

limited by its small sample size. Therefore an RCT is planned to further corroborate the benefits of PFN.

0667: HEXAMINOLEVULINATE FLUORESCENCE CYSTOSCOPY: AN AID TO DIAGNOSIS

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Aim: The aim of this study was to evaluate if Hexaminolevulinate (Hexvix) fluorescence cystoscopy improved bladder tumour identification and management and whether repeated episodes of Hexvix incurred further benefits.

Methods: All patients undergoing Hexvix cystoscopy at a District General Hospital between October 2008 and October 2014 were incorporated. Data collected and analysed included reason for Hexvix, repeats of Hexvix, findings at white-light and Hexvix cystoscopies, complications, histology and outcomes.

Results: Sixty cases of Hexvix cystoscopies were performed on forty-nine patients. Nine had repeats and two had a further third episode. No complications were reported. Reasons for Hexvix included thirty-eight (63%) for surveillance/abnormal flexible cystoscopy, ten (16.7%) post-BCG treatment and ten (16.7%) persistently abnormal urine cytology. Twenty-two (36.7%) confirmed bladder carcinoma. Twenty-two cases documented white-light and Hexvix findings. Twelve described no abnormalities with white-light which fluoresced using Hexvix. Of these, five confirmed malignancy. Three of nine patients confirmed bladder malignancies after the initial Hexvix. Subsequent repeats detected no abnormalities.

Conclusion: Hexvix improved the detection of bladder tumours, particularly in CIS/pT1G3 tumours. It highlighted areas of malignancies not visualised by white-light cystoscopy. No additional benefits were seen from repeating Hexvix cystoscopies.

0680: META-ANALYSIS OF HOLMIUM LASER ENUCLEATION VERSUS TRANSURETHRAL RESECTION OF PROSTATE FOR PATIENTS WITH BENIGN PROSTATIC OBSTRUCTION

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Aim: This meta-analysis aims at comparing Holmium laser enucleation (HoLEP) versus transurethral resection of prostate (TURP) for patients with benign prostatic obstruction.

Methods: PubMed was searched for RCTs comparing HoLEP versus TURP using relevant search terms. Data were extracted from eligible studies and were analyzed using RevMan 5.3 for windows. In case of multiple reports for the same patients, we analyzed data from the most recent dataset.

Results: Nine RCTs (871 patients) were included in the final analysis. Follow up ranged from 6 to 92 months. For perioperative outcomes, hemoglobin loss (SMD=-0.41, 95% CI=[-0.60, -0.22]) and blood transfusion (RR=0.17, 95% CI=[0.05, 0.65]) were less in HoLEP than TURP. For post-operative outcomes, maximum flow rate (SMD=0.15, 95% CI=[0.00, 0.29]) and post-void residual volume (SMD=-0.27, 95% CI=[-0.46, -0.08]) were better in HoLEP than TURP. There was no difference in terms of IPSS (SMD=-0.01, 95% CI=[-0.20, 0.19]), AUA symptom score (SMD=-0.16, 95% CI=[-0.35, 0.02]) or QoL (SMD=0.14, 95% CI=[-0.06, 0.33]). The overall relative risk of urethral strictures, incontinence and recatheterization did not favor either of the two modalities.

Conclusion: HoLEP achieved better changes in Qmax and PVR than TURP. Hemoglobin loss and perioperative blood transfusion were less in HoLEP than TURP.

0757: A SERVICE IMPROVEMENT PROJECT FOR EMERGENCY UROLOGICAL ADMISSIONS

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Aim: Increasing A&E attendances have resulted in more emergency urology referrals and subsequent admissions. At our Trust, the surgical senior house officer (SHO) is the gatekeeper for patients with possible urological problems. Our Trust has moved to a consultant-led service with loss of registrar cover out-of-hours. A previous Trust audit concluded 29% of all emergency urological admissions were inappropriate. The registrar timetable was therefore reconfigured to extend their hours from 8pm to 10pm to support the SHO. This re-audit reviewed admissions after these changes.

Methods: We retrospectively reviewed the notes of 77 patients who were admitted under the urology team during one month and compared results to the previous audit.

Results: Total preventable admissions dropped by 11%. Half of these admissions could be managed at home. 72% of inappropriate admission were admitted out-of-hours. Collectively, these patients stayed in hospital for a total of 46 days. The total cost for these days is estimated to be over £15,000.

Conclusion: Improvements in registrar timetabling resulted in a 11% decrease in inappropriate urological admissions, highlighting the importance of senior support and potential financial savings. Further investigation into the causes of inappropriate admissions is required e.g. depth of urological knowledge of admitting SHOs.

0758: TIMING OF SECOND RESECTION IN HIGH-GRADE NON-MUSCLE-INVASIVE BLADDER CANCER: DOES DELAY ADVERSELY AFFECT OUTCOME?

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Aim: In non-muscle-invasive bladder cancer (NMIBC), there is a risk that residual tumour may be present after initial resection and that the tumour is under-staged. There is still debate regarding the optimum timing of second resection although current guidelines advocate 2-6 weeks. The aim was to determine whether delay to second resection adversely affects disease outcomes in NMIBC.

Methods: This was a retrospective analysis of 56 patients with high-grade (G3) NMIBC from 2005-2010 who underwent repeat resection following initial TURBT. Data was collected from online databases.

Results: The majority of patients (61%; 34/56) had T1 disease. Out of 56 patients, 50% (28/56) had evidence of residual tumour on repeat resection; 14% (8/56) had been under-staged and 50% (4/8) of these had muscle-invasive disease which altered treatment. During follow-up, 61% (34/56) developed recurrence and 25% (14/56) disease progression. Time to second resection was <6 weeks in 30% (17/56) and >6 weeks in 70% (39/56). There was no significant difference in recurrence (76%:54%, p=0.11) or progression (35%:21%, p=0.24) between these two groups.

Conclusion: We find no significant difference on adverse outcomes when repeat resection is delayed beyond 6 weeks. Further research is required to determine the optimum timing for repeat resection.

0783: ASSESSMENT OF CLINICAL OUTCOMES OF ORTHOTOPIC NEOBLADDER RECONSTRUCTION AFTER RADICAL CYSTECTOMY

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Aim: In reconstructive urology orthotopic neobladder is the diversion of choice. It does not compromise oncological outcome, yields excellent functional results and cost effective compare to incontinent diversions.

Methods: 128 patients underwent radical cystectomy April 2009 till October 2014. 109 ileal conduit and 19 had orthotopic neobladder reconstruction (ONB). Data collected from hospital notes, electronic records. Patients evaluation on functional outcomes (incontinence, infection, urinary retention, self catheterisation, oncological outcomes (cancer free survival(CSS), overall survival(OSS), cancer recurrence, pathological staging) and surgical complications (Clavien-Dindo).

Results: Total n=19 ONB reconstruction (male=16, female=3), age 67 ± 21 years, 67%(n=12) ASA-1, 37%(n=7), duration of surgery 370 ± 110 minutes, blood loss 700 ± 500 mls, Mortality(n=1) secondary to chest infection. CSS 100%(n=18) and OSS 94.7% at a median follow-up of 36 ± 14 months. Local