

however, previous studies have shown reduced incidence with extended prophylaxis. One can infer that improving patient understanding and, thus, compliance will reduce the incidence of postoperative VTE.

0282: RE-RESECTION TURBT RATE IN PATIENTS WITH HIGH GRADE BLADDER CANCERS

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Aim: Transurethral Re-resection of Bladder Tumour base is often necessary in high grade tumours to ensure correct staging, especially when no muscle is present in the initial histological sample. We reviewed the number of new TURBT performed in the Trust over 12 months and the re-resection rate for lack of muscle or poor quality specimen.

Method: Retrospective Collection of data was performed from patients with new bladder cancer diagnosis from 1/9/11 until 31/8/12. All cases that required re-resection were isolated as a group.

Results: 143 new TURBT were performed in our Trust and in total 25 re-resections. Most common disease re-resected was G3PT1 and G3PTa with or without CIS. 21 re-resections (14.7%) were performed due to lack of muscle or poor quality specimen. Upstaging of disease was present in 16% (4 cases) in this group. 76% of the cases that needed re-resection, the initial resections were performed by Trainees.

Conclusions: Early re-resection is significantly important in patients with high grade tumours where correct staging cannot be ensured. Although our re-resection rate is lower than that in existing literature (22%) we must ensure that deep muscle is provided in the first resected specimen.

0289: CLINICAL AND FINANCIAL BENEFITS OF RESTRICTED AGAINST LIBERAL FLUID ADMINISTRATION DURING RADICAL PROSTATECTOMY

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Aim: To assess the clinical and financial benefits of "Liberal or standard" (LFA) to "Restricted" (RFA) fluid administration during open radical prostatectomy (ORP)

Materials and Methods: Retrospectively 108 patients who underwent ORP were identified. Twenty-three patients were eligible for clinical data collection in each group. Case note review was done and two groups were compared with a paired t- test. Potential savings were calculated based on the collected data by comparing the RFA against LFA. Fluid restriction protocol was agreed for the RFA group.

Results: In LFA group the mean age was 64.6, weight 79.1kg, ASA1 - 10, ASA2 - 11 and 21pts had epidural, while for RFA group 64yrs, 81.3kg, ASA1 - 11, ASA2 - 9 and epidural in 18pts. The intraoperative blood loss ($p < 0.05$), hemoglobin drop ($p < 0.05$) and number of blood transfusions ($p < 0.05$) was less in the RFA group and statistically significant alongwith change in H⁺ concentration and base excess ($p < 0.05$). The total cost saving with RFA is £14340 (£623/case) accounting form reduced blood transfusion, crystalloid and colloid use and reduces hospital stay.

Conclusion: Restriction of fluid in perioperative period was found to be superior to the standard fluid management in this cohort of patient undergoing Radical Prostatectomies and was financially favourable.

0337: PREDICTING IMMEDIATE LEVEL OF CARE REQUIREMENT FOLLOWING RADICAL CYSTECTOMY – AUDIT OF OUTCOME

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Introduction: It is standard practice for patients undergoing radical cystectomy (RC) to be pre- booked for a critical care unit (CCU) bed. This study aimed to examine early outcomes of RC with regards to requirement for CCU-specific intervention.

Methods and Patients: 160 consecutive patients undergoing RC between November 2010 and May 2012 were reviewed. Associations between pre- and peri-operative parameters and requirement for CCU interventions were examined. Patients were classified as Group A if CCU stay was ≤ 24 hours AND required no intervention or Group B if CCU

stay was >24 hours and/or required vasopressor, respiratory or renal support.

Results: Complete data were available on 124 patients to-date. Median inpatient stay was 13 days. 30 day mortality was 1.3%. Median CCU stay was 21.7 hours. 69 patients were in Group A and 55 in Group B. In logistic regression, age, gender, BMI, ASA grade, Lee Cardiac Risk Index, tumour stage, urinary diversion, intra-operative vasopressor, intra-operative transfusion, duration of anaesthesia and blood loss did not predict outcome.

Conclusions: The majority of RC patients do not require CCU- specific intervention. Pre-operative features are unable to identify patients at risk. Prospective evaluation of more procedure-specific risk scores as predictors is required.

0391: TREATMENT OF POST PROSTATECTOMY MALE URINARY INCONTINENCE WITH THE ADVANCE® MALE SLING: AN EARLY EXPERIENCE

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Introduction: The AdVance® male sling has been shown to have durable outcomes at 3 years for the treatment of post prostatectomy incontinence.

We represent our single centre experience of the AdVance® male sling and compare the clinical outcomes with those of the larger case series.

Method: Incontinence was assessed on the basis of pad usage. Subjective results were evaluated using two validated condition specific QoL tools, the ICIQ-LUTSqol and ICQ-UI Short Form (Copyright © ICIQ Group), completed by men before and six weeks following surgery. Objective results were evaluated using the patients reported pad usage.

Results: Objective improvement was demonstrated in 80% (4/5) of men. Complete cure (no pad usage) was demonstrated in 20% (1/5), with a further 60% (3/5) being significantly improved (1-2 pads per day). 20% (1/5) showed no improvement. The ICIQ-LUTS QoL score showed a significant decrease from a pre-sling median value of 143 (IQR: 129-165) to a post-sling median value of 61 (IQR: 45-74), highlighting the dramatic QoL improvement in this group of patients.

Conclusion: The AdVance® male sling represents a safe and effective minimally invasive surgical treatment option for post prostatectomy urinary incontinence, and is accompanied by significantly improved QoL.

0428: EXTRACORPOREAL SHOCKWAVE LITHOTRIPSY: A RETROSPECTIVE STUDY OF ELECTIVE TREATMENT FOR URETERIC STONES

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Introduction: Extracorporeal shockwave lithotripsy (ESWL) is a non-invasive method of stone fragmentation. Although less successful at lower frequencies, higher frequencies can cause tissue damage. There is no guidance on shockwave administration or frequency of sessions. This study assesses efficiency of elective ESWL in ureteric stones.

Methods: A 15-month retrospective study of 65 patients with ureteric stones treated by ESWL was completed.

Result: Treatment times were 68, 96 and 119 days for stones less than 5mm, 5-7mm and greater than 7mm respectively. ESWL success rates were 92%, 94% and 68% for stones less than 5mm, 5-7mm and greater than 7mm respectively. Passage rates following one session were 67% for stones less than 5mm, 71% for 5-7mm and 45% for greater than 7mm; Rates related to location were 43% in the PUJ; 69% for proximal ureter; 57% for mid, 72% for distal and 59% for VUJ. 8% of stones less than 5mm required laser following failed ESWL, versus 32% greater than 7mm.

Conclusion: PUJ, mid-ureteric and VUJ stones have lower passage rates than proximal and distal stones. Larger stones at these locations should be considered for early laser treatment to avoid prolonged treatment, reduce hospital visits and increase patient satisfaction.

0429: IS POSSUM A VALID RISK ASSESSMENT MODEL FOR PREDICTING OUTCOMES OF MAJOR UROLOGICAL SURGERY?

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Introduction/Aim: NHS requirements for transparency and accountability in surgical outcomes require accurate and fair means of measuring