Introduction: Laparoscopic Radical Nephrectomy (LRN) is the gold standard approach for surgical extirpation of renal tumours. Herein, we present our experience and the technique of Intra-operative Selective Renal Artery Balloon Occlusion immediately prior to Laparoscopic Radical Nephrectomy.

Methods: Arterial catheterisation and temporary balloon occlusion of the renal artery with the aid of a 5Fr double lumen occlusion catheter performed after intubation and ventilation immediately prior to LRN.

Results: We compared with matched patients who had open radical nephrectomy (ORN) with balloon occlusion and LRN without balloon occlusion. Results There were 30 cases (14 males & 16 females) with average age of 63 yrs (range 39–82 yrs). Average operative time was 187 minutes (range 90–250 minutes). The mean balloon deployment time for renal artery occlusion was 21 minutes (range 14–27 minutes). Mean estimated blood loss in LRN with balloon occlusion was 120mls compared to 450 ml for ORN with balloon occlusion and 250 ml for LRN without balloon occlusion. There were no major complications.

Conclusions: Intra-operative Selective Renal Artery Balloon Occlusion is a safe, reliable and effective adjunct in performing LRN in selected cases. The technique should be explored further as a useful adjunct during surgical extirpation of renal tumours.

A SINGLE UK NON-TERTIARY CENTRE: ASSESSMENT OF INCIDENTAL THYROID CARCINOMA PICKUP THROUGH 18F-FDG POSITRON ELECTRON TOMOGRAPHY

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Introduction: The reported incidence of incidental thyroid lesions from PET-CT is 1.1% to 4.3% [1–3]. There are currently no definitive guidelines for such lesions found from PET-CT. The aim of this study is to evaluate the performance at a single district general hospital in picking up incidental thyroid lesions, to assess how many of these are malignant and how they are followed-up.

Results: 1022 PET-CT scans between 940 patients were reviewed from January 2007 and October 2008. 26 (2.77%) had thyroid lesions detected. Overall 11 of the 26 (42.3%) had further investigation with blood incidental thyroid carcinoma; all had asymmetrical thyroid 18F-FDG uptake. It remains to be seen whether PET-CT is a cost-effective means of screening for thyroid malignancies and if a set of guidelines can be agreed on how to assess thyroid lesions identified from this imaging modality.

THYROID FINE NEEDLE ASPIRATION CYTOLGY: SHOULD PATIENTS WITH INDETERMINATE FINDINGS PROCEED TO SURGERY?

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Introduction: Fine-needle aspiration cytology (FNAC) is the primary diagnostic procedure for thyroid malignancy. Patients with indeterminate (THY3) findings usually undergo surgery as follicular carcinoma cannot be excluded. The aim of this study was to determine what proportion of patients with indeterminate cytology have malignant disease. Method Retrospective review of all patients undergoing FNAC by a single cytopathologist (JMG) from September 2003 to May 2008. Patient demographics, details of thyroid nodule and cytology findings were retrieved from the hospital electronic pathology database.

Results: 1237 FNAs were performed, of which, 193 (16%) were indeterminate. In total, 176 patients (M:F 20:156, median age 42 yrs (range 22-88 yrs)) were diagnosed with thyroid nodules of indeterminate cytology. 16/134 (12%) patients undergoing surgery were found to have malignant disease (papillary –11, follicular – 3, non Hodgkin’s lymphoma – 1, other –1 patients). Only 2 % patients with THY3 cytology were eventually diagnosed with follicular carcinoma.

Conclusion: Only a small proportion of patients with indeterminate cytology have malignant disease. The decision to proceed to surgery should not solely be based on cytological findings and incorporate other factors such as age, gender, size of nodule and imaging.

THE FATE OF INDETERMINATE LUNG LESIONS ON STAGING CT SCANS FOR COLORECTAL CANCER

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Aims: The aim of this study was to assess both the incidence of indeterminate lung lesions and interval-time required to provide a definitive radiological diagnosis.

Methods: A retrospective review of the local colorectal cancer database identified all cases of newly diagnosed colorectal cancers with indeterminate lung lesions on their staging CT scans between 2004–2005. Specific data relating to follow-up imaging and clinical outcomes was recorded and analysed.

Results: Thirty-one of the 412 newly diagnosed colorectal cancer patients (7.5%) were reported as having indeterminate lung lesions at staging. In 13 cases (42.0%) the lung lesions were never definitively diagnosed because of peri-operative death, co-existing metastatic disease requiring palliation and patient’s choice. Fifteen of the 16 patients classified as benign, were categorised at the first interval CT scan at a median of 351 days (IQR 187.5–472.5) post-staging. Two patients’ indeterminate lesions which were ultimately classified as malignant: a carcinoid tumour and a primary lung adenocarcinoma.

Conclusions: This study demonstrates lower rates of indeterminate lung lesions than previously reported, of which 2 were synchronous lung malignancies and none transpired to be colorectal metastasis. Definitive radiological diagnoses at first interval scan occurred in 94% cases. All of which were performed within 2 years of staging.

ININCIDENCE OF COLITIS IN PATIENTS WITH LOW-RISK COLORECTAL CANCER SYMPTOMS: IS IT ON THE RISE?

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Aims: Nurse-led flexible sigmoidoscopy service is an integral part of most colorectal units. Endoscopic diagnosis of colitis can be difficult and may be deceptive at times. We report our results of colitis diagnosed in patients undergoing flexible sigmoidoscopy for low risk cancer symptoms as per UK DOH criteria.
DISTRIBUTION AND QUANTIFICATION OF VESSELS IN NORMAL COLORECTAL TISSUE

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Introduction: The importance of vascular invasion in colorectal cancer is undisputed. Currently vascular reporting and risk stratification rely only on presence or absence of this characteristic. Tumour invades through the wall or circumference of vessels, however no comment could be accurately made on circumference value and its potential prognostic potential until recently. We have developed a method wherein characteristics of small vascular structures can be quantified accurately in terms of number, circumference, area and diameter. This may be useful in determining risk of spread in early T1 colorectal tumours.

Methods: Samples of normal tissue were collected prospectively, embedded in paraffin and sectioned at 5 μm. Sections were immunostained using the vascular marker CD31. Slides were digitally scanned and analysis was carried out using imagescope software for pc. Boxes of fixed area were placed at random along each section in four distinct layers. Mucosa, superficial, middle and deep third of the submucosa. Number, average circumference, area and diameter were calculated for each of these regions.

Results: The majority of vessels lie in the superficial third of the submucosal layer. These are generally uniform in size. Substantial variation in circumference exists in the deeper submucosa.

Conclusion: New digital software allows accurate quantification of vascular characteristics. Variation in size of vessels is most pronounced in deeper submucosal layers.

IS PRIMARY CARE REFERRAL CATEGORY AN INFLUENCE ON EVENTUAL DUKE'S STAGE IN PATIENTS DIAGNOSED WITH COLORECTAL CANCER?

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Background: The introduction of the 2week wait (2WW) for suspected colorectal cancer (CRC) required the patients’ diagnostic pathway to be prioritised to ensure compliance with cancer waiting times. However only 10-15% of these patients are finally diagnosed with CRC while many are referred via routine or other urgent pathways. The aim of this study is to examine the effect of referral pathway on time to diagnosis and pathological stage of the patient.

Methods: 110 consecutive patients were considered from a prospectively held database of CRC. Exclusions included emergencies, private and tertiary referrals. Time to first appointment, first diagnostic investigation and diagnosis were analysed together with Duke's stages for each group.

Results: Routine referrals (n = 31) waited significantly longer for first appointment than if urgent (n = 24) or 2WW (n = 55) at 40.71, 17.71 and 8.35 days respectively (p<0.01). As was time to diagnostics (56.77 vs 24.00 vs 11.95 days respectively, p<0.01). However there was no differences in post-operative Duke's stage (p = 0.625). 64.3% (20/31) of routine patients met 2WW referral criteria.

Conclusion: Greater promotion of 2WW criteria are needed. Diagnostic delay does not influence oncological stage. Resources used to meet 2WW targets would be better allocated reducing waiting times across all referral categories.

PAIN SCORES AFTER PHOTOSELECTIVE VAPOURATION OF THE PROSTATE: THE BENEFITS OF CAUDAL ANAESTHESIA

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Introduction & Objectives: Photoselective vapourisation of the prostate (PVP) is an established technique for treating benign prostatic hyperplasia. Pain following prostate surgery is common and often severe. The purpose of this prospective audit was to compare the post-operative pain requirements in two patient groups.

Material & Methods: 52 patients in total were recruited from urology outpatients at a single centre. Group one (21) received general anaesthesia (GA) alone. Group two (31) received 30mls of caudal 0.25% bupivacaine after induction of GA. Pain scoring was recorded at 15min intervals using a standardised visual analogue score. Mann Whitney U tests were performed for significance testing.

Results: Mean pain scores out of ten on arrival for group one versus group two were 2 vs 1 (p = 0.0334). At 15 minutes 3 vs 1 (p = 0.033) and 30 minutes 4 vs 1 respectively (p = 0.018). Additional intravenous morphine requirements for group one (87mg) and for group two (30mg) in recovery.

Conclusions: Patients receiving caudal anaesthesia experience significantly less post-operative pain when compared with those having a GA alone after a PVP. This may allow patients to mobilise earlier, experience less opioid related constipation, and be discharged home earlier.

A NURSE LED PROSTATE BIOPSY SERVICE IN THE HIGHLANDS – PATIENT SATISFACTION AND OPTIMAL METHOD OF RESULT DISSEMINATION


Introduction: Increasing pressure upon urological services and geographical considerations have meant that alternative methods of service provision must be considered in the Highlands. The aim of this study was to assess the satisfaction of a nurse led prostate biopsy service and to examine patient preference for receiving results.

Methods: A validated questionnaire was sent to the first 225 patients who underwent counselling and biopsy by the Urology Clinical Nurse Specialist (CNS).