patients. 73% of these GPs had received no formal training on the management of such patients.
Conclusion: The repatriation of men with stable prostate cancer is largely preferred by patients. There is a need for greater patient and GP education with clear protocols available to give confidence to all parties in follow-up care.

http://dx.doi.org/10.1016/j.ijsu.2016.08.467

0715: VISIBE HAEMATURIA DUE TO UTI – DOES IT NEED INVESTIGATING?

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Aim: It is well documented that UTI can cause visible haematuria (VH). Current NICE guidelines suggest that VH secondary to UTI does not need investigating. While this is intuitive, it is not based on any evidence. We aim to establish any evidence towards or against this approach.
Method: Retrospective review of casenotes.
Result: There were 599 patients with VH. 299/599 had a negative urinalysis for blood on the day of haematuria clinic. 302/599 had a recorded MC+S in the 6 weeks prior to flexible cystoscopy. 63/302 patients had a positive culture on MC+S. 1/63 patient in this group was shown to have a T1b left renal cell carcinoma. This patient had a positive dipstick on the day of their haematuria clinic. No bladder tumours were found. 0/29 of those who had a positive MC+S followed by a negative urinalysis on the day of haematuria clinic were found to have cancer.
Conclusion: Here, we provide evidence that UTI with VH that has been treated and has negative urinalysis following this requires no haematuria investigations. We still advise that persisting non-visible haematuria following treatment for UTI is investigated

http://dx.doi.org/10.1016/j.ijsu.2016.08.468

0793: VENOUS THROMBOEMBOLISM RISK SCORES IN UROLOGICAL PATIENTS: A COMPARISON OF DIFFERENT SCORING METHODS

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Aim: 1-5% of patients undergoing major urological surgery experience symptomatic venous thromboembolism (VTE), with pulmonary embolism (PE) the most common cause of post-operative death. The Caprini and Department of Health (DoH) scores are assessment systems estimating VTE risk and the requirement for pharmacological thromboprophylaxis. The aim of this study was to assess the agreement between these two assessment methods in urology patients.
Method: 78 patients undergoing urological procedures were prospectively risk assessed using the Caprini and DoH VTE score and categorized into low, medium or high risk. Inter-rater agreement was assessed using Cohen's Kappa coefficient.
Result: There was a 73% agreement between the two scoring methods. Cohen's kappa coefficient was 0.571 indicating ‘moderate agreement'. Of the 21 patients where there was a disagreement, 6 were categorized as low risk according to one score (3 DoH, 3 Caprini) and medium risk according to the second score.
Conclusion: We demonstrate a ‘moderate agreement' between scoring methods in urological patients. The disagreement between low/medium scoring is clinically relevant, as these patients would have only been prescribed pharmacological thromboprophylaxis depending on the scoring system used. Further research efforts are required to assess the impact of differences in these scoring systems in this patient cohort.

http://dx.doi.org/10.1016/j.ijsu.2016.08.469

0842: PROSTATIC MEMOKATHS. A LONG-TERM FOLLOW UP OF 35 CASES

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Objective: To examine the long-term efficacy of an expanding metallic stent (Memokath) placed in patients with obstruction of the prostatic urethra who were unfit or unsuitable for surgical intervention, in order to determine a population of patients in whom a prostatic memokath would be a suitable treatment.
Method: We followed up 35 patients who had a prostatic Memokath placed in a single unit between 2005 and 2009 to assess their long-term functional outcome. Aside from demographic factors and reason for insertion we looked at migration rate, replacement rate and survival times.
Result: The mean age at insertion was 78. 13 patients are still alive with the Memokath in situ (mean time 86.3 months). 9 patients died with the Memokath in situ, mean survival time: 29.3 months (range 1-69). In eleven patients the Memokath either migrated (5) or was removed (6) with a mean time of 3.7 months (range 5 days- 11 months). Two patients were lost to follow up.
Conclusion: Prostatic Memokaths are useful in patients who are unable to tolerate either a GA or a LASER resection of the prostate, and who have a reasonable life expectancy. Though a proportion either migrate or necessitate removal, the majority are well tolerated.

http://dx.doi.org/10.1016/j.ijsu.2016.08.470

0930: INITIAL EXPERIENCE OF PROSTATIC URETHRAL LIFT (UROLIFT); A MINIMALLY INVASIVE TREATMENT FOR SYMPTOMATIC BENIGN PROSTATIC HYPERPLASIA

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Introduction: The UroLift procedure in treating LUTS secondary to BPH has recently been accredited by NICE (September-2015) for men over 50years, with prostates under 100ml without an obstructing middle lobe. The system avoids the risk to sexual function associated with current gold standard of TURP, & HoLEP. Initial outcome experience of Urolift.
Method: Patients assessed both prospectively and retrospectively. Variables analysed included; pre/post-procedure IPSS, QoL, erectile and ejaculation function. Patients were assessed periodically post-procedure to evaluate initial outcomes.
Result: 13 Urolift procedures analysed. Mean 65years(range 58-77), all failed medical management(13). Prostates size 25g-85g, mean PSA 1.66ug/l. Pre-procedure Qmax mean 13.86ml/sec. All were day-case procedures, no post-procedure urinary retention, no significant adverse effects.
During 1-8months follow up; IPSS mean improved; 20.1(7-31) pre-procedure to 6.5(1-16) post-procedure(67.7%symptom reduction). QoL score improved 4.3(2-6)to 1.4(1-6). No QoL improvement in one patient, one patient 4month delayed improvement due to persistent storage symptoms.
Post-procedure zero patients experienced retrograde ejaculation. Zero experienced new erectile dysfunction(ED). 6 had ED prior, zero reporting deterioration, two reporting improvement.
Conclusion: Urolift is a safe, efficacious treatment of BPH LUTs in the short term, with a reduction in length of hospital stay. Longer term data will follow. Preservation of tissue structures ensures sustained sexual function.

http://dx.doi.org/10.1016/j.ijsu.2016.08.471

0953: REDUCING THE RISK OF BOWEL INJURY IN OUR NURSE-LED OUTPATIENT SUPRAPUBIC CATHETER CLINIC

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Aim: Rarely, suprapubic catheter insertion is associated with the risk of bowel perforation. We assessed risk of bowel injury both before and after the introduction of ultrasound scanning (USS) as an adjunct to SPC insertion.
Method: A dedicated SPC clinic was established in July 2008, undertaken by a formally structurally trained specialist nurse.