Introduction: Flexible cystoscopy (FC) is a common urology procedure; over 220,000 are performed in UK annually. Urinary tract infection (UTI) is a potential complication with rates varying from 0.8-10%; most requiring antibiotic treatment in primary care. There is an ongoing debate regarding antibiotic prophylaxis for FC. Our aim was to evaluate the incidence of UTI following FC in our institution ascertaining whether prophylaxis is indicated. Identify the antibiotic profile of causative organisms to guide treatment of post-FC UTIs.

Methods: We retrospectively analysed 288 patients who underwent FC over 3 months. Patients were cross-matched with our microbiology results reporting system (Sunquest-Ice) to identify those who had a urine sample sent for analysis within 30 days of their procedure.

Results: Of the 288 FCs performed 37 patients (12.8%) had a urine sample sent for microbiology analysis. Twenty-five were from primary care and 15 from hospital with the median time from FC of 15 days. Ten samples showed significant bacterial growth with E. coli predominating. Most were sensitive to cefalexin (75%), nitrofurantoin (100%) or trimethoprim (67%). No organisms had extended antibiotic resistance.

Conclusions: Our incidence of post-FC UTI is 3.47% suggesting prophylaxis is unwarranted. No extended antibiotic resistance was exhibited therefore no changes to antibiotic recommendations are required.

0580: RISKS AND ASSOCIATIONS OF FISH-OIL PRODUCTS WITH PROSTATE CANCER: A STUDY OF 492,283 PARTICIPANTS

Introduction: The role of fish-oils in inflammation entails potential carcinogenesis inhibition and improved cancer symptoms. This systematic-analysis aims to review evidence for the role of dietary-fish and fish-oil intake in prostate-cancer (PC) risk, aggression and mortality.

Methods: A systematic-review of literature on PC-risk, aggression and mortality associated with dietary-fish and fish-oil intake was conducted through PubMed, MEDLINE and Embase. Outcome-measures (PC-risk, aggression and mortality) were extracted for analysis.

Results: 492,283 (36-studies) participants were investigated. These revealed various relationships regarding PC-risk (n=30), aggression (n=7) and mortality (n=3). Nine studies considering PC-risk demonstrated significant inverse trends with fish or fish-oil intake. One found a dose-response relationship whereas increased long-chain-polysaturated-fatty-acids heightened PC-risk (p=0.014). Three studies identified a significantly reduced risk of aggressive disease. This applied to greatest intake of total fish (OR 0.56 (95% CI 0.37-0.86)), dark-fish, shellfish–meat (p<0.0001), EPA (p=0.03) and DHA (p=0.04). Three studies investigating fish-consumption and PC-mortality identified significant risk reduction. Multivariate-OR(95% CI); 0.9(0.6-1.7), 0.12(0.05-0.32) and 0.52(0.30-0.91) at greatest measured fish-intakes.

Conclusions: Fish and fish-oil may be important in reducing PC- incidence, aggression and mortality. Results suggest that fish type and fish-oil ratios are significant considerations. Findings demonstrate potential for incorporation into campaigns for primary and secondary prevention.

0604: AN AUDIT OF THE COMPLIANCE OF HARROGATE DISTRICT HOSPITAL’S CURRENT POST VASECTOMY CLEARANCE SERVICE
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Introduction: A vasectomy is a common procedure and our current guidelines taken from BAS 2002 require 2 negative sperm samples for clearance, at 16 and 18 weeks post-operatively. Multiple posted samples were reported as “scanty”, resulting in further samples needed for clearance. We aim to quantify this enabling us to implement change to improve efficiency and reduce laboratory workload.

Methods: All of the patients who underwent a vasectomy from April 2012 to March 2013 were included. We analysed the time of the first and second sperm samples, the number of samples provided per patient and time to clearance.

Results: 101 patients had a vasectomy and 6 were excluded. Of the 95 patients 34% gave 1 or no samples and only 24% were cleared by 20 weeks. 25% had 2 consecutive scanty results and only 8% gave a fresh sperm sample.

Conclusions: A high proportion of patients are not sending any specimens, while those that do often have to send multiple specimens due to scanty results. We propose a simpler system to improve compliance and shorten the time to clearance: 1 posted sample at 12 weeks followed by a fresh sample if positive, in line with the EAU Guidelines 2012.

0641: READMISION AND COMPLICATIONS FOLLOWING TRANRECTAL ULTRASOUND GUIDED PROSTATE BIOPSY
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Introduction: Prostate cancer is the most commonly diagnosed cancer in men in the UK. Transrectal ultrasound guided prostate biopsy (TRUSGPb) forms the mainstay of diagnosis. Although considered low-risk serious complications of bleeding and infection can result in hospitalisation and mortality has been recorded. We evaluated our TRUSGPb over a 2yr period and those admitted to hospital within 30 days with a biopsy related complication.

Methods: A total of 810 patients underwent TRUSGPb in a two-year period. Clinical coding computer systems identified those patients admitted within 30 days. Clinical notes were used to ascertain reason for admission and any biopsy related morbidity.

Results: Of the 810 patients undergoing biopsy 44 (5.4%) were admitted within 30 days. Thirty (3.7%) were admitted with a TRUSGPb related morbidity. The average time from biopsy to admission was 6 days and the average length of stay was 3 days. Nine (11.1%) were admitted with infection, eight (1.0%) with urinary retention, seven (0.86%) with haematuria, four (0.49%) with rectal bleeding and 2 (0.25%) with blocked urethral catheter.

Conclusions: Our incidence of TRUSGPb related complications requiring hospitalisation is 3.7% with infection and bleeding predominating. No mortality was recorded indicating TRUSGPb continues to be a safe procedure.

0748: HOW SAFE IS IT NOT TO FOLLOW UP BOSNIAK 2 CYSTS?
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Introduction: Bosniak 2 renal cysts have been a subject of much debate regarding follow up because of their malignant potential. There is a paucity of published data on long term follow up and if they need it.

Methods: We reviewed the details of 56 patients who were prospectively followed up for incidentally detected Bosniak type 2 cysts since 2007. Of the 56 patients 34 patients were included in the analysis. The others were lost to follow up or died before 5 years. All the patients had an initial CT followed by an annual USS. Mean age was 69 years. 19 were male and 15 female patients.

Results: After a mean follow up was 5 years, the cysts in all the patients have remained stable with no change in Bosniak classification. There was a slight increase in the cyst dimensions in 4 and decrease in 2 patients. All the patients have now been discharged.

Conclusions: Our study has shown that all Bosniak 2 cysts have remained unchanged over 5 years suggesting that they do not necessarily need follow up provided a baseline pre and post-contrast CT has been performed to accurately characterize them.

0776: EARLY OUTCOMES FOR THE FIRST PATIENTS WITHIN A 2-ARM RANDOMIZED AND PARALLEL SLING-VERSUS-SPHINCTER FEASIBILITY PROTOCOL

Introduction: Surgical options for men with stress urinary incontinence (SUI) after radical prostatectomy are male sling or artificial urinary sphincter (AUS). No randomized controlled trials are available to compare these interventions. The Sling-versus-Sphincter (SVS) feasibility protocol was designed to assess potential for a randomized multicenter study.

Methods: All post prostatectomy SUI patients referred from Feb-Oct 2013 were assessed for eligibility. Objective assessment included 24h pad weight and urodynamics. Subjective assessment was based on self-reported questionnaires (ICIQMLUTS, EQSD, PGI-I). Severe incontinence was considered pad weight >400mls. Patients were treated with the AMSAdVance sling or AMS800 AUS.
Results: 111 patients were assessed; only 63 patients were eligible for randomization (exclusions radiotherapy 38, severe SUI 20 patients). 10 patients agreed to be randomized (16%); 53 patients declined randomization. Three-month follow-up data is currently available on 36 patients. 17/20 (85%) patients treated by sling were cured or significantly improved; all but one with pad weight > 400mls. 3 patients (pad weight 143,500,890mls) were not improved. 14/16 (87.5%) patients treated by AUS were cured or significantly improved; eleven (69%) had severe SUI and six (37.5%) radiotherapy. 2 AUS patients were not improved (bladder over activity, pad weight 1100mls)

Conclusions: AUS satisfaction rates were similar to sling.

0787: RETROGRADE LEAK POINT PRESSURE CORRELATES WITH 24 H PAD WEIGHT FOR ASSESSING POST PROSTATECTOMY INCONTINENCE

Introduction: Twenty-four hour pad-weight is the standard measurement of stress urinary incontinence (SUI) in men after radical prostatectomy. Poor patient compliance, variability according to patients’ activity and fluid intake represent major disadvantages in reliability of this test. Retrograde leak point pressure (RLPP) measurement is a simple adjunct to urodynamic assessment and gives an objective measure of external urethral sphincter’s closure pressure. We evaluated the correlation between RLPP and 24h pad weight within a randomized study setting.

Methods: 53 consecutive men between February-October 2013 were evaluated for surgical intervention. Patients collected 24h pad tests in two separate periods and the mean calculated. Severe incontinence was considered pad weight >400mls. RLPP were performed using a standardized and reproducible (Comiter) technique using a paediatric cuff and 5ml/min perfusion rate. The pressure plateau reached when the sphincter pressure was exceeded was recorded.

Results: Mean 24h pad weight was 402±425 mls (range 9-3500), and mean retrograde leak point pressure was 35.7±15.3cm water (range 12-83). The degree of individual pad weight variability was not significant. Patients with higher pad weights had significantly lower RLPP measurements, Spearman’s correlation coefficient r=0.59, p<0.0001.

Conclusions: RLPP could be used as a more reliable and objective substitute to pad weight.

0884: PATIENTS WITH POST-OPERATIVE SEPSIS WAIT SIGNIFICANTLY LONGER TO RECEIVE ANTIBIOTICS THAN PATIENTS WITH NON-OPERATIVE SEPSIS ON AN ACUTE UROLOGY WARD: A PROSPECTIVE STUDY
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Introduction: This study aimed to determine if there was a difference in time to antibiotic administration (TTAA) between non-operative and post-operative septic patients.

Methods: Patients that developed a new systemic inflammatory response syndrome (SIRS) likely to be caused by infection over a one-year period were included. Time to antibiotic administration (TTAA) was compared between non-operative and post-operative patients.

Results: 113 patients were included, 54 with non-operative sepsis and 59 with post-operative sepsis. Median TTAA was significantly longer in post-operative patients (Median 2.5 vs 4.8 hours p=0.001). Significantly more post-operative patients had a Scottish early warning score (SEWS) less than the hospital SEWS trigger level (85%/vs69% OR=2.55 95%CI 1.16-0.98 p=0.04). Post-operative patients tended to become septic out of hours more often than non-operative patients (63%/vs30% OR=1.92 95%CI 0.89-4.13 p=0.14). The first review was by an FY1 in 51% of all patients.

Conclusions: In our study patients who become septic in the post-operative period wait significantly longer to receive antibiotics than non-operative patients. Contributors may include the higher likelihood of out of hours sepsis, lower likelihood of triggering an early warning score and hesitancy among junior staff to initiate antibiotics in post-operative patients.

0945: DIAGNOSTIC STUDY – INVESTIGATION OF FIRST PRESENTATION SUSPECTED UROLITHIASIS. XR KUB – AN OUTDATED INVESTIGATION?
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Introduction: Non-contrast-enhanced computer tomography (NCTT) scanning has become the standard investigation in suspected urolithiasis. The European Association of Urology guidelines advise that X-Ray Kidney-Ureters-Bladder (XR-KUB) should not be performed if NCTT is being considered. The British Association of Urological Surgeons guidelines include XR KUB as an initial investigation.

Methods: Patients undergoing NCTT for suspected Urolithiasis in a district general hospital over one year were studied. Patients with a history of urolithiasis were excluded. Patient age, gender, XR KUB and its results and NCTT results were recorded.

Results: 158 patients underwent NCTT scanning for suspected urolithiasis. 73 patients (46.2%) had calculi identified. 111 (70.2%) patients underwent XR-KUB as well. The sensitivity and specificity of XR KUB was 65.5% and 94.2% respectively. The median age of females and males with calculi was 40.5 and 44 respectively. 77% of females and 82.5% of males with calculi were between 30 and 60 years of age. No females over 60 had calculi identified.

Conclusions: XR KUB is outdated in initial investigation resulting in unnecessary radiation exposure. Only Urologists for comparison and follow-up should request XR-KUBs. Further assessment is needed in order to identify ways to reduce unnecessary NCTT scanning included age, gender and risk factors.

0959: THE HISTORY OF PROSTATIC BRACHYTHERAPY
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Introduction: To explore the origin and development of prostate brachytherapy.

Methods: A review of medical and historical texts.

Results: In1913 Pasteau inserted a radium capsule (226Ra) into the prostatic urethra, causing urethral damage and incomplete treatment. Techniques altered over decades; use of glass capillary tubes and transperineal insertion. Carlton combined Gold-198 seed implantation and external beam radiotherapy to treat advanced prostate cancers. The 1970s saw open techniques, pelvic lymph node dissection and Holm disparked interest in 1983 with transrectal ultrasound-guided transperineal seed implantation. Currently radioisotopes I-125 and Pd-103, are used for lower- and higher-grade tumours respectively, a choice often made on cost and availability.

Conclusions: We discuss how prostate brachytherapy has evolved from primitive beginnings to a mainstream treatment option. Modern techniques allow targeted implants and optimization of positions during a single appointment.

1007: HOLMIUM LASER ENucleATION of the Prostate for Prostates of ≥80 ML
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Introduction: To examine the subgroup of patients treated with holmium laser enucleation of the prostate (HoLEP) for bladder outlet obstruction due to larger prostates (≥80 ml).

Methods: We analysed retrospectively all men with prostates 80 ml and over, who underwent HoLEP.

Results: 86 patients were identified. The mean age was 73 years and the mean prostate volume on transrectal ultrasound was 127ml. The most common indication for surgery was urinary retention; 53 patients (62%). There was complete enucleation of all lobes in 47 (55%) patients with the remaining 39 patients (45%) having the median (if present) and the larger of the two lateral lobes enucleated. One patient required blood transfusion in the early postoperative period. Among the early complications were epididymo-orchitis (3.5%), urinary tract infection (4.7%) and delayed haematuria (3.5%). Significant improvements were seen in patient symptom scores and voiding outcome parameters at early follow up. All patients were ultimately catheter-free.

Conclusions: HoLEP can be performed on patients with very large prostates with acceptable morbidity, regardless of the indication for surgery. It is a particularly safe and effective treatment for men with larger prostates.