



is pleased to present the

## **KSS and South Thames Regional Urology Meeting**

**Thursday 21<sup>st</sup> November 2024**

The View Hotel, Eastbourne

9.30 am – 10 am	<b>Sponsors' stalls available for early arrivals</b>
10 am – 12.30 pm	<b>STC meeting</b>
12.30 pm – 1 pm	<b>Networking lunch</b>
1 pm – 1.30 pm	<b>Visits to sponsors' stalls</b>
1.30 pm – 2 pm	<b>Key note speech – Mr Graham Watson</b> (Medi Tech Trust, retired Urologist from Eastbourne DGH)
2 pm – 5 pm	<b>Academic abstract presentations</b> (with coffee break midway) <b>Presentation of the Derek Packham Memorial Medal</b> by Dr Bruce Packham, retired GP

**With huge thanks to our Gold Sponsors**



**With thanks to all our Sponsors**

**Gold Tier**



**Pierre Fabre**

**OLYMPUS**

**Silver Tier**



## Academic abstract presentations

<b>Time</b>	<b>Title</b>	<b>Page</b>
1400	Prostatic Adenocarcinoma in a Patient with History of Cryptorchidism Associated Hypogonadism	4
1410	Urethral metastasis of prostatic adenocarcinoma: a case report	5
1420	Value Of DRE In Prostate Cancer Diagnostics	6
1430	Role of prophylactic antibiotics in transperineal prostate biopsy in a single centre	7
1440	Incidence of Endometrial Cancer in Women Aged 55 and Over Referred to our Haematuria Clinic	8
1450	The influence of female gender on disease stage, perioperative trends and cancer survival in patients with bladder cancer, undergoing radical cystectomy.	9
1500	Predicting Survival in Bladder Cancer Following Radical Cystectomy: The Role of Lymph Node Status	10
1510	Venous Thromboembolism and Testosterone Replacement Therapy in Klinefelter Syndrome	11
<b>1520</b>	<b>Coffee break</b>	
1540	Outcomes of Prostatic Artery Embolization (PAE) for Treating Urinary Retention: Results from Our Institution	12
1550	The Use of PuraStat Hemostatic Agent in Holmium Laser Enucleation of the Prostate (HoLEP): A Safety and Feasibility Study	13
1600	Evaluating Self-Catheter Removal: Environmental Impact, Cost Savings, and Patient Feasibility	14
1610	Improving Documentation for Procedures for Urethral Stricture Disease	15
1620	Physicians perceptions about the efficacy and tolerability of pharmacological agents in the management of lower urinary tract symptoms (LUTS)- Comparison between male and female patient populations.	16
1630	Robotic assisted simple cystectomy for benign disease with medium term follow up	17
1640	A sticky solution in a sticky situation: Refractory Nephrocutaneous Fistula embolisation with N-butyl-2-cyanoacrylate. Case report and literature review.	18
1650	A snapshot review into the management of acute ureteric colic at Worthing Hospital	19

**Title:** Prostatic Adenocarcinoma in a Patient with History of Cryptorchidism Associated Hypogonadism

**Authors:** Haadia Safdar, Javed Burki, Matin Sheriff, Sher Shah Khan

**Institution:** Medway NHS Foundation Trust

**Presenting Author:** Haadia Safdar

**Background:** Prostate cancer is a prevalent malignancy, often associated with advancing age and high androgen levels. This case report discusses a middle-aged patient with a rare occurrence of prostate cancer, following a history of cryptorchidism and hypogonadism.

**Case Presentation:** A gentleman in his late sixties, with a previous unilateral orchidectomy for suspected testicular cancer and 10 years of testosterone replacement therapy for hypogonadism, presented with an elevated prostate-specific antigen (PSA) level of 5.1 ng/ml. Digital rectal examination revealed a firm lobulated prostate, and MRI indicated a 15 mm PIRAD 4 lesion in the left peripheral zone. Trans-perineal biopsy confirmed a diagnosis of prostatic adenocarcinoma (Gleason score  $3 + 3 = 6$ ), with bilateral disease.

**Discussion:** Although hypogonadism is characterized by low testosterone, and the conventional view links elevated testosterone to prostate cancer risk, this case challenges that notion. It highlights the need for ongoing assessment of long-term effects of testosterone replacement therapy in patients with a history of cryptorchidism and hypogonadism. Current literature lacks clear associations between these conditions and prostate cancer, demanding further research.

**Conclusion:** This case emphasizes the importance of vigilant follow-up, including regular PSA testing and digital rectal examinations, for patients undergoing testosterone replacement therapy, especially those with complex histories of cryptorchidism and hypogonadism.

**Title:** Urethral metastasis of prostatic adenocarcinoma: a case report

**Authors:** Faria Rahman Antara, Sharanniyam Ragavan, Hisham Amira, Vishwas Iyar, Danny Darlington Carbin

**Institution:** Ashford and St Peter's Hospitals NHS Foundation Trust

**Presenting Author:** Faria Rahman Antara

### Introduction

Prostate cancer metastasizing to the urethra is a very rare occurrence of advanced disease. Herein we present a case of a 64-year-old male presenting with urethral metastasis of prostate adenocarcinoma.

### Background

This patient initially presented in May 2024 with visible haematuria with flexible cystoscopy in July 2024 revealing a polypoid lesion in the anterior urethra measuring 1.5 cm and a second villous growth in the prostatic fossa. Patient's initial prostate adenocarcinoma was diagnosed in 2017 managed with Trans Urethral Resection of Prostate (TURP), radical radiotherapy and adjuvant hormonal therapy up until 2019 with stable disease and PSAs until 2024.

### Management

Initial management was resection of both lesions with subsequent repeat cystoscopy for further clearance of the anterior urethral lesion (now 1 cm). Histopathological analysis of both lesions revealed the lesion in the prostatic fossa to be a nephrogenic metaplasia and the anterior urethral lesion to be prostatic adenocarcinoma (Gleason 4+4). After multi-disciplinary team discussion, the patient was deemed for further hormonal treatment to manage this new metastatic deposit. Continued oncological review and management is still underway.

### Conclusion

Occult metastasis of prostate cancer in this manner is extremely rare in the literature and requires early detection and clinical vigilance in order for timely treatment.

**Title:** Value Of DRE In Prostate Cancer Diagnostics

**Authors:** Adeoye DEBO-AINA, Alexander MARTINDALE, Juwayriyyah AMJAD, Martina SMEKAL & Nkwam NWAM

**Institution:** The Princess Royal University Hospital, Kings College NHS Trust

**Presenting Author:** Adeoye Debo-Aina

Prostate cancer (PCA) is the most prevalent cancer amongst men. The National institute for Health and Care Excellence (NICE) recommend referral onto PCA diagnostic pathway on two criteria: 1) abnormal digital rectal examination (DRE), 2) elevated prostate-specific antigen (PSA). This study evaluates the diagnostic value of routine DRE in patients undergoing PCA assessment with pre-biopsy multiparametric magnetic-resonance imaging (mpMRI)

#### METHODS

Retrospective analysis of 436-patients on PCA diagnostic pathway between September 2019 - June 2020, focusing on patients with normal MRI (PIRADS 1-2, n=147) and documented DRE results. Patients were categorized by DRE status- normal vs abnormal. Overall PCA detection was 10.2%, and 4.67% for clinically-significant prostate cancer (CSPC i.e., Gleason  $\leq 7$ ). PCA and CSPC detection were higher with abnormal DRE (19.35% and 6.45% respectively) compared to normal DRE ( 7.76% and 4.31%) . Among 23-patients biopsied, 65% (n=15) had PCA, with CSPC found in 30%(n=7). 61% (n=14) of biopsied patients had normal DRE, with 9 PCA cases, 5 being CSPC. Whereas 39% (n=9) with abnormal DRE had 6 PCA cases, 2 being CSPC. Statistical analysis using McNemar's test shows, no significant association between DRE and PCA diagnosis ( $p = 0.146$ ) or CSPC ( $p = 0.774$ ). Despite higher PCA and CSPC detection rate with abnormal DRE, this is not statistically significant.

#### CONCLUSION:

This study shows PCA diagnostics can effectively be performed without DRE. This is useful when performing remote PCA diagnostic consultations, and reevaluates the value DRE has within the diagnostic pathway, whilst emphasizing a PSA and MRI based approach.

**Title:** Role of prophylactic antibiotics in transperineal prostate biopsy in a single centre

**Authors:** Ahmed Alali Aljalloud, Anik Rakibul, Waseem Mulhem, Jonathan Noel

**Institution:** Queen Elizabeth Hospital Woolwich

**Presenting Author:** Waseem Mulhem

**Introduction:**

Ultrasound-guided transperineal approach is becoming the standard approach for prostate biopsies, demonstrating lower infection rates compared to the transrectal method. However, transperineal biopsy does carry a risk of post-procedural sepsis in approximately 1% of cases. We aim to evaluate the role of prophylactic antibiotics in transperineal prostate biopsies (TPB) performed under local anaesthesia (LA) in an ethnically diverse population.

**Methods:**

Retrospective analysis of complications after 142 patients underwent TPB under LA over a 10-month period was performed.

The ethnicity of patients was 91 (64.08%) White, 40 (28.16%) Black, 3 (2.1%) Asian, and 8 (5.63%) not stated.

One cohort were biopsied without antibiotics (n=68, 47.8%) compared to another given a single dose of oral antibiotics (n=74, 52.1%).

Patients >75 years old, recurrent UTIs, immuno-compromised, and/or an indwelling catheter were excluded.

**Results:**

140 (98.6%) patients did not report post-procedural complications.

1 patient from the antibiotic group presented with infectious complications (1.35%) after 16 cores TPB.

1 patient from the non antibiotic group presented with infectious complications (1.47%) after a 6 core TPB.

No significant differences in infection was observed between the two groups (p=1).

The ethnicity of patients who developed infections after TPB was white, with no significant difference of complications comparing to other ethnicities (p=0.5).

**Conclusion:**

The routine use of single-dose pre procedure antibiotics for TPB does not affect morbidity rates in our experience. There was no significant difference among ethnic groups with or without antibiotics.

**Title:** Incidence of Endometrial Cancer in Women Aged 55 and Over Referred to our Haematuria Clinic

**Authors:** Moustafa Elhammadi, Rakshya Upreti, Aikaterini Eleftheriadou, Matthew Deacon, Sarosh Janardanan, Enaya Mirza, Nimalan Arumainayagam

**Institution:** Ashford & St. Peter's Hospitals NHS Foundation Trust

**Presenting Author:** Rakshya Upreti

**Introduction:** NICE guidelines advocate for direct access ultrasound in women aged 55 years and older with visible haematuria and one of either low haemoglobin, thrombocytosis, or elevated blood glucose levels. Despite these recommendations, there is limited awareness among urologists. Patients referred to Urology with visible haematuria are investigated with CT urography, which can miss endometrial pathology. This audit aimed to assess our adherence to NICE guidelines and evaluate their effectiveness in identifying endometrial cancer in this patient cohort.

**Methods:** A retrospective review was conducted using electronic medical records of female patients aged 55 and over who were referred to the haematuria clinic in our trust between January and December 2023.

**Results:** Among 216 patients reviewed, 3 (1.38%) were diagnosed with endometrial cancer. Flexible cystoscopy failed to identify any abnormalities in all 3 patients. CT urography did not reveal any pathology in one case. Ultrasound, performed to assess the upper urinary tract, detected endometrial thickening in one patient, which led to a referral to gynaecology. The third patient had a prior diagnosis of endometrial cancer due to simultaneous referral to gynaecology for post-menopausal bleeding. Notably, none of these patients presented with low haemoglobin, thrombocytosis, or elevated blood glucose levels.

**Conclusion:** This audit underscores the importance of adhering to NICE guidelines. Urologists should maintain an index of suspicion for endometrial cancer in this patient group and ensure timely referral to gynaecology especially with negative haematuria workup.



**Title:** The influence of female gender on disease stage, perioperative trends and cancer survival in patients with bladder cancer, undergoing radical cystectomy.

**Authors:** Ozlem Boztepe, Francesco Delgiudice, Mohamed Gad, Calum Clarck, Jonathan Kam, Elsie Mensa, Rajesh Nair, Kawa Omar, Ramesh Thurairaja, Shamim Khan, Yasmin Abu-Ghanem

**Institution:** Guy's and St Thomas' Hospital

**Presenting Author:** Ozlem Boztepe

**Background:**

Female sex in patients undergoing Radical Cystectomy (RC) for urothelial or variant-histology bladder cancer has been previously associated with advanced pT stage and worse oncological survival. We investigated the role of gender on perioperative and disease-free survival (DFS) outcomes at our dedicated tertiary centre.

**Methods:**

We reviewed our prospectively maintained database of patients who underwent RC for confirmed urothelial or variant NMI/MIBC at our centre from 2014-2023. Demographics, diagnostics, and pathological data were stratified according to gender distribution to explore the impact of sex on perioperative trends and DFS.

**Results:**

640 (72.2%) men and 247 (27.8%) women with a mean age of 68.5 and 68.1 years respectively with diagnosis of urothelial cancer undergoing cystectomy were reviewed. While male sex was associated with worse preoperative baseline co-morbidities such as DM, CKD, and CVS, there were no significant discrepancies in time from primary referral to RC (0.93M vs. 1.03F months, p-value: 0.93), neoadjuvant systemic therapy adoption (21.6M vs. 17.3F %, p-value: 0.25) or surgical approach (ORC: 31M vs. 28F %, RARC: 69M vs. 72F %, p-value: 0.55). This was similarly reflected on final pT status (pT0-1: 44M vs. 50F %; pT2-4 56M vs. 50F %, p-value: 0.13) and Kaplan-Meier DFS analysis (84M, 95%CI: 78-90 vs. 64F, 95%CI: 52-74 months, Log Rank: 0.14).

**Conclusion:**

Our results would suggest that dedicated bladder cancer pathways at a high volume tertiary centre may overcome pathological and biological survival imbalances traditionally attributed to gender.

**Title:** Predicting Survival in Bladder Cancer Following Radical Cystectomy: The Role of Lymph Node Status

**Authors:** Ozlem Boztepe, Francesco Delgiudice, Mohamed Gad, Calum Clarck, Jonathan Kam, Elsie Mensa, Rajesh Nair, Kawa Omar, Ramesh Thurairaja, Shamim Khan, Yasmin Abu-Ghanem

**Institution:** Guy's and St Thomas' Hospital

**Presenting Author:** Ozlem Boztepe

**Introduction:**

Predicting patient outcomes following radical cystectomy (RC) for muscle-invasive bladder cancer (MIBC) remains challenging. While lymph node (LN) involvement is a known prognostic marker, its specific impact on survival requires further exploration. This study investigates the association between LN involvement and survival, accounting for additional risk factors.

**Methods:**

We reviewed patients who underwent RC at our institute from 2009-2023. Kaplan-Meier curves estimated survival rates, and Cox regression analysis identified prognostic factors for overall survival (OS), disease-specific survival (DSS), and recurrence-free survival (RFS).

**Results:**

Among the 1002 patients who underwent RC (mean follow-up of 28 months), the median age was 70 years (IQR 62-76). 27.2% had pT3, and 6.9% had pT4 tumours. The median number of dissected nodes was 15 (IQR 10-21). Nodal metastasis (pN+) was identified in 152 patients, with 43% being N1 and 57% N2/N3. Multivariate analysis showed histological variants ( $p=0.002$ ), positive clinical lymph nodes (cN+,  $p=0.001$ ), pathological staging ( $p=0.03$ ), and presence of CIS ( $p=0.03$ ) were associated with positive LN. Patients with pN+ had significantly worse 5-year RFS, DSS, and OS (all  $p<0.001$ ). Cox regression confirmed pN+ as an independent predictor for RFS, DSS, and OS, along with advanced tumour stage, positive surgical margins, and histological variants.

**Conclusion:**

Our findings underscore the critical role of LN status in RC for MIBC and highlight the importance of lymphadenectomy and precise pathological staging for optimal management. Further studies are needed to refine our understanding of LN involvement and its implications for patient outcomes.

**Title:** Venous Thromboembolism and Testosterone Replacement Therapy in Klinefelter Syndrome

**Authors:** Rory Ferguson, Ameer Alarayedh, Paul Carroll, Tet Yap

**Institution:** Guy's & St Thomas' NHS Foundation Trust

**Presenting Author:** Rory Ferguson

**Introduction:**

Klinefelter syndrome (KS) is the most common genetic cause of male infertility, affecting approximately 1 in 660 men. It is characterized by the presence of 1 or more extra X chromosomes, with the karyotype 47,XXY present in 90% of cases. Previous publications have suggested an increased risk of venous thromboembolic events (VTE) in KS. Testosterone replacement therapies (TRT) are commonly used in KS, with the aim of improving well-being, body composition and sexual function. However, TRT may further influence the risk of VTE.

**Objective:**

To assess the rate of VTE, and its association with TRT, in a cohort of KS patients.

**Methods:**

Data were obtained from a hospital-based KS clinic database. Information on previous VTE, TRT usage, and demographic variables was collected.

**Results:**

160 patients were included. The mean age was 35 years (SD 10.6). TRT was used by 98 patients (61%). VTE prevalence was 17.5% (28 cases: 17 deep vein thrombosis, 5 pulmonary embolism, 6 both). 21 VTE events occurred in those using or who had used TRT (21%), and 7 VTE events occurred in those that never used TRT (11%) (P=0.14)

**Conclusion:**

Our findings suggest an increased incidence of VTE in KS patients compared with the general UK adult male population. TRT has been demonstrated to have health benefits for KS patients. These data do not show a statistically significant difference between TRT use and increased VTE rate. However, a trend is observed that requires further investigation in a larger cohort.

**Title:** Outcomes of Prostatic Artery Embolization (PAE) for Treating Urinary Retention: Results from Our Institution

**Authors:** Moustafa Elhammadi, Faria Antara, Zaynab Irfan, Alexander Chapman, Sergey Tadtayev

**Institution:** Ashford and St Peter's Hospitals NHS foundation trust

**Presenting Author:** Moustafa Elhammadi

**Introduction:** Prostatic artery embolization (PAE) has demonstrated effectiveness in treating lower urinary tract symptoms (LUTS) but lacks robust evidence for treating urinary retention due to prostate enlargement. PAE is particularly useful in older, frail patients with questionable fitness for general anaesthesia and those on long-term anticoagulation, as it is performed under local anaesthesia. However, challenges like arterial atherosclerosis and complex pelvic vasculature can complicate this technically demanding procedure. This audit evaluates the success rate and predictors of successful trial without catheter (TWOC) in urinary retention patients after PAE, along with re-treatment rates and delays in patients who failed TWOC.

**Methods:** We conducted a retrospective review of electronic medical records of patients with long-term catheters, who had previously failed TWOC before undergoing PAE at our institution between January 2019 and March 2024.

**Results:** We included 45 patients with a mean age of 78 years and median prostate volume of 130 cc (105, 160). Of these, 26 (57.7%) underwent bilateral embolization and 19 (42.2%) unilateral embolization. A total of 24 patients (53.3%) successfully passed TWOC with a mean follow-up of 26.7 months. Three patients experienced retention again within one year post-TWOC. Thirteen patients (28.3%) required re-treatment after failed TWOC, with 10 (76.9%) passing TWOC after re-treatment. Re-treatment delay averaged 8.9 months. Regression analysis showed no statistically significant results due to small sample size; however, the success group tended to be younger, have larger prostates, and undergo bilateral embolization.

**Conclusion:** With a success rate exceeding 50%, PAE is a viable option for older, frail patients with larger prostates, particularly those at high risk for anaesthesia and those on long-term anticoagulation.

**Title:** The Use of PuraStat Hemostatic Agent in Holmium Laser Enucleation of the Prostate (HoLEP): A Safety and Feasibility Study

**Authors:** Momen Sid Ahmed , Nkwam Nkwam

**Institution:** King's College Hospitals NHS Foundation Trust

**Presenting Author:** Momen Sid Ahmed

Holmium Laser Enucleation of the Prostate (HoLEP) is a well-established surgical procedure for managing lower urinary tract symptoms (LUTS) associated with benign prostatic hyperplasia (BPH). Achieving effective hemostasis during and after HoLEP is critical to reduce complications. PuraStat<sup>®</sup>, a novel synthetic self-assembling peptide used for hemostasis in various surgical procedures, has not been previously documented in bladder outlet surgeries. This case study explores the safety and feasibility of using PuraStat<sup>®</sup>, a hemostatic agent composed of self-assembling peptides, in Holmium Laser Enucleation of the Prostate (HoLEP) for effective bleeding control. A 62-year-old male with benign prostatic hyperplasia and a significantly enlarged prostate underwent en bloc HoLEP. Hemostasis was initially achieved with bipolar diathermy, followed by the direct application of 5 ml of PuraStat<sup>®</sup> to the prostatic fossa. The procedure was notable for its smooth intraoperative course and postoperative recovery, with clear urine observed throughout the irrigation period and at catheter removal. No complications or adverse events were noted at the 28-day follow-up, demonstrating PuraStat<sup>®</sup>'s potential for enhancing hemostasis in HoLEP and supporting rapid patient recovery. The results highlight PuraStat<sup>®</sup> as a promising adjunct in urological surgeries, warranting further study with larger patient cohorts.

**Title:** Evaluating Self-Catheter Removal: Environmental Impact, Cost Savings, and Patient Feasibility

**Authors:** Enamur Rahman, Branimir Penev, Kristy Ellis, Muhammad Usman Javed, Alastair Henderson

**Institution:** Maidstone and Tunbridge Wells NHS Trust

**Presenting Author:** Enamur Rahman

### Introduction

This study evaluates the impact of self-removal of catheters versus existing on-clinic or community services, focusing on environmental effects, cost savings, and feasibility for other centers.

### Patients and Methods

We introduced a service for patients requiring indwelling catheters after urological surgery lasting over five hours, who supposed to naturally pass urine postoperatively. Excluded were those with impaired dexterity living alone or who couldn't use a required mobile app for instructions and remote care. We included 49 patients (25 HoLEP, 17 TURBT, 6 Optical Urethrotomy, 3 TURP, and 3 Cystolitholapexy) in the study from July to October 2024. Of these, 44 self-removed their catheters at home, while 5 dropped out.

### Results

All 44 patients (average age 63.1, range 36-81) successfully self-removed their catheters, with no emergencies. Six had minor issues but completed the process. Satisfaction scores were high, with ratings of 4.6, 4.2, and 4.5, respectively, on a 5-point scale. 40 (91%) patients would be happy to repeat the procedure or strongly recommend it, while 2 (4.5%) patients may consider it in the future. The project alleviated clinic pressure and saved about 85 per patient. It also reduced travel by approximately 450 miles over four months, cutting down carbon emissions by roughly 0.2 tons and saving 11.40 in travel costs for each patient.

### Conclusion

This study highlights the environmental and economic benefits of self-catheter removal and its potential adaptability in other healthcare settings.

**Title:** IMPROVING DOCUMENTATION OF ENDOSCOPIC PROCEDURES FOR URETHRAL STRICTURE DISEASE

**Authors:** Youssef Ibrahim, Akinlolu Oluwolwojo, Raveen Sandher, Majed Shabbir

**Institution:** Guys and St Thomas NHS trust

**Presenting Author:** Youssef Ibrahim

**Introduction:** Precise documentation in operative notes (Op-notes) is vital for patients' safety and ensuring continuity of care. Urethral stricture disease (USD) affects 229-627 per 100,000 males. The first line of treatment is endoscopic dilation but with high recurrence rate. Adequate characterisation of USD would identify cases with risk of recurrence that would benefit from reconstruction earlier. Moreover, they are crucial for future surgical planning and reducing risk of failure. This study assesses the impact of introducing a structured Op-note proforma on the quality of documentation for endoscopic USD procedures.

**Methods:** the study audited Op-notes for endoscopic USD procedures performed by all urologists at our Institution over two cycles. The first cycle retrospectively evaluated 50 free-text Op-notes from July 2021 to March 2022. Following a single awareness session and introduction of a structured endoscopic USD proforma, the second cycle prospectively assessed 80 Op-notes from April 2022 to January 2023. Compliance was measured against the Royal College of Surgeons standards and local experts' recommendation.

**Results:** In the first cycle, 56% of Op-notes lacked critical USD details such as location (46%), length (44%), calibre (38%), and relation to the sphincter (56%). After introduction of the proforma, only 24% of procedures utilized new form. However, those that did (Group 2) exhibited significant improvements: EUA documentation increased by 73%, scope used by 65%, USD length by 27%, calibre by 39%, location by 46%, and USD-EUS distance by 45% (all p-values <0.05). Non-proforma users (Group 1) showed negligible improvements despite the educational intervention.

**Conclusion:** The structured Op-note proforma markedly enhanced the documentation quality of endoscopic USD procedures, emphasizing the necessity of tailored documentation tools alongside targeted educational efforts.

**Title:** Physicians perceptions about the efficacy and tolerability of pharmacological agents in the management of lower urinary tract symptoms (LUTS)- Comparison between male and female patient populations.

**Authors:** Nnorom. I., Kum. F., Muir. G. King's College Hospital, London.

**Institution:** King's College Hospital London.

**Presenting Author:** Ijeoma Nnorom

**Aim:**

Separate global studies previously carried out on prescribing and self-administration preferences of medication for the management of LUTS in males and females. This research compares findings by gender.

**Method:**

2 global electronic surveys of Urologists and allied practitioners. Respondent population was similar for both (male and female) patient groups.

10-point Likert scale- respondents were asked 3 questions about these medications: "Likelihood of prescribing"; the "perceived efficacy", and "the likelihood of the respondent taking them".

6 agents considered for female patients- Duloxetine, Solifenacin, Fesoterodine, Oxybutynin-Immediate Release (IR), Oxybutynin Extended Release (ER), Mirabegron;

10 for male patients- Tamsulosin, Finasteride, Dutasteride, Oxybutynin IR, Oxybutynin ER, Solifenacin, Fesoterodine, Mirabegron, Alfuzosin, Tadalafil.

Both study responses compared- similarities, differences, response volume.

**Results:**

More respondents from the males study- 210 , vs 119 for female patients. In both, most were from the UK (65% and 83% respectively), and over 9 out of 10 were either urologists or Urology trainees.

Mirabegron, followed closely by Solifenacin was deemed the most effective for female LUTS, and vice versa among males. Duloxetine and Oxybutynin IR were the least likely to be offered or seen as effective in females and males respectively.

**Conclusion:**

Further studies needed to determine reasons for these disparities, which could drive future sustainable therapies tailored to patient expectations by gender.



**Title:** Robotic assisted simple cystectomy for benign disease with medium term follow up

**Authors:** Folkard S., Spazzapan M., Kam J., Benn E., Lutfi B., Furrer, M., Clark C., Malde S., Thurairaja R., Nair R., Abu-Ghanem Y, Sahai A., Khan M.S.

**Institution:** Urology Department, Guy's and St Thomas' NHS Foundation Trust, London, United Kingdom

**Presenting Author:** Sam Folkard

### Introduction

Robotic assisted cystectomy (RAC) is commonplace in the management of bladder cancer. Its use in benign disease, is less well reported. We report our outcomes of benign robotic cystectomy in a large volume UK tertiary centre.

### Methods

A review of a prospectively maintained database of >1000 cystectomies for various indications identified 70 patients (40 males, 30 females, median age 65) who underwent RAC for benign pathology between 2013-2024. All procedures were carried out using a DaVinci system; statistical analysis was carried out on R.

### Results

Indications for RAC included end stage radiotherapy damage N=34 (48.6%), refractory interstitial cystitis N=9 (12.9%), keratinising squamous metaplasia N=8 (11.4%), refractory overactive bladder N=7 (10%) and other benign indications N=12 (17.1%). There were no unplanned conversions to open. Intraoperative blood loss was 326ml (100-1250) in the radiation group and 300ml (100-800) in the non-radiation group (p=0.4). 47 patients (67.1%) experienced complications, of which 33 (70% of complications) were Clavien I-II; 8 were Clavien III and 3 Clavien IV, with no significant differences between groups. All 3 Clavien V cases were ASA3-4 patients who had salvage procedures for intractable bleeding. Mean follow-up was 16 months (1-58); There was no significant deterioration in renal function in either group (p = 0.8).

### Conclusion

RAC is a good alternative to open cystectomy as it offers advantages of minimal invasive surgery in this heterogenous group of patients who have exhausted less radical options. Most complications were minor and in keeping with oncological series. Previous radiotherapy did not seem to impact on outcomes, but higher ASA grades had an adverse impact.

**Title:** A sticky solution in a sticky situation: Refractory Nephrocutaneous Fistula embolisation with N-butyl-2-cyanoacrylate. Case report and literature review.

**Authors:** Mr Jasmesh Sandhu, Dr Tim Yusuf, Mr Rahul Lunawat

**Institution:** King's College NHS Foundation Trust (PRUH site)

**Presenting Author:** Mr Jasmesh Sandhu

### Introduction

Iatrogenic nephrocutaneous fistulas are uncommon, with a 2-10% incidence in partial nephrectomies. The mainstay of treatment usually involves a ureteric stent with indwelling urinary catheter or percutaneous nephrostomy. However, persistence of the fistula tract can be a therapeutic conundrum. The use of N-butyl-2-cyanoacrylate is known in several surgical fields, including urinary fistulas.

### Case presentation:

61y female had a fistulous tract to the lower pole of the right kidney. Initial inspection revealed 2 small outflow holes with seepage of watery pus. She had a fluoroscopic embolisation using 1:1 "magic glue" of her nephrocutaneous fistula in July 24. A second procedure was required due to reoccurrence of seepage in Sept 24 with 4.75mm brush debridement prior to tract embolisation using 1:1 "magic glue" mixture.

### Methods

A retrospective literature review was conducted identifying case reports and case series given the scarcity of data available on the use of this sealent in urinary fistulas. Of note, two case-series were identified reviewing outcomes of urinary fistulas with use of N-butyl-2-cyanoacrylate.

### Results

A 9 year case-series showed a success in 11/13 (84.6%) with failure in 2 genitourinary fistulas which had a diameter >1 cm and short. The median followup of 35 months no relapses were observed. Another case-series in 2013 showed successful occlusive treatment of 4/5 (80%) patients with 2-5cc of cyanoacrylate glue showing clinical and radiological resolution at 11 month median follow-up.

### Conclusion

In our case, we had an improvement in urinary leak after initial application of cyanoacrylate glue, but a repeat procedure after 2 months was required for complete resolution. The length to diameter ratio is the key prediction of success, and >1cm and short tracts are poor prognostic indicators and careful patient selection is required.

**Title:** A snapshot review into the management of acute ureteric colic at Worthing Hospital

**Authors:** Jasmine Derex-Briggs, Allaudin Issa, Ai Shiang Bong, William Britnell

**Institution:** Worthing Hospital

**Presenting Author:** Jasmine Derex-Briggs

Ureteric colic is a common painful condition with increasing prevalence where the estimated lifetime risk in the UK population is 10%. The goal in management of ureteric calculi is for symptom control, prevention of complications, stone passage or removal of stone and prevention of recurrence. The aim of this study was to review the management of acute ureteric calculi at worthing hospital in comparison to the recommended British association of urological surgeons (BAUS) guidelines.

A retrospective audit was performed on all patients presenting to Worthing hospital between January 1st to December 31st 2023 with acute ureteric colic. The outcome measures included; CT findings, treatment provided, rationale, presence of complications, definitive management and its timings.

There were fifty-seven patients identified in the study period of which the top two management was conservative with 43.9% and stent insertion with 21.1%. Of the patients who had a stent inserted, 33.3% could potentially have had a primary ureteroscopy. For those who had an acute intervention, the average time to treat from time of decision was eight hours and 19 minutes. Our overall discharge rate of from urology was noted at 42.1%

Our audit confirms that we are adhering to the BAUS guidelines in how to manage ureteric stones. However, where we are unable to offer primary treatment, we are off target in the 4 weeks timeline for urgent ureteroscopies. This highlights the drive in creating a hot ureteroscopy theatre slot at Worthing hospital.