

YUAG 2024 Abstracts



YORKSHIRE UROLOGY AUDIT GROUP

Annual Meeting, 8th November 2024

Hilton, Leeds

1) SNS devices: a 10 year retrospective picture

Authors: Caratella S, Qamar ZN, French CS, Hamza A, Bunch L, Harris NM, Rahman SI

Institution: Leeds Teaching Hospitals NHS Trust

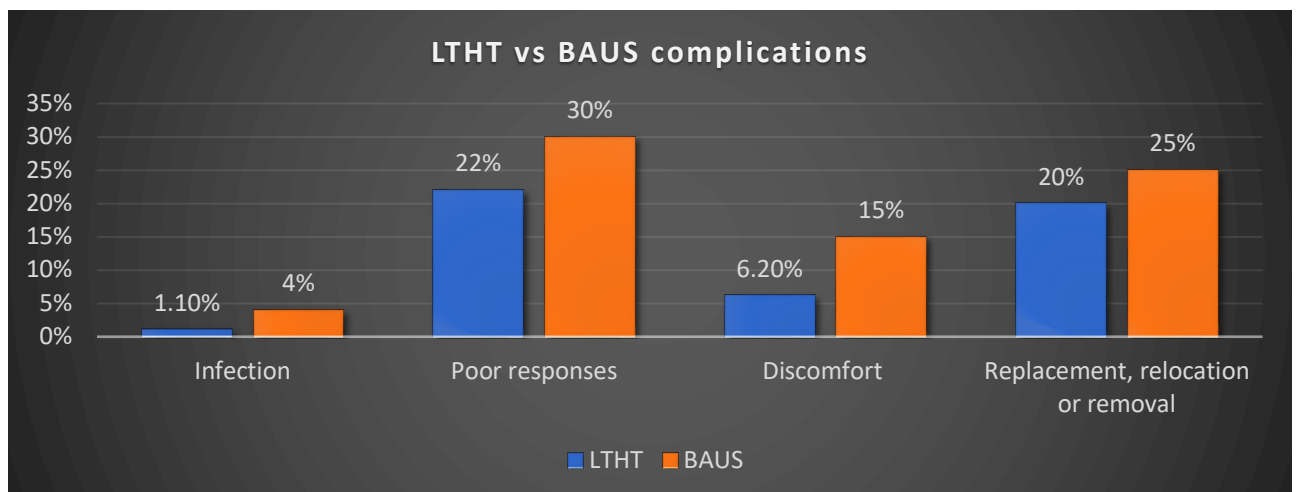
INTRODUCTION: Sacral nerve simulators are inserted in patients with urodynamics proven detrusor overactivity and voiding dysfunction including neurogenic bladder at tertiary centres in the UK. Leeds is a high-volume centre with a large cohort of patients.

Aim: To audit indications, complications, follow up and outcomes and of patients who had a permanent SNS device inserted at SJUH over the last 10 years.

METHOD: All permanent SNS implants inserted between January 2014 and December 2023 were identified. Implants not inserted at SJUH, privately inserted implants, PTNS, temporary implants not resulting in permanent implants were excluded. Online medical records were analysed to collect data.

RESULTS: 177 patients were identified between January 2014 and December 2023. The average age of patients was 43 and 85% of these were female patients. The majority of our patients underwent device insertion for DO. Almost 80% of patients had the Medtronic Interstim II device insertion with only 17 replacements of device components so far. The average time to replacement of the tined lead was 4 years and replacement of the battery is 6.9 years (Medtronic recommend replacement of the battery in 5-6 years)

78% (BAUS 70%) of patients had a good response with significant improvement of their symptoms after insertion of the device.



CONCLUSION: We have demonstrated excellent outcomes with low complication rates for our patients following SNS device insertion. All patients are now discussed in a functional MDT to further improve outcomes.

2) The psychosexual impact of penile fractures- a retrospective review of a single centre database

Authors: E. Simmons, S Norton, J. Walshaw, F. Pitcher, M. Elmamoun, I. Eardley, P. Gordon

Institution: Leeds Teaching Hospitals NHS Trust

INTRODUCTION: Penile fractures are uncommon urological emergencies which can have significant psychosexual impacts on the patient. There is limited literature regarding the psychosexual impact of a penile fracture available.

METHODS: We performed a retrospective review of all patients undergoing surgical repair of a penile fracture since 2015 to present, with the aim to assess their surgical management in our institution and their overall functional outcomes. All patients were contacted on commencement of this study to ascertain SHIM post-operative results and compare it to perceived pre-operative SHIM scores. A secondary aim was to assess for the development of peyronie's disease and the psychosexual impact of a penile fracture on the patient.

RESULTS: Twenty-seven patients were included in our study, ranging from age 30 to 60. Six patients (50%) reported a perceived decline in their SHIM score post-operatively at >1 year. 12 patients (44%) experienced peyronie's disease post-operatively, one of these patients experienced a 5 point decrease in the SHIM score. 50% had a perceived reduction in erectile function following their penile fracture. In our study, 75% (9/12) altered their sexual behaviour post-operatively. Of these patients, fifty-five percent (5/9) reported a low self-esteem and felt their penile fracture had impacted their future relationships.

CONCLUSIONS: Surgical repair of a fractured penis is important in improving functional outcomes for patients. The psychosexual impact of a penile fracture on patients is not well described in the literature. Our study points to a significant proportion of men altering their sexual behaviour following a penile fracture.

3) Full Steam Ahead? A Tertiary Teaching Hospital experience of REZUM in treating Lower Urinary Tract Symptoms secondary to Benign Prostatic Hypertrophy.

Authors: Angus Hall, Alexandra Crossland, Jyoti Basu, Alistair Stewart

Institution: Bradford Teaching Hospitals NHS Foundation Trust

INTRODUCTION: This case series evaluates the use of the REZUM system in treating Lower Urinary Tract Symptoms (LUTS) secondary to Benign Prostatic Hyperplasia (BPH) at a Tertiary Teaching Hospital.

METHODS: Retrospective analysis of 55 patients with Moderate-Severe LUTS treated with REZUM by 2 surgeons over an 18-month period was undertaken. Pre and post-operative assessments included IPSS, Quality of Life (QOL), Urinary Flow Rate (Qmax) and Post Void

Residual (PVR). 6 of the 55 patients were analysed separately as they were catheterised or performing Intermittent Self Catheterisation (ISC) pre-operatively. Retreatment rate was measured prospectively.

RESULTS: Patients were aged 53-90 years with prostate sized 20-100 cm³. Follow up period ranged between 4-20 months. 11 of the 55 cases were performed under local anaesthetic. Average IPSS improved from 23 pre-operatively to 8 post (p < 0.001). Average QOL improved from 5 to 2 (p < 0.001). Average Qmax improved from 8mls/s to 14mls/s (p < 0.001). Average PVR improved from 112mls to 64mls (p < 0.001). All patients with a catheter in situ pre-op were catheter free post. 2 of the patients performing ISC stopped completely and one halved their ISC frequency. 2 patients required re-intervention with further BOO surgery and 2 are on the waiting list. 5 patients experienced adverse events within 30 days of surgery which were limited to Clavien-Dindo Grades I and II. 1 patient reported new erectile dysfunction and chronic pain post operatively.

CONCLUSION: REZUM is an effective treatment for LUTS secondary to BPH and should be considered for men who want a minimally invasive procedure.

4) Audit of Transurethral laser ablation (TULA) and biopsy of red patches and recurrent bladder tumours under local anaesthetic in Urology Investigation Unit.

Authors: Adeel Anwar, Anshuman Madasu, Jyoti Basu

Institution: Bradford Teaching Hospitals NHS Foundation Trust

INTRODUCTION: Transurethral laser ablation (TULA) and biopsy under local anaesthetic is a minimally invasive procedure used to manage recurrent non-muscle invasive bladder cancer (NMIBC) and biopsy suspicious red patches. Its precision and reduced anaesthetic risks make it especially suitable for medically frail patients. This study evaluates TULA's efficacy, safety, tolerance, tumour recurrence risk, potential for disease upgrading and compares its cost-effectiveness to transurethral resection of bladder tumours (TURBT).

METHODS: A prospective audit of TULA was conducted at Bradford Teaching Hospital over 11 months (Nov 2023 - Sept 2024). Data were collected on patient demographics, pain scores, complications, readmissions, cost analysis, and recurrence rates at three and six months.

RESULTS: The study included 71 patients, predominantly male (80%), with an average age of 78. Procedures averaged 3.95 minutes. Biopsies were performed in 56% of cases (n=40), with 52.5% of tumours identified as low-grade and superficial (n=21). Red patch biopsies were taken from 7 of 9 patients. Pain scores averaged 3 on the visual analogue scale, and the readmission rate was 10%, primarily due to haematuria. Tumour recurrence rates were 44% at three months and 15% at six months, with no cases of disease upgrading. The average cost of TULA ranged from £250 to £300, significantly lower than the average £1267 for TURBT.

CONCLUSION: TULA is a safe, well-tolerated, and cost-effective option for managing recurrent NMIBC in frail patients. It also facilitates biopsies of red patches to exclude carcinoma in situ, thus reducing the burden on the waiting list and preventing unnecessary anaesthesia.

5) Reducing the use of oral laxatives in patients following cystectomy: a quality improvement project

Authors: Thomas W Binnarsley, William Tomlinson, Altaf Mangera, Derek J Rosario

Institution: Sheffield Teaching Hospitals

BACKGROUND: The use of oral laxatives in the early post-operative period following cystectomy is contentious. The evidence gap and possible adverse events associated with use of aperients has driven Sheffield Teaching Hospitals policy to avoid use in post-cystectomy patients. Recently, we observed an increase in such use. We present a quality improvement project to evaluate and reduce the practice.

METHODS: Completed loop audit of practice and outcome with data-collection (baseline cycle 1 - June to December 2023), intervention (posters, website, and emails detailing policy) design using multi-source feedback, intervention dissemination and follow-up data collection (cycle 2 - to May 2024).

RESULTS: Oral laxative prescription in 76 patients (38 patients in each cycle, median age 71, male:female 4:1), fell from 53% to 16% ($p=0.0014$), primarily through reduction in theatre-based prescriptions. Morbidity and mortality summarised below. There was trend towards reduced diagnosis of ileus and inpatient stay that did not reach statistical significance.

		Pre-intervention (%)	Post-intervention (%)
Readmission	30 days	24	29
	90 days	37	40
Mortality	30 days	3	0
	90 days	3	0
Post-operative ileus		29	16
Inpatient stay days (median +/- IQR)		8.5 +/- 8	7 +/- 5

CONCLUSION: The intervention was effective in reducing oral laxative prescription without compromising mortality nor morbidity. A trend towards lower rate of ileus and reduced inpatient stay was observed. Continuing trainee education and implementation of electronic prescribing alerts will be required to maintain these results. Further research is urgently required to determine if oral laxatives have any beneficial role in post-cystectomy patients.

6) Fixing the leaks: A 12 year analysis evaluating the prognostic factors of post prostatectomy incontinence (PPI) in patients post-implantation of artificial urinary sphincters (AUS)

Authors: Ms Sitara Gosein, Dr Phyu Syn, Dr Nicola Lee, Ms Elizabeth Kidger, Mr Rohit Chahal

Institution: Bradford Teaching Hospital NHS Foundation Trust

INTRODUCTION: PPI is multifactorial and dependent on patient's characteristics and surgical factors. Urethral length and integrity are crucial in post-operative continence in men undergoing radical prostatectomy.

OBJECTIVE: To evaluate the prognostic factors of PPI in patients post AUS implantation.

MATERIALS: An audit was conducted on men post AUS implantation after radical prostatectomy. Data was retrospectively identified from a database from October 2012 to March 2024. Risk factors including age, BMI, radiotherapy, membranous urethral length (MUL) and anastomotic strictures were analysed.

RESULTS: A total of 36 patients with a mean age of 73 (Range 60- 85) and mean BMI 29.17 underwent AUS implantation. The surgical approach of RP consisted of 8(open), 1 (laparoscopic) and 27 (robotic assisted laparoscopic) from July 2006 to May 2022. The mean prostate size was 49.44 cm³ (21- 125). The median time taken from prostatectomy to AUS implantation was 4 years. All patients had urodynamic proven stress urinary incontinence with a mean of 5.83 pads. 19.44% had anastomotic stenosis and underwent bladder neck incision. 25 % had radiotherapy while 27.78% had hormonal therapy. The median MUL was 8.5 (3–16) millimetres (mm) with 89% of men having MULs <12 mm. MUL was measured in the sagittal and coronal planes on pre-biopsy T2 weighted MRI.

CONCLUSION: Preoperative planning is recommended in identifying prognostic factors for post prostatectomy continence. Measurements of preoperative MULs and consideration of patient characteristics such as age and BMI can help guide patient's expectations in predicting continence recovery.

7) How changing our practice to transperineal prostate biopsies has impacted on our infection/re-admission rated – A closed loop audit.

Authors: Authors: Mr John-Daniel Chibueze Emehute, Mr Manash, Debbarma, Miss Rebecca Phillips

Institution: Mid Yorkshire Teaching NHS Trust

INTRODUCTION: NICE recommends either transrectal (TRUS) or transperineal (TP) biopsies for the diagnosis of prostate cancer. EAU guidelines 2024 recommends TP biopsy as first choice. Our institution routinely uses TRUS biopsies for diagnosis and we introduced TP

biopsies in July 2022. This closed loop audit assesses the complication rates associated with both procedures.

METHODOLOGY: Retrospectively records were reviewed; data including patient demographics, antibiotics and re-admission were collected. Following the introduction of TP biopsies a re-audit was performed to compare complications. There was a change to the Trust antibiotic protocol during the audit period.

Group 1: June 2022-August 2022, TRUS biopsy after IV gent 160mg and 500mg Ciprofloxacin, take-home 500mg Ciprofloxacin BD X 5 doses.

Group 2: July 2022-June 2024, TP Biopsy with 750mg Ciprofloxacin 1 hour before the procedure.

Group 3: September 2022 to November 2022, TRUS biopsy, antibiotic protocol as per group 2.

RESULTS:

	Number of pts (n)	Mean age (years), range	UTI (n)	Urosepsis (n)	Re-admissions excluding urosepsis(n)
Group 1	152	68, 50-84	3	2	13
Group 2	74	70,46-84	3	0	1
Group 3	164	69, 45-84	3	3	4

Other reasons for re-admission included acute urinary retention, haematuria, post-procedure pain and rectal bleeding.

CONCLUSION: Transperineal biopsy has a much lower rate of post procedure sepsis and re-admissions.

8) Initial Outcomes Following Implementation of HoLEP at a Single Centre

Authors: Miss Angela Kabia, Miss Rebecca Phillips, Mr Matthew Young

Institution: Barnsley General Hospital

INTRODUCTION: Holmium laser enucleation of the prostate (HoLEP) offers superior outcomes compared to standard bladder outflow surgeries, but involves a steep learning curve and longer operative times. To address this, mentorship programs have been developed. HoLEP was introduced at Barnsley General Hospital (BGH) following a mentorship program for two urology consultants.

AIM: To evaluate initial outcomes of HoLEP after its implementation at a single centre.

METHODS: This prospective study includes data from July 2023 to June 2024. Patient characteristics, prostate volume, weight of prostate tissue and operating times (enucleation and morcellation) were analysed. Multivariable linear regression was performed to assess operating times based on surgeon caseload, prostate volume, intraoperative and post-operative complications. Data was categorised into joint and single surgeon lists. A paired t-test analysed pre- and post-operative (3 months) IPSS, Quality of Life (QoL), Qmax, and post-void residual (PVR). Post-operative complications were classified using Clavien-Dindo.

RESULTS: 33 patients underwent HoLEP. Overall operating time decreased with increasing caseload ($p < 0.00034$) and operating time increased with prostate volume ($p < 0.00015$). Joint cases (17 cases) showed similar statistically significant data. IPSS improved by 53% ($p = 0.02$), QoL by 34%, PVR by 81.6% ($p = 0.01$), and Qmax by 186% ($p = 0.001$). Two patients developed grade 3 or above post operative complication.

CONCLUSION: HoLEP implementation showed significant improvements in operating times and post-operative outcomes. Further data is needed to assess individual learning curves.

9) Impact of Urology Area Network Formation on Day Case Surgery Rates: A Closed-Loop Audit

Authors: Miss Angela Kabia, Mr Gassan Salih, Miss Stephanie Symons

Institution: Barnsley General Hospital

INTRODUCTION: The establishment of Urology Area Networks (UANs) has been a key recommendation from the Getting It Right First Time (GIRFT) program to enhance the quality and efficiency of urological services and provide comprehensive coverage beyond existing networks across the UK. In 2020, Mid Yorkshire Teaching Trust (MYTT) and Barnsley Hospital NHS Foundation Trust (BHFT) formed a UAN. Initial GIRFT reports revealed notable disparities between the two Trusts: MYTT demonstrated excellent day case rates, particularly for TURBT and bladder outflow obstruction (BOO), while BHFT was significantly below national averages.

AIM: This closed-loop audit aimed to determine whether adopting practices from MYTT could improve day case rates for TURBT, BOO, and ureteroscopy (URS) at BHFT.

METHODS: A retrospective audit was conducted (Dec 2022 – June 2023), followed by the implementation of targeted changes. A second prospective audit was then conducted (Aug 2023 – Feb 2024) to evaluate the outcomes. Interventions: Key interventions included the introduction of HOLEP and bipolar TURP, collaboration with anaesthetics, revised peri-operative guidance for patients with obstructive sleep apnoea (OSA), Mitomycin instillation in theatre and clear postoperative recovery pathways.

RESULTS: Day case surgery rates at BHFT improved significantly: TURBT increased from 44% to 64.4%, BOO from 4% to 23.3%, and URS from 77.5% to 83.3%.

CONCLUSION: The formation of the UAN facilitated significant improvements in day case rates at BHFT, demonstrating the benefits of collaborative networks in enhancing surgical outcomes in line with GIRFT guidance.

10) Day-case TURP Audit

Authors: P.Orawiec, F.Kondylis

Institution: York and Scarborough Teaching Hospitals NHS Trust

BACKGROUND: The purpose of this audit was to assess the day-case TURP rates across York and Scarborough Teaching Hospitals NHS Trust to check if they reach the BADS anticipated day case rates of 30%.

METHOD: Retrospective data collection using operative records and pathology results in a 3-month period between 1 st May 2024 and 1 st August 2024 All TURP operations performed in York and Scarborough Teaching Hospitals NHS Trust included.

RESULTS: A total of 38 TURP operations were performed in the data collection period with an average prostate size of 73cc (largest 191cc, median 67). The average volume resected was 14g. 0% were discharged on the day of the operation, 55% on day 1, 32% on day 3 and 5 required a longer stay. The length of stay was not affected by the experience of the surgeon (trainee vs consultant). 76% of patients passed their first TWOC and further 21% passed second TWOC. The wait for outpatient TWOC was 19 days on average.

CONCLUSION: The audit has shown that there is room for improvement and the department is looking at ways to improve the day-case rates such as dedicated TWOC appointments.

11) Elmiron: Experience and Outcomes from a Single Centre

Authors: Miss R Macleod, Mr A Kumar

Institution: York and Scarborough Teaching Hospitals NHS Foundation Trust

INTRODUCTION: Elmiron (Pentosan polysulfate sodium) is a semi-synthetic molecule, thought to protect the bladder urothelium against noxious stimuli. It is a recommended second line treatment (EAU and NICE) for bladder pain syndrome (BPS) and primary prostate pain syndrome. A rare but severe side effect of pigmentary maculopathy has been identified, requiring patients to undergo regular ophthalmic examinations. We audited its use and outcomes in our centre.

METHODS: Audit standards were derived from EAU, NICE and MHRA guidance. Pharmacy records allowed identification of all patients prescribed Elmiron within the hospital trust. Electronic patient notes were scrutinized for demographic and clinical information.

RESULTS: 38 patients were identified. Indications for treatment included BPS, prostate pain syndrome and severe symptoms following intravesical BCG. 19% of patients had documented validate symptom scores prior to treatment. Cystoscopy (31/18) was diagnostic of BPS in 12 patients. The maximum number of other treatments tried prior to Elmiron was 12. All patients prescribed Elmiron after 2019 were given advice regarding eye symptoms and screening. 10 patients had no documented evidence of starting treatment and 1 further patient had no documented follow-up. Of the 27 remaining patients, 74% reported an improvement in symptoms, 59% had long term improvement. 19% stopped due to side effects. No ophthalmic adverse effects were reported.

CONCLUSIONS: Elmiron subjectively improved symptoms for the majority of this small group of patients and was well tolerated. Follow-up was often limited. Assessment and management prior to treatment with Elmiron was inconsistent. Treatment was broadly in line with published guidance.

12) BMI and Radical Prostatectomy – How high is too high?

Authors: Emily Press, Basil Moss, Angus Hall, Ibrahim Hacibey, Mathew Spoor, Jasmine Young, Dominic Luttrell, Scarlett O Hale, David Yates & Derek Rosario

Institution: Sheffield Teaching Hospitals NHS Foundation Trust

BACKGROUND: An estimated 1 in 4 men in England is obese. Obesity is a risk factor for aggressive prostate cancer but is generally considered an adverse factor for surgery. BMI is often used as a selection criterion for radical prostatectomy (RP), but how well it influences selection or predicts outcomes is uncertain. We examined whether route of surgery or outcomes were related to BMI in 2161 consecutive men undergoing RP between 2012 and 2024.

METHODS: BMI data were available for 2107 (97.5%) [282 openRP - mean age 65, IQR 8, 170 lapRP (65, 8) and 1696 RARP (64, 9)]. LoS and complications were categorised by BMI and route of access.

RESULTS: Men had a BMI ≥ 30 kgm⁻² in 32, 31.2 and 29% undergoing ORP, LRP and RARP respectively. Over half the cases in men with a BMI over 40 underwent ORP, with 1 case abandoned (Table).

		BMI (kg/m ²)				
		< 25	25 to 29.9	30 to 34.9	35 to 39.9	≥ 40
Route of Surgery	ORP (%)	60 (23.1%)	117 (45.0%)	66 (25.4%)	12 (4.6%)	5* (2%)
	LRP (%)	26 (17.1%)	78 (51.3%)	32 (21.0%)	14 (9.2%)	2 (1%)

	RARP (%)	336 (19.8%)	867 (51.0%)	426 (25.1%)	66 (3.8%)	2 (0.1%)
	Total (%)	422 (20.0%)	1060 (50.3%)	524 (24.9%)	92 (4.3%)	9 (0.4%)
	Median LOS days (IQR)	1.00 (1)	1.00 (1)	1.00(1)	1.00(1)	2.00(2)
	Transfusion (%)	TBC	TBC	TBC	TBC	TBC
	30-day mortality	TBC	TBC	TBC	TBC	TBC
	AUS insertion	TBC	TBC	TBC	TBC	TBC

* one case abandoned

CONCLUSIONS: RP is feasible in obese patients with no clear cut-off defining safety.

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