

Between the SCP and SpR groups there was no difference in (1) mean intra-operative re-transfusion (598ml vs 636ml $p=0.44$), (2) mean post-operative haemoglobin drop (2.32g/dl vs 2.29g/dl, $p=0.92$), and (3) mean operating time (137.9min vs 141.7min, $p=0.57$).

Conclusions: As an assistant, there is no difference between the SCP and SpR. Our data supports using the SCP as an experienced first assistant to the experienced SpR for training.

0723: SURGICAL OUTCOMES OF NEPHRON SPARING SURGERY FOR RENAL TUMOURS

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Aim: Nephron sparing surgery (NSS) is increasingly being performed to treat renal tumours. We reviewed our surgical outcomes following partial nephrectomy.

Methods: A retrospective review of 51 consecutive patients (median age 59 years) undergoing NSS for renal tumours between 1999 and 2011. Indications for NSS were absolute ($n=14$), relative ($n=16$) or elective ($n=21$). Data collected included peri-operative, histological, disease-free and overall survival data. Complications were recorded using the Clavien classification.

Results: Most procedures were performed open ($n=46$). More recently selected cases have been performed laparoscopically ($n=5$). There were no peri-operative deaths and no patients required renal dialysis. Sixteen patients (31%) had post-operative complications. Of these, 8 were Grade 1, 5 were Grade 2 and 3 were Grade 3a according to the Clavien classification. Histology confirmed 37(73%) tumours were malignant and 14(27%) were benign. During follow up there were no local recurrences, but 1 patient (3%) developed metastatic disease. The overall survival rate at a median follow up of 31 months was 92% with only one death attributable to metastatic renal cancer.

Conclusion: NSS for renal tumours is safe with an acceptable peri-operative morbidity rate. Preservation of renal function and low recurrence rates confirm it is an effective treatment option.

0755: CAN URINE CYTOLOGY BE SAFELY OMITTED FROM ROUTINE WORK-UP FOR HAEMATURIA?

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Introduction / Aim: Urine cytology has traditionally been part of routine work-up for patients with haematuria but provided relatively limited diagnostic yield at a significant cost. We audited our practice in the local setting to assess the value of urine cytology and the implications of deleting it from the investigative pathway.

Method: Clinical data for 191 patients referred for urine cytological examination over a period of 3 months (July – September 2010) was collected from the hospital database.

Results: Haematuria was the presentation in 138 (73%) of these requests. 69% (95/138) were from Urologists. Of the 138, 77% were reported normal, 4% revealed atypical cells, 3% had malignant cells, 8% had appearances indicative of inflammatory pathology and 8% were unsuitable for analysis. Positive yield was < 10%. Of the 7% (9/138) with proven urothelial cancer (only of bladder in this series), cytology was normal in 44%, atypical in 11%, and malignant in 33%, highlighting that cytology would have missed cancer in >50% of haematuria cases.

Conclusion: Urine cytology has very poor sensitivity for diagnosing urothelial cancer, and the cost and effort to conduct this investigation does not justify its use in the routine work-up of patients with haematuria.

0769: INCIDENTAL SYNCHRONOUS PRIMARY TUMOURS DETECTED DURING A MODIFIED MRI PROSTATE PROTOCOL

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Introduction: Magnetic resonance imaging (MRI) is the cross-sectional imaging modality of choice in staging prostate cancer. Standard protocol for prostate MRI is limited to the pelvis. We describe benefits of extended MRI protocols in identifying incidental synchronous primary lesions, which potentially influence prostate cancer management.

Patients & Methods: A retrospective single-center review of 464 patients (median age 68, range 47–82 years) with a diagnosis of prostate cancer

between January 2008 and December 2011 was performed. Outcomes were reviewed in patients that underwent extended-MRI staging in whom synchronous abdominal and pelvic masses were identified.

Results: Eight patients had synchronous lesions identified: one adrenal mass, one rectal cancer, two bladder cancers and four renal masses. The adrenal mass was a non-functioning adenoma and one renal mass was identified as a simple cyst. The remaining six cases (1.3%) had confirmed synchronous malignancies. In two patients this did not influence prostate cancer management. The patients with rectal cancer and muscle invasive bladder cancer would have been identified with conventional protocols. The two patients with advanced renal malignancy were identified due to extended MRI.

Conclusion: Significant renal lesions were identified on extended-MRI staging protocols for prostate cancer. These synchronous malignancies potentially influence prostate cancer management.

0772: THE ROLE OF CONTRAST ENHANCED ULTRASOUND IN THE ASSESSMENT OF COMPLEX OR EQUIVOCAL RENAL LESIONS

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Introduction: Contrast enhanced computed tomography (CECT) remains the standard imaging modality for renal lesion characterisation. Circumstances however, exist where diagnostic uncertainty remains. Contrast enhanced ultrasound (CEUS) is a safe, affordable, non-ionising adjunct in the assessment of difficult renal lesions. We describe our experience with this emerging radiological technique.

Material and Methods: A single-centre retrospective review of 21 patients, median age of 68 years (range 35–89 years) with equivocal renal lesions was performed. All patients underwent CEUS using sonovue micro-bubbles between November 2010 and August 2011. Renal lesion enhancement, clinical outcomes and histological correlation were analysed.

Results: In six patients with complex cystic renal lesions, three demonstrated concerning enhancement. In thirteen cases with equivocal solid lesions, nine were suggestive of renal cell carcinoma (RCC) of which five underwent nephrectomy. Three lesions demonstrated no enhancement. Only in one case was a lesion felt to be equivocal necessitating further imaging. Two cases were post-cryotherapy ablation, of which one demonstrated recurrence not accessible on CECT. CEUS aided clinical decision-making in 90% (19/21) of cases.

Conclusion: CEUS is an important adjunct to conventional imaging in delineating the nature of complex renal lesions, particularly those with renal impairment, when contrast agents are contra-indicated.

0797: THE IMPORTANCE OF THE BIOPSY OF NORMAL APPEARING BLADDER MUCOSA AT THE EDGE OF PRIMARY TUMOUR RESECTION SITE

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Introduction: European Association of Urology guidelines advocate separate biopsy of tumour base and edge during initial transurethral resection of bladder tumour (TURBT). Most evidence available analyse the prognostic value of random bladder biopsies rather than edge of resection site specifically.

Aim: To evaluate the incidence and significance of positive tumour edge biopsies at primary TURBT.

Methods: 22 cases of primary TURBT performed between October 2010 and October 2011 were retrospectively reviewed. All resections included a routine cold-cup biopsy of macroscopically normal mucosa at the resection edge. Data sources included histopathology reports and Multi-disciplinary Team Meeting notes.

Results: Abnormal biopsy was found in 9 patients (41%). Carcinoma-in-situ (CIS) was found in 7 patients (32%) and in 2 cases (9%) biopsy results were corresponding with primary pathology indicating incomplete tumour resection.

Tumour edge biopsy effected management of 3 cases (22%). 2 patients (9%) with CIS received intravesical chemotherapy with Bacillus Calmette-Guérin (BCG) vaccine and 1 patient with incomplete resection underwent early check cystoscopy and biopsy within 3 weeks of primary resection. Those patients would otherwise have been scheduled for check cystoscopy at 3 months.