in recurrence rates between outpatient laser ablation and inpatient procedures ($p=0.0921$). There was no statistical difference in recurrence rate between laser ablation with/without blue light (PDD) compared with all other procedures ($p=0.01350$). The procedural cost of outpatient vs. inpatient approaches was £611 compared with £1762 for inpatient rigid cystoscopy with cystodiathermy under blue/white light.

Conclusion

This study confirms that outpatient laser ablation of TCC is well tolerated, and has comparable clinical outcome when compared with inpatient procedures. It also is cost-effective with potential savings of >£1000 per patient episode.

Narrow band imaging improves detection of non-muscle invasive bladder cancer

Ayres BE, Corbishley C, Perry MJA
St George's Hospital

Introduction

Narrow band imaging (NBI) uses a narrow wavelength of light which is strongly absorbed by haemoglobin resulting in enhancement of epithelial surfaces and vascular architecture. Tumours should be easier to identify due to their higher microvessel density.

Methods

We prospectively assessed whether rigid and flexible NBI cystoscopy aided or altered our management in 47 patients since January 2010. Patients initially underwent a white-light cystoscopy (WL) which was immediately followed by NBI. All lesions and histology were recorded.

Results

29 patients had surveillance cystoscopies for non-muscle invasive bladder cancer (NMIBC) and 18 had a cystoscopy following haematuria. In total 64 lesions were identified with NBI (61 from NMIBC surveillance). 50 were transitional cell carcinoma (TCC). With WL 32 TCCs and 15 red patches were identified. 5 of these red patches were TCC. Therefore, an additional 13 TCCs were identified with NBI with a false positive rate of 22%. This changed the outcome of 9 patients – 2 of whom had no TCC at all identified on WL. 2 TCCs were missed by NBI – small red patches on WL, histologically G1pTa. 7 patients had cystoscopies following BCG - 6 had red patches on WL of which 5 were positive on NBI. At biopsy 3 of these were CIS and 2 were inflammation.

Conclusions

NBI increases identification of abnormal urothelium and altered management in about a fifth of patients. The high false positive rate may decrease as experience with NBI grows. NBI may aid identification of significant red areas following BCG treatment.

T0 Radical Cystectomy: An Audit of Oncologic Outcome

Lobo N, Maqsood S, Elhage O, Challacombe B, Ismail F, Rimington P, Khan MS and Dasgupta P
Guy's and St. Thomas' Hospitals NHS Foundation Trust

Introduction
Radical cystectomy with pelvic lymphadenectomy (RC) is the mainstay of treatment for muscle-invasive bladder cancer. After cystectomy, it is not unusual to find tumour-free specimens (pT0). The prognostic value of pT0 status is unclear and in this audit we examine the oncological outcome of these patients.

Methods
A total of 135 patients underwent RC at our institution, between January 2003 and December 2009. Demographics and peri-operative histology of patients with pT0 are reported. A comparative survival analysis of different pathological stages has been performed.

Results
A total of 25 (18.7%) patients (male=19, female=6; mean age=66 ± 8.5 years) had pT0 at post cystectomy pathology analysis, of which 3 had received neoadjuvant chemotherapy. Pre-operative histology was available for 23 and showed pTa in 2; pTis=1; pT1=12 and pT2=8. None had lymph node metastasis. Of all 25 patients, 4 patients have died, of which 1 had neoadjuvant chemotherapy. Mean follow-up was 35.6 ± 24.1months. Overall survival of patients with pT0 disease was 83.3% compared to 80.0% of patients with pT1, 78.9% with pT2, 50.0% with pT3 and 35.0% with pT4. Cancer-specific survival of patients with pT0 disease was 90.9% compared to 87.0% of patients with pT1, 83.3% with pT2, 63.6% with pT3 and 36.8% with pT4.

Conclusion
Most patients with pT0 on final histology did not have prior chemotherapy. pT0 patients had good but not better oncological outcome when compared to pT1 and pT2 at medium term follow up but faired significantly better than pT3 and pT4 patients. Long-term follow up is awaited.

Enhanced Recovery Protocol in radical cystectomy improves patient care

Ayres BE, Kelliher N, Swinn M, Das G, Bailey MJ, Perry MJA
St George's Hospital

Introduction

Enhanced recovery protocols (ERP) have successfully reduced length of admission in colorectal surgery and concentrate on early enteral feeding, early mobilisation, standardised analgesia and empowering patients. We investigated the role of ERP in open radical cystectomy.

Patients and Methods

Prior to introducing an ERP, data was collected prospectively on 16 consecutive patients. Since the introduction of ERP in June 2009, 23 consecutive patients have undergone open radical cystectomy. Patients on ERP have preoperative carbohydrate drinks, nasogastric feeding starting a few hours postoperatively, epidural analgesia, no bowel preparation and mobilisation on day 1. Operative details, length of ITU and hospital stay, postoperative recovery and complications were analysed.

Results

Median length of hospital stay has reduced following the introduction of ERP from 12.5 to 10 days. Median ITU stay is now 1 day compared to 1.5 days. The proportion of patients suffering prolonged ileus is lower at 14% compared to 25% and although patients open their bowels sooner, the time to solid diet remains at 5 days. Clavien complication rates and 30 day mortality were similar in both groups. Age, co-morbities, proportion of muscle invasive cancer and operative time were similar for both groups. 1 patient in the ERP group was re-admitted with a pelvic collection.

Conclusion

Early feeding, early mobilisation and no preoperative bowel preparation appear to generally reduce length of ITU and hospital stay without increasing the complication or readmission rate. Longer follow-up is required to assess whether ERP will allow patients to resume normal daily activities quicker.