

Results: 111 patients were assessed; only 63 patients were eligible for randomization (exclusions radiotherapy 38, severe SUI 20 patients). 10 patients agreed to be randomized (16%); 53 patients declined randomization. Three-month follow-up data is currently available on 36 patients. 17/20 (85%) patients treated by sling were cured or significantly improved; all but one with pad weight > 400mls. 3 patients (pad weight 143,500,890mls) were not improved. 14/16 (87.5%) patients treated by AUS were cured or significantly improved; eleven (69%) had severe SUI and six (37.5%) radiotherapy. 2 AUS patients were not improved (bladder over activity, pad weight 1100mls)

Conclusions: AUS satisfaction rates were similar to sling.

0787: RETROGRADE LEAK POINT PRESSURE CORRELATES WITH 24 H PAD WEIGHT FOR ASSESSING POST PROSTATECTOMY INCONTINENCE

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Introduction: Twenty-four hour pad-weight is the standard measurement of stress urinary incontinence (SUI) in men after radical prostatectomy. Poor patient compliance, variability according to patients' activity and fluid intake represent major disadvantages in reliability of this test. Retrograde leak point pressure (RLPP) measurement is a simple adjunct to urodynamic assessment and gives an objective measure of external urethral sphincter's closure pressure. We evaluated the correlation between RLPP and 24h pad weight within a randomized study setting.

Methods: 53 consecutive men between February–October 2013 were evaluated for surgical intervention. Patients collected 24h pad tests in two separate periods and the mean calculated. Severe incontinence was considered pad weight >400mls. RLPP were performed using a standardized and reproducible (Comiter) technique using a paediatric cuff and 5ml/min perfusion rate. The pressure plateau reached when the sphincter pressure was exceeded was recorded.

Results: Mean 24h pad weight was 402±425 mls (range 9–3500), and mean retrograde leak point pressure was 35.7±15.3cm water (range 12–83). The degree of individual pad weight variability was not significant. Patients with higher pad weights had significantly lower RLPP measurements, Spearman's correlation coefficient $r=0.59$, $p<0.0001$.

Conclusions: RLPP could be used as a more reliable and objective substitute to pad weight.

0884: PATIENTS WITH POST-OPERATIVE SEPSIS WAIT SIGNIFICANTLY LONGER TO RECEIVE ANTIBIOTICS THAN PATIENTS WITH NON-OPERATIVE SEPSIS ON AN ACUTE UROLOGY WARD: A PROSPECTIVE STUDY

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Introduction: This study aimed to determine if there was a difference in time to antibiotic administration (TTAA) between non-operative and post-operative septic patients.

Methods: Patients that developed a new systemic inflammatory response syndrome (SIRS) likely to be caused by infection over a one-year period were included. Time to antibiotic administration (TTAA) was compared between non-operative and post-operative patients.

Results: 113 patients were included, 54 with non-operative sepsis and 59 with post-operative sepsis. Median TTAA was significantly longer in post-operative patients (Median 2.5 vs 4.8 hours $p=0.001$). Significantly more post-operative patients had a Scottish early warning score (SEWS) less than the hospital SEWS trigger level (85%vs69% OR=2.55 95%CI 0.16–0.98 $p=0.04$). Post-operative patients tended to become septic out of hours more often than non-operative patients (63%vs30% OR=1.92 95%CI 0.89–4.13 $p=0.14$). The first review was by an FY1 in 51% of all patients.

Conclusions: In our study patients who become septic in the post-operative period wait significantly longer to receive antibiotics than non-operative patients. Contributors may include the higher likelihood of out of hours sepsis, lower likelihood of triggering an early warning score and hesitancy among junior staff to initiate antibiotics in post-operative patients.

0945: DIAGNOSTIC STUDY – INVESTIGATION OF FIRST PRESENTATION SUSPECTED UROLITHIASIS. XR KUB – AN OUTDATED INVESTIGATION?

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Introduction: Non-contrast-enhanced computer tomography (NCCT) scanning has become the standard investigation in suspected urolithiasis. The European Association of Urology guidelines advise that X-Ray Kidney-Ureters-Bladder (XR-KUB) should not be performed if NCCT is being considered. The British Association of Urological Surgeons guidelines include XR KUB as an initial investigation.

Methods: Patients undergoing NCCT for suspected Urolithiasis in a district general hospital over one year were studied. Patients with a history of urolithiasis were excluded. Patient age, gender, XR KUB and its results and NCCT results were recorded.

Results: 158 patients underwent NCCT scanning for suspected urolithiasis. 73 patients (46.2%) had calculi identified. 111 (70.2%) patients underwent XR-KUB as well. The sensitivity and specificity of XR KUB was 65.5% and 94.2% respectively. The median age of females and males with calculi was 40.5 and 44 respectively. 77% of females and 82.5% of males with calculi were between 30 and 60 years of age. No females over 60 had calculi identified.

Conclusions: XR KUB is outdated in initial investigation resulting in unnecessary radiation exposure. Only Urologists for comparison and follow-up should request XR-KUBs. Further assessment is needed in order to identify ways to reduce unnecessary NCCT scanning included age, gender and risk factors.

0959: THE HISTORY OF PROSTATIC BRACHYTHERAPY

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Introduction: To explore the origin and development of prostatic brachytherapy.

Methods: A review of medical and historical texts.

Results: In 1913 Pasteau inserted a radium capsule (226Ra) into the prostatic urethra, causing urethral damage and incomplete treatment. Techniques altered over decades; use of glass capillary tubes and transperineal insertion. Carlton combined Gold-198 seed implantation and external beam radiotherapy to treat advanced prostate cancers. The 1970s saw open techniques, pelvic lymph node dissection and Holm resparked interest in 1983 with transrectal ultrasound-guided transperineal seed implantation. Currently radioisotopes I-125 and Pd-103, are used for lower- and higher-grade tumours respectively, a choice often made on cost and availability.

Conclusions: We discuss how prostate brachytherapy has evolved from primitive beginnings to a mainstream treatment option. Modern techniques allow targeted implants and optimization of positions during a single appointment.

1007: HOLMIUM LASER ENUCLEATION OF THE PROSTATE FOR PROSTATES OF ≥80 ML

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Introduction: To examine the subgroup of patients treated with holmium laser enucleation of the prostate (HoLEP) for bladder outlet obstruction due to larger prostates (≥80 mL).

Methods: We analysed retrospectively all men with prostates 80 mL and over, who underwent HoLEP.

Results: 86 patients were identified. The mean age was 73 years and the mean prostate volume on transrectal ultrasound was 127mL. The most common indication for surgery was urinary retention; 53 patients (62%). There was complete enucleation of all lobes in 47 (55%) patients with the remaining 39 patients (45%) having the median (if present) and the larger of the two lateral lobes enucleated. One patient required blood transfusion in the early postoperative period. Among the early complications were epididymo-orchitis (3.5%), urinary tract infection (4.7%) and delayed haematuria (3.5%). Significant improvements were seen in patient symptom scores and voiding outcome parameters at early follow-up. All patients were ultimately catheter-free.

Conclusions: HoLEP can be performed on patients with very large prostates with acceptable morbidity, regardless of the indication for surgery. It is a particularly safe and effective treatment for men with larger prostates