6 sphincters were inserted. 60% of patients had no complications. 1 patient (20%) had ileoinguinal nerve irritation at 2 months. 1 sphincter failed mechanically at 15 months. This was replaced and the patient remained dry at 24 months. 4 out of 5 patients (80%) were dry at latest follow up; the remaining patient used 2-3 pads per day, an improvement from 6 pads with flooding preoperatively.
Conclusion: In our experience the use of AUS is an effective and safe treatment for incontinence in women with intrinsic sphincter deficiency or inappropriate urethral relaxation. We anticipate increasing future use of female AUS in our practice.

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0144: A COMPARISON OF TRANS-RECTAL ULTRASOUND (TRUS) MEASUREMENT AND COMPUTER TOMOGRAPHY (CT) SCAN MEASUREMENT OF PROSTATE SIZE

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Aim: To determine accuracy of calculated measurements of the prostate gland utilising existing CT scans were concordant with TRUS measurements provided by the same unit.
Background: When assessing risk of developing prostate cancer, the size of the prostate is a key factor. TRUS biopsy is currently the gold standard for diagnosing prostate cancer. It is possible to calculate prostate size by extrapolation from CT scans of the pelvis.
Method: I carried out a Retrospective study of 1200 patients who underwent TRUS biopsy in Royal Gwent Hospital. Patients who received a CT scan within 1 year of TRUS biopsy. Approximate volume of the prostate was calculated from the contours of the prostate on CT scan drawn by one physician, who was unaware of the TRUS volume calculation, using axial CT images.
Result: Of our sample population, 1 in 5 patients who underwent TRUS biopsy and measurement had also received a CT scan within 1 year. Comparing TRUS measurement with calculated CT measurement provided a pearsons correlation co-efficient of 0.93 indicating strong positive correlation in this sample.
Conclusion: CT scan volumes and measurements correlate well with those obtained by TRUS. To calculate risk of prostate cancer in patients CT images can be used in the absence of TRUS measurement.

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0267: POST-OPERATIVE BLOOD TESTS IN PATIENTS UNDERGOING UROLOGICAL SURGERY

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Most urological procedures have a low rate of complications. There is no guidance in the literature on which patients should have post-operative blood tests (POBT). We aimed to quantify their incidence and to establish if patient management was consequently changed.
All adult patients undergoing Grade 1-3 urological procedures spending ≥1 night in hospital over 3 months was identified. Day 1 POBT incidence was recorded. The consequence of abnormal results was investigated.
171 patients satisfied the inclusion criteria. Median length of stay: 1 day (range 1-27). 94/171 patients underwent POBT, mainly FBC & U&E (92/94). There was a significant difference between pre-operative and post-operative sodium (average drop 2.02mmol/L [p=0.0004]) but no significant difference with haemoglobin/creatinine (p>0.05). No patients received an unplanned transfusion. One patient was diagnosed with new severe hyponatraemia after a prolonged TURBT. The total cost of these tests was £854.02 (annually £3416.08). >90% of results were reported after 11AM thus delaying patient discharge.
There are a considerable number of POBT performed with no clinical indication. The authors recommend a patient-specific approach based on intra-operative judgement and clinical assessment. This would result in savings to the Trust both in terms of laboratory requirements and patient flow whilst maintaining safe practice.

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0300: THE EFFICACY OF THULIUM LASER VAPO-ENUCLEATION IN PATIENTS WITH LARGE VOLUME PROSTATES: OUTCOMES FROM A SINGLE UK CENTRE

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Introduction: Laser transurethral prostatectomy (TURP) is increasingly becoming the surgical treatment of choice for men with bladder outflow obstruction (BOO) or acute urinary retention (AUR). However, its efficacy in men with larger prostates is less established. We determined the efficacy of thulium vapo-enucleation (ThuVEP) in patients presenting with BOO+/-AUR and large volume prostates.
Method: From 2012-2015, 26 men with prostate volumes> /=70cc confirmed on transrectal ultrasound underwent ThuVEP for BOO or AUR by a single surgeon. Outcomes were measured using the International Prostate Symptom Score (IPSS) and Quality of Life (QoL) score.
Result: Median follow-up was 16 months. 58% of patients had AUR and 42% had BOO proven on urodynamics. Mean prostate volume was 113cc (range: 70cc-194cc) and mean PSA was 7.9ng/ml (range: 0.9–24ng/ml). Mean maximum flow rate was 9.4ml/s and post-void residual volume 309ml.
There was a significant improvement in both IPSS and QoL scores post-operatively (p<0001 for both). 93% of patients with AUR had a successful trial without catheter post-operatively. Mean length of stay was 1.6 days. No patients required blood transfusion and there were no cases of urosepsis.
Conclusion: Our study demonstrates that ThuVEP is safe and effective in men with BOO+/-AUR and large volume prostates.

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0306: PROSTATE-SPECIFIC ANTIGEN TESTING IN THE COMMUNITY: IF WE ARE DOING IT, LET'S DO IT RIGHT

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Introduction: The present retrospective study aimed to assess the use of PSA testing in primary care, identify potential problems and deficiencies, and introduce simple strategies to improve practice.
Method: We searched the databases of two family practices in October 2015 and identified all patients who had a PSA test in the previous 6 weeks. We then conducted a detailed assessment of each PSA test based on the doctors' documentation.
Result: A total of 153 patients with a recent PSA test were identified in the two practices. In the majority of cases, the indication was either monitoring of known prostate cancer (39%) or lower urinary tract symptoms (36%), while the indication was unclear in 7 patients (5%). Where applicable, a UTI and vigorous exercise/sexual activity within 48 hours before the test were excluded in 34% and 7% of cases respectively. Counselling was offered in 8% of patients, risk assessment was performed in 5% of patients and life expectancy was not considered in any patients.
Conclusion: Based on the disappointing percentages identified, we implemented a risk assessment template and other simple strategies aiming to facilitate decisions about the appropriateness of both the performance of PSA tests and referral to secondary care.

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0350: PATIENT SATISFACTION WITH INTRAVESICAL BOTULINUM TOXIN INJECTION UNDER LOCAL ANAESTHETIC: A SERVICE IMPROVEMENT PROJECT IN A REGIONAL UNIT

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