

South Thames Regional Urology Meeting

7th December 2023



King's Fetal Medicine Unit
16-20 Windsor Walk, London SE5 8BB

Sponsors



Programme

12:00 – 12:45	Registration and exhibition viewing with refreshments
12:45 – 13:00	Introduction to King's (TBC)
13:00 – 14:30	Academic session 1
14:30 – 15:00	Coffee break and exhibition viewing
15:00 – 15:10 15:10 – 16:40	Introduction to NCIP – Mr Sarb Sandhu Academic session 2
16:40 – 17:00	BAUS President Talk and Q&A – Miss Jo Cresswell
17:00 – 17:30	Prizes (Award of Derek Packham Medal) and Close
17:30 – 18:00	Drinks in foyer
18:00 – 22:00	Dinner at Forza Win, Camberwell SE5 8TR Please RSVP by November 30th 2023 https://forms.gle/jg8vgCksFGqZT8U3A

Academic Session 1

Presenter	Hospital	Title
Jirayr Ajzajian	Frimley Park	A Step Forward in Non-Muscle-Invasive Bladder Cancer Management: En Bloc Resection
Pallab Kumar Sarkar	Kent & Canterbury Hospital	Effect of Prostate Artery Embolization on post procedural Prostatic Specific Antigen (PSA) Trends-- How does it help in age specific PSA guided biopsies?.
Isla Middleton	Little Park Surgery (GP)	A Review of Prostate-specific Antigen (PSA) Testing and Counselling in the Primary Care Setting
Georgios Antonoglou	Royal Surrey	Does inhalational methoxyflurane (Pentrox) improve pain control during local anaesthetic transperineal biopsy of the prostate?
Rustam Karanjia	Kent & Canterbury Hospital	Are CT & bone scans useful for staging patients with Gleason 4+3 prostate cancer? An analysis of 134 patients
Findlay MacAskill	Guys	External validation of the Sexual Minorities and Prostate Cancer Scale (SMACS) in a sexual majority and minority population following robotic prostatectomy (RARP)
Kamran Haq	Guys	Robotic Assisted Retroperitoneal Lymph Node Dissection : Defining Selection Parameters and Assessment of Morbidity and Short-Term Oncological Outcomes
Abhishek Reekhaye	Frimley Park	Malignancy Rate of Bosniak 3 and 4 Complex Renal Cystic Lesions
Mahabub Hassan	St Georges	Outcomes of Retroperitoneal Approach for Robot-Assisted Partial Nephrectomy: A single centre experience

Academic Session 2

Presenter	Hospital	Title
Chandler Durbidge	Maidstone & Tunbridge Wells	What proportion of patients with proteus urinary tract infection have stones?
Abigail Coe	Epsom and St Helier	HoLEP cases 100-200; exploring functional outcomes
Jessie Blackburn	Epsom and St Helier	Do patients want a day case BOO procedure?
Calum Clark	St Georges	Robotic assisted colposuspension for female stress urinary incontinence (SUI). A 2-year multi-centre prospective study
Nikan Golesorkhi	Kings College Hospital	Baseline lower urinary tract symptoms correlation with motor and cognitive function in patients with treatment naive and non-treatment naive Parkinson's Disease
Nikki Kerdegari	Guys	Urological Outcomes and Adverse Events Following Total Pelvic Exenteration for Locally Advanced and Recurrent Rectal Cancer: A Single Centre Retrospective Study
Muhesh Kumar Taheem	St Georges	A prospective audit evaluating the efficacy of Optilume balloon dilation of bulbar urethral strictures.
Martina Spazzapan	Guys	Urology National Selection: is it a level playing field?

Abstracts

Title: A Step Forward in Non-Muscle-Invasive Bladder Cancer Management: En Bloc Resection

Authors: Ajzajian Jirayr, Abuelnaga Mahmoud, Ali Ahmed

Institution: Frimley Park Hospital

Presenting Author: Jirayr Ajzajian

Abstract:

Introduction:

Traditionally, TURBT has been the gold standard treatment for NMIBC. Over the past decade, different laser energy sources have been employed in endoscopic bladder cancer treatment, with Holmium and Thulium lasers being particularly notable examples.

En-Bloc Resection of bladder tumors aims to achieve three objectives: enhancing the quality of resection, reducing perioperative complications, and decreasing the likelihood of recurrence. In this study we aim to study the efficacy, safety and practicality of thulium en-bloc resection of bladder tumors.

Materials and Methods:

We conducted a prospective analysis of patients who underwent Thulium laser en-bloc resection of bladder tumors from February 2023 to September 2023. We assessed day case rate, intra- and post-operative complications and specimen quality (presence of detrusor muscle).

Results:

Out of 40 patients (33 male and 7 female) 36 had primary tumors, while 4 had recurrent tumors. The average tumor size was 2.4 cm, with 1 to 5 tumors per patient. No intra-operative complications were observed, with only two. 31 resections had detrusor-muscle present in specimen. 31 patients were discharged as day case with only one patient discharged with catheter, while 9 required a one-night stay, mainly due to social reasons.

Conclusion:

Thulium laser en-bloc resection of bladder tumors is safe and effective. It offers efficient tissue vaporization, a hemostatic effect, and safety. En-bloc resection provides intact specimens, enhancing pathological evaluation precision. This study demonstrates the procedure's safety, effectiveness, and practicality. Further research and long-term follow-up are needed to validate its role in the management of bladder cancer.

Title: Effect of Prostate Artery Embolization on post procedural Prostatic Specific Antigen (PSA) Trends--How does it help in age specific PSA guided biopsies?.

Authors: Pallab Sarkar, Rustam Karanjia, Issam Ahmed, Akash Prashar, Neelanjan Das, Sashi Kommu

Institution: Department of Urology, Kent and Canterbury Hospital, Kent CT1 3NG

Presenting Author: Mr Pallab Kumar Sarkar

Abstract:

Introduction & Objective

A quarter of men aged more than 70 years suffers from moderate to severe Lower Urinary Tract Symptoms (LUTS) that affect their Quality of Life (QoL). Patients who can not continue conservative management due to side effects or unfavourable response and are not surgically fit for urological intervention may be considered for minimal invasive options like Prostatic Artery Embolization (PAE). Most of patients having PAE, are elderly patients with higher risk of developing prostatic Cancer. Herein, PSA check up plays a vital role to decide between active monitoring versus urological/oncological intervention..Therefore we aim to identify the impact of PAE on PSA patterns.

Methods

We have identified 57 patients referred for PAE to interventional radiology from retrospectively maintained database from January 2020 till October 2022. Patients were evaluated for the impact of their LUTs using various tools (IPSS score, QoL score, Qmax, PVRs) and studied the impact on PSA pre and post procedure period .

Results

The procedure was successfully performed in 22 patients based on CT angiogram findings where the mean age was 70.4yrs (range 57-87yrs). The pre-procedural PSA level ranged from 0.8 to 9.3 (with median of 5.1). In our cohort, post procedural PSA had been assessed in 20 patients and they showed significant mean reduction in PSA (46%) who had bilateral PAE.

Conclusions

Successful completion of Bilateral PAE can predict PSA reduction by a factor of 46%. This finding can aid in modification of protocols for age matched PSA guided biopsies.

Title: A Review of Prostate-specific Antigen (PSA) Testing and Counselling in the Primary Care Setting

Authors: Isla Middleton

Institution: Little Park Surgery (GP)

Presenting Author: Isla Middleton

Abstract:

Aim: To assess whether health care professionals are appropriately counselling men prior to ordering PSA testing. Additionally, to observe the indication for PSA testing and whether the prostate is being clinically examined in cases where PSA is indicated.

Method: A search was completed of all male patients undergoing PSA testing at a suburban London GP practice from 1st August 2023 - 31st August 2023. There were 29 eligible participants whose records were then accessed, and the following parameters were extracted:

Age of patient; Indication for PSA; Digital rectal examination (DRE); Counselling given prior to PSA test; Value of PSA; Any onward management or referral

Results: The average age of the men receiving PSA testing was 65.9 years. Of the 29 individuals only 1 had documentation of counselling for PSA and only 3 had a DRE performed alongside the PSA. The most common indication for the PSA was men presenting with lower urinary tract symptoms (LUTS). Only 2 of the 29 PSA results recorded in the month were elevated. No onwards referrals were required, and no new diagnoses of prostate cancer were made.

Conclusion: Counselling of patients prior to PSA testing was done poorly with only 1 out of the 29 patients receiving counselling. This is divergent from NICE guidance which recommends discussing the pros and cons with patients as well as advising men of actions that could affect their PSA level, for example, exercising heavily or ejaculating pre-test. Not counselling appropriately has the potential to inflate PSA results and thus lead to anxiety, over-investigation, and over-treatment (2).

1. NHS UK. Should I have a PSA test? - Prostate cancer [Internet]. 2021 [cited 2023 Oct 2].

Available from: Should I have a PSA test? -Prostate cancer

2. Gulati R. Reducing Prostate Cancer Overdiagnosis. *New England Journal of Medicine*. 2022 Dec 8;387(23):2187-8.

Title: Does inhalational methoxyflurane (Penthrox) improve pain control during local anaesthetic transperineal biopsy of the prostate?

Authors: Georgios Antonoglou, Danielle Whiting, Azka Yousaf, Constantinos Adamou, Danny Darlington, Dimitrios Papadopoulos, Umberto Carbonara, Murthy Kusuma, Krishna Patil, Dimitrios Moschonas, Matthew Perry, Wissam Abou Chedid

Institution: Royal Surrey County Hospital Stokes center of Urology

Presenting Author: Georgios Antonoglou

Abstract:

Introduction and objectives

Transperineal biopsy of the prostate is commonly performed under local anaesthetic. For some men the procedure can be uncomfortable and others may be discouraged from undergoing the procedure for fear of pain. Inhalational methoxyflurane (Penthrox) is already used in trauma situations as well as other medical procedures to provide quick temporary analgesia. The aim of this project was to assess whether the use of Penthrox could improve pain control during local anaesthetic transperineal biopsy of the prostate.

Materials and methods

Between January and September 2023 all patients undergoing a local anaesthetic transperineal biopsy of the prostate answered a questionnaire about pain control at different stages during and after their procedure. From May 2023 all patients without contraindications for its use received Penthrox in addition to local anaesthetic. Results were then compared.

Results

162 patients underwent local anaesthetic transperineal biopsy of the prostate during the study period of which 46 (28.4%) used Penthrox. There was no statistically significant difference in the level of pain during the local anaesthetic injection to skin ($p=0.37$), during the periprostatic block ($p=0.32$), during biopsies ($p=0.17$) or at the end of procedure ($p=0.26$) with the use of Penthrox. There was also no significant difference in the overall satisfaction of pain control scored out of 10 with the use of Penthrox (9.1 vs 9.1, $p=0.46$) or the satisfaction of the overall biopsy experience (9.6 vs 9.7, $p=0.44$). Regardless of the use of Penthrox no patients would advise a family member or friend to not undergo a local anaesthetic transperineal biopsy of the prostate.

Conclusion

In this preliminary study Penthrox did not improve pain control during a local anaesthetic transperineal prostate biopsy. Overall pain control and satisfaction levels are high with the use of local anaesthetic alone.

Title: Are CT & bone scans useful for staging patients with Gleason 4+3 prostate cancer? An analysis of 134 patients

Authors: Karanjia R., Basavaraju V., Sarkar P., Conroy M., Tayo O., Kommu S.S, Streeter E

Institution: Kent & Canterbury Hospital, East Kent University Hospitals NHS Foundation Trust

Presenting Author: Rustam Karanjia

Abstract:

Introduction

EAU guidelines advise that patients with Gleason 4+3=7 and intermediate-risk prostate cancer undergo cross-sectional abdominopelvic imaging and bone scan for metastatic screening. We hypothesised detection rate of extra-prostatic disease in this cohort is low using conventional imaging of CT and bone scan. Herein, we aimed to identify their usefulness in staging patients in this cohort.

Methods

Patients with overall Gleason 4+3 histology were identified over 75 months. Patients were excluded if PSA >20ng/mL and/or MRI prostate >T3b stage. Primary outcomes were: (a) the detection rates of metastatic/nodal disease using conventional CT and bone scan and b) the proportion of fully-staged patients with positive lymph nodes at dissection following robotic-assisted radical prostatectomy (RARP).

Results

A total of 134 patients were identified. Median age was 72 (range 45-83), PSA 7.8ng/mL (range 1.8-19.3) and prostate volume 40cc (range 10-129). 130/134(97%) had MRI scans prior to staging. 124/134(93%) had bone scans and 83/134(62%) had CT scans, of which 77/134 (57%) had both. 0/124(0%) bone scans identified metastatic disease and 2/83(2%) CT scans identified borderline enlarged nodes not detected by MRI. 0/134(0%) had management changes from staging scans. 33/134(25%) patients fully-staged proceeded to RARP. 14/33(42%) had lymph node dissections, of which 2/14(14%) were positive.

Conclusions

Detection of metastatic disease by conventional CT and bone scan was low in this cohort. Patients should either undergo more sensitive staging, such as PSMA PET, or proceed straight to radical treatment due to the potential benefit of treating despite oligometastatic disease. Further large scale multicentred studies are warranted.

Title: External validation of the Sexual Minorities and Prostate Cancer Scale (SMACS) in a sexual majority and minority population following robotic prostatectomy (RARP)

Authors: MacAskill F., Torres C., Coker B., Sahai A., Shabbir M., Yap T. on behalf of the Guy's Post Pelvic Surgery Research Group

Institution: Guy's Hospital

Presenting Author: Flindlay MacAskill

Abstract:

We aimed to externally validate the SMACS on a heterogenous population irrespective of sexual orientation in patients undergoing RARP compared to gold standard PROMs.

This study invited all patients undergoing RARP to complete the SMACS scale when asked to complete our standard PROMs over a 10-month period. Seven SMACS subscales (Problem Count (PC), Sexual Satisfaction (SS), Sexual Confidence (SC), Frequency of Sexual Problems (FSP), Urinary Incontinence in Sex (UI), Role in Sex (RS) and Problematic Receptive Anal Intercourse (PRS) were compared to the IIEF domains. Correlations were done in R using Pearson method with missing data handled using pairwise deletion. A likert scale (1-5) questionnaire was used to assess acceptability.

Three-hundred and five records were analysed. PC was moderately correlated to IIEF domains A, B and E ($r=.52-.56$, $p<0.05$) with SS being strongly correlated to domain A and moderately correlated to D and E ($r=.71$, $r=.63-.67$, $p<0.05$). PC was also correlated to C and D ($r=.42-.48$, $p<0.05$). SC was either correlated or moderately correlated to all domains of the IIEF ($r=.46-.53$, $p<0.05$). FSP was moderately correlated with domain E ($r=.61$, $p<0.05$) and correlated to domains A and B ($r=.41-.47$, $p<0.05$). Regarding acceptability, our patients felt the questions were appropriate (Median 2, Q1 1, Q3 3) and importantly felt it completely assessed their sexual dysfunction (Median 1, Q1 1, Q3 2).

The SMACS has been shown to correlate to many domains in the IIEF. In our mixed population, patients reported that it fully assesses their sexual dysfunction.

Title: Robotic Assisted Retroperitoneal Lymph Node Dissection : Defining Selection Parameters and Assessment of Morbidity and Short-Term Oncological Outcomes

Authors: Haq K, Haroon U, Oluwale-Ojo A, Chia D, Reeves F, Verma H, Nair R, Fernando A, O'Brien T, Challacombe B

Institution: Guy's Hospital

Presenting Author: Kamran Haq

Abstract:

Introduction and Objectives

This study reports on our experience with robot-assisted retroperitoneal lymph node dissection (RRPLND) for metastatic testicular cancer in a single high-volume centre.

Materials and Methods

The records of all patients undergoing RRPLND from 2017 - 2023 were retrospectively reviewed via a prospectively maintained database. Initial criteria for robotic case selection included diameter (<5cm), great vessel effacement (<50%), regional involvement; inter aorto-caval, para-caval, para-aortic (<2) and normal tumour markers with a negative FDG-PET. The safety profile of RRPLND was assessed via review of complication rates as well as oncological outcome.

Results

57 patients underwent RRPLND with a median age of 31 (14-64). The majority of patients underwent left template (57%) with a mean maximal lesion size of 30mm (9-72). The supine approach was used for 91% (52) of cases with the remainder completed in the lateral position (5). No cases required open conversion. No in field recurrences have been seen at a median follow up of 25 months (1-81). Comparison to our open RPLND cohort (n=26) revealed a lower LOS (2 vs 6 [p=<0.05]) and blood loss (100 vs 750 [p=<0.05]) for RRPLND. No significant difference was seen in operation time (4.5 vs 4.3 [p=0.53]), positive margins (5.2% vs 15% [p=0.4]) or complication rates (15.7% vs 15% [p=0.46]).

Conclusions

This series demonstrates that robotic RPLND can be safely undertaken in patients with metastatic testicular cancer. In appropriately selected cases, it offers lower blood loss and LOS compared to open surgery without comprising early oncological outcomes or increasing peri-operative morbidity. We favour the supine approach, with over 90% of cases performed in this position. Careful case selection remains crucial and we have defined a number of parameters that should be considered in decision-making. Initial oncological outcomes have been promising, with no in field recurrence to date.

Title: Malignancy Rate of Bosniak 3 and 4 Complex Renal Cystic Lesions

Authors: Abhishek Reekhaye, Jo Oakley, Kate Brown, Amr Emara, Harbinder Sharma, Manar Malki, Muddassar Hussain, Neil Barber

Institution: Frimley Park Hospital

Presenting Author: Abhishek Reekhaye

Abstract:

Objective:

The purpose of this study was to determine the malignancy rate and initial stage of surgically treated complex renal cysts classified as Bosniak 3 or 4 in our regional renal cancer centre.

Materials and methods:

We searched our database for cystic lesions classified as Bosniak 3 or 4 on CT or MRI from July 2005 to October 2023. Surgically resected lesions were correlated with information on histology reports to obtain malignancy rates.

Results:

A total of 1018 radical and 1267 partial nephrectomies have been carried out in our institution since July 2005. We included 63 Bosniak 3 or 4 lesions which were surgically resected in the final analysis. The vast majority of those lesions (51 out of 63) were resected with a robotically-assisted partial nephrectomy (81%) with a median length of stay of 1 night. Of the 51 patients who underwent robotic-assisted surgery, intra-operative cyst rupture occurred in only 3 cases. The positive surgical margin rate was 2% (1 out of 51). Higher grade (Clavien-Dindo > 2) post-operative complication rate was 2% (1 out of 51).

60 lesions (95%) were malignant and 3 (5%) were benign. Malignancy rates were 100% for Bosniak category 3 lesions and 94% for Bosniak 4 lesions. Most malignant cysts were early-stage (pT1) cysts. Clear cell RCC was the most prevalent tumour type (58%) followed by papillary RCC (30%).

Conclusion:

Our study demonstrated much higher prevalence of malignancy (100%) in radiologically detected Bosniak 3 cysts than described in the literature. The findings highlight the importance of surgical resection as the primary treatment option in Bosniak 3 lesions. Robotic-assisted partial nephrectomy for complex renal cystic lesions can be safely and effectively performed in centres with significant robotic expertise.

Title: Outcomes of Retroperitoneal Approach for Robot-Assisted Partial Nephrectomy: A single centre experience

Authors: Mahabub Hassan , Dharmender Aggarwal , Luke stroman, Amr Moubasher, Mikaela Carey, T Ameen, Peter Le-roux, Chris Anderson , Denosshan Sri

Institution: St Georges University Hospital

Presenting Author: Mahabub Hassan

Abstract:

Introduction:

Robot-assisted retroperitoneal partial nephrectomy (RARP) is a minimally invasive surgical approach for the treatment of renal tumours. RARP has gained popularity due to its advantages over transperitoneal approach of robotic and traditional open surgery, including decreased blood loss, shorter hospital stay, and faster recovery time. In this study, we present the outcomes of 50 cases of RARP performed at a single centre.

Methods:

We conducted a retrospective study patient who underwent RARP for the treatment of renal tumours between November 2021 to March 2023. Data were collected from medical records, including patient demographics, tumour characteristics, operative time, estimated blood loss, hospital stay, and postoperative complications.

Results:

This study included a total of 50 patients, of whom 58% were male. The mean tumour size was 28 mm. The mean operative time was 141 minutes, with the mean warm ischemia time (WIT) of 17 minutes and a mean blood loss 103 ml. The median hospital stay was 1 day. Intraoperative and postoperative complications occurred in one patient each, but there was no conversion to open surgery. The “Trifecta” was achieved in 47 patients overall.

Conclusion:

Our study demonstrates that Robot-assisted retroperitoneal partial nephrectomy (RARP) is a safe and effective treatment option for renal tumours, with favourable perioperative and oncologic outcomes. RARP provides excellent surgical precision and magnification of the surgical field, leading to a reduction in surgical morbidity and improved postoperative recovery. Further studies are warranted to compare RARP with other surgical approaches and to evaluate long-term oncologic outcomes.

Title: What proportion of patients with proteus urinary tract infection have stones?

Authors: Dr Chandler Durbidge (SHO); Dr Khilna Patel (FY1); Mr Ian Rudd (Urology Consultant)

Institution: Maidstone & Tunbridge Wells NHS Trust

Presenting Author: Chandler Durbidge

Abstract:

Introduction:

Proteus mirabilis (P. Mirabilis) is a gram-negative urease producing bacteria commonly associated with urolithiasis. The prompt identification and management of urinary tract stones associated with infections may prevent the development of serious complications. Despite being one of the most common organisms responsible for urinary tract infections, little data is available on the prevalence of stones in patients with P. Mirabilis infections - especially in UK populations. In this study, we aim to increase our understanding of the rates of urolithiasis with P. Mirabilis infection and help guide investigation of these patients.

Methodology

A retrospective case-control study was performed between January and March 2023 comparing the prevalence of urolithiasis, as well as catheters, nephrostomies, and foreign bodies in patients with P. Mirabilis against E. Coli (control) on mid-stream urine culture. We analysed 318 patients with P. Mirabilis and 297 with E. Coli. Significance between results was determined using Chi-Squared analysis.

Results

Relevant imaging was identified in 142 patients from the P. Mirabilis group and 93 from the E.Coli group. We found urolithiasis in 18% and 11% of patients with P. Mirabilis and E. Coli infections respectively ($p=0.11$). A higher prevalence of catheters was seen in (mislabelled) MSUs with P. Mirabilis (11% vs 5%, $p=0.001$).

Conclusion:

This study found a trend to higher rates of urolithiasis in patients with P. Mirabilis but there was no statistically significant difference with the control group of patients with E.Coli infections. Clinicians should consider urolithiasis in patients with P. Mirabilis urinary tract infections but extensive additional investigation is unlikely to be warranted.

Title: HoLEP cases 100-200; exploring functional outcomes

Authors: Abigail Coe, Tiffany Silverside and Tharani Nitkunan

Institution: Epsom and St Helier's University Hospitals NHS Trust

Presenting Author: Abigail Coe

Abstract:

Introduction

Functional outcomes post HoLEP procedure early in the operative experience is not known. This audit explores one surgeon's experience and explored patients' functional outcomes.

Patients and Methods

This is a retrospective study of cases 100 to 200 for one surgeon which took place between 21/01/2022 and 07/06/2023. Outcomes explored include continence, erectile dysfunction and patient satisfaction.

Results

The median age was 73 (range 47-93) with a median sized prostate of 112cc (range 40-271). Pre operatively 53 were either intermittently self-catheterising or had a long term catheter, 47 had no catheter. 36 had preoperative counselling regarding pelvic floor exercises and 64 did not. 96 passed their initial TWOC and 4 did not. 88 had benign pathology and 12 had cancer, 6 of these were new diagnoses. 66 patients were followed up in the nurse led clinic. Median follow-up was at 63 days. 57% were incontinent, 9% had erectile dysfunction and 87% reported being happy with their outcome.

Conclusion

We found 1 in 1.8 patients experienced incontinence at their first follow up. This is in line with published data. Despite this, 83% reported that they were happy with their outcome. At pre-operative counselling, all patients should be advised to acquire pads, swap to decaffeinated drinks and initiate pelvic floor exercises prior to operative intervention. In the future we hope to complete a snapshot study to explore the longer term outcomes for these patients. This information helps us to manage patients expectations.

Title: Do patients want a day case BOO procedure?

Authors: Jessie Blackburn, Tharani Nitkunan, Deji Akiboye

Institution: Epsom and St Helier NHS Trust

Presenting Author: Jessie Blackburn

Abstract:

Introduction

According to Getting It Right First Time (GIRFT) guidance, 25% of all Bladder Outflow Obstruction (BOO) surgery should be performed as a day-case procedure. The common practice amongst NHS trusts that achieve this target is to discharge patients home with a catheter, to return at a later date for trial without catheter (TWOC). However, there is currently no evidence to support that patients want this.

Method

Data was collected at a single trust from 31 patients attending a Urology CNS clinic following their BOO surgery. All patients underwent either a TURP, HoLEP or BNI between 29/12/2022 to 13/06/2023. All patients were asked "If you were to go home on the day of your surgery with your catheter and come back in the following day to have your catheter removed, would you be agreeable to this?". Patient responses were documented in clinic notes.

Results

84% of patients did not want to go home with a catheter following their surgery. Specific reasons included concerns if something were to go wrong with the catheter (4), catheter size (2) and catheter management concerns (1). 13% of patients would be happy to go home with a catheter and one patient was ambivalent.

Conclusion

Over 80% of patients that underwent BOO surgery did not want to go home with a catheter. We suggest a solution to this would be removal of the catheter on the day of surgery. To date, 9 patients have undergone successful, same day catheter removal without complications.

Title: Robotic assisted colposuspension for female stress urinary incontinence (SUI). A 2-year multi-centre prospective study

Authors: Calum Clark, Aravind Ramalingam, Nathaniel Tan, Sam Folkard, Paolo Umari, Hasan Qazi, Rami Issa, Sachin Malde, Roger Walker, Denosshan Sri, Davendra Sharma, Arun Sahai, Jai Seth

Institution: St Georges NHS Trust & Guy's and St Thomas NHS trust

Presenting Author: Calum Clark

Abstract:

Introduction & Objectives

This study aims to assess the 24-month clinical and functional outcomes of patients who underwent robotic assisted colposuspension (RALCp) for SUI at 2 high volume robotic centers.

Materials & Methods

Pre- and Post-operative pad usage and patient reported outcome measures (PROMS) were gathered using ICIQ-UI-SF and PGI-I scores. Overactive bladder (OAB) symptom and bother scores were used to assess for mixed incontinence and denovo OAB.

Results

n=82 patients had a RALCp from 2019-2023. Mean follow-up was 20.4 months (Range; 3-48 months). 67/82 patients had pure SUI, 19% had mixed urinary incontinence from urodynamic study. 40% of patients had previous SUI treatment prior to RALCp. Mean pad usage decreased from 3.87 pads/24 hours (Range; 1-10 pads) pre-operatively to 1.15 pads/24 hours post-RALCp. Mean UI-SF score also decreased from 18.2-8.1 post procedure. 13% of patients procedures failed during the follow-up period with symptoms and pad usage returning to pre-RALCp numbers. Overall procedure satisfaction is high, 80% had a PG-II score of 1-3 (Mean-2.5). 7% of patients felt their SUI symptoms were worse after having the procedure and 8% of patients developed denovo OAB and started on treatment. Post operative complication rate was low, 4.8% of patients had a clavian dindo-1 complication.

Conclusions

This is the largest RALCp case series to our knowledge. The failure rate is higher than expected and may in part be due to early learning curve and/or technique. In the remainder, functional outcomes are good and the procedure seems to have a high satisfaction rate, with low complications and short inpatient stay.

Title: Baseline lower urinary tract symptoms correlation with motor and cognitive function in patients with treatment naive and non-treatment naive Parkinson's Disease

Authors: Golesorkhi N., Leta V., Ray Chaudhuri K., Faure Walker N.

Institution: King's College London

Presenting Author: Golesorkhi N.

Abstract:

Introduction & Objectives

Parkinson's Disease (PD) is a common, progressive neurodegenerative disease, affecting approximately 1% of the population aged 60 years and over. The associated morbidity and mortality are increasing at a faster rate than for any other neurological disorder. Lower urinary tract symptoms (LUTS) are reported in up to 85% of patients and can significantly impair quality of life.

To assess the baseline lower urinary tract symptoms, motor, and cognitive function and correlations using validated questionnaires in patients diagnosed with PD.

Materials & Methods

Data were prospectively collected from patients living with PD attending a movement disorders clinic using validated questionnaires and scales routinely employed in clinical practice (ICIQ-MLUTS; ICIQ-FLUTS; UPDRS-ME; modified Hoehn and Yahr; MoCA). Statistical analyses were performed using Stata 17 MP.

Results

Data from 18 patients were collected (15 male and 3 female subjects; median disease duration 4 years; median modified Hoehn and Yahr stage 2.5). Incontinence symptoms were correlated with QoL burden ($p < 0.001$) and negatively correlated with cognitive function ($p = 0.046$). The non-drug-naive group ($n = 12$, 66.7%) was found to have more severe motor symptoms ($p = 0.065$), more prevalent lower urinary tract symptoms ($p = 0.239$), and similar cognitive function to the drug-naive group ($p = 0.785$). Reduced cognitive performance was found to be a more potent predictor of lower urinary tract symptoms than motor symptoms severity.

Conclusions

Lower urinary tract symptoms are more strongly correlated with cognitive impairment than with motor symptoms in patients with Parkinson's disease. Drug-naive patients had less severe urinary dysfunction and motor symptoms versus non-drug-naive patients with longer duration of disease.

Title: Urological Outcomes and Adverse Events Following Total Pelvic Exenteration for Locally Advanced and Recurrent Rectal Cancer: A Single Centre Retrospective Study

Authors: Nikki Kerdegari, Alexis Schizas, Mark George, Shamim Khan, Raj Nair, Ramesh Thairaja, Sachin Malde, Arun Sahai

Institution: Guy's and St Thomas' NHS Foundation Trust, London, UK

Presenting Author: Nikki Kerdegari

Abstract:

Introduction: Total pelvic exenteration (TPE) can be a curative option in well selected patients with locally advanced or recurrent rectal cancer. Although TPE involves cystectomy and urinary diversion, documentation of urological outcomes and complications are sparse in the literature.

Methods: This is a single-centre retrospective study of all patients who underwent TPE for locally advanced or recurrent colorectal cancer between January 2017 and December 2022. Electronic patient records were evaluated to extract demographic, preoperative and intraoperative data along with complications, readmissions and return to theatre. Postoperative outcomes were analysed using two-tailed t-tests, Mann-Whitney U tests and chi-squared tests. Urological complications were analysed using simple logistic regression.

Results: 133 patients underwent TPE, 100 of which were locally advanced rectal cancer (LARC) and 33 with recurrent rectal cancer (RRC). 109 (82.0%) patients received radiotherapy prior to TPE. Major complications defined as Clavien-Dindo IIIa, IIIb, IVa and IVb were present in 33 (24.8%), 39 (29.3%), 7 (5.3%) and 11 (8.3%) patients respectively. The overall urological complication rate was 54.1%. Acute kidney injury (AKI) accounted for most urological complications, occurring in 38 (28.6%) patients followed by urinary tract infection (UTI) in 34 (25.6%). There was no statistically significant difference in the overall urological complication rate in patients with LARC or RRC ($p = 0.209$) or those with or without prior radiotherapy ($p = 0.896$).

Conclusions: The rate of urological complications is similar between patients with LARC and RRC and between patients with and without neoadjuvant radiotherapy. Further multi-centre prospective studies are required.

Title: A prospective audit evaluating the efficacy of Optilume balloon dilation of bulbar urethral strictures.

Authors: Mr. Muhesh Kumar Taheem, Miss Holly Ni Raghallaigh, Miss Pareeta Patel and Professor Nicholas Watkin.

Institution: St George's University Hospitals NHS Foundation Trust; Epsom and St Helier University Hospitals NHS Trust

Presenting Author: Mr. Muhesh Kumar Taheem

Abstract:

Introduction:

Optilume drug-coated balloon dilatation (ODCB) is novel technology utilising a Paclitaxel coated balloon to both dilate bulbar urethral strictures, and potentially delay recurrence through the anti-fibrotic property of Paclitaxel. We investigated the efficacy of ODCB in treating recurrent bulbar urethral strictures.

Methods:

Prospective study with local audit committee approval. 3-5cm balloon, 30 Fr calibre, dilatation time - 7 mins, general anaesthesia, image intensifier localisation and no post-treatment urinary catheter. Inclusion criteria: Patients >18 years old, with solitary recurrent bulbar strictures <3cm.

Primary outcome measures: USS PROM, uroflowmetry, patient satisfaction and freedom from re-treatment. Secondary outcome measures: complications and complication rate. Assessments at 3, 6, 12, and 24 months post-treatment. Failure defined as return to baseline symptom score and/or flow rate. Study May 2021-present.

Results:

40 patients were treated and 27 evaluable with minimum 3-month follow-up. No significant adverse events were recorded. Subject age was 19-91. Mean stricture length was 2 cm and mean calibre was 5 Fr. Mean prior stricture recurrences was 2. Success rate at 3 months was 93% (25/27), 74% at 6 months (17/23) and 58% at 12 months (11/19). Limited data at 24 months suggests a 50% success rate (3/6).

Conclusion:

Outcome data are still too early to place Optilume in the management pathway of recurrent bulbar strictures. Treatment is well-tolerated, and very low side effect profile. Longer term data is required from a larger cohort. All patients remained either satisfied or very satisfied with their procedure outcome, possibly as retreatment interval compared with prior treatments appears subjectively longer.

Title: Urology National Selection: is it a level playing field?

Authors: Martina Spazzapan (1), Siddarth Raj (2), Sarika Grover (2), Susan Willis (1)

Institution: (1) Urology Department, Guy's and St Thomas' NHS Foundation Trust, (2) University Hospitals Coventry and Warwickshire (UHCW) NHS Trust

Presenting Author: Martina Spazzapan

Abstract:

Introduction

A diverse surgical workforce is recognised to bring gains to surgical teams and patient care. Over 50% of medical students and foundation trainees are women, with numbers declining as trainees progress; women constitute 41% of core trainees, 31% of urology registrars, and only 12% of urology consultants. Approximately 400 consultant urologists identify as Ethnic Minority (EM) (GMC data), constituting almost 25% of the workforce. Urology National Selection is a competitive process to enter higher surgical training (HST) in the UK; this study explores the sociodemographic characteristics of applicants to Urology HST.

Methods

A freedom of information (FOI) request was submitted to Health Education England to obtain anonymised statistics on the 2022 recruitment round. Statistical analysis was carried out on R.

Results

235 doctors applied for 59 ST3 urology posts, giving a competition ratio of 3.98. Of these, 133 (56.5%) applied following completion of Core Surgical Training, whereas 102 (43.4%) applied via Certification of Readiness to Enter HST. 125 (53.2%) applicants were UK graduates, with 110 (46.8%) having graduated abroad. 67 (28.5%) of applicants were female, while 128 (54.5%) applicants identified as EM. Overall, 25.1% of applicants were successful with no statistically significant differences in gender or ethnicity: 32.8% of female applicants and 22.0% of male applicants were offered an ST3 post (OR 1.73, 95% CI 0.92-3.24); 20.6% of white applicants and 28.9% of Ethnic Minority applicants (OR 1.57, 95% CI 0.85-2.87) were successful.

Conclusion

The pool of HST applicants is diverse, with good EM and gender representation and no evidence to show differences in success rates between these groups.