reconstruction. Five (7%) suffered stricture recurrence. Four of these patients had undergone a single stage reconstruction and one a perineal urethroplasty.

**Conclusion:** Single-stage penile urethroplasties have a high recurrence rate, and pan-urethral strictures in particular are best dealt with by a staged procedure. The grafted segment always responded to gonadotropin. A two-stage approach allows for revision of any stenosis prior to final reconstruction, improving the success rate.

http://dx.doi.org/10.1016/j.jsu.2016.08.458

**0436: INTRAVESICAL BCG TREATMENT FOR BLADDER CANCER IN PATIENTS OVER 80 YEARS OF AGE**

E. White, D. Sri, C. Backhouse, K. Ramothul, R. Issa, M. Perry, B. Ayres. St George’s Hospitals NHS Foundation Trust, London, UK.

**Aim:** Historically there has been concern about the toxicity of Bacillus Calmette-Guérin (BCG) in the management of high risk non-muscle invasive bladder cancer in octogenarians. With an increasingly ageing population we reviewed our recent experience.

**Method:** Data from a prospectively collected database was retrospectively analysed for all patients with high risk non-muscle invasive bladder cancer who received intravesical BCG (OncoTICE) from January 2014 to December 2015. 65 patients received BCG and 18 (28%) were over 80 years old. Outcome measures included disease recurrence and progression, treatment tolerability, hospital admissions, infections and BCG-osis.

**Result:** Median age was 83 years (range 80-91) and 89% of patients were male. Overall BCG treatment was well tolerated with no hospital admissions. One patient discontinued BCG after 2 maintenance courses due to lower urinary tract symptoms. 2 patients (1%) developed culture proven urine with infections that were treated with antibiotics. There were no episodes of BCG-osis. 25% have failed their BCG treatment with high grade urothelial lesions. One patient discontinued BCG after 2 maintenance courses due to hospital admissions, infections and BCG-osis.

**Conclusion:** Intravesical BCG was well tolerated in our patients over 80 years of age, with few urine infections and no hospital admissions for systemic complications. Oncological outcomes are acceptable.

http://dx.doi.org/10.1016/j.jsu.2016.08.459

**0450: PENILE FRACTURE: A METAANALYSIS**

R. Wilson 1, T. Amer 2, P. Chlosta 3, S. AlBuheissi 4, O. Abomarzouk 5.

1 Antrim Area Hospital, Antrim, UK; 2 Glasgow Royal Infirmary, Glasgow, UK; 3 Jagiellonian University, Krakow, Poland; 4 Southmead Hospital, Bristol, UK; 5 Islamic University of Gaza, Palestine, Israel.

**Aim:** To review the causes and management of penile fracture and compare between surgical and conservative management as well as immediate and delayed interventions in terms of complications.

**Method:** A search of reported literature was conducted and full texts were screened according to inclusion criteria. Outcomes measured were: number of patients receiving surgical or conservative management, aetiology of fracture, length of admission, complications and operative management. Data was collated and where possible meta-analysed using Revman software.

**Result:** 58 relevant studies involving 3213 patients demonstrated that intercourse accounts for only 48% of cases with masturbation and forced flexion accounting for 39%. Meta-analysis shows that surgical intervention was associated with significantly fewer complications versus conservative management (P <0.000001). Surgical intervention results in significantly less erectile dysfunction, curvature and painful erection than conservative management. There was no significant difference in the number of patients developing plaques/nodules (P = 0.94). Meta-analysis shows that overall early surgery is preferable to delayed surgery but that rates of ED are not significantly different.

**Conclusion:** Early surgical intervention is associated with significantly fewer complications than conservative management or delayed surgery. Rapid diagnosis by history and clinical examination and swift surgical intervention is key for reconstruction with minimal complications.

http://dx.doi.org/10.1016/j.jsu.2016.08.460

**0471: COMPLICATIONS OF TRANSPERINEAL PROSTATE BIOPSY REQUIRING HOSPITAL ATTENDANCE: EXPERIENCE FROM 800 CONSECUTIVE CASES**

S.M. Lee, S. Shawaf, P. Acher. Southend University Hospital, Westcliff-on-Sea, Essex, UK.

**Aim:** To audit a cohort of patients undergoing transperineal sector-guided prostate biopsy (TSPB) to determine the incidence of major complications requiring hospital attendance, and compare outcomes with the published literature.

**Method:** Retrospective review of men undergoing TSPB from July-2012 to November-2015 at a single district general hospital, using a standardised ‘sector-plan’ protocol as published by Vyas et al. (2014). TSPB was performed as day-case under general anaesthetic, with fluoroquinolone prophylaxis.

**Result:** In total, 800 TSPB were performed. The majority of patients (93.0%, 744/800) were discharged on the day of surgery, with a 30-day readmission rate of 3.8% (30 patients). Overall complication rate requiring readmission was 5.8% (46/800). Acute urinary retention (AUR) was the most common complication encountered with 30 episodes (3.8%), followed by 13 cases (1.6%) of significant haematuria. No sepsis were noted, although one patient suffered prostatitis. Two men suffered cardiac complications: 1 episode of supraventricular tachycardia, 1 myocardial infarction (3 days post-op).

Our series compares favourably with complication rates in published series, which range from 2.0-11% for AUR and 0-5.2% for severe haematuria. Infectious complication rates are lower than those seen with transrectal-ultrasound guided biopsies (2.15-3.6% overall).

**Conclusion:** Complication rates in TSPB are low, and comparable to previously published studies. Patients may be safely managed as day-cases.

http://dx.doi.org/10.1016/j.jsu.2016.08.461

**0481: ROLE OF ULTRA LOW DOSE CTKUB IN FOLLOW-UP OF URETERIC CALCULI NOT VISIBLE ON PLAIN X-RAY**


**Introduction:** Unenhanced CTKUB is the investigation of choice when diagnosing acute renal colic with sensitivity over 95%. Plain x-ray is used for radio-opaque calculi follow-up and has a low radiation exposure of 0.7mSv. CTKUB delivers an average dose of 6mSv and is used in the 40% of calculi not visible on plain x-ray. We assessed the effectiveness of using ultra low dose CTKUB (ULDCTKUB) for follow-up imaging.

**Method:** Between 2013 and 2015 we retrospectively analysed 60 patients who underwent ULDCTKUB for confirmed ureteric colic not visible on plain X-ray. Patients were identified from our Radiology Management System with additional information from electronic records.

**Result:** 97% ULDCTKUBs were of diagnostic quality with 2 needing another confirmatory test. 75% of patients passed their calculi after the 1st ULDCTKUB. In the remaining 25% 4 patients had a subsequent CTU or CTKUB (7%). The mean effective radiation dose was 1mSV in ULDCTKUBs compared to 5.4mSV in the conventional CTKUBs.

**Conclusion:** ULDCTKUB is a diagnostically reliable and safe investigation with a radiation dose similar to plain x-ray and lower than annual background radiation. We advocate ULDCTKUB as the primary imaging modality in the follow-up of acute ureteric colic of calculi not visible on plain x-ray.

http://dx.doi.org/10.1016/j.jsu.2016.08.462

**0505: CAN SARCOPENIA BE USED AS A PROGNOSTIC INDICATOR IN PATIENTS WITH METASTATIC PENILE CANCER?**