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 31 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=1). 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 as an effective treatment option.

### 0755: CAN URINE CYTOLY BELIEF 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.