

North of England Urological Society Annual Meeting 2026

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Abstract book

Podium presentations

Chairs: **Mark Johnson**, Freeman Hospital, and **Sidney Parker,** Royal Sunderland Hospital

P1-1 Outcomes of Autologous Rectus Fascial Sling for Stress Urinary Incontinence: A Single-Centre Experience

Hira Khan, George Hanna, Anandna Bhattia , Aishwarya Harikrishnan , Sindhu Sankaran, Ahmed Ghonaimy, Simon Fulford, Mehwash Nadeem
James Cook University Hospital

Aims: Concerns regarding mesh-related complications have reduced the use of synthetic mid-urethral slings for stress urinary incontinence (SUI), renewing interest in autologous rectus fascial slings (ARFS). This study evaluated medium-term outcomes and complications of ARFS at a tertiary referral centre.

Methods: A retrospective review was conducted of patients undergoing ARFS between 2020 and 2024. Demographics, presenting symptoms, risk factors, urodynamic findings, peri-operative complications, treatment success, symptom recurrence, and complications were analysed with a minimum 12-month follow-up.

Results: Seventy-three female patients were included (mean age 50.5 years); 39 had mixed urinary incontinence (MUI) and 34 pure SUI. Urodynamics confirmed SUI in all patients, with detrusor overactivity in 10. Multiple vaginal deliveries (n=12) and obesity (n=10) were the most common risk factors. Intra-operative complications occurred in 17.8% (n=13), predominantly bladder injury (n=10). Early complications included de novo urgency (n=17), pelvic pain (n=6), and UTI (n=4). Among patients with pre-operative MUI, 13 experienced worsening urgency, with five requiring intervention. No recurrent SUI occurred within six months. At 12 months, five patients reported recurrent SUI, four undergoing redo ARFS. Overall, 93% reported a satisfactory outcome with improved quality of life at 12 months.

Conclusion: ARFS is a safe and effective alternative to synthetic slings, providing acceptable medium- term continence outcomes.

P1-2 Robotic Distal Ureterectomy: A review on peri-operative, functional and oncological outcomes.

Imaad Amanulla, Nikhita Bhatt, Arjun Nambiar, Rajan Veeratterapillay
Freeman Hospital

Aims: To evaluate peri-operative, functional and oncological outcomes in Robotic Distal Ureterectomy (RDU) cases carried out for Upper Tract Urothelial Carcinoma (UTUC) in a regional Urology centre in the North of England

Methods: Retrospective data collection was carried out on all cases of RDU between February 2025-August 2026. Descriptive statistical analysis was performed. Data parameters included patient demographics, pre-and post-operative eGFR, operating time, reconstruction used, tumour characteristics (size, site, grade, histology, margins, recurrence), and post-operative complications.

Results: Nine patients underwent robotic distal ureterectomy procedures in the study period. Mean pre- and post-operative eGFR was 46.7 and 44.3 mL/min/1.73m² respectively. Tumour type on histological analysis was papillary urothelial carcinoma in 55.6% and invasive urothelial carcinoma in 44.4%. Mean tumour size was 31.8mm. All histological margins were negative. In terms of operative outcomes, mean operative time was 190 minutes, and mean console time 132.5 minutes. Reconstructive methods used were Boari flap reconstruction (4 patients) and Psoas hitch reconstruction (5 patients). Mean hospital stay was 1.4 days. Two patients had post-operative infection, with no other complications. No patient had a urine leak at the time of their first post-op cystogram. 1 patient had low grade pTa recurrence in the bladder.

Conclusion: Robotic distal ureterectomy remains an effective management option for UTUC, with successful procedural outcomes, preserved renal function and satisfactory oncological control.

P1-3 **Subinguinal Orchidectomy for Testicular Tumour: A Regional Analysis of Oncological Control & Post-Operative Outcomes**

Matthew Gibson, Imaad Amanulla, Gulzhar Dhanoya, Mohamed Mubarak, Edgar Paez
Freeman Hospital

Aims: To evaluate oncological and functional outcomes of subinguinal orchidectomy for testicular cancer

Methods: Retrospective cohort study of 52 patients undergoing subinguinal orchidectomy at a tertiary urology centre from 2016-2025. Parameters explored included patient demographics, tumour characteristics, biochemical and histopathological staging. Primary outcomes were positive surgical margins, disease recurrence, and post-operative complications.

Results: Fifty-two patients were analysed. Mean age was 46.3 ± 18.4 years. Mean tumour size was 37.6 ± 25.4 mm. Tumour markers were as follows: Mean AFP 243.8 ± 756.9 IU/L, mean β-hCG 862.3 +/- 4139.1 IU/L, and mean LDH 236.8 ± 95.8 U/L. Histology comprised of seminoma only in 19/52 (36.5%), Non-Seminomatous Germ Cell Tumour (NSGCT) in 7/52 (13.5%), mixed GCT in 7/52 (13.5%) and Other subtypes in 19/52 (36.5%). 42 cases were deemed appropriate for TNM staging; pT1 in 27/42 (64.3%) and pT2–3 in 15/42 (35.7%), Nodal disease (N1–3) in 13/42 (31%) and distant metastases (M1) in 7/42 (16.7%). 26/52(50%) had Germ Cell Neoplasia In-Situ (GCNIS). Lymphovascular invasion was present in 9/52 cases (17.3%), epididymal involvement in 7/52 (13.5%), and spermatic cord involvement in 4/52 (7.7%). No positive surgical margins were observed. True recurrence was observed in 3/52 patients (5.8%), all nodal. Post-operative complications occurred in 10 patients (19.2%), which were predominantly wound infection and haematoma with no cases of chronic pain or hernia.

Conclusion: Subinguinal orchidectomy achieves excellent oncological control with no positive surgical margins and low recurrence, alongside acceptable morbidity, and is hence a safe, effective alternative to the radical inguinal approach in appropriately selected patients

P1-4 **Contemporary Management and Outcomes of Penile Fracture: A Regional Multi-Centre Experience from the North-East of England**

M Mubarak, I Amanulla, Y Abdelmotagly, Y Pursun, Y Zhao, D Jacob, J Hayes, I Pina, J Mom, A Abroaf, M Nadeem, L McGuinness, T Dorkin, A Emmanuel
Regional Hospitals

Aims: To evaluate contemporary presentation, investigation, surgical management and functional outcomes of penile fracture across urology units in North East of England

Methods: A multi-centre review of consecutive patients undergoing surgical exploration for suspected penile fracture was performed, between 2018-2024. Demographic characteristics, clinical presentation, imaging, operative findings, surgical approach, urethral injury, postoperative outcomes were extracted from electronic medical records. Functional outcomes including penile curvature, plaque formation, persistent penile pain and erectile dysfunction were assessed from outpatient follow-up.

Results: Forty-three patients underwent surgical exploration for suspected penile fracture. Mean time from injury to presentation was 15.7 hours, while mean time to operative repair was 13.7 hours. Most patients presented with penile pain (88%), bruising (81%) and swelling (81%). Selective imaging was done in over half of patients (53%), with ultrasonography being the commonest modality followed by MRI, with diagnostic accuracies of 89.5% and 80%, respectively. Urethral assessment was undertaken in approximately half of patients, with confirmed urethral injury in 19%. Degloving incision remained the predominant surgical approach (63%). Most injuries involved a single unilateral corporal defect, while bilateral injuries were uncommon. Long-term complications were infrequent, with low rates of penile curvature, plaque formation, persistent penile pain and erectile dysfunction.

Conclusion: This regional experience demonstrates good functional outcomes following early surgical exploration for penile fracture. Contemporary practice has evolved towards selective pre- operative imaging and increasingly individualised surgical exposure rather than routine circumferential degloving. These findings support current guideline recommendations advocating prompt operative management whilst highlighting evolving trends in imaging utilisation and incision selection.

P1-5 **Holmium Laser En Bloc Resection of Bladder Tumours (HoEBRT): A Prospective Evaluation of an Innovative Technique**

Plant K, O'Hare T
South Tees NHS Foundation Trust

Aims: To prospectively evaluate the quality of bladder tumour resection and perioperative outcomes in patients undergoing HoEBRT.

Methods: Single site prospective study of 34 patients undergoing HoEBRT.

Results: Tumour characteristics ranged from small solitary lesions to large solid masses, with a median size of 33mm. Patients were aged 44-89 years (average 72) and ASA grades ranged from I-IV (median 3). All procedures were completed using laser alone, without cold dup or diathermy. Morcellation was required in 9% of cases. Blood loss was negligible in 93% of cases (EBL <10ml) and moderate in 8% (EBL<100ml). Detrusor muscle was present in 89% of specimens. Within 30 days, 77% of patients were reported to have no postoperative haematuria and 19% reported minimal, self-limiting haematuria. There were no readmissions or adverse complications within 30 days.

Conclusion: Our study demonstrates the myriad of advantages of HoEBRT over TURB. This is particularly advantageous for elderly, frail or comorbid patients for whom spinal anaesthesia is mandated for resection. Longer term follow-up will be needed to assess recurrence rates.

P1-6 **Rezūm water vapour thermal therapy for treatment of lower urinary tract symptoms: A follow-up single-centre analysis**

Leon Liu, Fraser Barbour, Mohamed Breish, Kanagasabai Sahadevan, Benjamin L Jenkins, Sidney Parker
Sunderland Royal Hospital

Aims: Aims: Rezūm utilises radiofrequency-generated water vapour to ablate prostatic tissue. It offers a minimally invasive treatment for lower urinary tract symptoms (LUTS) associated with benign prostatic hyperplasia (BPH). Our unit reported its first 38 patients in 2023; we assess whether efficacy and safety were maintained at a larger scale.

Methods: Methods: We prospectively collected and analysed data from consecutive Rezūm procedures performed between January 2020 and August 2026. Pre- and post-operative outcomes were evaluated using the international prostate symptom score (IPSS), quality-of-Life score (QoL), peak urinary flow rate (Qmax), post-void residual volume (PVR), and simplified international index of erectile function score (IIEF-5).

Results: Results: Of 269 completed procedures, 13 patients awaiting initial review were excluded, leaving 256 for analysis. Mean age was 69±9.3 years, median PSA was 2.2 ngml-1 and prostate volume 50 cc. Mean lateral- and median-lobe Rezūm injections were 4.2±2.1 and 0.8±0.7, respectively. IPSS improved from 24.3±5.8 to 11.2±5.8 (54% reduction), and QoL from 4.9±1.0 to 2.1±1.3 (58% reduction). Qmax increased from 9.6±4.4 to 16.1±7.0 mls-1 (68%

increase), while median PVR fell from 94 to 29 ml. IIEF-5 was unchanged from 12.6±6.5 to 12.8±6.8. Retreatment of LUTS was required in 20 patients (7.8%).

Conclusion: Conclusion: Our single-centre analysis shows Rezūm remains an effective minimally invasive treatment for men with troublesome LUTS related to BPH, preserving sexual function with efficacy maintained in a cohort much larger than our first. The 7.8% retreatment rate should inform patient counselling.

P1-7 The 24-Hour Clock: Presentation Delay Predicts Phenylephrine Failure and Surgery in Ischaemic Priapism

N.Shetty, I.Amanulla, M.Mubarak, A.Emmanuel
Freeman Hospital

Aims: Delayed presentation may reduce smooth-muscle responsiveness to phenylephrine and increase the likelihood of requiring surgical decompression. We aimed to determine whether presentation delay predicts phenylephrine failure and operative intervention in acute ischaemic priapism.

Methods: We retrospectively analysed 63 presentations treated with corporal aspiration with or without intracavernosal phenylephrine. Outcomes were compared by presentation within or after 24 hours. Presentation delay was analysed continuously and using a clinically selected 24-hour threshold. Successful detumescence and operative management were the principal outcomes of interest. Logistic regression adjusted for previous priapism; receiver-operating characteristic analysis assessed predictive performance.

Results: Overall, detumescence was achieved in 39/63 episodes (61.9%), 19/63 (30.2%) required operative management and 21/63 (33.3%) were readmitted. Presentation within 24 hours was associated with higher detumescence than presentation after 24 hours (82.5% vs 26.1%; $p<0.001$) and less operative intervention (12.5% vs 60.9%; $p<0.001$). After adjustment for previous priapism, each 6-hour delay increased the odds of failed detumescence by 35% (OR 1.35, 95% CI 1.13–1.62; $p<0.001$) and operative management by 27% (OR 1.27, 95% CI 1.09– 1.48; $p=0.002$). Presentation time showed good discrimination for failed detumescence (AUC 0.828, 95% CI 0.721–0.935) and operative management (AUC 0.794, 95% CI 0.669–0.919). An exploratory 28-hour threshold identified failed detumescence with 70.8% sensitivity and 84.6% specificity, and operative management with 73.7% sensitivity and 79.5% specificity. Delay was not independently associated with readmission.

Conclusion: In ischaemic priapism, every hour matters. Presentation after 24 hours sharply reduces phenylephrine success and increases the need for surgery, supporting urgent referral and treatment.

P1-8 **Reconstructive Strategies and Functional Outcomes following Ureteric Reimplantation: A Contemporary UK Tertiary-Centre Experience**

Sindhu Sankaran, Hira Khan, Mehwash Nadeem
James Cook University Hospitals

Aims: Ureteric reimplantation remains a key reconstructive option for benign and iatrogenic ureteric pathology. However, variation exists in preoperative investigation, urinary diversion strategies, and functional assessment, and contemporary UK data describing renal outcomes following reimplantation are limited.

Methods: We performed a retrospective review of all patients undergoing ureteric reimplantation at a UK tertiary centre. Data collected included demographics, aetiology of ureteric disease or injury, preoperative imaging and diagnostic modality, preoperative urinary drainage (ureteric stent or nephrostomy), and reconstructive technique employed. Renal function was assessed using estimated glomerular filtration rate (eGFR) pre- and post-operatively in all patients, with differential renal function on DMSA/MAG3 scanning analysed where available.

Results: Thirty eight patients were included. The most common indications for reimplantation were 24 iatrogenic injury (34% Gynecological, 10% Colorectal, 10% Urological) and 15 ureteric stricture disease (38%). Preoperative evaluation demonstrated heterogeneity, with computed tomography urography (56.4%), intra-operative visualisation(18%) and retrograde studies (20%) most frequently utilised with others being loopogram and a combination. Urinary diversion prior to reconstruction was achieved with ureteric stenting in 23% and nephrostomy in 34% or neither (18%). Reconstructive approaches included direct reimplantation (20.5%) psoas hitch(30.7%), and Boari flap with a psoas hitch techniques(38%). A few complex cases inclused reimplantation into conduit for anastomotic strictures (7.5%). Mean eGFR remained stable from pre-operative assessment (72.15 mL/min/1.73 m²) to post-operative follow-up (76 mL/min/1.73 m²) with p=0.05. Among patients with available DMSA imaging, differential renal function was preserved or improved following reimplantation in the majority of cases.

Conclusion: In this contemporary UK cohort, ureteric reimplantation achieved preservation of renal function despite varied preoperative investigation and drainage strategies. These data support the effectiveness of reconstructive ureteric surgery in maintaining renal function and highlight the need for standardised investigation pathways in UK practice.

Poster presentations

Chairs**: Alistair Rogers**, Freeman Hospital, and **Rajan Veeratterapillay**, Freeman Hospital

P2-1 Clinical Outcomes of Multidisciplinary Care for Recurrent Urinary Tract Infections: Four-Year Data from a Complex UTI Clinic

Hira Khan, Pragnitha Chitteti, Jayne morris-Laverick, Stephenie Bezemer, Casaba Marodi, Ahmed Ghonaimy, Mehwash Nadeem
James Cook University Hospital

Aims: To evaluate treatment outcomes and patient-reported quality of life (QoL) among patients with recurrent urinary tract infections (rUTIs) managed in a multidisciplinary complex UTI clinic at a tertiary referral centre over four-years.

Methods: A prospectively maintained database of 366 patients attending a multidisciplinary UTI clinic between April 2021 and April 2025 was reviewed retrospectively. The clinic involved urologists, specialist nurses, microbiologists, an antimicrobial lead and a clinical pharmacist. Patients referred for rUTIs who completed follow-up were included. Demographics, menopausal status, microbiology, investigations, treatments and outcomes were analysed. Patient-reported QoL and treatment success were assessed following treatment**.**

Results: Mean age was 60 years; 315 (86%) patients were female and 211 (58%) were postmenopausal. Most patients (78%, n=286) reported at least three UTIs annually, while 11% (n=39) required hospitalisation. Escherichia coli was the predominant organism (48%, n=176), and multidrug-resistant organisms were identified in 15% (n=55). Prior to specialist referral, 68% (n=249) had not received first- and second-line antibiotic treatments. Tertiary treatments were required in 41% (n=151), including antibiotic (27%) and non-antibiotic (10%) bladder instillations. Following multidisciplinary management, 87% (n=317) achieved treatment success, with 71% (n=263) reporting good-to-excellent QoL.

Conclusion: A dedicated multidisciplinary UTI clinic provides favourable clinical and patient-reported outcomes for patients with rUTIs. These findings support a structured, multidisciplinary approach incorporating antimicrobial stewardship and individualised treatment pathways.

P2-2 Early Penile Prosthesis Infections in the Era of Advanced Antimicrobial Strategies: Incidence and Predictive Factors from a Regional Cohort

I. Amanulla, M. Mubarak, J. Hayes, M. Rafeh, E. Clifford, J. Barclay, T. Dorkin, A. Emmanuel
Freeman Hospital

Aims: To evaluate the incidence and predictive factors of Penile Prosthesis (PP) infection within a contemporary regional centre covering the North of England

Methods: A retrospective review of the centre's PP insertions (2018-2025) was performed, baseline patient characteristics including age, body mass index (BMI), co-morbidities, smoking status, implant characteristics, and pre-operative HbA1c level. SPSSv29 was used to analyze data, with descriptive and univariate logistic regression analyses performed to identify factors associated with early infection (≤30 days). P-value<0.05 was considered statistically significant

Results: In total, 103 patients underwent PP insertion. Diabetes, hypertension and dyslipidaemia were present in 35.0%, 49.5% and 39.8% respectively. 9.7% were on immunosuppressive medications. Mean HbA1C was 45.6 mmol/mol. Early infection occurred in 6 patients (5.8%). Comparing infected vs non-infected groups, immunosuppressant use was the most significant predictive factor for infection (50.0% vs 7.2%, p=0.02; OR 12.0,95% CI 1.7–85.0). Age, BMI, HbA1c levels, diabetes, hypertension and dyslipidaemia were not associated with infection

Conclusion: Data from our regional centre demonstrated 5.8% of patients having early PP infection, with immunosuppressive therapy being independently associated with increased infection risk. Other clinical and metabolic parameters had no significant effect. Immunosuppression is thus a risk factor warranting tailored perioperative strategies, while highlighting the need for larger, multicentre studies to validate its impact on postoperative infection outcomes

P2-3 Lifting the VEIL: Early Outcomes of Robotic Inguinal Lymphadenectomy for Penile Cancer

John Hayes, Luke McGuinness, Philip Keegan and Kanagasabai Sahadevan
Sunderland Royal Hospital

Aims: Inguinal lymph node dissection (ILND) is integral to the management of high risk and node positive penile cancer, although it is associated with significant operative morbidity. Robotic video endoscopic inguinal lymphadenectomy (VEIL) offers a minimally invasive alternative, with experience limited to only a few UK centres. We report our initial experience and early peri-operative outcomes.

Methods: A retrospective case series review was undertaken of consecutive patients undergoing robotic VEIL for penile cancer between April 2025 and July 2026. Patient demographics, peri-operative data, and complications were evaluated.

Results: Ten patients underwent robotic VEIL involving 12 groins, including two bilateral procedures. Median age was 61.5 years (range 35-79). Median total operative time was 178 minutes (range 113-340), with two procedures incorporating additional major surgery. The median post-operative length of stay was 1.5 days (range 1-3), facilitating early discharge with low postoperative analgesic requirements. Despite short hospitalisation, drains frequently remained in-situ for a prolonged period: median 20.5 days (range 0-38). Median lymph-node yield was 9 per groin (range 4-13), with metastatic disease identified in 5/12 groins. Postoperative complications were principally lymphatic and wound-related, including lymphocele, seroma and haematoma formation, with several patients requiring readmission.

Conclusion: Robotic VEIL appears a feasible minimally invasive alternative to open ILND, facilitating short hospitalisation whilst achieving satisfactory nodal yield. Prolonged drain duration remains an important consideration, and wound complications are still evident. Larger comparative studies are required to evaluate morbidity and oncological outcomes.

P2-4 **Armed and Unprotected: The Lateral Breast Tissue Exposure Gap in Theatre**

Jade Singh, Sophie Robertson, Mehwash Nadeem
James Cook University Hospital

Aims: Breast tissue exhibits high relative radiosensitivity to ionizing radiation, requiring stringent lateral shielding in fluoroscopic environments. Axillary armhole gaps in standard lead aprons frequently leave lateral breast tissue vulnerable to scatter radiation. This study evaluates gender specific safety behaviours, armhole compliance checks, and anatomical radiosensitivity awareness among interventional theatre staff.

Methods: An anonymized cross-sectional survey (n = 105) evaluated a multidisciplinary theatre workforce. Data points were stratified by gender to analyse the correlation between exposure frequency, mandatory protective habits (armhole and thyroid collar sizing), and specific knowledge of breast versus gonadal radiation risks.

Results: The cohort was predominantly female (63.8%, n = 67). While 78.1% of all respondents experience regular daily or weekly radiation exposure, a critical anatomical blindspot was identified. A striking 71.4% (n = 75) of all staff completely fail to check their gown armholes for lateral breast tissue exposure. This behavioural deficit is accompanied by severe knowledge gaps: only 35.2% (n = 37) of respondents were aware that breast tissue carries a higher risk from ionizing radiation than the ovaries or testicles. Furthermore, 57.1% have never been taught to check thyroid collar fit, and 85.7% report that the hospital fails to provide regular, standardized gown fit diagnostics.

Conclusion: A critical vulnerability exists regarding lateral breast tissue protection in high-exposure theatre staff, driven by a lack of practical fit-training and low anatomical risk awareness. Hospitals must move away from a "one-size-fits-all" procurement model to provide gender-appropriate, validated fit-checks that eliminate axillary exposure gaps**.**

P2-5 **Initial experience with retroperitoneal robotic surgery**

Libby Browne, David Rix, R Veeratterapillay
Freeman Hospital

Aims: To assess the safety and early surgical outcomes of a retroperitoneal robotic renal surgery at a UK tertiary referral centre

Methods: All patients undergoing robotic retro-peritoneal nephrectomy between May 2025 and June 2026 were included in the data collection. Data was collected using electronic patient

records which included demographics, surgical details (total operation time, console time, warm ischemic time for partial nephrectomies, total blood loss), length of stay and complications.

Results: A total of 14 patients were included they had a mean age of 60 ±15.5, an average BMI of 27.1± 4.6. of the 14 participants 5 were female and 9 were male. 5 patients had radical nephrectomies with a median stay of 2 days and no major complications recorded. 9 patients underwent partial nephrectomies. With a mean tumour size of 24.2mm. The average console time was 80.55 minutes. Median LOS post partial nephrectomy was 2 days. There were no positive surgical margins. 1 patient required embolization for bleeding 2 weeks postop.

Conclusion: Initial results of the new approach in the Freeman hospital show that a retroperitoneal approach is safe with minimal short term surgical complications and clear surgical margins.

P2-6 **Positive Urine Cultures Before Stone Surgery: Does Management Strategy Matter?**

Shetty N, Cameron L, Asaad W, Rogers A
Freeman Hospital

Aims: Aims: GIRFT guidance recommends obtaining a midstream urine microscopy and sensitivity (MSU) sample two weeks before upper-tract endourological surgery. Patients with positive cultures should receive culture-directed antibiotics for 48 hours pre-operatively and prophylaxis at induction. We assessed adherence to guidance and post-operative infectious outcomes.

Methods: Methods: We reviewed patients undergoing ureteroscopy, percutaneous nephrolithotomy, or combined procedures between 1 and 30 May 2025. Pre- operative microbiology, antibiotic management, stent/nephrostomy status, and 30- day outcomes were analysed.

Results: Results: Among 191 patients, the median interval between MSU and surgery was 61 days (IQR 42–98). Stents or nephrostomies were present in 108 (55.4%), with a median dwell time of 97 days (IQR 70.8–138.5). Fifty-three patients (27.2%) had a positive MSU, predominantly Escherichia coli. Management comprised treatment antibiotics alone (n=13), treatment with repeat MSU (n=8), induction prophylaxis alone (n=23), pre-operative antibiotics plus induction prophylaxis (n=1), induction plus post-operative oral antibiotics (n=4), induction plus 48-hour intravenous antibiotics (n=1), or treatment antibiotics with induction and post-operative antibiotics (n=3). Infection rates were 30.8%, 0%, 39.1%, 100%, 25.0%, 100%, and 33.3%, with no significant difference between strategies. Seventeen patients (8.9%) developed infection within 30 days; two (1.0%) required intensive care for sepsis. Nine infected patients had a stent or nephrostomy. Median dwell time was longer among infected than non-infected patients (112 versus 96 days).

Conclusion: Conclusion: Substantial variation from GIRFT guidance occurred in urine-culture timing and positive-MSU management. No antibiotic strategy reduced infection rates, although groups were small. Prolonged stent or nephrostomy dwell times highlight the importance of definitive stone treatment.

P2-7 AirSeal Versus Conventional Insufflation During Robotic Urological Surgery: A Prospective Comparative Analysis of CO_2 Consumption and Carbon Footprint.

Ifede Oluyemi, Sindhu Sankaran, Irene Saura Lopez, Simon Stewart, Arjun Nambiar
Freeman Hospital

Aims: CO_2 insufflation is fundamental to minimally invasive surgery. Valveless systems such as AirSeal provide stable pneumoperitoneum and continuous smoke evacuation, but their impact on CO_2 consumption during robotic surgery is poorly characterised. With expanding robotic adoption and NHS Net Zero commitments, avoidable CO_2 consumption is a measurable target for theatre sustainability. We compared CO_2 use between AirSeal and conventional insufflation by procedure type.

Methods: We analysed a prospective database of robotic urological procedures performed between December 2025 and September 2026, recording procedure type, insufflation system, duration, intra-abdominal pressure, suction usage and total CO_2 consumption; cases with incomplete data were excluded. Multivariable linear regression assessed the association between AirSeal use and CO_2 consumption, adjusting for duration, pressure and procedure group.

Results: Of 81 patients (72 AirSeal, 9 conventional), mean insufflation duration was similar between groups (149.6 vs 143.9 minutes). AirSeal cases consumed a mean 757L CO_2 per procedure (5.09L/min) versus 341L (2.54L/min) with conventional insufflation. CO_2 use varied by procedure (mean L/min: prostatectomy 5.9, cystectomy 5.0, nephrectomy 4.4, pyeloplasty 4.1), and duration was the strongest driver overall, adding approximately 4.8L per additional minute regardless of AirSeal status. Other unmeasured factors—patient characteristics, seal quality and smoke-evacuation settings—may also contribute.

Conclusion: AirSeal was associated with substantially greater CO_2 consumption than conventional insufflation—approximately twice the rate per minute—though procedure duration and operative efficiency remain the largest modifiable determinant of CO_2 use. Insufflation gas is only one component of robotic surgery's environmental footprint, but reducing unnecessary CO_2 consumption offers a simple, measurable opportunity to improve theatre sustainability.

P2-8 **Clinical Outcomes and Differential Organism Response to Intravesical Aminoglycoside Therapy in Adults with Recurrent Urinary Tract Infections**

Sindhu Sankaran, Hira Khan, Pragnitha Chitteti, Mehwash Nadeem
James Cook University Hospital

Aims: Intravesical aminoglycosides are increasingly used in adults with refractory recurrent urinary tract infections (rUTIs). While overall effectiveness has been demonstrated, data comparing clinical outcomes by infecting organism remain limited.

Methods: We conducted a retrospective analysis of adult patients treated with intravesical gentamicin or amikacin for complex rUTIs at a dedicated UTI clinic between May 2021 and October 2025. Variables included gender, UTI frequency, UTI-related hospital admissions, infecting organisms, prior antimicrobial treatments, and adjunctive therapies. Clinical outcomes were assessed by comparing UTI frequency and admissions before and after initiation of intravesical therapy, with subgroup analysis by organism (E. coli vs non–E. coli).

Results: Fifty six adult patients were included (41 gentamicin, 15 amikacin) with an average age of 54 years. Non–E. coli infections were associated with higher rates of resistant organisms (48% vs 21%) compared to pure E.Coli infections. Overall, intravesical aminoglycoside therapy resulted in a 53% reduction in UTI episodes with treatment in the amikacin group with 26% infection free and 85% in the gentamicin group seeing reduction in number of UTI episodes and 18% infection free. Of 23 patients who had UTI related hospital admissions, 87% avoided inpatient stay with treatment. Out of 28 patients with multidrug resistant infections, 75% showed reduction or drug sensitive infections with treatment. Reduced hospital admissions suggest potential downstream healthcare cost savings.

Conclusion: Intravesical aminoglycoside therapy is associated with improved clinical outcomes in adults with complex rUTIs, with comparable benefit observed in E. coli and non–E. coli infections. These findings support broader use of intravesical therapy and suggest potential benefits for healthcare utilisation.

P2-9 **Flexible Cystoscopy versus Imaging for the detection of Bladder Stones: A Retrospective Comparison Against Intraoperative Confirmation**

Y.Abdelmotagly, M Mubarak, N Sheety, A Rogers
Freeman Hospital

Aims: No study has directly compared flexible cystoscopy and cross-sectional imaging for diagnosing bladder stones, as highlighted by the EAU Guidelines on Urolithiasis (1). Cystoscopy can identify concurrent pathology such as bladder cancer, whereas imaging also assesses the upper urinary tract. We aimed to compare the diagnostic sensitivity of flexible cystoscopy and imaging against intraoperative stone confirmation as the reference standard.

Method: We retrospectively reviewed patients undergoing cystolitholapaxy at freeman hospital defining the gold standard as direct visualisation confirmation of a bladder stone. Patients with both preoperative flexible cystoscopy and imaging (CT, ultrasound, or plain

radiography) were included in a paired analysis. Sensitivity of each modality was calculated and compared overall, and by imaging subtype, using the exact McNemar test.

Results: Of 344 cystolitholapaxy procedures reviewed, preoperative diagnostic information was documented in 166 (48.3%). Both flexible cystoscopy and imaging were performed in 81 procedures; one was excluded for an indeterminate imaging result, leaving 80 paired cases. Cystoscopy detected 78/80 stones (97.5%) versus 76/80 (95.0%) by imaging, with no significant difference (exact McNemar p=0.688). By modality, CT detected 48/48 (100.0%) versus 46/48 (95.8%) by cystoscopy; ultrasound detected 22/25 (88.0%) versus 25/25 (100.0%) by cystoscopy; and plain radiography detected 4/5 (80.0%) versus 5/5 (100.0%) by cystoscopy. No modality-specific difference reached significance.

Conclusion: Flexible cystoscopy and imaging both showed high sensitivity for operatively confirmed bladder stones, with no evidence of overall superiority for either. CT had the highest imaging detection rate, while ultrasound and plain radiography missed stones identified by cystoscopy, suggesting these modalities may be complementary rather than interchangeable.

P2-10 **Patient-Reported Quality of Life Outcomes Following Robotic Radical Prostatectomy and Radiotherapy for Prostate Cancer: A Single-Centre EPIC-26 Study**

Yash Pursun, Megan Harrington, Ben Kuttikatt Easaw, Adam Lowrie, Jonathan Broughton, Arvind Nayak, Brian Chaplin, Gianmarco Isgrò

James Cook University Hospital

Aims: To compare patient-reported urinary, bowel, sexual, and hormonal outcomes following robotic-assisted radical prostatectomy (RARP) and radiotherapy (RT) for prostate cancer using the 26-item Expanded Prostate Cancer Index Composite (EPIC-26).

Methods: A single-centre cross-sectional survey was to all patients diagnosed with prostate cancer during 2025. Responses were compared between patients undergoing RARP and RT. Fisher's exact test compared clinically significant dysfunction, Mann-Whitney U tests compared individual symptom scores, and androgen deprivation therapy (ADT)-associated symptoms were compared between ADT and non-ADT groups.

Results: Of 766 eligible patients, 186 responded (24.3%). Leakage frequency, urinary control, pad use and dripping were significantly worse after RARP (all $p<0.05$), whereas dysuria and weak stream were worse after RT. RT patients reported worse bowel urgency (p=0.011), loss of bowel control (p=0.004), and overall bowel bother (p=0.006). Clinically significant urinary dysfunction occurred in 15.2% after RARP and 11.7% after RT (p=0.774); bowel dysfunction in 8.7% and 15.0%, respectively (p=0.384); and sexual dysfunction in 54.3% and 33.3% (p=0.070). Sexual dysfunction was common in both groups, with 63.2% never achieving an erection when desired. Compared with patients not receiving ADT, ADT was associated with more clinically significant hot flushes (27.0% vs 7.7%, p=0.008), low energy (42.9% vs 21.2%, p=0.017), breast tenderness (12.7% vs 1.9%, p=0.040) and weight change (23.8% vs 5.8%, p=0.009).

Conclusion: RARP produced greater urinary incontinence, while RT produced greater bowel dysfunction. Sexual dysfunction was highly prevalent following both treatments, and ADT added a substantial systemic symptom burden.