

performance. Crude mortality/morbidity rates may discriminate against surgeons operating on more complex cases. Risk prediction models such as POSSUM may enable post-operative outcomes to be viewed objectively. This audit aimed to determine whether POSSUM/P-POSSUM accurately predicts mortality/morbidity in patients undergoing major urological procedures.

**Methods:** We reviewed POSSUM/P-POSSUM scores of 110 patients undergoing major urological surgery under a single surgeon. Observed and predicted post-operative complications and mortality were compared, measuring significance of differences using Chi-square analysis.

**Results:** The mean P-POSSUM 30 day mortality risk was 4.86%, predicting 5 deaths throughout the sample. Observed mortality was 0 ( $p = 0.0177$ ). The mean POSSUM predicted morbidity risk was 50.96%, meaning we would have expected to observe 56 cases in which complications occurred. Observed morbidity was 43 (39%) ( $p = 0.0127$ ).

**Conclusion:** Although predictions of both mortality and morbidity were significantly over-estimated, the observed morbidity was proportional to stratified P-POSSUM predictions. Whilst further studies will be required to confirm or refute these findings more generally, the POSSUM and P-POSSUM predicted values could have value as benchmarks to allow a fairer comparison of performance/safety between urological surgeons/units.

#### 0439: DOES A PATIENT SATISFACTION QUESTIONNAIRE IMPROVE QUALITY OF CARE RECEIVED IN LOCAL CONTINENCE CLINICS? AN AUDIT OF PATIENT SATISFACTION IN A DISTRICT GENERAL HOSPITAL

Georgina Wartemberg, Eleni Anastasiadis, Sophie West, Mohamed Hammadeh, Sharon Sutherland, Karen Briggs. *Queen Elizabeth Hospital, London, UK.*

**Introduction:** The National Continence Audit 2010 recommends that patient satisfaction surveys should be part of continence services. We created a questionnaire to evaluate patient satisfaction with our clinics.

**Methods:** The questionnaire was 8 closed-ended questions using a 5-point Likert scale. The following areas were evaluated: 1) waiting time 2) nurse 3) doctor 4) administrative staff 5) explanation of their condition 6) investigations 7) follow-up appointment and 8) overall outcome with the visit. The survey was conducted in 2010. Findings were presented locally to all staff, and a sign was displayed warning that "waiting times may be increased". After implementing changes, we repeated the survey in 2012.

**Results:** 53 patients participated in 2010 and 42 in 2012. The repeat survey showed improvements in almost all areas: 98% were satisfied with time waited (87% in 2010,  $p=0.04$ ); 95% were very satisfied with nurses (86% in 2010,  $p=0.11$ ); 100% were very satisfied with doctors (71% 2010,  $p<0.001$ ), 100% were satisfied with explanations of investigations (95%,  $p=0.26$ ). However, satisfaction with administration staff was reduced (95% from 100%). Overall satisfaction was unchanged at 98% (95%CI 93–100%).

**Conclusions:** There was marked improvements in how patients perceived their treatment. This audit has led to an improved service.

#### 0483: CT UROGRAPHY SHOULD REPLACE USS IN A ONE STOP HAEMATURIA CLINIC: EVIDENCE FROM A NEPHROURETERECTOMY SERIES

Matthew Lee<sup>1</sup>, Angus Luk<sup>2</sup>, Derek Rosaria<sup>1</sup>, David Yates<sup>1</sup>. <sup>1</sup>Dept of Urology, Royal Hallamshire Hospital, Sheffield, UK; <sup>2</sup>University Of Sheffield Medical School, Sheffield, UK.

Urothelial carcinoma of the upper urinary tract (UTUC) is rare but has to be considered as a potential diagnosis in patients referred with haematuria. CT urography (CTU) is the most accurate imaging method but due to disease rarity and radiation it is currently reserved for recurrent haematuria at our institution. UTUC outcomes are poor and this may be partly due to a diagnostic delay if CTU is used as a second line test. To determine mode of presentation and diagnostic accuracy of initial imaging, we have retrospectively analysed all patients ( $n=92$ ) who underwent nephroureterectomy at our institution between 2004–2012. Overall, 72% presented with visible haematuria (VH) and 9.5% with non-visible haematuria (NVH), with lowest age at diagnosis of 44 and 47, respectively. First line USS was normal in 40% of patients with VH and 44% with NVH. All these patients had their UTUC tumour diagnosed on second line CTU.

In conclusion, a large proportion of UTUC patients present without VH (28%) and the initial USS may be normal in up to as many as 40%, thus CTU should replace USS as the first line imaging test for all patients >40 referred with any type of haematuria.

#### 0538: ASIT-SURG PRIZE WINNER: CONTEMPORARY AUTOLOGOUS FASCIAL SLING FOR FEMALE STRESS URINARY INCONTINENCE: ITS ROLE IN THE ERA OF SYNTHETIC MID URETHRAL TAPES

Thomas Smith, Sachin Malde, James Moore. *Eastbourne District General Hospital, East Sussex, UK.*

**Introduction:** The surgical treatment of female SUI has changed significantly over the past decade, with synthetic mid-urethral tape insertion now standard procedure. However, this has led to an incidence of serious mesh-related complications. The AFS has equivalent long-term success rates but has been associated with higher post-operative morbidity and de-novo OAB symptoms. We believe that refinements in technique can avoid these problems with none of the risks associated with mesh. Here we review our experience with the AFS.

**Methods:** We retrospectively reviewed the case-notes of all patients who underwent AFS insertion by a single surgeon over a 4-year period (2008–2012).

**Results:** Thirty-eight patients were identified. 52.6% reported pure SUI whilst 47.4% had mixed symptoms. Patients used an average of 3 pads per day (0–8), and 26% of patients had at least one previously failed SUI procedure. 95% of patients were completely dry at latest follow-up (6 months to 4 years). One patient developed de-novo OAB syndrome (lasting > 3months), and 2 patients (5.3%) required CISC long-term.

**Conclusion:** In our experience the AFS has excellent short-term cure rates with low incidence of de-novo OAB symptoms or other complications. Whenever mesh-related complications are unacceptable to patients the AFS is an alternative approach.

#### 0609: LONGEVITY OF TESTICULAR PROSTHESIS; A 10-YEAR SINGLE INSTITUTION EXPERIENCE

Luke Teo, Ayman Younis, Peter Davey, Ben Jenkins, Pravin Menezes. *Sunderland Royal Hospital, Sunderland, UK.*

**Introduction:** The long-term complications following insertion of silicone testicular prostheses are poorly investigated. A retrospective study assessed prosthesis longevity and complications at our centre.

**Methods:** Patients were identified by electronic records with 'orchidectomy', 'testicular implant' and 'testicular prosthesis' keywords as there was no formal log of patients who received prostheses. 45 implantations in 43 patients were recorded from January 2002 to November 2012. Data included patient demographics, orchidectomy indications, time between orchidectomy and prosthesis insertion, and complications.

**Results:** 43 patients aged between 7 and 54 had primary prosthesis insertions. 2 patients had a prosthesis replaced. Prosthesis insertion was following testicular malignancy in 14 (32.6%), testicular torsion in 8 (18.6%) and testicular aplasia in 7 patients (16.3%) respectively. Median time between orchidectomy and prosthesis insertion was 20 months (2–240). Pain was the most common complication in 8 (18.6%) patients. Two patients had their prosthesis removed due to infection and pain. No spontaneous extrusion was reported.

**Conclusion:** Our experience demonstrates low complication rates following testicular prosthesis insertion. However, identification may be incomplete due to lack of a formal register. Following the recent complications encountered with silicone breast implants, accurate patient identification is paramount and a formal testicular prosthesis register should be established.

#### 0616: A RETROSPECTIVE REVIEW OF THE MANAGEMENT OF EPIDIDYMO-ORCHITIS

Imeshi Wijetunga, Anthony Browning. *Pinderfields Hospital, MidYorkshire Hospitals NHS Trust, Wakefield, UK.*

**Aims:** The acute scrotum (AS) is a common presentation to on-call Urology. We aim to determine if management of the acute scrotum at our Trust conform to European Association of Urology guidelines and antibiotic prescription for epididymo-orchitis meets Trust guidelines.

**Methods:** 208 patients presenting with AS to MYHT during the 12month period from 01.01.2011 to 31.12.2011 were identified from the