Results: The cohort comprised of 19 men and 23 women. The mean age of patients was 53.23 years. They were all unilateral adrenalectomies. Twenty were left sided procedures and twenty two were right sided. The diagnoses were Conn's syndrome in 18 patients, Cushing's syndrome in 4 patients, Non-functioning adenoma in 11 patients, Pheochromocytoma in 5 patients, Metastatic lesions in 2 patients. The average tumour size was 34.65mm. The mean operating time was 95.36 minutes. The mean hospital stay was 4.4 days. One patient required intraoperative blood transfusion. The morbidity rate was 19% (n=8). There was no mortality. The open conversion rate was 2.38% (n=1).
Conclusions: Laparoscopic adrenalectomy as confirmed in other published series is safe and effective. It involves shorter hospital stay. Complications are mild and mortality rare when experienced surgeons are involved.

0180: TESTICULAR TORSION: A COMPARATIVE AUDIT OF OPERATIVE PRACTICES IN SOUTH YORKSHIRE

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Introduction: Acknowledged by the European Association of Urologists, there is no set guideline for the operative approach in patients presenting with the Urological emergency testicular torsion.
Methods: We use recommendations from a paper by Pearce et al 2002 to compare the practices of General Surgeons at a District General Hospital, and Urological Surgeons from a Central Teaching Hospital. Best practice in all cases of testicular torsion included bilateral fixation at 3 points or more, with non-absorbable sutures, and concomitant excision of the testicular appendage. In all cases of negative exploration orchidopexy was not advocated.
Results: Our findings in 69 cases from two hospitals over a two-year period show that operative practices are similar between the disciplines and we are matching the recommendations. However, a high proportion of negative explorations are still resulting in fixation, which is not required. A higher proportion of General Surgeons are using absorbable sutures.
Conclusions: Surgical trainees are in front line to receive this emergency and there is a need to provide a national guideline to set standards and ensure best patient care. We are constructing an intranet operative guideline on scrotal exploration for trainees.

0195: OUR INITIAL EXPERIENCE OF MINIMALLY INVASIVE SURGERY (LAPAROSCOPIC AND ROBOTIC) IN THE MANAGEMENT OF SMALL RENAL MASSES

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Aims: For patients with primary tumour less than 4cm, nephron sparing surgery is preferred to preserve renal parenchyma and function thereby decreasing the risk of chronic kidney disease. We reviewed our surgical outcomes following NSS by laparoscopic and robot techniques.
Method: Retrospective review of 12 consecutive patients who underwent NSS between 2010 and 2012 for renal tumours (laparoscopic and robotic) were included in the study. Data collected included tumour size, renal function pre/post surgery, histology and disease free data. Complications were recorded using Clavien-Dindo classification.
Results: Most procedures were robot-assisted, while four were performed laparoscopically. Median PADUA score was 6.5 with average tumour size of 2.65cms. Warm ischaemia time varied from zero to twenty-two minutes, with mean length of stay 2.6 days for robotic and 4.65 days for laparoscopic surgery. Preoperatively average eGFR was 77ml/min/1.73^2, with post-operative average of 76ml/min/1.73^2. 2 patients encountered Grade 1 complications and 2 of Grade 2. 92% of patients had negative surgical margins.
Conclusions: Robot NSS appears to be a safe and technically feasible approach with shorter length of stay than other operative methods. These early results suggest good surgical outcomes with reduced perioperative morbidity and preservation of renal function achievable by minimally invasive NSS.

0207: THE BENEFICIAL EFFECTS OF ENHANCED RECOVERY PROTOCOL FOR PATIENTS UNDERGOING RADICAL CYSTECTOMY

Mohammed Ashrafi, Garwi Choy, Mohammed Masaarane. *Lancashire Teaching Hospitals NHS Foundation Trust, Preston, UK.*

Aim: Radical Cystectomy is associated with significant morbidity and prolonged inpatient stay. Enhanced recovery protocols (ERP) are perioperative care pathways designed to achieve early recovery after surgical procedures. The aim was to assess the impact on patient outcome after the introduction of an ERP for the management of patients undergoing radical cystectomy.
Method: An ERP was introduced in our hospital and 60 consecutive patients between March 2010 and February 2012 were compared (ERP=32 and non-ERP=28). The primary outcome measures were duration of inpatient stay, morbidity and mortality. Data were analyzed retrospectively from hospital records.
Results: There was a statistically significant reduction in the length of hospital stay for patients in the ERP group (mean=16) in comparison to the non-ERP group (mean=25; $p = 0.016$). There was increase rate of post operative ileus in the non-ERP group (12 vs 6), however this was not statistically significant. The 30 day mortality rate for all groups was 0%.
Conclusions: The introduction of an ERP was associated with significantly reduced hospital stay, with no detrimental effect on morbidity or mortality.

0217: THE USE OF UROVAXOM® IN TREATMENT OF RECURRENT URINARY TRACT INFECTION

Kieran Murphy, Sheilagh Raid. *Royal Hallamshire Hospital, Sheffield Teaching Hospitals, Sheffield, UK.*

Acute uncomplicated cystitis is treated with short-term antibiotic therapy, however recurrent urinary tract infection (UTI) can be a disabling condition associated with significant morbidity.
Aim: We looked at using Urovaxom in reducing frequency of urinary tract infections. Urovaxom® is an oral vaccine containing lyophilized bacterial lysates of Escherichia coli, for treatment of urinary tract infections.
Method: We performed retrospective case note review of patients who received Urovaxom over a 2 year period. Initially given as a 3 month course, with further doses taken during and for 10 days following an acute episode of UTI; in conjunction with traditional antibiotic therapy. We are the first UK centre licensed to use this product.
Results: In a group of 10 patients who have used Urovaxom, there was significant improvement in 5 patients, with some improvement in a further 2 patients. In those patients where symptoms improved there was less use of antibiotic therapy and perceived improvement in quality of life.
Conclusions: Initial work has shown that in patients with difficult to treat symptoms, Urovaxom may be beneficial as an adjunct to traditional treatment, in reducing the number of infections. European Association of Urology (EAU) guidelines reflect this in female patients, although a consensus is not yet available in males

0268: PATIENT EDUCATION: ARE WE DOING ENOUGH TO ENABLE THEM TO IMPROVE THEIR OWN OUTCOMES?

Emma Upchurch, Edward Jefferies, Kim Davenport. *Cheltenham General Hospital, Cheltenham, UK.*

Aim: Venous thromboembolism (VTE) is a preventable postoperative complication. The hypercoagulable state following surgery remains for at least 28 days, thus, prophylaxis should continue to cover this period. The aim of this audit is to determine if patients are completing the course of prophylaxis on discharge and, if not, the reasons for this.
Method: Patient compliance and reasons for non-compliance was determined via retrospective telephone questionnaire for patients who had undergone major urological surgery between February and May 2012.
Results: 72% of patients were prescribed the appropriate length of VTE prophylaxis. Of these, only 20% of patients completed the course. The main reason for failure was lack of understanding.
Conclusion: Despite adequate prescribing, patients failed to complete the recommended course of prophylaxis, thus, placing them at increased risk of VTE. The majority of patients did not understand the reasons and, thus, stopped the 28 day course early. They reported limited information from medical staff regarding the benefits (and risks) of continuing VTE prophylaxis for 28 days. This audit did not measure the incidence of VTE,

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

Michelle Christodoulidou, Jeremy Oates, Karuppana Mohan Pillai. *Royal Blackburn Hospital, Blackburn, East Lanchashire Hospitals Trust, UK.*

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 $\leq$ 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

Gemma McKenzie, Felicity Reeves, Sheilagh Reid. *Royal Hallamshire Hospital, Sheffield, UK.*

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

Sheena Patel, Ali Panah, Junaid Masood. *Barts and the London, London, UK.*

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?

Aaron Farrell, Richard Stephenson. *Wirral University Teaching Hospital, Merseyside, UK.*

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