

cancers (35 patients) four showed an upgraded Gleason grade in the transitional zone than the peripheral zone. Twenty biopsies confirmed the same Gleason grading in both zones, and eleven biopsies showed a downgrading in the transitional zone.

Conclusion: Routine transitional zone biopsies do not significantly increase the detection rate of prostate cancer. However, they do provide information regarding the grading of the cancer which can further impact on management

1020: ASSESSMENT OF SYMPTOMATIC OUTCOMES OF SACRAL NEUROMODULATION FOR THE TREATMENT OF DETRUSOR OVERACTIVITY

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Aims: To assess symptoms in patients who have undergone implantation of the InterstimTM neurostimulator using the ePAQ^R online questionnaire. **Methods:** ePAQ^R is an interactive online instrument developed in Sheffield. It assesses symptoms relating to the pelvic floor and the impacts on quality of life. Five patients with detrusor overactivity with urinary incontinence refractory to medical management completed the online questionnaire pre and post implantation. Urinary symptoms are calculated. A score of 0 indicates no symptoms, whilst a score of 100 indicates maximum possible symptoms. Urinary symptoms are categorized into: pain, voiding, overactive bladder and stress incontinence. Quality of life is also assessed.

Results: All patients completed an ePAQ^R score pre treatment and proceeded to percutaneous nerve evaluation (PNE) followed by permanent implantation. One patient had no improvement in symptoms during PNE and elected for intravesical botox treatment. Mean pre implant scores: 48.15 (11–100); Mean PNE scores: 14.05 (0–67); Mean post implant scores: 8.85 (0–33)

Conclusion: A significant improvement in symptoms and quality of life in patients receiving permanent neuromodulation implants was seen. The use of ePAQ^R provides an efficient and quantitative means to record symptoms. Further patient numbers are required to assess sacral neuromodulation and ePAQ^R as an assessment tool.

1094: SURGICAL MANAGEMENT OF LOCALISED RENAL CANCER; THE CASE FOR LAPAROSCOPIC PARTIAL NEPHRECTOMY

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Introduction: Although historically radical nephrectomy has been the mainstay of management for localised renal cell carcinoma (RCC), partial nephrectomy (PN), is now recommended for T1 (<7cm) lesions.

Aim: To determine current practice with respect to management of T1 RCC in a tertiary referral unit.

Methods: Retrospective case-note review of patients undergoing surgery for T1 RCC (2009–11).

Results: Of 57 patients undergoing surgery, 47 (82.4%) underwent laparoscopic radical nephrectomy (LRN) and 9 patients (15.8%) were treated with PN. One patient underwent open radical nephrectomy (ORN). At the time of multidisciplinary registration, partial nephrectomy was only considered in 10 patients (17.5%).

Median length of stay was shorter in LRN (4 vs. 7 days), with fewer complications. Mean increase in creatinine from baseline was 41.0 in patients undergoing LRN/ORN, vs. 12.5 in those undergoing PN ($t = 3.4662$, $p = 0.0011$). In the LRN/ORN group, a new decline in eGFR to < 45 was noted in 29% of patients, vs. 11% in the PN group.

Conclusion: Mainstay of management for T1 RCC is currently LRN. Whilst a laparoscopic approach provides a LOS advantage and reduces complication rates, the loss of an entire renal unit may give rise to CKD related morbidity.

1100: HOW TO IMPROVE THE LEARNING CURVE OF COMPLEX PROCEDURES OR NOVEL TECHNIQUES IN LAPAROSCOPY: THE CONCEPT OF WHOLE PROCEDURE EQUIVALENT

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Aim: In a linear model of apprenticeship, easy procedures are allocated to training. By the end of the curriculum little time is left to learn complex procedures for which demand for training is high. These are partly addressed by sequential-modular training. We propose a novel concept of non-sequential modular model “whole procedure equivalent” (WPE).

Methods: Laparoscopic-prostatectomy is broken down into steps that can be learnt independently without pre-set orders. Trainees record performance on a developed e-portfolio for each step on every case following feedback. There is a colour code of performance; deep blue when the trainee was in a trainer role, green when a step was completed without supervision and amber when performed under supervision.

Results: Six surgeons have trained to proficient level: four were sixth-year fellows and two were senior surgeons in personal development. Each surgeon by the end of the training has performed independently with a smaller number of operations with competency gained through a far larger number of WPE, growing rapidly after 24 cases.

Conclusion: By exploring ways of facilitating training in challenging surgical procedures a model of learning complex laparoscopic skills has been designed. The non-sequential model allows for a higher ratio performance/attendance than existing models.

1109: ANTERIOR MINI PYELOPLASTY FOR ADULT PUJ OBSTRUCTION: A BETTER ALTERNATIVE THAN LAPAROSCOPIC PYELOPLASTY IN SELECTED CASES?

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Aim: Open pyeloplasty is the gold standard treatment for pelviureteric junction (PUJ) obstruction. Laparoscopic pyeloplasty is increasingly becoming a popular alternative but has inherent difficulties with laparoscopic suturing and this can often affect the final outcome. We describe a technique of anterior mini pyeloplasty which carries the advantage of minimally invasive surgery and is as effective as the standard open pyeloplasty

Method: 12 patients underwent open mini pyeloplasty at our centre for PUJ obstruction. The surgical technique involved approaching the PUJ through an anterior muscle splitting 3–4 cm transverse incision.

Results: Mean patient age = 56; average BMI = 23; mean operation time = 129 minutes; mean decrease in post op Hb = 1.4 mg/dl; median hospital stay: 3.6 days. None of the patients required parenteral analgesia after day 2. All symptomatic patients were symptom free postoperatively. All patients showed an improvement in drainage on postoperative MAG3 renogram.

Conclusions: Anterior mini pyeloplasty is quite popular in children but this is the first presented series in an adult population. It has all the advantages of minimally invasive surgery and has comparable efficacy to that of standard open pyeloplasty. We conclude that anterior mini pyeloplasty is safe and successful in selected cases.

1150: OPTIMAL MANAGEMENT OF DETRUSOR UNDERACTIVITY IN MEN WITH SYMPTOMS SUGGESTIVE OF BENIGN PROSTATIC OBSTRUCTION

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Aims: To evaluate whether urodynamic assessment of patients with chronic urinary retention following a period of clean intermittent self-catheterization (CISC) would allow better management of patients with detrusor underactivity (DU).

Methods: Forty eight patients were recruited. Retention was initially relieved with indwelling catheterization. Patients were subsequently taught CISC and reviewed at three months. Patients with resuming motor or sensory bladder activity proceeded to urodynamics. Those with confirmed DU continued CISC and those with benign prostatic obstruction (BPO) were offered transurethral resection of the prostate (TURP).

Results: Mean age was 79 years (30–91). At three month review, 42 (88%) patients were appropriate for urodynamics. Twenty six patients (62%) were found to have BPO of which 22 had a TURP. Following surgery, 21 (95%) were voiding well.

Sixteen patients (38%) were found to have DU and subsequently continued treatment with CISC and reviewed in clinic for change in bladder function.

Conclusion: CISC is the gold standard treatment for DU. A key cause of poor post TURP results is underlying DU. The use of initial CISC allowing bladder rest followed by urodynamics on selected patients helps identify