NORTH OF ENGLAND UROLOGICAL SOCIETY MEETING – 3RD NOVEMBER 2017 ABSTRACTS
SHORT POSTER PRESENTATIONS (10.00 – 11.15): 5 MINS PRESENTATION, 5 MINS QUESTIONS

1.

Name of Presenter: Mr. Simon Morton	**Training grade/post**: ST5
Title of Presentation: A retrospective analysis of men on hormonal treatment for prostate cancer and the assessment of their bone health	
Authors: Mr. S. Morton, Dr. Y. Shanshal, Ms. A. O' Riordan **Institution**: Freeman Hospital	
Aims: Prostate cancer is now the commonest cancer in men and many patients are on hormonal ablation which can lead to osteoporosis and possible fracture. We wished to assess the surveillance of bone health in patients on hormonal therapy for prostate cancer within our hospital.	
Methods: A single centre retrospective analysis of electronic patient records over the period 2011-2017 for men on hormonal treatment for their prostate cancer.	
Results: 100 patients were identified, age range 61-90 years (median age 77 years). 33 patients had metastatic disease, 29 of which were bone metastases. Over the time period 27 patients died. All patients had a bone profile and 75 patients had their Vitamin D checked. Sixteen patients had bone fractures. Ten patients had osteoporosis, 55 patients were osteopaenic and 35 patients had normal bone mineral density. 26 patients required treatment. Follow up DEXA scans were performed in 65 patients and identified new or further accelerated bone loss.	
Conclusion: This study demonstrates the importance of continued surveillance through the use of risk factor assessment, bone marker profiles and DEXA scans.	

2.

Name of Presenter: Deb Nevin	**Training grade/post**: Urology Nurse Practitioner
Title of Presentation: Urology Rapid Access Unit 12 month pilot	
Authors: Gary Musgrove, Deb Nevin, Kaljit kaur **Institution**: City Hospitals Sunderland	
Aims: Winter pressures in the NHS come every year but despite planning the NHS continues to face considerable challenge and certainly emergency urology here at Sunderland required a superior management of patient flow. As a team of newly appointed Urology Nurse Practitioners (UNPs) in December 2014 we were tasked to assist and support these pressures.	
Methods: Urology Rapid Access Unit (URAU), an ambulatory unit at our hub site was established, demonstrating direct specialist emergency and ambulatory urology care to the population of Sunderland, Durham and South Tyneside. The URAU is nurse led run by 3 full-time UNPs, assisted by Health Care Assistants with on-call medical support and input as required. Our aim was to see and treat this category of patients in URAU and provide the delivery of emergency urology assessment when previously they would have attended the Emergency Department (ED) or admitted direct to the ward.	
Results: During the pilot period 1338 patients were accepted direct from General Practitioners, EDs, Urgent Care Centres and District Nurses, all were acute non-life threatening urology emergencies and provided with instant ambulatory care. All referrals were received and triaged by the UNPs, accepted and directed to URAU or alternative advice given dependant on the presenting complaint. All the patients seen were assessed, managed and either discharged or admitted to the urology ward if in-patient management was indicated.	
Conclusion: The pilot proved a huge success and emergency urology presentations to the ED have been significantly reduced by approximately 150 per month as a result. The UNPS working alongside the medical staff ensure patients receive the appropriate care with minimal delay avoiding unnecessary admissions to the ward. Patient experience is enhanced and the acute journey is now seamless.	

3.

Name of Presenter: Alice Hartley	**Training grade/post**: ST5 (OOPR)
Title of Presentation: CHARACTERISATION OF CIRCULATING TUMOUR CELLS FROM PATIENTS WITH METASTATIC PROSTATE CANCER	
Authors: Hartley A, Robson W, Murphy P, Kilbane B, Robson C, Heer R, Rankin K **Institution**: Newcastle University	
Aims: Enumeration of circulating tumour cells (CTCs) has been shown to correlate with prognosis in prostate cancer. Characterisation of these cells could offer further insight into tumour biology. This would be useful not only as a surrogate for solid tissue, but also to potentially enable us to predict response to the many different treatments that are available for patients with metastatic disease. Multiple methods of CTC detection have been reported in the literature. We looked at three different methods of detecting CTCs from whole blood, to enable characterisation of specific markers.	
Methods: Assays were developed for processing whole blood using 1) a direct enrichment kit, 2) a combined flow cytometer and high resolution microscope (Imagestream), and 3) a five-laser flow cytometer with cell sorting capability. Optimisation of a specific panel of markers was performed using prostate cancer cell lines spiked into healthy volunteer blood.	
Results: CTCs were identified using all three methods. Live cells were obtained from the direct enrichment and the flow-cytometer sort, which has enabled downstream application. The images obtained via the Imagestream, in combination with the flow data, facilitated accurate assessment of the CTCs, including the specific location of marker expression within the cell.	
Conclusion: It is possible to identify CTCs using all three of these methods. By combining the information gleaned from the 3 different methods, it has enabled novel characterisation of prostate CTCs. Ongoing analysis of expression of specific markers will be correlated with clinical information to determine whether response to treatment can be determined.	

4.

Name of Presenter: John Fitzpatrick	**Training grade/post**: ST5 Urology
Title of Presentation: Mini-percutaneous nephrolithotomy as a treatment for renal stones; initial experience and outcomes	
Authors: Fitzpatrick J, Sakthivel A **Institution**: James Cook University Hospital, Middlesbrough	
Aims: Mini-percutaneous nephrolithotomy (PCNL) has evolved to reduce the morbidity associated with large percutaneous tracts used in standard PCNL. We report our initial experience with mini-PCNL in our centre.	
Methods: An analysis of all mini-PCNLs performed between November 2015 and August 2017. Procedural parameters were prospectively recorded in the BAUS database. Post-procedure outcomes were obtained from online systems and case notes.	
Results: Overall, 75% patients were male with an average age of 64 years and an average Charlson Comorbidity Index of 0. Pre-operative ureteric stent was present in 1/12 and a recent history of urinary tract infections in 1/12. The majority of procedures were left-sided (8 left vs 4 right). Stone size was 0-1cm in 1/12, 1-2cm in 8/12 and 2-4cm in 3/12; 4/12 had multiple stones. Stone location was renal pelvis in 6/12, lower pole in 5/12 and PUJ in 1/12. The majority of tracts (7/12) were via a lower pole puncture of which 2/12 were supracostal. Overall, 9/12 procedures were tubeless; 2/12 required stenting and 1/12 nephrostomy. Average procedure time was 1 hour 48 minutes. Complete stone clearance was achieved in 100%. Complications included one renal pelvis perforation requiring prolonged ureteric stenting and one readmission with a subcapsular collection requiring radiological drainage. Average time to discharge was 1.7 days. During the first 6 months follow-up, only 1/12 had recurrent stone on imaging.	
Conclusion: Mini-PCNL is an effective treatment with low morbidity and should be considered over standard PCNL for smaller renal stones or where retrograde access is challenging.	

5.

Name of Presenter: John Fitzpatrick	**Training grade/post**: ST5 Urology
Title of Presentation: Experience of adjuvant intravesical thermochemotherapy (heated Mitomycin-C) in patients with intermediate-risk non-muscle-invasive bladder cancer	
Authors: Fitzpatrick J, Suliman A, Braim L, Cresswell J **Institution**: James Cook University Hospital, Middlesbrough	
Aims: Intravesical thermochemotherapy i.e. heated Mitomycin-C (MMC), has emerged as an adjuvant treatment for intermediate-risk NMIBC in an attempt to reduce rates of recurrence associated with standard MMC therapy. We present our experience in a single centre.	
Methods: A retrospective analysis of 38 patients who underwent thermochemotherapy for intermediate-risk NMIBC from 2015-2017 was performed. Both off-trial and HIVEC-II patients were included. Standard protocol was a one-hour instillation per week for six weeks using the COMBAT system to deliver heated MMC. Data was collected from online systems and case notes.	
Results: The majority of patients were male (82%) with an average age of 71 years. A past history of NMIBC was present in 55% (21/38); of those, 67% (14/21) had intravesical therapy (standard MMC or BCG) previously. Overall, 45% (17/38) were new diagnoses and 63% (24/37) were naïve to any form of intravesical therapy. Pre-treatment histology was G2(LG)pTa in 57%, G2(HG)pTa 32% and multifocal/recurrent G1pTa in 11%. Complete treatment was achieved in 84% (32/38) patients. Post-treatment check cystoscopy (average <5 months) was clear in 82%; 12% showed recurrence and 6% progression to high-risk disease. During an average of 18 months follow-up, the overall rate of recurrence was 21% (7/34) and 11% (4/38) progressed to high-risk NMIBC within 9 months on average of treatment. For those patients who had failed intravesical therapy previously, the overall recurrence rate was 43% and 28% for treatment-naïve patients.	
Conclusion: Thermochemotherapy can be an effective treatment option for intermediate-risk NMIBC particularly when previous intravesical therapies have failed.	

6.

Name of Presenter: Mr Sidney Parker	**Training grade/post**: ST 7
Title of Presentation: **An audit of service improvement with use of Button Type Electrode for Transurethral resection of Prostate and an intention to discharge at less than 24 hours**	
Authors: Mr S Parker, Mr A Harris and Mr A Thorpe **Institution**: Freeman Hospital	
Aims:. Button type electrode (BTE) is fairly recent innovation of bipolar plasma-prostatectomy. This study was to assess feasibility of a change of service for TURP to <24hr stay and utilisation of BTE.	
Methods Prior to adoption of the BTE, the last 21 patients from the same surgical team were retrospectively reviewed. Then the next 22 patients with BTE were prospectively reviewed. An intention-to-discharge in less than 24hours was adapted as a standard of care. Data on size of resection, length of stay(LOS), time until and success of catheter removal, and post-op UTI were obtained. Statistical significance was obtained using Student T and Fishers Exact Test.	
Results: Both groups were well matched by age and size of resection BTE vs Bipolar; Age 69 vs 71 p=0.85, Resection weight 15.2g vs 13.2g p=0.55. Success of TWOC were similar 20(91%) vs 19(90%)[p=1]. Mean LOS was significantly lower in the BTE group at 1.32 vs 2.1days (p=0.0005), but Length of catheter placement was longer in the 9.7 vs 2.1days(p<0.0005). Readmission rate was very similar 2(9%) vs 2(10%)p=1. Known GP reviews and proven UTI rates were higher were higher in BTE group 13(59%) vs 14(41%) p=0.75 and 5(23%) vs 2(10%) p=0.41.	
Conclusion: Utilisation of BTE and intention to discharge at <24 hours reduced hospital stay for TURP patients. Hospital beds are a critical resource for NHS with significant costs. Utilisation of BTE and intention to discharge at <24hrs may limit these. Limitations were study design and lack of use patient feedback to assess patient satisfaction of both groups.	

7.

Name of Presenter: Campbell Tait	**Training grade/post**: ST5
Title of Presentation: TVT Insertion in Neuropathic Patients – NICE Try?	
Authors: Tait CD, Kidger E, Fulford SCV **Institution**: James Cook University Hospital	
Aims: To report on our ongoing audit of the use of TVT for SUI in Neuropathic patients. NICE clinical Guideline 148 specifically advises against mesh tapes in Neuropaths.	
Methods: We have reviewed the notes of all neuropathic patients receiving a TVT since 2005 (we have previously reported on the first 12 patients in this audit in 2012).	
Results: 23 female patients with neuropathic bladders have had a TVT. Mean age at surgery was 62 years (range 30-81 years) and median follow up was 68 months (range 18-147 months). Bladder drainage before and after the TVT was by SPC (16), ISC (6) or normal voiding with occasional ISC (1). Continence was improved in all and only three patients have had further continence procedures. The majority continue with anticholinergics or regular intra vesical Botox. Three patients have died of causes not related to the TVT. No cases of urethral erosion have occurred.	
Conclusion: TVT insertion in neuropathic patients in our institution is safe and effective, with no cases of tape erosion. This is in keeping with other modern series. We believe this needs to be highlighted when the NICE guidelines are revised in 2019.	

LONG ORAL PRESTATIONS (15.20 – 16.50): 10 MINS PRESENTATIONS AND 5 MINS QUESTIONS

1.

Name of Presenter: Luke McGuinness	**Training grade/post**:ST5
Title of Presentation: Microsurgical Denervation of the Spermatic Cord for chronic testicular pain: Early experience at a UK Centre	
Authors: LA McGuinness, K McEleny **Institution**: Newcastle University Hospitals NHS Trust	
Aims: Assess symptom response of Microsurgical Denervation of the Spermatic Cord (MDSC) in men with intractable chronic orchalgia.	
Methods: From 2010 MDSC was offered to men with chronic orchalgia who had failed to respond to conservative measures. MDSC was performed with a Carl-Zeiss OPMI-Vario/s88 Operating Microscope via a subinguinal incision as a day case procedure. Ilioinguinal nerve block was not performed to predict outcome. Post-operative review was within 12 weeks and a retrospective review of case notes was performed.	
Results:MDSC was performed on 22 testicular units over 7 years. Mean age was 39yrs and symptom duration 7.4yrs. Previous surgery associated with chronic orchalgia was documented in the majority (86%). Mean pain score was 8.8/10 whilst symptoms caused a negative impact on occupational ability in 80% and on social function in 91%. Analgesic use with opiates (44%) and membrane-stabilising drugs (39%) was common. The artery was identified and preserved in 78% and the vas divided in 18%. Three men developed testicular atrophy with two requiring orchidectomy. Other complications included haematoma (14%) and infection (9%). At follow-up, 91% of men reported symptomatic improvement with 70% being pain free. Mean pain score post-operatively was 1.7/10 while 90% of men unable to work pre-operatively subsequently returned. Two men (9%) had no change in their symptoms. Overall 91% were happy with the outcome (including those experiencing complications). Vas division was associated with increased complications and is no longer	
Conclusion: MDSC is an effective option for intractable orchalgia in carefully selected patients.	

2.

Name of Presenter: Kenneth MacKenzie	**Training grade/post**:ST4
Title of Presentation: Impact of implementing a goal directed holistic needs clinic on quality of life after robot assisted radical prostatectomy	
Authors: MacKenzie KR, Calleja E, Ferguson J, Aning JJ **Institution**:Freeman Hospital, Newcastle Upon Tyne Hospitals	
Aims: Robot assisted radical prostatectomy (RARP) is an effective treatment for men with localised prostate cancer. Despite recent improvements in outcome, a high proportion of men have unmet needs after surgery. This study aimed to investigate the impact of a nurse delivered, goal directed, holistic needs clinic (GDHNC) on distress and quality of life after RARP using validated measures.	
Methods: The GDHNC was implemented in January 2015. All men undergoing RARP at a single institution were invited to attend the GDHNC at 3 months and 6 months post RARP. Men completed 2 questionnaires, Functional Assessment of Cancer Therapy-Prostate (FACT-P) and Distress Thermometer (DT). FACT-P was completed at four time points, whereas DT was completed 3 and 6 months post RARP. FACT-P results were compared to a control cohort who underwent RARP with routine follow up.	
Results: 107 men attended the GDHNC between 1st January 2015 to 30th April 2016. 59% of the intervention cohort completed all questionnaires. The total median FACT-P score in the intervention cohort significantly improved at 6 months compared to the control cohort (139 vs 129), however, benefit was not sustained at 12 months (129 vs 126). The majority of the intervention cohort (63/98) patients had a DT score ≥ 4 pre GDHNC, indicating significant distress. Following intervention 25/98 had a DT score ≥ 4.	
Conclusion: A GDHNC improves quality of life and reduces distress for men after RARP. The DT is a simple instrument which may be used to predict men who may benefit from survivorship interventions.	

3.

Name of Presenter: Luke McGuinness	**Training grade/post**: ST5
Title of Presentation: Outcomes of penile carcinoma in situ involving the urethral meatus with CO2 laser treatment	
Authors: LA McGuinness, R Veeratterapillay, D Greene, P Keegan **Institution**: City Hospitals Sunderland NHS Trust	
Aims: Compare the recurrence and progression rates of peri-meatal and non-meatal penile carcinoma in situ (CIS) after treatment with CO2 laser.	
Methods: CO2 laser has routinely been used in our department to treat penile CIS since 2008. All men undergoing penile CO2 laser were identified. Initial operation findings identified those with and without meatal involvement. Those without CIS or with insufficient information were excluded. Patients were routinely followed-up at 3-6 monthly intervals in outpatient clinic. Retrospective analysis of electronic and paper patient files was performed to assess for CIS recurrence, progression to invasive disease and need for further treatment. Statistical analysis was performed with Fisher's exact test with significance denoted by $p<0.05$.	
Results: Between April 2008 & March 2017 65 patients underwent penile CO2 laser. Five patients did not have CIS and six patients original operation notes were not located and thus were excluded. Fifty-four were available for analysis with a mean age 62yrs and mean follow-up of 34 months. 20 had meatal involvement (37%) and 34 did not (63%). CIS recurrence was seen in 15 men with meatal involvement (75%) and 11 without (32%), p=0.003. Invasive SCC occurred in 6 men with meatal involvement (30%) and 5 without (15%), p=0.2. More radical surgery was required in 9 with meatal involvement (45%) and 6 without (18%), p=0.04.	
Conclusion: Penile CIS involving the urethral meatus is associated with higher CIS recurrence rates when treated with CO2 laser compared to lesions not involving the meatus and patients are also more likely to require further surgery.	

4.

Name of Presenter: Mr Sidney David Parker	**Training grade/post**: CST2 Urology
Title of Presentation:Should patients undergoing surgery for renal cancer undergo biopsy prior to treatment?	
Authors: Mr Sidney Parker, Dr Manuela Roman, Mr David Thomas **Institution**: Freeman Hospital, Newcastle	
Aims: To assess the incidence of benign postoperative histology in patients undergoing partial or laparoscopic nephrectomy for renal cancer.	
Methods: A single centre, retrospective audit of partial and laparoscopic total nephrectomies performed for presumed renal cancer between 2012 and 2017. All histology for operations coded partial, total, radical and nephrectomy were analysed.	
Results:	

Figure 1: Benign/Total number of tumours per size (mm).

Size (mm)	0-10	11-20	21-30	31-40	41-50	51-60	61-70	>70	Total
Partial Nephrectomy	0/0	7/42	13/90	5/52	3/22	0/6	n/a	n/a	**28/212**
Total Nephrectomy	0/2	0/8	3/39	4/57	6/81	2/55	2/33	6/68	**23/343**

Of 212 partial nephrectomies, 13.2% (n=28) were benign and 86.8% (n=184) malignant. Of 343 total nephrectomies, 6.7% (n=23) were benign and 93.3% (n=320) malignant. The histology of the benign renal tumours (partial, total nephrectomies) were: oncocytoma (68%, 78.3%), angiomylipoma (14%, 0%), cystic nephroma (7%, 13%), Leiomyoma (3.6%, 4.3%), metanephric adenoma (3.6%, 4.3%), and haemangioblastoma (3.6%, 0%).

Conclusion: Preoperative biopsy is not standard practice in this patient group but is used selectively. These results demonstrate that 13.2% of patients undergoing partial and 6.7% of patients undergoing total nephrectomy for renal cancer have benign histology. Patients need to be aware of all treatment options including surveillance and the role of biopsy (Montgomery v Lanarkshire case). At the very least the role of biopsy should be discussed and recorded particularly for those considering partial nephrectomy.

5.

Name of Presenter: Mr James Rammell	**Training grade/post**: CT2
Title of Presentation: Rate Of Blood Transfusion In Patients Undergoing TURBT: Is a Routine Pre-Operative Group and Save Sample Really Necessary?	
Authors: Mr J Rammell, Mr S Parker, Mr D Rix, Mr S Morton **Institution**: Freeman Hospital	
Aims: Patients undergoing TURBT routinely have group and save samples sent from the pre-assessment clinic despite the rate of patients requiring transfusion being considered to be low. With nearly 300 TURBTs performed at the Freeman Hospital each year this amounts to over £1000 spent in the test alone rising to over £4000 when considering staffing and machinery costs. This audit looks at the cost of taking routine samples against the rate of transfusion.	
Methods: Retrospective analysis of electronic records of 295 patients who underwent their initial TURBT at the Freeman Hospital between 1/1/16 – 31/12/16.	
Results: 83% (n=244) of patients had a group and save taken in pre-assessment with 11% (n=28)) of these having a further second sample taken on the ward pre-procedure. 1% (n=3) of the patients required a post-operative blood transfusion.	
Conclusion: The low rate of transfusion alongside the immediate availability of O-ve blood should it be required and the approximate total annual cost of £4000 does not warrant routine pre-assessment group and save samples being taken.	