

**0523: SAVING COST AND SAVING WATER! AN AUDIT ON FLUID WASTAGE DURING ROUTINE FLEXIBLE CYSTOSCOPY LISTS**W. Elbaroni\*, B.M.K. Thomas. *Causeway Hospital, UK*

**Aim:** Amount of fluid needed for flexible cystoscopy is minimal. The remaining fluid in the bag would be handled differently in different centres. Our aim was to measure the amount of fluid discarded at Flexible cystoscopy and calculate the costs involved.

**Methods:** 132 patients attended for flexible cystoscopy between February & April 2014 were included. After every procedure, the fluid left over in the bag was measured. The average fluid wastage per patient was calculated. The costs for each of the following commonly available fluid bags were analysed.

**Results:** It was noted that for 132 patients, the amount of fluid discarded was 112,131ml and the amount of fluid used was only 19,869 ml. The average fluid wasted per patient was 849.5 mls. When this was calculated in retrospect for the year 2013, for 1737 cases of flexible cystoscopy, it was found that about 1,475,581.5ml (ie about 1500 litres / 325 gallons) of fluid was discarded.

**Conclusion:** 1. In time of economical difficulties there is an obligation to save money when safe and possible. 2. In our study we studied this and projected our costs and savings over a year. 3. We identified by changing we would have saved **£1,607.6 - £3,844.56** amount of money on Flexible Cystoscopy per year.

**0525: TRANSPERITONEAL LAPAROSCOPIC NEPHRECTOMY WITH INTACT SPECIMEN EXTRACTION VIA PFANNENSTIEL NEPHRECTOMY (PFN) VERSUS EXTENDED PORT SITE EXTRACTION (EPS): PRELIMINARY EXPERIENCE IN AN UNSELECTED POPULATION**M. Alsawi\*, T. Amer, R. Hutton, R. Hasan, D. Biju, R. Clark, B. Little. *Ayr Urology Department, UK*

**Aim:** To confirm the hypothesis that intact renal specimen extraction via a Pfannenstiel incision for laparoscopic nephrectomy/nephroureterectomy versus an expanded port site incision causes less pain and therefore reduces inpatient stay.

**Methods:** The laparoscopic approach for nephrectomy/nephroureterectomy has gained acceptance as the standard treatment for most T1/T2 tumours [1,2]. In the UK most extraction is performed intact but there is a lack of consensus on optimal extraction site [1]. Tisdale and colleagues [1] in their case series of 150 which tested this hypothesis found patients having LRN had a shorter hospital stay (2.84 versus 3.37 days,  $P < 0.05$ ) and required significantly less morphine (23.7 versus 47.3 mg,  $P < 0.006$ ).

**Results:** There were no demographic differences between the groups. IV morphine consumption ( $P = 0.88$ ), paracetamol consumption ( $P = 0.41$ ) and duration of inpatient stay ( $P = 0.43$ ) was shorter for PFN patients versus EPS patients. These figures were not significant.

**Conclusion:** This study has demonstrated that the use of Pfannenstiel extraction sites may have a role to play in intact specimen extraction during laparoscopic nephrectomy. These authors believe that further work in the shape of a randomised study is indicated to corroborate or refute previous assertions in the literature that the benefits of the Pfannenstiel extraction site extend beyond the cosmetic.

**0545: THE EVALUATION OF ROUTINE HISTOLOGICAL SPECIMEN ANALYSIS FOR ADULT CIRCUMCISIONS IN A HIGH OUTPUT UROLOGY DEPARTMENT**S. Trecarten\*, G. Mann, G. Hulman. *University of Nottingham, UK*

**Aim:** Our study aims were to determine: (i) the necessity of routine histological analysis by comparing histological results and clinical suspicion of pathology for adult circumcision samples, and (ii) rates of undiagnosed cancer.

**Methods:** Adult circumcision samples ( $N = 100$ ) performed at Nottingham City Hospital from 17/09/2013 to 17/09/2013 were analysed retrospectively. The surgical indication and histological result for each sample were documented. Subsequently, the clinical prediction and the pathological result were compared.

**Results:** CLINICAL INDICATION: When cancer was not suspected ( $N = 94$ ), the most common indication for surgery was phimosis ( $N = 80$ ). Cancer was suspected in 6 patients.

HISTOPATHOLOGICAL RESULTS: For non-cancerous histology ( $N = 98$ ), Balanitis Xerotica Obliterans ( $N = 58$ ) was the most frequent result and there were no unpredicted cases of cancer. Of patients suspected for cancer ( $N = 6$ ), two cases were confirmed. Overall, the clinical prediction matched the pathological results in 84% of patients.

**Conclusion:** When cancer was not suspected ( $N = 94$ ), the histology result played little role in further management, and there were no unpredicted cancers. When cancer was suspected ( $N = 6$ ), 4 cases were deemed non-cancerous after histology. Therefore, when cancer is not suspected, it is recommended that circumcision samples are not routinely analysed. When cancer is suspected, however, routine histological analysis remains integral.

**0619: RECURRENCE-FREE SURVIVAL IN PATIENTS ON STATINS WITH HIGH-RISK NON-MUSCLE INVASIVE BLADDER CANCER (NMIBC) FOLLOWING INTRAVESICAL BACILLUS CALMETTE-GUERIN (BCG)**M. Hillen\*, J. Blackmur, P. Jones, G. Nabi. *NHS Tayside, UK*

**Aim:** Controversy exists regarding the impact of statins on the clinical effectiveness of BCG and we aimed to assess the impact of statin use on outcomes of patients with NMIBC following intravesical BCG therapy.

**Methods:** All patients who received intravesical BCG therapy for NMIBC between December 2001 and April 2010 were included in the study. 97 patients were retrospectively analysed. Patient demographics, bladder cancer pathology, BCG treatment regime, cystoscopic follow-up results, recurrence bladder cancer pathology and medications were recorded. Differences between patient characteristics were analysed using student t-test. Recurrence-free survival was analysed by Kaplan-Meier method.

**Results:** 30 patients (31%) were on a statin at time of first intravesical BCG. There was no significant difference in demographic characteristics between the group on a statin at time of initial intravesical BCG and those not on a statin (mean  $p$  value = 0.41).

There was no significant difference in recurrence-free survival between groups (not on statin mean 75.3 months, on statin 50.2 months; log rank  $p = 0.26$ ).

**Conclusion:** This single centre retrospective study showed that statins have no impact on bladder cancer recurrence-free or overall survival following intravesical BCG therapy for NMIBC. Based on these results patients should continue taking statins whilst receiving BCG therapy.

**0648: TRANSPERITONEAL LAPAROSCOPIC NEPHRECTOMY WITH INTACT SPECIMEN EXTRACTION VIA PFANNENSTIEL NEPHRECTOMY (PFN) VERSUS EXTENDED PORT SITE EXTRACTION (EPS): PRELIMINARY EXPERIENCE IN AN UNSELECTED POPULATION**M. Alsawi\*, T. Amer, R. Hutton, D. Biju, R. Clarke, B. Little. *University Hospital Ayr, UK*

**Aim:** In the UK there is a lack of consensus on optimal extraction site following laparoscopic nephrectomy (LPN)/ nephroureterectomy (LPNU). Multiple studies have suggested reduced analgesia requirements and shorter hospital stay following intact specimen extraction via Pfannenstiel incision. We aimed to confirm the feasibility of this compared to the conventional multiport approach.

**Methods:** Patients who underwent PFN or EPS extraction for LPN or LPNU were assessed. Outcome measures were duration of inpatient stay and total Morphine and Paracetamol consumption

**Results:** Seven PFN patients and five EPS patients were analysed. There was no statistically significant difference between study populations with regards to age. Although the Pfannenstiel group consumed less Paracetamol this was not statistically significant (3.9g +/- 2.2 versus 5.5g +/- 3.9). There was no statistically significant difference in equivalent morphine consumption between the study groups (27.3 +/- 13.3 EPS versus 25.4 +/- 29.6 mg). Whilst the mean duration of inpatient stay was less for the Pfannenstiel group this was not statistically significant.

**Conclusion:** Non-inferiority of PFN was demonstrated in terms of analgesia requirements and duration of inpatient stay. The study however was