Of our sample population, 1 in 5 patients who underwent TRUS scan within 1 year of TRUS biopsy. Approximate volume of the prostate went TRUS biopsy in Royal Gwent Hospital. Patients who received a CT extrapolation from CT scans of the pelvis. It is possible to calculate prostate size by of the prostate is a key factor. TRUS biopsy is currently the gold standard Comparing TRUS measurement with calculated CT measurement provided Background: When assessing risk of developing prostate cancer, the size of the prostate is a key factor. TRUS biopsy is currently the gold standard for diagnosing prostate cancer. It is possible to calculate prostate size by extrapolation from CT scans of the pelvis. Method: I carried out a Retrospective study of 1200 patients who underwent TRUS biopsy in Royal Gwent Hospital. Patients who received a CT scan within 1 year of TRUS biopsy. Approximate volume of the prostate was calculated from the contours of the prostate on CT scan drawn by one physician, who was unaware of the TRUS volume calculation, using axial CT images. Result: Of our sample population, 1 in 5 patients who underwent TRUS biopsy and measurement had also received a CT scan within 1 year. Comparing TRUS measurement with calculated CT measurement provided a Pearson's correlation coefficient of 0.93 indicating strong positive correlation in this sample. Conclusion: CT scan volumes and measurements correlate well with those obtained by TRUS. To calculate risk of prostate cancer in patients CT images can be used in the absence of TRUS measurement.

http://dx.doi.org/10.1016/j.ijsu.2016.08.449

0144: A COMPARISON OF TRANS-RECTAL ULTRASOUND (TRUS) MEASUREMENT AND COMPUTER TOMOGRAPHY (CT) SCAN MEASUREMENT OF PROSTATE SIZE

J. Filby1, O. Aboumarzouk, C. Bates. Royal Gwent Hospital, South Wales, UK.

Aim: To determine accuracy of calculated measurements of the prostate gland utilising existing CT scans were concordant with TRUS measurements provided by the same unit. Background: When assessing risk of developing prostate cancer, the size of the prostate is a key factor. TRUS biopsy is currently the gold standard for diagnosing prostate cancer. It is possible to calculate prostate size by extrapolation from CT scans of the pelvis. Method: I carried out a Retrospective study of 1200 patients who underwent TRUS biopsy in Royal Gwent Hospital. Patients who received a CT scan within 1 year of TRUS biopsy. Approximate volume of the prostate was calculated from the contours of the prostate on CT scan drawn by one physician, who was unaware of the TRUS volume calculation, using axial CT images. Result: Of our sample population, 1 in 5 patients who underwent TRUS biopsy and measurement had also received a CT scan within 1 year. Comparing TRUS measurement with calculated CT measurement provided a Pearson's correlation coefficient of 0.93 indicating strong positive correlation in this sample. Conclusion: CT scan volumes and measurements correlate well with those obtained by TRUS. To calculate risk of prostate cancer in patients CT images can be used in the absence of TRUS measurement.

http://dx.doi.org/10.1016/j.ijsu.2016.08.450

0267: POST-OPERATIVE BLOOD TESTS IN PATIENTS UNDERGOING UROLOGICAL SURGERY

P. Ravindra, G. Lam, M.A.W. Miller. Northampton General Hospital, Northampton, UK.

Most urological procedures have a low rate of complications. There is no guidance in the literature on which patients should have post-operative blood tests (POBT). We aimed to quantify their incidence and to establish if guidance in the literature on which patients should have post-operative blood tests (POBT). We aimed to quantify their incidence and to establish if

http://dx.doi.org/10.1016/j.ijsu.2016.08.451

0300: THE EFFICACY OF THULIUM LASER VAPO-ENUCLEATION IN PATIENTS WITH LARGE VOLUME PROSTATES: OUTCOMES FROM A SINGLE UK CENTRE

M. Wanis*, T. Seevagan, F. Alibeygi, M. Khan. University Hospitals of Leicester, Leicester, UK.

Introduction: Laser transurethral prostatectomy (TURP) is increasingly becoming the surgical treatment of choice for men with bladder outflow obstruction (BOO) or acute urinary retention (AUR). However, its efficacy in men with larger prostates is less established. We determined the efficacy of thulium vapo-enucleation (ThuVEP) in patients presenting with BOO+/-AUR and large volume prostates.

Method: From 2012-2015, 26 men with prostate volumes >70cc confirmed on transrectal ultrasound underwent ThuVEP for BOO or AUR by a single surgeon. Outcomes were measured using the International Prostate Symptom Score (IPSS) and Quality of Life (QoL) score.

Result: Median follow-up was 16 months. 58% of patients had AUR and 42% had BOO proven on urodynamics. Mean prostate volume was 113cc (range: 70cc-194cc) and mean PSA was 7.9ng/ml (range: 0.9–24ng/ml). Mean maximum flow rate was 9.4ml/s and post-void residual volume 309ml. There was a significant improvement in both IPSS and QoL scores post-operatively (p<0.001 for both). 93% of patients with AUR had a successful trial without catheter post-operatively. Mean length of stay was 1.6 days. No patients required blood transfusion and there were no cases of urosepsis.

Conclusion: Our study demonstrates that ThuVEP is safe and effective in men with BOO+/-AUR and large volume prostates.

http://dx.doi.org/10.1016/j.ijsu.2016.08.452

0306: PROSTATE-SPECIFIC ANTIGEN TESTING IN THE COMMUNITY: IF WE ARE DOING IT, LET’S DO IT RIGHT

D. Challoumas1,*, M. Stoddart1, J. Beaven2, J. Phull1, J. McFarlane1. 1 Royal United Hospital Bath, Bath, UK; 2 Beckington Family Practice, Beckington, UK.

Introduction: The present retrospective study aimed to assess the use of PSA testing in primary care, identify potential problems and deficiencies, and introduce simple strategies to improve practice.

Method: We searched the databases of two family practices in October 2015 and identified all patients who had a PSA test in the previous 6 weeks. We then conducted a detailed assessment of each PSA test based on the doctors’ documentation.

Result: A total of 153 patients with a recent PSA test were identified in the two practices. In the majority of cases, the indication was either monitoring of known prostate cancer (39%) or lower urinary tract symptoms (36%), while the indication was unclear in 7 patients (5%). Where applicable, a UTI and vigorous exercise/sexual activity within 48 hours before the test were excluded in 34% and 7% of cases respectively. Counselling was offered in 8% of patients, risk assessment was performed in 5% of patients and life expectancy was not considered in any patients.

Conclusion: Based on the disappointing percentages identified, we implemented a risk assessment template and other simple strategies aiming to facilitate decisions about the appropriateness of both the performance of PSA tests and referral to secondary care.

http://dx.doi.org/10.1016/j.ijsu.2016.08.453

0320: PATIENT SATISFACTION WITH INTRAvesical BOTULINUM TOXIN INJECTION UNDER LOCAL ANAESTHETIC: A SERVICE IMPROVEMENt PROJECT IN A REGIONAL UNIT

P. Burnell1, T. Page, A. Thorpe, C. Harding. The Freeman Hospital, Newcastle Upon Tyne, UK.

Conclusion: In our experience the use of AUS is an effective and safe treatment for incontinence in women with intrinsic sphincter deficiency or inappropriate urethral relaxation. We anticipate increasing future use of female AUS in our practice.