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Abstract book

Podium presentations

Chairs: **Kalpesh Parmar**, Freeman Hospital, and **Anna O'Riordan**, Freeman Hospital

P1-1 **Management of LUTS before and after prostate radiotherapy**

M El Bahnasawi, K Wong
Cumberland Infirmary

Aims: To investigate current practices in assessment and management of patients with known LUTS before and after referral for prostate cancer radiotherapy.

Methods: We retrospectively reviewed 160 patients referred for prostate radiotherapy in Carlisle, examining pre-treatment LUTS assessment and whether management strategies differed in those with established bladder outflow obstruction (BOO). We also explored pharmacological or surgical interventions prior to treatment and conducted a literature review on LUTS management around prostate radiotherapy.

Results: 40% of patients had LUTS preassessment which included Urologist clinic review, flow rate and IPSS score. 70% of these patients declared having LUTS beforehand and started on medication. 4 out of 5 patients referred for prostate radiotherapy did not have subsequent formal LUTS assessment with a Urologist. 65% of these patients needed escalation of management after radiotherapy with the majority continuing to suffer from LUTS or incontinence despite Bladder Outflow Obstruction surgery. Literature review suggests no agreed protocol for management of LUTS before prostate radiotherapy and lack of data on best approach. It is hypothesised however that in patients with known BOO beforehand should undergo BOO surgery before radiotherapy is given.

Conclusion: There is currently no standardised protocol on addressing patients with LUTS before radiotherapy but we propose a mandatory Urologist assessment before referral for radiotherapy which includes flow studies, IPSS score and PVR scans. Patients can then be selected to undergo urgent BOO surgery before having their prostate radiotherapy. These patients should then be followed up at 3 and 6 months after radiotherapy by a Urologist for LUTS assessment.

P1-2 **Has Optilume Drug-Coated Balloon Urethral Dilatation for Recurrent Urethral Strictures expanded our treatment options: a narrow follow up snapshot**

N Shetty, I Rivzi, T Dorkin, A Emmanuel, J Barclay
Freeman Hospital

Aims: Optilume drug-coated balloon (DCB) urethral dilatation is a novel treatment for treating recurrent urethral strictures, combining mechanical dilation alongside intra-lesional paclitaxel delivery. We report our tertiary centre's initial experience of patient treatment, and review early outcomes.

Methods: Electronic records were reviewed for all patients who underwent Optilume procedures between 2023–2024. Data collected included demographics, operative details, and follow-up outcomes.

Results: A total of 26 patients underwent Optilume, with only one intraoperative failure of dilation. Patients had a median of three prior endoscopic interventions (range 1–11). Twenty patients (80%) had required at least one endoscopic procedure within the last five years (mean 2.5; range 1–8). Pre-dilation was performed in 56%. All patients were able to discontinue intermittent self-catheterisation (ISC) post-procedure. Post-procedure flow testing showed an average Qmax of 16.8 mL/s and PVR of 56.4 mL; all patients achieved Qmax >10 mL/s and PVR <100 mL. Six-month follow-up was available for 19 patients, showing a recurrence-free rate of 79%, with no emergency presentations.

Conclusion: Our early outcomes are consistent with the ROBUST III trial, which reported a 74.6% six-month recurrence-free rate. Optilume appears to be a safe and effective option for a difficult patient cohort, which can delay, or possibly even replace, formal urethroplasty, as well as removing the need for repeated instrumentation. Longer term follow up is needed to see whether these encouraging results are sustained.

P1-3 **Do suction ureteral access sheaths result in cheaper and more effective renal stone clearance during flexible ureteroscopy?**

F Barbour, S Parker, J Koo Ng, A D'Oyley, D Bryant, A Patel, B Jenkins, S McCracken, K MacKenzie
Sunderland Royal Hospital

Aims: Ureteral access sheaths (UAS's) that utilise suction are being used during flexible ureteroscopy (fURS) with purported benefits including faster stone clearance, ability to treat larger stones, reduced intra-renal pressure (possibly reducing infections), and cost savings as baskets are required less frequently. This single-centre audit aims to assess these claims.

Methods: Data was collected prospectively from the first 50 fURS for stones using the ClearPetra suction UAS (August 2024 – February 2025) and compared against the 50 fURS for stones prior to the availability of suction UAS (April – July 2024). From August 2024, choice of which UAS for each case was up to the surgeon.

Results: Compared with the control group, suction UAS cases were more likely to involve multiple stones (74% vs 62%), partial staghorns (6% vs 2%), and bilateral fURS (8% vs 4%). Average largest stone size and Hounsfield units were both higher in the suction UAS group (10.3mm vs 9.9mm, 883HU vs 678HU). However, mean operative time was longer (84mins vs 75mins), and reintervention rate for persistent stone higher (20% vs 12%). Baskets were required less in the suction cases (28% vs 90%), cost analysis showed this resulted in average savings of £69.44 per fURS. Infection rates were similar (8% in suction UAS group vs 6%).

Conclusion: Suction UAS's appear to be safe in fURS and reduce the need for expensive baskets. Suction UAS's seem to be chosen for more complex stone cases which may explain the slightly longer operative time and higher rate of reintervention.

P1-4 **BPH Smart Tool**

M El Bahnasawi, T Page
Freeman Hospital

Aims: This study aimed to design and implement a smart digital BPH decision aid tool to support shared decision-making, aligning patient priorities with the most suitable BPH treatment options.

Methods: A web-based tool was created with feedback from patients and BPH clinicians. Users asked to prioritise five outcomes—recovery time, sexual function, time to catheter-free status, durability of procedure and flow improvement—using a Likert scale (1–5). Responses were analysed by computer algorithms to recommend the closest matching surgical intervention, with alternative options also presented. At the end of consultations, both patients and clinicians provided feedback on satisfaction and usability of the tool.

Results: Clinician feedback has been positive across the board on the useability and the potential of this digital tool. It addresses a gap in BPH counselling not fulfilled by paper decision aids. Early patient feedback demonstrated better understanding of their surgical options, greater engagement during consultations, and improved knowledge retention. Feedback was highly positive, with suggestions to expand the platform to include outcome recording, auditing, and long-term data collection. Further plans to publicise tool through BAUS website.

Conclusion: The smart BPH decision aid tool enhanced patient-centred decision-making by aligning treatment choices with individual priorities. It improved satisfaction and confidence for both patients and clinicians with potential to streamlining consultations. With further development, the tool is capable to evolve into a comprehensive electronic BPH diary, supporting long-term monitoring and outcomes research. Further piloting across multiple sites is planned for validation and Quality improvement.

P1-5 **Pentosan polysulphate sodium (PPS) for chronic bladder pain conditions – real world experiences from a tertiary care centre**

G Hanna, D Jacob, A Ghonaimy, H Khan, A Zhao, M Nadeem
James Cook University Hospital

Aims: To evaluate the outcomes of PPS therapy in patients with Bladder Pain Syndrome (BPS) and other forms of chronic bladder pain.

Methods: This was a retrospective review of 42 patients treated with PPS between 2020 and 2024 at a UK tertiary centre. 4 patients were excluded (Lost to Follow-Up=2 and Incomplete Questionnaires=2). The study included patients with BPS (n=27), ketamine-induced cystitis (n=8), and radiation/chemotherapy-induced cystitis (n=3). Data on patient demographics, comorbidities, prior treatments, and symptom severity were extracted. Wilcoxon signed-rank test and one-way ANOVA were used for statistical comparisons.

Results: The mean patient age was 49.7 years and 81% patients were female. The median follow-up was 15.3 months. All patients were severely symptomatic at baseline. Following

treatment, 42.5% of patients were asymptomatic, 25% were mildly symptomatic, and 32.5% remained severely symptomatic. Post treatment, significant improvement in QoL was observed (Wilcoxon $Z = -4.71$, $p < 0.001$). The greatest mean ICSI and ICPI score reductions were observed in patients with BPS. While between-group differences were not statistically significant, effect sizes suggested a modest association between diagnosis and response. Mild side effects occurred in 14.2% of patients.

Conclusion: PPS was associated with significant symptom improvement and acceptable tolerability in a treatment-refractory cohort, particularly among patients with BPS. Modest improvements were also observed in off-label indications such as ketamine- and radiation-induced cystitis, warranting further studies. These real-world findings support its use in selected cases; however, placebo effects and disease heterogeneity should be considered.

P1-6 **Prevalence and Biochemical Associations of Pathogenic Genetic Variants in a Targeted Population of High-Risk Kidney Stone Formers**

S Croghan, W Asaad, R Geraghty, A Luk, J Fitzpatrick, M Shaw, D Rix, H Mabillard, A Rogers, J Sayer
Freeman Hospital

Aims: To identify the incidence of genetic mutations associated with stone formation in a selected UK population of patients at high-risk for recurrent urolithiasis

Methods: Patients identified as high-risk stone formers, based on clinical factors such as young age at presentation, large stone burden, atypical composition or strong family history were offered genetic screening. DNA samples were processed at the Bristol Genetics Laboratory, with a 34 gene nephrocalcinosis or nephrolithiasis panel (R256, PanelApp Version 4). Positive test results (pathogenic/likely pathogenic (P/LP)) were compiled and analysed alongside clinical and biochemical variables.

Results: A total of 244 patients were studied (124 male, 119 female; mean age 45.5±17.6 years). P/LP gene variants associated with urolithiasis were identified in 40 (16.4%). The most common P/LP variants were identified in SLC7A9 (18/40, 45%), consistent with cystinuria. P/LP variants known to be associated with hypercalciuria (SLC34A3), hypercalcaemia (CYP24A1), renal tubular acidosis (SLC4A1), xanthinuria (XDH) and 2,8-dihydroxyadenine crystalluria (APRT) were also identified. Only one patient had a corresponding biochemical abnormality (hypercalcaemia) and 30% of patients with a non-cystinuric gene variant had normal 24-hour urine collections. All patients with a molecular genetic diagnosis of cystinuria had evidence of cystine stone formation, except for one who had an additional SLC34A3 variant, and formed calcium phosphate stones.

Conclusion: Pathogenic genetic variants are common in a targeted population of stone formers, with diverse subtypes featured. Biochemical tests are poor predictors of an underlying genetic abnormality. More widespread genetic testing for select patients may facilitate tailored clinical care.

P1-7 **One-Stop Clinic for Lower Urinary Tract Symptoms (LUTS) – Complete cycle Quality Improvement Project.**

F Bhandari, J Fada, S McCracken, B Jenkins, S Parker
Sunderland Royal Hospital

Aims: To improve the efficiency of the surgical management of patient with LUTS.

Methods: 120-patients undergoing Bladder Outflow Obstruction (BOO) procedures in October 2022 were retrospectively assessed for the clinical effectiveness e.g. number of clinical encounters and waiting time from referral to being waiting-listed for surgery. A One-Stop LUTs clinic was implemented and prospectively assessed.

Results: In the initial retrospective audit, patients had an average of 6.25 clinical encounters and waited 13.5 months to be listed for BOO surgery, 5% were listed from one visit. Since June 2024, 107 patients have been seen in the LUTS clinic with 30 patients being listed for BOO surgery through one-stop of which 90% (n=27) were listed in one visit, and 3 patients required additional visits for MRI scans of which 2 were proven prostate cancer. 1 patient re-attended through patient-initiated follow-up (PIFU) pathway. Of those listed, 12 underwent a BOO procedure so far (August 2025) and waited only 2 months from initial referral to be listed for surgery. Among these, 92% (n=11) were waitlisted in one clinical visit, compared to only 5% in our prospective audit achieving one-stop standards. Only one patient needed a second visit for MRI and biopsy via the prostate cancer pathway.

Conclusion: The One-Stop LUTS clinic has reduced clinic encounters by over 6 fold and time from referral to being waiting-listed by almost 7 fold. We will continue to prospectively maintain this database whilst additionally carrying out a cost-analysis and assessing the environmental impact of the One-Stop LUTS clinic.

P1-8 **Ten-Year Outcomes of bladder stone management at a UK Tertiary Centre: a retrospective data analysis**

N Shetty, J Xu, S Croghan, T Page, A Rogers
Freeman Hospital

Aims: We aimed to retrospectively analyse complications and outcomes of bladder stone treatment at a tertiary UK centre over 10 years, addressing the lack of large published datasets in this area.

Methods: A retrospective review was conducted for all patients undergoing cystolithopaxy between January 2014 and December 2024. Demographic, operative, and post-operative data were collected.

Results: A total of 661 patients were included (87.3% male; median age 71 years). Of these, 21.4% had a neurogenic bladder and 35.6% were managed with a long-term catheter prior to surgery. Median stone number was 2 and median size 2 cm. Simultaneous bladder outlet procedures were performed in 1.6%, while 12.5% required one subsequently.

Operative techniques shifted over time:

• 2014–2018 (n=274): 54.7% laser, 31.0% stone punch, 7.7% washout/stent grasp, 2.9% open, 2.2% PCCL.

• 2019–2023 (n=343): 73.2% laser, 18.7% stone punch, 6.4% washout/stent grasp, 0.3% open, 0.9% PCCL.

Laser power was documented in 278 cases (median 30W, range 1–120W). Stone clearance was achieved in 97% after a single procedure. Median length of stay was 1 day (0–67), with 34% day-case and 37% next-day discharge. Complications were infrequent (7.0% Clavien-Dindo I, 0.9% II, 0.9% III; none grade IV–V).

Conclusion: Cystolithopaxy using higher laser power settings than typically employed in renal stone surgery is safe and effective, offering high clearance rates with low morbidity. This evolution has markedly reduced the need for stone punch and almost eliminated open cystolithopaxy.

Poster presentations

Chairs: **Kenneth MacKenzie**, Sunderland Royal Hospital, and **Jonathan Barclay**, Freeman Hospital

P2-1 Artificial urinary sphincter (AUS) in neuropathic stress urinary incontinence (SUI), indications, outcomes and complications, 10-year-experience in the Golden Jubilee Regional Spinal Cord Injuries Centre

G Hanna, A Ghonaimy, J Stephenson, A Lo Polito, M Harrington, M Nadeem, S Fulford
James Cook University Hospital

Aims: To evaluate the indications, outcomes and complications of artificial urinary sphincter (AUS) implantation for neuropathic stress urinary incontinence (SUI) at our centre over a 10-year period.

Methods: This retrospective study reviewed the data of 17 patients who underwent AUS implantation for neurogenic SUI between 2014 and 2024.

Results: The cohort included 14 males and 3 females with a mean age of 46 years (range 27-67). Nine of the implants were de-novo cases, and eight were replacements. Sphincter cuffs were placed at the bladder neck in most patients, with four exceptions (three bulbar and one trans-corporeal). The underlying neurogenic lower urinary tract dysfunction (NLUTD) was caused by spinal cord injury in 9 patients, spina bifida in 5, and 3 other single cases. While no validated patient-reported outcome measures (PROM) were used, continence and patient satisfaction rates were reported as good. Intraoperative bladder injury and early postoperative wound infection each occurred in one patient. Urethral erosion was reported in 6 patients (35%), predominantly in those with bladder neck cuffs and who were performing intermittent self-catheterization. One female patient required general anaesthesia for difficult pump activation and later needed a balloon replacement for mechanical failure.

Conclusion: AUS implantation is a safe and effective treatment for neuropathic SUI with high patient satisfaction. While revision surgery is not uncommon, it is generally successful. Given the unique challenges with this patient population, adequate counselling and surgical experience are essential for achieving optimal results.

P2-2 **"Virtually Painless": Transforming Patient Experience in Prostate Biopsy**

K Rajan, J Singh, N Killips, E Ireland, R Veeratterapillay
Freeman Hospital

Aims: To assess the impact of virtual reality (VR) on patient experience and the safety profile of transperineal (TP) prostate biopsy under local anaesthesia.

Methods: We conducted a prospective study between June and August 2025. All patients undergoing a TP biopsy were were offered VR headsets for immersive distraction during the procedure. Patient demographics, procedural details, and post-procedural outcomes were collected. Experience was assessed using a 10-point visual analogue scale (VAS) for VR satisfaction, alongside self-reported perceptions of benefit and helpfulness. Safety outcomes were recorded, including post-procedural complications.

Results: Ten patients agreed to try on the VR headsets. The mean patient age was 64.2 years, mean PSA 8.97 ng/mL, mean prostate volume 41.4 mL, and mean cores sampled 14.4 (range: 7 to 23) . All patients (100%) reported VR as beneficial, with a mean satisfaction score of 8.8/10. Among patients with previous biopsies, 6/7 (85.7%) found VR significantly more helpful than prior experiences. No post-procedural complications were reported, and no patients required conversion to general anaesthesia or additional analgesia.

Conclusion: The use of VR during TP prostate biopsy was safe, feasible, and associated with high patient satisfaction improving the overall experience, particularly in those with prior biopsies. Larger studies are warranted to validate these findings and explore VR's role in improving patient-centred care in urology.

P2-3 **Day-Case PCNL - A series in a District General Hospital**

M Bordenave, L Matthews, R El Hassan
Cumberland Infirmary

Aims: To demonstrate the possibility to perform Percutaneous Nephrolithotomy (PCNL) as a day-case procedure.

Methods: A 5-year retrospective study in a district general hospital, by a single surgeon.

Results: Out of 68 PNCLs, 17 (25%) were done as day-case procedures between January 2018 and December 2023. The average age was 58. 94% were ASA 1 or 2. 71% were obese with a BMI more than 30. 9/17 had Guy's Stone Score (GSS) of 1, 5/17 had GGS 2, 3/17 had GSS 3. No patients with GSS 4 were involved. The technique was standardised with patients

positioned supine, using an ultrasound guided access, 30Fr access sheath and Swiss Lithoclast (combination ballistic Lithoclast + ultrasound). All cases were tubeless (No nephrostomy drain). 82% were done on a morning list. The average time in theatre was 146 minutes [111 - 203] and average time in recovery was 59 minutes [20 - 174]. The average post-operative time in Surgical Ambulatory Care unit was 195 minutes [55 - 405] and average time to discharge was 279 minutes [97 - 449]. The average distance from residence was 34 minutes [6 - 84]. There were no complications and no re-admissions require.

Conclusion: The study demonstrates that day-case PCNL can be performed in a safe way

P2-4 **Impact of Radiation on Artificial Urinary Sphincter Success in Post-Prostatectomy Patients: A Long-Term Retrospective**

G Hanna, A Ghonaimy, J Stephenson, A Lo Polito, S Fulford, M Nadeem
James Cook University Hospital

Aims: To compare long-term outcomes, including success and complication rates, of bulbar artificial urinary sphincter (AUS) placement in irradiated versus non-irradiated patients with post-prostatectomy stress urinary incontinence (PP-SUI).

Methods: A retrospective review of 180 patients who underwent bulbar AUS placement for urodynamically confirmed PP-SUI between 2014-2023. Following a review of the inclusion criteria, 88 patients were included in the final analysis. Patients with bladder neck AUS or SUI from other aetiologies were excluded. Data were collected on demographics, complications, and revision rates, comparing outcomes between irradiated (n=26) and non-irradiated (n=62) groups.

Results: The mean age was 69 years, and mean follow-up was 18.4 months. Overall, 18 patients (20%) required device revision. Complication rates were notably higher in the irradiated group, with urethral erosion occurring in 7 (31%) irradiated patients compared to 3 (5%) in the non-irradiated group. Device infection was also more common in the irradiated group (4 vs. 3). All patients reported improved quality of life, and those with device failure had subsequent successful revision surgery with significant improvement in quality of life.

Conclusion: Bulbar AUS is a safe and effective treatment for PP-SUI, resulting in high patient satisfaction. Although irradiated patients experience a slightly higher complication rate, particularly urethral erosion, long-term outcomes remain satisfactory across the cohort.

P2-5 **Pop, Snap & Crackle in the North East of England: A Regional Snapshot of Penile Fracture Management Practices**

Y Zhao, M Mubarak, D Jacob, Y Abdelmotagly, I Pina, J Mom, M Nadeem, A Emmanuel, L McGuinness
James Cook University Hospital

Aims: Penile fracture (PF) is a urological emergency. The British Association of Urological Surgeons (BAUS) recommends urgent surgical exploration, ideally within 24 hours of presentation, following thorough clinical assessment. Ultrasound is the preferred imaging modality, with MRI reserved for cases of diagnostic uncertainty, and the surgical approach should be tailored to the rupture site. Postoperative follow-up within two weeks is also advised. This study presents regional-level data from the North East of England, contributing to the national BAUS SNAP audit.

Methods: We conducted a retrospective review of penile fracture cases across five centres in the North East, assessing compliance with BAUS guidance. Databases from the five main urological centres in the region were examined and compared against the BAUS Consensus Guidelines on PF management.

Results: Between 2018 and 2024, a total of 43 cases of penile fracture were retrieved. The mean time to surgery from presentation was 13.7 hours, with 84% undergoing repair within 24 hours. Most defects were single and right-sided, and the surgical approach was predominantly via degloving (63%), with some minor variations. Closure was achieved with 2/0 PDS in 23% of cases, while 47% underwent flexible cystoscopy or urethrogram to assess urethral patency. Follow-up was arranged for 88% of patients, at a mean interval of 108 days, although only half attended. Reported complications included penile curvature, dyspareunia, and erectile dysfunction.

Conclusion: Regional practice aligns well with BAUS standards on diagnosis and surgical timing, but variation exists in surgical approach, suture choice, and follow-up across and within sites.

P2-6 **Introducing Retzius Sparing Prostatectomy: Early Lessons from the Freeman Hospital**

J Hayes, B Rai, P Sonawane
Freeman Hospital

Aims: Retzius Sparing Prostatectomy (RSP) is an approach that is increasingly being adopted worldwide in selected patients. The preservation of anterior space anatomy offers potential benefits in early post-operative continence recovery, without necessarily compromising oncological control. We report peri-operative outcomes and early functional results from a tertiary teaching hospital's initial experience with RSP.

Methods: Demographic, perioperative and early functional outcomes were collected from a prospectively maintained database. Data included operative time, estimated blood loss, complications, surgical margin status and continence rates 8 weeks post-RSP.

Results: From March 2024, 26 patients who underwent RSP were included. Mean console time was 138 minutes, with a median blood loss of 200ml. Positive surgical margins were observed in 5 cases, with clinically significant PSM (>3mm and/or multifocal) in 2 cases. Continence recovery was favourable, with 54% of patients completely pad free at 8 weeks. 96% of patients had a negligible initial post-operative PSA level (<0.03ug/L). No major peri-operative morbidity was encountered. One patient required extended urethral catheterisation due to persistent urine leak, and two necessitated antibiotic therapy for urinary tract infections.

Conclusion: Early experience with RSP demonstrates technical feasibility and promising functional outcomes, particularly in early return to continence, with acceptable oncological safety. A larger local series with longer term follow-up will be beneficial to confirm durability of the technique.

P2-7 **Revision pyeloplasty in adults.**

G Lewis
Sunderland Royal Hospital

Aims: To retrospectively examine the outcome of adult patients treated with revision pyeloplasty for recurrent PUJ obstruction

Methods: x7 patients were identified that had presented with either recurrent flank pain or recurrent upper tract stone disease on the background of prior ipsilateral pyeloplasty & were subsequently treated with a revision pyeloplasty. We examined the interval between the original surgery & representing with new symptoms, intraoperative findings, complications & both symptomatic & radiological outcomes.

Results: Age range 32-77, interval from original pyeloplasty ranged from 6 months to 66 years, 5 of 7 cases had excellent preservation of ipsilateral function pre-op, flank pain most common presenting symptom, x2 revision procedures identified crossing vessels missed at the primary procedure, x1 case had significant urine leak requiring discharge with urethral catheter, inpatient stay 1-4 days, 5/7 (71%) had resolution of symptoms, 6/7 (86%) had improved drainage on follow up renogram imaging.

Conclusion: Revision pyeloplasty is safe & a satisfactory outcome can be expected in 70% of patients.

P2-8 **Ileal conduit urinary diversion for benign diseases, indications and outcomes from a single functional urology unit in 10 years**

G Hanna, A Ghonaimy, A Ireland, E Inyang, P Chitteti, M Nadeem, S Fulford
James Cook University Hospital

Aims: We aimed to evaluate indications, results and complications of ileal conduit (IC) urinary diversion done for benign diseases in our unit in a 10-year period.

Methods: A retrospective data was collected for Open IC performed for benign conditions between 2014 and 2023. Patient demographics, co-morbidities, indications, duration of hospital stay, perioperative complications were analysed

Results: 59 patients (Male: 25, Female: 34; mean age: 58.7 years) were included. The most common indication was bladder pain syndrome (n=20, 33.8%) followed by neuropathic bladder (n=10, 16.9%). Other indications include urinary incontinence and ketamine cystopathy. Simple cystectomy was done in 45 (76.2%). The histology of these bladders revealed chronic inflammation in 36 (80%), squamous metaplasia in 5(11%) and prostate cancer in 5 (25%). 38 patients (64.4%) did not show any significant post-operative complications. Post-operative paralytic ileus was recorded in 4, wound complications in 6, and bowel leak in 2 cases. The most common long-term complications were stoma-related and recurrent UTI (6 cases each). Ureteric stricture occurred in 3 cases and pyocystis was recorded in 3/14 of the non-cystectomy cohort

Conclusion: Open IC diversion is a valid option for benign conditions and can achieve good long-term results with acceptable complication rates in experienced hands. Our data suggests that simultaneous cystectomy/cysto-prostatectomy should be considered whenever possible.

P2-9 **To dip, or not to dip, improve the practice**

C Hawkes
Calderdale and Huddersfield Foundation Trust (CHFT)

Aims: To establish and improve the intravesical therapy appointment cancellation rates at CHFT

Method: CHFT offers Mitomycin, Bacillus Calmette-Guérin (BCG), iAluRil, and Gepan as intravesical therapy (IVT) for a range of bladder pathology. GIRFT[1] and BAUN[2] outlined new guidance on the use of Mid-Stream Urine testing (MSU) prior to urological procedures this year. BAUN (2025) highlight that MSU should only be used if one suspects a patient has a urinary tract infection (UTI) before IVT. The standard protocol at CHFT was to complete a MSU before each IVT appointment irrelevant of the patient's symptoms. The hospital's information analyst team, Electronic Patient Record and Microsoft Excel were used to collect and analyse all the IVT appointments over a one-month period to establish the cancellation rate and reason for cancellation. A flowchart was created and presented to the urology department and circulated to the nursing staff delivering IVT. It outlines to only dip urine/send MSU if a patient is symptomatic of UTI and further actions if UTI symptoms are present. The same method described above was used to collect data after the intervention was implemented but also assessed post-procedure complication.

Results: The implementation of the flowchart improved cancellation rates by 9% with no adverse outcome over the period audited. It led to fewer treatment delays which is better for patients, especially in time critical cancer treatment.

Conclusion: It is evident that the implementation of the flowchart in our trust had a positive impact on the IVT service reducing cancellation rates in a safe manner.

P2-10 **Revision of Childhood Proximal Hypospadias Repair in Adulthood**

A Chacko, J Barclay, A Emmanuel, M Gopal, T Dorkin
Freeman Hospital

Aims: Inadequate chordee correction during initial proximal hypospadias repair in childhood, may necessitate revision repair in later life. At our institution, revision surgery in young adults is undertaken collaboratively by paediatric and adult urologists utilising the staged “straighten-and-close” (STAC) technique. We report our outcomes with this approach.

Methods: Patients operated between 2022 and 2025, were reviewed for complications and clinical outcomes following STAC technique, with a mean follow-up of 8 months after final repair. For residual chordee >30 degrees after ventral degloving, surgeries were staged 6 months apart:

- Stage 1: Excision of short neourethra +/- three ventral corporotomies
- Stage 2: Buccal graft placement
- Stage 3: Tubularisation of graft with tunica vaginalis cover.

A good outcome was defined as absence of residual curvature, satisfactory urinary flow, and no complications (fistulae, glans dehiscence, graft contracture).

Results: Five patients have undergone 11 procedures, starting at an average age of 16.6 years. All had initial repairs between 9-18 months of age: three by single-stage Tubularised Incised Plate (TIP), and 2 by two-stage Byar’s-flap repair. Chordee correction was limited to ventral degloving +/- dorsal plication. The commonest reason for revision was recurrent urethrocutaneous fistulae. All patients had significant chordee (30-90°, mean 57°), emphasizing inadequate previous chordee correction. Four patients have completed all three stages with good outcome, while one reached stage 2.

Conclusion: STAC technique achieves effective chordee correction and good clinical outcomes when revising childhood proximal hypospadias repairs in adulthood. A collaborative paediatric-adult urology partnership provides an effective model in managing complex patients.