31.2% and 6.3%, respectively. No resistance to carbapenem was reported. Two cases of E. coli had extended-spectrum β-lactamase activity.
Conclusion: E. coli appears to be the most common cause of sepsis post prostate biopsy. An intravenous tazocin or carbapenem-based therapy seems to provide satisfying antimicrobial cover.

0264: MULTIMODAL SEQUENTIAL TREATMENT OF SMALL RENAL MASSES WITH ARTERIAL EMBOLISATION AND RADIOFREQUENCY ABLATION

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Aim: Radiofrequency ablation (RFA) is a treatment option for small renal masses (SRMs) in patients unsuitable for radical therapy. Recognised complications are residual tumour, recurrence and haemorrhage. Sequential combination therapy with arterial embolisation and RFA can potentially reduce these complications. We assessed the initial results of this treatment in our centre.
Methods: Data was collected retrospectively on patients undergoing embolization and RFA between 2009-2012 including co-morbidities, tumour characteristics and renal function pre and post treatment. Mean follow-u period was 25.9 months. Effect of treatment was assessed on follow-up imaging at 1 month and subsequent defined intervals.
Results: 16 patients were identified with a mean age of 64 (Range 47-76) and mean Charlson co-morbidity index of 5(Range 2-9). All patients had solitary non-metastatic tumours with maximal tumour diameter ranging from 1.5-5cm. Two patients had solitary kidneys due to previous RCC.
Mean creatinine was 101umol/L(Range 64-203) pre-procedure and 113(Range 64-269) post-procedure (p=0.174). 6/16(38%) patients had a deterioration in eGFR.
3/16(18.7%) patients required salvage RFA. One patient required two salvage treatments and one underwent laparoscopic nephrectomy for tumour enlargement. No disease related deaths were recorded.
Conclusion: Our study suggests that treatment of SRMs with sequential embolization and RFA is both safe and efficacious.

0346: ADULT MALE CIRCUMCISION UNDER LOCAL ANAESTHETIC: AN UNDER-UTILISED BUT SAFE AND EFFECTIVE ALTERNATIVE

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Aim: In the United Kingdom over 30,000 circumcisions take place per year, traditionally performed under General Anaesthetic (GA). Local Anaesthetic (LA) has been shown in literature to be a safe alternative with excellent analgesic outcomes.
Methods: A prospective audit over 18 months identified 26 patients as suitable and willing candidates to undergo LA circumcision. Patients were asked to record their pain score via a Visual Analogue score chart (VAS) both during and 90 minutes post-procedure, 0 = no pain, 10 = worst pain. LA used was 10mls of 1% lidocaine + 10mls of 0.5% bupivacaine as routine, with 1% lidocaine used as top-up if required.
Results: No patients suffered procedural complications. The mean age was 64.9 years: 42.5% of patients were ASA-3, 46.2% ASA-2 and 11.5% ASA-1. Only 26.9% needed Top-up LA. 73% of patients had an intraoperative VAS score of 0. All patients were pain-free post-operatively.
Conclusion: LA circumcision is a safe and effective alternative to GA circumcision in adult males, with excellent analgesic profile both intra-operatively and post-procedure. Avoidance of a GA has multiple benefits for both the patient and surgical institution.

0417: BLADDER CANCER-TUMOR BANK: THE CORNERSTONE OF NATIONAL AND INTERNATIONAL BASIC RESEARCH IN BLADDER CANCER

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Aim: Tumor banks have the primary responsibility for collecting, cataloging, storing and disseminating samples of tissues, cells and fluids, which are used by researchers to identify diagnostic molecular markers, prognostic indicators and therapeutic targets. Our aim was to describe a simple, reliable and reproducible protocol for obtaining and storing samples of bladder cancer tumors.
Methods: Bladder cancer tumor tissues were obtained by the surgeons after endoscopic resection or after radical cystectomy. The obtained surgical specimens were immediately placed in liquid nitrogen, and then stored by cryopreservation (-80°C). A nother fragment was fixed in 10% formalin. For each patient, urine sample, blood sample, and serum sample were obtained and preserved for future research.Complete clinical data regarding the patient history, investigations, operative details and follow up details were recorded.
Results: We have till now 300 bladder cancer samples cryopreserved. For each patient, complete data sheet, pathology block, slide containing tumor print, 5-6 +ve charged unstained slides, and H/E stained slides representing the pathological features of the tumour including the histo pathological subtype ,stage, grade , and micro vascular invasion.
Conclusion: This protocol provides an important tool facilitating methods of diagnosis and treatment of bladder cancer. National and international multi centre research protocols for this field are encouraged.

0421: ANTICOAGULANTS & HAEMATURIA: THE CLINICAL AND ECONOMIC BURDEN OF ANTICOAGULANTS ON EMERGENCY UROLOGY ADMISSIONS

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Aim: Anticoagulant prescriptions are rising with new medications increasingly popular. This study focusses on the urological side effects of anticoagulants. Our aims were to determine: the prevalence of emergency haematuria admissions, which anticoagulants are prescribed in these patients, what inpatient management is required, and the economic cost of such admissions.
Methods: This was a retrospective study examining all emergency admissions at one urology centre over a ten month period. Digital records were examined for patients' medications, operation records and investigations performed. Cost analysis was performed in discussion with the base hospital.
Results: 106 patients produced 138 total emergency admissions with haematuria. 60 patients were taking ≥1 anticoagulant. Aspirin, clopidogrel and warfarin were the most common anticoagulants prescribed. 64.4% of admissions required bladder irrigation and 63% required flexible cystoscopy. 11 patients required emergency surgery. The cost of these admissions to the hospital was over £90,000.
Conclusion: This study showed that the majority of haematuria admissions were associated with anticoagulant use. 'Traditional' anticoagulants were the most commonly used; however, newer anticoagulants such as rivaroxaban were associated with longer inpatient stays, likely due to their irreversibility. Previous research suggests up to one third of anticoagulant prescriptions are inappropriate, which offers significant potential savings.

0421: TOTAL PELVIC EXENTERATION FOR LOCALLY ADVANCED (T4) BLADDER CANCER: A SINGLE CENTRE EXPERIENCE

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Aim: Total pelvic exenteration is an effective procedure in colorectal and gynaecological malignancies, but its role in advanced bladder cancer is not well documented. Our aim was to review surgical outcomes of all patients following total pelvic exenteration at our institute.
Methods: A retrospective review of all patients who underwent total pelvic exenteration for bladder malignancy between 1992-2014 was performed. Data on patient demographics, staging, surgical complications, postoperative histology, follow up and survival rates were collected.
Results: A total of 11 patients were included in the study with a median age of 68 years. 9 procedures were carried out for locally advanced primary carcinoma and 2 for recurrent disease. Clear resection margins were achieved in 6 (54.5%) patients. 4 patients developed significant post-operative complications and median length of hospital stay was 18 days. No deaths were reported within 90 days of surgery. Median survival was 11 months and 5 year survival rate was 18%.

Conclusion: Total pelvic exenteration is a major undertaking with significant morbidity. The absence of surgery related mortality is encouraging, but the 5 year survival rate remains disappointing. This could be improved by the use of neo-adjuvant/adjuvant chemotherapy.

0459: BERKSHIRE CYSTECTOMY TEAM – ROBOTIC CYSTECTOMY WITH INTRACORPOREAL URINARY DIVERSION: INITIAL RESULTS

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Aim: Whilst Open Cystectomy remains the gold standard for muscle invasive bladder cancer there is increasing evidence to suggest that Robotic Cystectomy can lead to a quicker recovery with fewer complications whilst not adversely influencing surgical outcomes.
Methods: Retrospective analysis of all Robotic and Open Cystectomies performed at Royal Berkshire Hospital between April 2014 and October 2014.
Results: 7 Robotic Cystectomies were performed along with 17 Open Cystectomies. 71% were male (n=5) in the Robotic group versus 88% (n=15) in the Open group. Median age was 66 years (52-74) for the Robotic group and 70 (46-81) for Open. Median measured blood loss was 400ml (50-600ml) in the Robotic group versus 630ml (200-1200) for Open. Median length of stay was 6 days (4-8 days) for the Robotic group compared to 7 days for Open (5-24). Median number of lymph nodes sampled was 23 in the Robotic group (11-42) versus 16 (7-25) for Open. Surgical outcomes were equivocal between the Open and Robotic cystectomies.
Conclusion: Whilst operative time in Robotic Cystectomy was significantly longer than open Cystectomy, complication rates, transfusion rates, measured blood loss and length of stay have been demonstrated to be lower, whilst not compromising surgical outcome.

0488: IS SCROTAL ULTRASOUND SCAN NECESSARY IN PATIENTS WITH CLINICALLY SUSPECTED BENIGN TESTIS PATHOLOGY?

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Aim: Testes lesions are common with the vast majority being benign. Scrotal Ultrasound scans (SUSS) are routinely performed to exclude an underlying malignancy. To determine whether this is necessary in the absence of clinical suspicion, we performed a retrospective study of SUSS reports.
Methods: Between January 2012 and December 2013 a total of 3297 men with a median age of 37 years underwent SUSS. Of these, 1378/3297 (42%) with a median age of 36 years (range: 16-60 years) were included in our study. 1919 (58%) were excluded, as they were thought to have an infective or a malignant testis.
Results: 26/1378 (1.9%) had a sinister SUSS and were referred to Urology MDT. Of these, 17/26 (65%) with a median age of 32 years (range: 19-59 years) were still regarded as having a malignant pathology and underwent orchidectomy. Histology revealed a malignant pathology in 14/17 (82%). Overall, 17/1378 (1.2%) had an unexpected suspicious SUSS supported at MDT with 14/1378 (1%) having a confirmed malignant pathology.
Conclusion: Our large retrospective study has demonstrated that 1% of men with clinically benign testis lesion will actually have an underlying unsuspected malignant pathology. Therefore, SUSS should be considered in all men presenting with testis lesions.

0498: AUDIT OF THE IMPLEMENTATION OF A RENAL COLIC PATHWAY IN THE ACCIDENT AND EMERGENCY DEPARTMENT OF A DISTRICT GENERAL HOSPITAL

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Aim: Renal colic is a common emergency urological presentation. The renal colic pathway (RCP) was established to reduce unnecessary hospital admissions. This audit aimed to review the safety and efficacy of the RCP and to identify potential areas for improvements in patient care.
Methods: Eight standards of pathway implementation and patient care were identified from NICE and local RCP guidelines. Consecutive A&E discharges over a six-month period with a diagnosis of 'Renal Colic' were included. All patient case notes and electronic records were reviewed.
Results: 54 patients were included (male 29, female 25, median age 40). 79.6% had renal function analysis, 88.9% had documentation of urinalysis. 11.6% had renal impairment (rise in serum creatinine >1.5 fold from baseline). 10.8% underwent CT scanning within 7 days (NICE guideline). Median time to CT KUB was 38 days (IQR = 33). 33.3% of patients were confirmed to have renal tract calcification on non-contrast CT imaging.
Conclusion: Renal Colic Pathway allows safe and effective outpatient management of patients with suspected renal colic after appropriate A&E assessment. Pickup rate of renal tract calculi in pathway patients was acceptable. However, the audit highlights a need to expedite outpatient radiological investigation followed by a re-audit.

0512: IS PROSTATE BIOPSY NECESSARY IN OLDER MEN WITH ELEVATED PSA AND CLINICALLY BENIGN PROSTATE?

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Aim: Over-diagnosis of prostate cancer in older men is a significant issue. Hence, there is increasing reluctance to biopsy men > 70 years of age with elevated PSA and a benign feeling prostate. We performed a retrospective analysis to determine the incidence of low, intermediate and high-risk prostate cancer in men aged 70 years or older.
Methods: Between January 2008 - December 2013, 3951 men underwent TRUS guided prostate biopsies in our unit. Of these 3572 (90%) were excluded as they were aged < 70 years or had an abnormal DRE. The remaining 379 patients were sub-stratified into various age, PSA and prostate volume groups to determine the incidence of low, intermediate and high-risk prostate cancer.
Results: Overall, 184/379 (49%) of patients had histological evidence of PCa. Of these 18% were high-risk, 16% intermediate-risk, 5% low-risk and 10% non-significant cancers. When stratified to age groups of 70.0 - 75.0, 75.1 - 80.0 and >80.0 years, PCa was detected in 40%, 59% and 64% of the patients respectively.
Conclusion: Our retrospective study has demonstrated that a significant proportion of older men with elevated PSA and benign DRE have underlying high-risk prostate malignancy. Therefore prostate biopsy should be considered in these men.

0518: LAPAROSCOPIC NEPHRECTOMY WITH INTACT SPECIMEN EXTRACTION VIA PFANNENSTIEL INCISION OR EXPANDED PORT SITE: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Aim: To anaylse the evidence relating to safety, feasibility and possible advantages of intact specimen extraction via a Pfannenstiel incision versus convetional expanded port site post laparoscopic nephrectomy (LRN).
Methods: A comprehensive literature search was performed according to PRISMA guidlines. Outcome measures were procedure duration, incision length, duration of inpatient stay, analgesic requirements, complications and warm ischemia time (for donor nephrectomy cases).
Results: This review of four comparative studies found no signifcant difference in morbidity, wound length, wound complications or opiate consumption. Inpatient stay ($p=0.03$) and estimated blod loss ($p < 0.00001$) was significantly less in favour of a PFN extraction site. When comparing radical nephrectomy cases alone, the PFN group had a shorter procedure time (NS), less estimated blood loss ($p=0.04$), shorter inpatient stay ($p<0.05$), significantly less morphine use ($p < 0.006$) and fewer wound complications.
Conclusion: This study demonstrates the viability of retrieving a nephrectomy specimen/graft from a PFN incision for the benefits of cosmesis and reduced pain. As reported in several trials, morbidity is not significantly increased and key outcome measures such as duration of inpatient stay, pain scores, complications, analgesic requirements and time to returning to normal activities remain non-inferior when comparing PFN versus EPS extraction.