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

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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

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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?

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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,