who present with urinary retention and may be the ideal surgical treat-
ment modality for this subgroup.

1031: REVIEW OF UROLITHIASIS INVESTIGATION & MANAGEMENT
PROTOCOLS AT RURAL DGH; USING IVU AS AN INITIAl RADIOLoGICAL
InVESTIGATION
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fordshire, Stoke On Trent, UK.
Introduction: Review local practice for investigating cases with suspected
urolithiasis using IVU.
Results: Total of 50 patients median age 53.3 years (22-85), 70% males (35)
and 30% females (15). 66% (33) had urolithiasis previously. 96% (48) had X-
Ray KUB, 72% (36) had IVU and 46% (23) had NCCT. Only 22% (11) had NCCT
as initial radiological investigation overall. Of the 23 patients who had
NCCT, 52.17% (12), it was preceded by IVU on same admission. 33% of
patients who had IVU initially required additional NCCT. 50% of patients
who had NCCT had a potentially avoidable IVU, if they have had NCCT
initially.
Conclusions: If all patients had NCCT as the only investigative mo-
dality. They would have avoided potential extra radiation exposure in
96% of X-ray KUB, and 72% of IVU to reach diagnosis. NCCT is more
effective than IVU with sensitivity (94-97%) and specificity (92-100%)
compared with (51-87%) sensitivity and (92-100%) specificity; accordingly.
The current evidence supports the NCCT as gold standard for investigating suspected urolithiasis cases. This audit has resulted in
change of local protocols in the form of using NCCT for all suspected
acute urolithiasis cases.

1042: IMPACT OF PCNL TECHNIQUE ON PATIENT SATISFACTION AND
COMPARISON WITH URETERO-RENOSCOPY FOR RENAL STONES
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borough Hospital, Eastbourne, UK.
Introduction: Percutaneous nephrolithotomy (PCNL) is considered more
morbid than flexible ureteroscopy (FURS) but PCNL has evolved with the
advent of micropins and tubeless techniques. Both procedures were
evaluated for post-operative pain & time to recovery.
Methods: 17 patients having 24Fr tubeless PCNL, 26 having flexible
ureterorenoscopy (FURS) and 16 had tubed 30Fr PCNL. Post-operative
pain and duration were assessed using Visual analogue Score (VAS). The
Total analogical consumption and time to normal activities were
measured.
Results: 60% of 24Fr PCNL patients had no pain following surgery
compared to 40% after FURS. 97% of 30Fr PCNL had pain. Mean VAS and
duration of pain were lower for 24Fr PCNL compared to FURS but higher for
30Fr PCNL. Analgesic requirements in 24Fr PCNL compared to FURS pa-
tients was less for opioid but more for NSAIDs. 30Fr PCNL had higher
analgiesia mainly opioid. Mean time to return to normal activities was
longer in 24Fr PCNL compared to FURS and longest for 30Fr PCNL.
Conclusions: The use of smaller sheaths and tubeless techniques in
PCNL is as well tolerated, or even better tolerated than FURS with reduced post-operative stay, less analgesia and quicker return to normal
activity.

1067: NOVEL USE OF AIR IN THULIUM AND HOLMIUM LASER ABLATION
OF BLADDER TRANSITIONAL CELL CARCINOMA
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University Hospital, Liverpool, UK; Eastbourne Hospital, Eastbourne, UK.
Introduction: Holmium and Thulium LASER ablation of superficial
bladder tumours using 0.9%NaCl for cystodistension is well established.
This study aims to evaluate the efficacy of these LASERs using air for
cystodistension.
Methods: 20 patients with muscle invasive, non-operable bladder TCC,
recurrent bleeding and poor performance status and 20 patients with
recurrent superficial bladder TCC had Thulium/Holmium ablation. Mean
tumour size was 3cm. Intravesical levo-bupivacaine and lidocaine gel was
given pre-procedure. 50 ml syringe was used through the flexible cysto-
scopy toempt the bladder and introduce 200-300 ml of air. Regular
smoke evacuation was done, 10-20 watts power was used for muscle
invasive tumours and 5-10 watts for superficial tumours. The mean
operative duration was 20 minutes.
Results: The procedures were well tolerated with no intra or post-oper-
ative pain or haematuria. 3 month check cystoscopy showed no recurrence
in all superficial cases. In the palliative group, the procedure had to be
repeated in 3 months to ensure local control.
Conclusions: Using air for cystodistension has proven to be safe allowing
fast vapourisation of large bladder tumours under local anaesthesia. It
helped to improve visualisation in bleeding tumours, and easily reached
tumours which would be difficult with a resectoscope.