



YUAG 2025 Abstracts

YORKSHIRE UROLOGY AUDIT GROUP
ANNUAL MEETING NOVEMBER 5TH
HILTON HOTEL LEEDS

PODIUM PRESENTATIONS

1. Management of USS detected renal stones in the advice and guidance era

Authors: Miss Jennifer Warner, Mr Ian Beckley

Institution: Mid Yorks

Background: Renal stones are a common finding on ultrasound (USS) in primary care, often detected incidentally or during investigation for abdominal pain. Patients are frequently referred to secondary care, but CT KUB remains the gold standard for diagnosing urinary tract stones. At our trust, GPs are advised by a consultant-led triage team to arrange CT KUB before referral to streamline care.

Objectives: This study aimed to:

1. Assess the accuracy of USS in detecting clinically significant renal calculi (≥ 5 mm) compared to CT KUB.
2. Determine the proportion of patients manageable without specialist clinic review.
3. Evaluate the impact of triage team advice and guidance (A&G) on patient pathways.

Methods: A retrospective review of 100 patients referred by GPs for CT KUB following USS and A&G input was conducted over 12 months (Dec 2023–Nov 2024). Data included stone size, number, laterality, and timing between scans. Patients were included if they had prior USS and were referred via urology e-consult. Results: CT findings differed from USS in 85% of cases. Clinically significant stones (≥ 5 mm) were confirmed in 47% of CTs. USS overestimated stone size in 53% and underestimated in 21%. It overestimated stone number in 17% and underestimated in 34%. The A&G pathway reduced unnecessary clinic referrals by 58%, improving service capacity and patient experience.

Conclusion: USS demonstrates limited accuracy in assessing renal calculi. Early CT KUB, guided by A&G, improves diagnostic precision, optimizes patient flow, and enhances resource allocation.

2. Conservative management of ureteric stones in Doncaster and Bassetlaw Teaching Hospitals NHS Trust: a closed-loop audit

Authors: R Babalola, J Read, A Paneer Selvam, A Laoye

Institution: Doncaster

BACKGROUND Ureteric stones can cause pain, decline in renal function and infection. The BAUS standards for management of ureteric stones (2018) recommends clinic review with repeat imaging at a maximum of 4 weeks for those managed expectantly. We carried out an audit in our hospital to assess our compliance with this standard.

METHODS In the first cycle of this audit, we retrospectively reviewed patients with ureteric colic and managed expectantly. Data was captured retrospectively from clinic

records between November 1-30, 2024. The timing of initial presentation, repeat imaging and subsequent review were analysed. A re-audit in was conducted in June 2025.

RESULTS First cycle: 18 patients with ureteric stones managed expectantly were studied. The median time to follow-up CT was 16 days; and only 60% of patients had CT by 4 weeks. Only 17% of patients were reviewed at 4 weeks from presentation and median time to clinic review was 72 days.

ACTION PLAN The Emergency Department (ED), Bookings Team, the SDEC and our Admin Team were informed on need to implement appropriate imaging & follow-up per the established pathways. A teaching was done for ED doctors and ED guidelines updated.

RE-AUDIT Twenty patients with ureteric stones were audited. Median time to follow-up CT was 19.5 days. All patients had had follow-up CT and review by 4 weeks.

CONCLUSION The re-audit showed the effectiveness of the implemented action plan and our safe follow-up of ureteric stones management in our Trust. Further plans include virtual reviews and standardized discharge letters.

3. [A closed loop audit on upgrading the referral triage system within our urology area network](#)

[Authors: Syed Rahman, Ayla Ozbey, Stephanie Symons](#)

[Institution: Barnsley](#)

Introduction An effective referral triage system is a key component of delivering an efficient outpatient service and is recommended by GIRFT. Delays in processing triage outcomes can extend the existing lengthy waiting times for patients. We upgraded our paper-based system to a shared email inbox that is accessible by clinical and clerical staff.

Methods Scanned records of outpatient urology referrals were reviewed to determine the outcome of the consultant triage. Referrals from primary care and those not requiring appointments were excluded. The electronic patient record (EPR) identified the date the appointment request was generated. Following the transition to the digital system, we re-audited this duration using the email inbox and the EPR.

Results 40 referrals classified within the benign urology parameters were evaluated for each audit cycle. The mean time taken from referral to appointment request using the paper-based system was 12.5 days (range 0-51). The inbox system facilitated the reduction of this period to 4.1 days (range 0-7). The initial audit also highlighted that specifying the timeframe and modality of follow up were metrics that could further complement our service delivery. Only 18.5% of clinicians specified the timeframe required for follow up during the initial cycle in contrast to 89.2% after

the switch. 25.9% of outcomes recommended the mode of follow up which subsequently increased to 86.2%.

Conclusion The electronic triaging system has enhanced communication between our teams leading to expansive improvements to our outpatient service and promoting an environmentally-sustainable approach.

4. Impact of Energy Modality on Muscle Sampling, Tissue Quality and Tumour Staging in TURBT

Authors: Dr Charlotte Simms, Mr Angus Hall, Dr Iona Brett, Mr M Dooldeniya
Institution: Mid Yorks

Background: Adequate detrusor muscle sampling during transurethral resection of bladder tumour (TURBT) is essential for accurate staging and guiding re-resection. BAUS and GIRFT recommend detrusor muscle be present in $\geq 80\%$ of initial resections. However, specimen quality can limit diagnostic ability by fragmentation, cautery artefact, or superficial sampling.

Methods: We retrospectively reviewed primary TURBTs performed in a regional unit over 12 months. Data collected included referral type, tumour grade, T-stage, energy modality (monopolar, bipolar, cold cup), presence of muscle in the specimen, and histological issues.

Results: A total of 168 resections were analysed. Detrusor muscle was present in 65% of specimens, below the 80% audit standard. Muscle yield was highest with monopolar resection (72%), followed by bipolar (62%) and lowest with cold cup (38%). Sample quality issues were most frequent with bipolar resections (43%), compared with monopolar (15%) and cold cup (4%).

Conclusions: Overall muscle inclusion rates remain below national standards. Monopolar resections achieved the best balance of muscle sampling and tissue quality. Bipolar resections demonstrated the highest rate of sample artefact. Cold cup resections yielded poor muscle representation, making them less reliable for staging higher-risk tumours.

Audit Standard: $\geq 80\%$ of initial TURBT specimens should contain detrusor muscle (BAUS, GIRFT).

5. Diagnostic approach and post-operative outcomes for patients with upper tract urothelial carcinoma undergoing radical nephroureterectomy at Sheffield Teaching Hospitals

Authors: S Conroy, A Stuart, L Mangham, A Mangera, D Yates, B Wilkinson, M Cumberbatch, N Oakley, and C Hillary.
Institution: Sheffield

Introduction: Upper tract urothelial carcinoma(UTUC) is an aggressive cancer, requiring timely and accurate diagnosis and management. Radical nephroureterectomy(RNU) is the surgical standard of care, but no consensus exists on optimal pre-operative diagnostic approaches. Here, we review diagnostic pathways and post-operative outcomes for RNU patients, at our institution.

Patients and Methods: At Sheffield Teaching Hospitals, we retrospectively reviewed case notes for consecutive patients undergoing RNU between 2018-2024(n=173). Exclusion criteria included: non-UTUC/benign pathology(n=23), concurrent cystectomy(n=27), previous positive margin (n=1), and bilateral UTUC(n=2). Primary outcomes included: time from imaging to RNU; use of pre-operative ureteroscopy(URS); time from imaging to RNU in URS and non-URS cohorts; post-operative Mitomycin C(MMC) instillations; and adjuvant chemotherapy referrals. Secondary outcomes included: surgical metrics; time to first cystoscopy; and oncological outcomes.

Results: In total, 120 patients were included. The median(IQR) age was 73(68-77)years and 79(65.8%) were male. Prior or synchronous bladder cancer diagnosis was identified in 29(24.2%) patients. Median(IQR) follow-up was 19(10-38) months. Median(IQR) time from imaging to RNU was 120(77-173) days. A total of 51(42.5%) patients underwent pre-operative URS, leading to a significant delay from imaging to RNU(158(120-193) vs 91(60-144) days, URS v non-URS, Mann Whitney-U, p<0.0001); there was no significant difference in oncological outcomes. Only 10.8%(10/93) of eligible patients received peri-operative MMC. Of the patients with pT2 UTUC, 52.8%(28/53) were referred for adjuvant chemotherapy.

Conclusion: In this retrospective, single-centre study, pre-operative URS significantly delayed time from imaging to RNU, but did not impact on oncological outcomes. Potential benefits/harm of URS within the UTUC diagnostic pathway requires further evaluation, and a standardised pathway agreed.

6. From TRUS to Transperineal: Audit Cycle of Prostate Biopsies Against National Benchmarks

Authors: Shatha Alhilaly, Ramy Elbaz, Prateek Verma, Israr Khan

Institution: North Lincs

Background: Prostate cancer is the most commonly diagnosed malignancy in men and the second leading cause of cancer-related mortality in the UK, with over 52,000 new cases and 12,000 deaths annually (Cancer Research UK, 2024). Histological confirmation via prostate biopsy remains essential for diagnosis and management. Transrectal ultrasound-guided (TRUS) biopsy has traditionally been the standard technique but is associated with significant infectious morbidity, including sepsis (1–2%) and urinary tract infections (up to 10%) (NHS, 2023). The transperineal (TP) approach has recently been endorsed by NICE (2023) as a safer alternative, offering markedly reduced infection and sepsis rates.

Aims: To evaluate the complication and infection rates of TP prostate biopsies at Diana, Princess of Wales Hospital, compare outcomes with historical TRUS biopsy data, and assess compliance with national standards (<1% sepsis). **Methods:** A retrospective review of 982 TP biopsies performed between January 2024 and September 2025 was conducted. Outcomes from WebV records were compared with a previous audit of 633 TRUS biopsies from a comparable period. Parameters assessed included sepsis, urinary tract infection, epididymo-orchitis, urinary retention, hematuria, perineal pain, and 30-day readmissions.

Results: In the TRUS cohort, sepsis occurred in 2%, epididymo-orchitis in 1%, and readmissions in 3%. In the TP cohort, no sepsis cases were identified. Minor complications included transient urinary retention, self-limiting hematuria, and mild perineal discomfort. Overall rates were lower than TRUS and consistent with national benchmarks (sepsis 0.4–0.6%; UTI <1%).

Conclusion: This re-audit completes the audit cycle, confirming that transitioning from TRUS to TP biopsy has significantly reduced complication rates and eliminated sepsis. Results align with NICE guidance, reinforcing TP biopsy as the safer diagnostic standard. Continued monitoring will ensure sustained compliance with national benchmarks.

7. A retrospective single center audit of urethral stricture management

Authors: Mr Faraz Sharif, Dr Safina Babar, Dr Tom Oldfield, Dr Finnbar McEvoy, Mr Victor Onowa, Ms Alison Downey
Institution: Mid Yorks

Background and Aim Urethral stricture disease is a common cause of lower urinary tract symptoms in men, with prevalence of approximately 0.6%. Management options range from endoscopic procedures to definitive urethroplasty, yet variation exists in documentation and follow-up practices. This study evaluated current diagnostic and management approaches for male urethral strictures, examining recurrence rates and associated factors.

Methods A retrospective review included male patients who underwent their first procedure for urethral strictures between January 2020 and December 2023 at a district general Urology service. Exclusion criteria were female patients, meatal stenosis, and strictures traversable with a cystoscope. Data included demographics, diagnostic method, procedure type, follow-up, and recurrence. Statistical analysis used chi-square and Fisher's exact tests ($p < 0.05$).

Results Of 499 cases screened, 188 met inclusion criteria. Stricture length was undocumented in 144 cases (76.6%). Optical urethrotomy was most common ($n = 100$, 53.2%), followed by urethral dilatation ($n = 70$, 37.2%) and urethroplasty ($n = 18$, 9.6%). Intermittent self-catheterisation (ISC) was prescribed in 76 patients (40.4%). Follow-up was documented in 102 patients (54.3%), with 100% follow-up among urethroplasty cases. Of patients followed up, recurrence occurred in 17 patients

(16.7%), highest following optical urethrotomy (19.2%), compared with dilatation (14.7%) and urethroplasty (11.1%). ISC use did not significantly reduce recurrence ($p = 0.77$). Higher BMI was observed among urethroplasty recurrences.

Conclusion Documentation of stricture characteristics remains limited. Optical urethrotomy is the most common intervention but shows the highest recurrence. Standardised documentation, structured follow-up, and improved selection for urethroplasty may improve outcomes.

8. Initial outcomes of Optilume balloon dilatation for recurrent bulbar and anastomotic urethral strictures: A Bradford experience

Authors: Miss Angela Kabia, Mr Christos Gkikas, Mr Adeel Anwar

Institution: Bradford

Introduction: Urethral stricture management remains challenging due to high recurrence rates. Approximately 12,000 UK patients require surgical intervention annually, costing over £10 million. Optilume, a paclitaxel-coated balloon device, is designed to dilate strictures and reduce recurrence. Following NICE approval in 2021, Optilume was introduced at Bradford Teaching Hospitals in June 2024.

Aim: To evaluate the efficacy of Optilume in recurrent bulbar urethral strictures (BUS) and its off-licence use in bladder neck stenosis (BNS) and post-robotic prostatectomy anastomotic strictures (AS).

Methods: Prospective data were collected from June 2024 to present, including patient demographics, stricture site and length, number of recurrences, and pre- and post-treatment International Prostate Symptom Score (IPSS), maximum flow rate (Qmax), and Sexual Health Inventory for Men (SHIM) scores. Follow-up occurred at three months and annually thereafter. Student's t-test was used for analysis.

Results: Twenty-eight patients were treated, with 21 completing follow-up. In the BUS group, mean IPSS improved by 66% (19.5→6.6, $p=0.00004$), QoL by 55.6% (4.5→2), and Qmax by 116% (7.75→16.78). In the AS cohort, IPSS decreased by 48% (32→16.5, $p=0.02$). One AS patient required second intervention, and one BUS patient had worsening symptoms awaiting cystoscopy at 12 months.

Conclusion: Optilume demonstrated significant improvement in IPSS and Qmax, with a 6% recurrence rate in BUS. There is currently no literature on five-year outcomes; our patient cohort is registered for long-term follow-up to assess sustained efficacy in BUS and off-licence use in AS and BNS.

9. Guideline Compliance in the Investigation and Treatment of Epididymo-orchitis: A Retrospective Single-Centre Audit

Authors: Dr Jasmine Down, Mr Faraz Sharif, Mr Shameer Deen, Ms Alison Downey,
Ms Stephanie Symons
Institution: Mid Yorks

Background: Epididymo-orchitis (EO) is a common cause of scrotal pain (UK prevalence ~2.45/1000), with a bimodal distribution: sexually transmitted infections (STIs) in younger men and urinary pathogens in older men. Guidelines recommend targeted urine and STI microbiology, antibiotics directed at the likely pathogen, and ultrasound (USS) only when there is no clinical improvement, diagnosis is uncertain or complications are suspected.

Methods: Data was retrospectively collected on patients presenting with EO over a two-month period to a district general Urology service. Patients <16 years were excluded due to differing antibiotic guidance. Practice was compared with NICE/EAU/BASHH standards for (1) USS use, (2) STI assessment/testing, and (3) antibiotic prescribing.

Results: Fifty-two patients were included (18 aged <35, 34 aged ≥35). USS was performed in 31 (60%), of which 19 (61%) were not indicated. Sexual history was documented in only 29 patients (56%). Only 2 patients (4%) had STI screening, and 30 (58%) underwent urine testing. Overall, 35 (67%) were discharged without STI or urine testing. No patients were referred to sexual health services, though one was signposted. Guideline-concordant antibiotic prescribing occurred in 62% overall, with marked variation by age: 17% in <35s (overuse of fluoroquinolones) versus 84% in ≥35s.

Conclusions: Compliance with EO management guidelines was poor, primarily due to inadequate history taking, limited microbiological investigation, inappropriate empiric antibiotic use, and excessive USS requests. A teaching session has since been performed and a management flowchart aligned with current guidance has been introduced in the surgical assessment unit, with re-audit planned.

10. Impact of Adopting the 2019 Bosniak Classification on the Management of 70 Category IIF Renal Cysts: A retrospective, observational cohort study Authors: Shatha Alhilaly, Prateek Verma, Israr Khan, Ramy Elbaz Institution: North Lincs

Objective: To assess the impact of the 2019 Bosniak classification (v2019) on the management, malignancy risk, and discharge rate of renal cysts that were previously classified as Bosniak IIF under the old classification.

Methods: 70 patients with Bosniak IIF cysts (old classification) under one-year follow-up were included. Baseline imaging was retrospectively reviewed and reclassified using v2019 criteria. Patient demographics including age and sex, indication for the

initial CECT scan, radiological characteristics of the Bosniak IIF cyst(s) at diagnosis (size, location, number of septa, wall thickness, presence of calcification) were documented. Follow-up data including number and type of follow-up imaging studies performed (CECT, Ultrasound, or MRI), interval between the baseline scan and each follow-up study. Outcomes measured were reclassification distribution, evidence of progression/malignancy, discharge rate (downgraded to Bosniak I/II) and number of CT/MRI scans for each patient before reallocation with the new classification.

Results: Upon application of the v2019 criteria, the 70 original Bosniak IIF cysts were reclassified as follows: · Bosniak I/II (Discharge rate, no follow-up): 38 cysts (54.3%) · Bosniak IIF (Continue follow-up): 32 cysts (45.7%). On the next follow up of the 32 Bosniak IIF cyst patients after 6 months, 6 of them showed progression to Bosniak III and one patient progressed to Bosniak IV.

Conclusion: The adoption of the 2019 Bosniak classification led to a significant re-stratification of a cohort of old Bosniak IIF cysts. A significant proportion of patients (near half) could be safely discharged from further follow-up reducing patient anxiety, radiation exposure and healthcare costs.

11. Autologous Fascial Sling: An Audit of Local Practice

Authors: Miss R Macleod, Mr NM Harris, Mr SI Rahman

Institution: Leeds

Autologous fascial sling (AFS) is a mesh-free surgical procedure to treat stress urinary incontinence. It is a first line treatment after appropriate assessment and counselling. European (EAU) and NICE guidelines recommend discussion of all surgical options. British Association of Urological Surgeons (BAUS) quote failure rates of 10-20%, recurrence rates of 10-20%, urge incontinence 10%, wound infection 5%, UTI 5% and long term catheter 2-5%.

We undertook a retrospective review of AFS cases from 2016-2025. We analysed demographics, symptoms, prior treatments and surgical outcomes and audited these against guideline recommendations and after-effect percentages as quoted by BAUS.

We identified 34 women, aged 53-83 who underwent AFS insertion, 33 with follow-up periods ranging from 9 months to 9 years. All were offered alternative surgical options and 97% had urodynamic studies pre-operatively. 7 had failed Bulkamid. 7 had number of pads used documented pre-operatively. Three had intraoperative complications (1 haematuria, 2 small bladder perforations (6%)). Of the 33 followed up, 70% had early post operative LUTS (45% urinary retention, 15% urge incontinence), 6% wound infection, 6% had UTI. By 9 months, 97% were dry with stress, 21% had urgency with incontinence (de novo in 9%). Long term, 6% needed an indwelling catheter and 21% performed CISC. 45% of patients were discharged after a mean of 1.2 years with no requirement for further monitoring or intervention.

We found that AFS was offered appropriately. Reversal of stress incontinence was better than quoted by BAUS and complication rates matched BAUS data except for long term catheter use.

12. Title: Follow up of stable reconstructed and neurogenic bladder patients.

Authors: Daniel Thomas, Naomi Drye, Karthik Shankarraj, Alison Downey, Ian Beckley

Institution: Mid Yorks

Introduction Patients with neurogenic bladder dysfunction or reconstructed bladders require lifelong surveillance to safeguard renal function and detect late complications. NICE guidelines recommend follow up for both high- and low-risk groups, but consultant-led models are resource intensive and contribute to capacity challenges. To address this, a nurse-led, non-face-to-face follow up service was introduced, using a structured proforma and standardised investigations. The audit aimed to assess compliance with NICE guidelines, determine whether nurse-led follow up is a safe alternative to consultant-led care, and evaluate patient satisfaction with the new service.

Methods A retrospective audit was conducted using records from the nurse-led database. Demographics, primary diagnosis, surgical history, follow up intervals, and completion of recommended investigations were documented. Any complications arising from delayed or missed follow up were recorded. Patients with functional bladder dysfunction without a surgical background were excluded.

Results A sample of 100 patients were identified, 15 were excluded. Mean duration of follow up was 6.3 years for consultant-led and 3.3 years for nurse-led services. Compliance with ultrasound and U&Es was significantly higher in the nurse-led cohort (84.9% and 87.1%) compared with consultant-led follow up (58.3% and 72.9%). Importantly, no complications were observed under nurse-led care. Two-thirds of patients provided feedback, with the majority rating the service as good or excellent.

Conclusion Nurse-led follow up delivers safe, effective, and guideline-compliant surveillance for stable patients with neurogenic and reconstructed bladders. This approach reduces consultant workload, ensures continuity of care, and represents a scalable model for wider adoption within urological practice.

POSTER PRESENTATIONS

1. Early outcomes of day case photoselective vaporisation of the prostate at a tertiary centre (data updated)

Authors: Mr Chen Chen, Ms Heba Hamami, Mr Hesham Salem

Institution: Sheffield

Aims Photoselective vaporisation of the prostate (PVP) is a common minimally invasive treatment of outflow obstruction secondary to benign prostatic enlargement (BPE). We aim to evaluate short-term outcomes of PVP and its safety for day-case treatment of patients with complicated BPE.

Methods Prospective observational cohort study of 141 patients who underwent PVP between 16/10/2023 and 01/04/2025 under one surgeon. We recorded age, International Prostate Symptoms Score (IPSS), quality of life (QOL), peak urinary flow rates (QMax), catheter-free rates, lower urinary tract symptoms (LUTS) and adverse events.

Results The median age was 74. LUTS was the main diagnosis for 68 patients and 59 were dependent on long-term catheter (LTC) or intermittent self-catheterisation (ISC). The average prostate volume (PVOL) was 70.75cc. There were 42 patients with an American Society of Anesthesiologists (ASA) score of 3 and the rest were ASA 2. The procedure was performed as a day case for 118 patients, 20 were admitted (9 for social reasons). There were 5 readmissions with haematuria and 2 with urinary tract infections. Post-operatively, most patients were catheter free. We observed improvements in average IPSS, QOL and QMax from 21.5, 5 and 7.2mls/s to 8.9, 1.8, and 20.5 mls/s respectively. New incontinence was reported by 7 patients (5 urge, 1 stress, 1 both).

Conclusions PVP is a safe and effective treatment for patients with complicated BPE. It can be safely delivered in a day case setting for frail patients with low complication risk and readmissions.

2. Improving Post-TURP Medication Stewardship: An Audit of Prescribing Practice, Symptom Outcomes, and Cost-Effectiveness

Authors: Mr Faraz Sharif, Dr George Monaghan, Dr Georgina Mussell, Dr Charlotte Hogg, Ms Iona Fernandes, Mr Chandrashekar Biyani

Institution: Leeds

Introduction: Transurethral resection of the prostate (TURP) remains the gold-standard surgical treatment for bladder outflow obstruction, with approximately 40,000 procedures performed nationally each year. Following effective surgery, patients should ideally discontinue medications such as 5-alpha reductase inhibitors (5-ARIs) and α -blockers to avoid unnecessary side effects, polypharmacy, and cost. This audit assesses documentation of post-TURP medication cessation, evaluates symptom improvement, and estimates associated cost implications.

Methods: A retrospective audit of 148 TURP procedures (January–September 2024) was conducted at a tertiary Urology service. Data was collected from operative notes, ward rounds, discharge paperwork, and follow-up clinic visits. Drug costs for tamsulosin (£3.87/month) and finasteride (£1.06/month) were obtained from the NHS Drug Tariff (March 2025).

Results: Of 148 patients, 94 (64%) were on prostate-related medication preoperatively. Postoperatively, 67 (71%) had no documentation recommending cessation, and 54 (57%) remained on therapy at six months. Symptom improvement was reported in 66 patients (71%), yet 29 (44%) remained on single therapy and 10 (15%) on dual therapy. Nineteen patients (20%) had no symptom improvement, with 10 (53%) continuing medication. There was no statistically significant association between medication continuation and symptom improvement ($\chi^2 = 0.06$, $p = 0.81$). The estimated nine-month cost of unnecessary prescribing was ~£2,200, extrapolating to over £1 million annually across the UK.

Conclusion: Despite symptomatic improvement in most patients, medications are often continued after TURP without clear justification. Raising awareness for clear post-operative instructions as well as follow-up medication reviews could improve prescribing practice and yield substantial cost savings.

3. Initial Outcomes of Uro-Vaxom Therapy in Patients with Recurrent Urinary Tract Infections: A Single Centre Experience

Authors: Miss Angela Kabia, Miss Elizabeth Kidger, Miss Alison Haigh

Institution: Bradford

Background: Urinary tract infections (UTIs) remains one of the most common infections encountered in healthcare. Despite multiple treatment strategies, antibiotic use for both treatment and prophylaxis of recurrent UTIs (rUTIs) remains high, contributing to antibiotic resistance. Uro-Vaxom, an oral immunomodulator containing bacterial lysates from 18 strains of *Escherichia coli*, aims to stimulate an immune response to prevent rUTIs. While the European Association of Urology recommends use of immunomodulators, Uro-Vaxom is not routinely licensed in the UK. Bradford Teaching Hospitals NHS Foundation Trust obtained local approval for its use in 2024.

Aim: To evaluate treatment response and adverse events following initiation of Uro-Vaxom in patients with rUTIs in BTHFT.

Methods: A retrospective review was conducted from May 2024 to July 2025. Data included patient demographics, urine culture results, recurrence rates pre- and post-Uro-Vaxom, compliance, side effects and follow-up outcomes. Patients were categorised into uncomplicated and complicated UTI cohorts. Statistical analysis was performed using Student's paired t-test.

Results: Twenty patients received Uro-Vaxom; three completed the full regimen and fifteen had the induction phase only. Forty-six percent discontinued due to persistent

UTIs, and 20% were lost to follow-up. Despite incomplete adherence, recurrence rates decreased by 50% overall ($p=0.00006$). Reductions were 71% ($p=0.001$) in uncomplicated and 44.6% ($p=0.006$) in complicated UTI cohorts. One mild adverse effect—difficulty swallowing—was reported.

Conclusion: Uro-Vaxom demonstrated a statistically significant reduction in UTI recurrence with an excellent safety profile. Further evaluation is warranted to assess long-term outcomes and optimise compliance.

4. Title: Secondary haematuria following transurethral resection of the prostate (TURP) or transurethral resection of bladder tumour (TURBT) surgery in patients taking antithrombotic agents.

Authors: Amy Conroy, Amy Edwards

Institution: Leeds

Introduction and aims Hospital re-attendance with secondary haematuria in patients taking antithrombotic agents post TURBT or TURP can be burdensome to urology services. Whilst it's a recognised complication of both procedures, the exact burden to the urology service in The Leeds Teaching Hospital Trust (LTHT) has not been estimated. The primary aim was to identify the incidence of secondary bleeding in patients taking antithrombotic agents post TURBT or TURP and consequently the burden to the urology service. The secondary aim was to review existing LTHT recommendations for recommencing antithrombotic agents after surgery and, if appropriate, update them with a view to decrease the incidence of haematuria post-operatively.

Methods 253 patients underwent a TURBT or TURP between December 2023 and May 2024. A retrospective search of electronic hospital records identified a patient's antithrombotic agent status and the incidence of re-attendance one to three weeks post-operatively.

Results Of the 65 patients on an antithrombotic agent, there were 15 re-attendances (18.5%). The total burden to the urology service was 31 days. 58.3% of patients who re-attended had advice regarding recommencing their anti-thrombotic agent documented in the operation note, of which varied from trust recommendations.

Conclusion Post-procedure documentation of recommendations for recommencing antithrombotic agents post-operatively can be improved with respect to quality and quantity. This may decrease the burden to the urology service by reducing the incidence of secondary haematuria however, the direct impact on results is indeterminable. A multi-disciplinary approach to devise clear recommendations regarding recommencing antithrombotic agents would be beneficial.

5. [Robotic Retroperitoneal Kidney Surgery. A review of outcomes and practice at a teaching hospital in Yorkshire.](#)

[Authors: Angus Hall, Faraz Sharif, Grigorios Kyriazis, Mohammed Aldiwani](#)

[Institution: Mid Yorks](#)

Background Robotic retroperitoneal kidney surgery provides direct hilar access while avoiding intraperitoneal structures, resulting in shorter operative times and reduced blood loss, particularly for patients with surgical histories. Despite its benefits, establishing such a service in a new centre requires overcoming a learning curve in patient selection, operative technique, and perioperative care. We present the experience of setting up a dedicated retroperitoneal robotic program in our hospital.

Methods A retrospective review was undertaken of 105 consecutive patients who underwent robotic retroperitoneal renal surgery between June 2022 and August 2025. Patient demographics, tumour characteristics, operative parameters, and outcomes were analysed to assess feasibility and safety during service establishment.

Results 71 partial nephrectomies and 34 radical nephrectomies were performed retroperitoneally. Conversion to transperitoneal approach was required in two cases, primarily early in the program. Median console times were 84.5 minutes for partial and 87.8 minutes for radical nephrectomy. Average blood loss was 56ml and 46ml respectively. Average warm ischaemia time for partial nephrectomy was 16 minutes. Median length of stay was one day for both. There was one Clavien-Dindo grade >III complication. Margin positivity was seen in 10 partial nephrectomies, with a trend towards lower rates in the latter experience. There was one recurrence requiring completion nephrectomy.

Conclusion Introducing a robotic retroperitoneal service is safe and achievable, with rapid progression along the learning curve with dedicated experience. Outcomes demonstrate that high-quality surgery can be delivered early in program development, supporting the retroperitoneal approach as a sustainable addition to renal cancer services.

6. [We need to stop doing pre-operative group and save for a trans-urethral resection of the prostate, an audit of current practice.](#)

[Authors: Iona Fernandes, Faraz Sharif, Georgina Mussell, George Monaghan, Chandra Shekhar Biyani](#)

[Institution: Leeds](#)

Background: Pre-operative group and save (G+S) are currently taken as standard practice for patients undergoing trans-urethral resections of prostates (TURPs), a common endo-urological procedure. This generates a significant use of resources, with a single group and save sample costing up to £12, excluding labour costs. Whilst the use of pre-op G+S have become an obsolete practice in some common laparoscopic procedures such as appendicectomies, we continue to use them for TURPs. Aim: The aim of this audit was to determine the need for pre-operative G+S.

Methods: We retrospectively collected data from online records of patients who underwent a TURP over a 9-month period in 2024.

Results: 148 patients underwent TURPs between the beginning of January and September in 2024 between the ages of 50-95, (mean age 72.0). Of these patients, 127 (85.8%) had 2 G&Ss, 17 (11.4%) had 1 G&S and 4 (2.7%) had none. Out of these patients, 12(8.1%) required an intervention for haematuria including irrigation and bladder washouts or a return to theatre. Only 1 (0.6%) required a blood transfusion post-operatively.

Conclusion: In the vast majority of cases, there is not sufficient reason for mandatory pre-operative G+S; indeed, it may waste time, resources and finances. The cost of the bottles alone up to £3552 for our cohort. A tailored approach, such as identifying co-morbidities, pre-operative haemoglobin levels and the concomitant use of anticoagulation would be more prudent to assess patients who may be at high risk of bleeding and should therefore have a pre-op G+S.

7. [“There’s a block - fix it. Maybe there’s not much more to it.” A Pilot Qualitative Study of Medical Students’ Perceptions of Urological Careers.](#)

[Authors: Miss Joanne Hinton](#)

[Institution: Bradford](#)

Introduction: Urology is a surgical specialty involving the management of diseases of the urinary tract and male genitalia. No UK studies have explored the views of medical students on careers in Urology, opening the opportunity for research to ensure the specialty's continued success.

Methods: The study was carried out at a teaching hospital after discussion with the research office. An online survey was created using Google Forms. Final-year students were invited to take part after Undergraduate Medical Education activity by scanning a QR code. Nineteen students consented and took part. Likert 5-point scale questions were used to determine interest in surgical and urological careers. Free-text questions investigated the motivating factors and barriers students consider when thinking about a career in urology. Data was analysed in Google Sheets.

Results: The average score for interest in surgical careers was 2.4, and for urological careers, 1.87. Interest in urology was lower than other surgical specialties but did not reach statistical significance ($P = 0.19$). Thematic analysis revealed mentorship as the most frequently cited factor influencing a career in urology, followed by increased exposure. Barriers for entering urology included lack of interest in surgical careers, perception as a ‘male-dominated’ profession, and unpleasant sensations (smelly/wet).

Discussion: Interest in urology may be lower than other surgical careers, but further data collection is ongoing. Thematic analysis showed comparable themes with worldwide studies. This pilot study will inform a larger qualitative study, which will be used to guide a multi-centre quantitative study.

8. An audit of Post Prostatectomy histology amongst patients with PreOp biopsy Gleason 3+3 & T3 disease on MRI
Mr Oluwaseun Akinjise-Ferdinand, Dr Bilal Ahmed, Mr Jack Corkerry, Mr Asrit Babu
Institution: York

INTRODUCTION: Prostate cancer is the most common cancer amongst men in the United Kingdom. Diagnosis and management can be complex, however, accurate risk stratification is crucial in determining appropriate management options. Low risk Gleason score from biopsy results with evidence of potentially high risk diseases on a concurrent MRI scan can present a conundrum requiring further clarification.

AIMS/OBJECTIVES:

1. To demonstrate the extent of discordance between coexisting pre-operative low risk Gleason pattern (Gleason 3+3) and high risk MRI findings (T3a/b).
2. To clarify if discordance is related to sub-representative sampling, under-reported histology or over estimation of MRI findings.

METHODOLOGY: We conducted a retrospective multi-centre study across three hospitals. We identified 1470 new patients with a diagnosis of prostate cancer on biparametric MRI prostate Imaging performed between 01/2023 - 01/2025. Among them, 69 patients were found to have Gleason 3+3 and T3 (a or b) disease. 22 were referred to either Castle Hill or St James Hospital for a radical prostatectomy and had their post operative histology results reviewed. Exclusion Criteria: Patients with known prostate cancer, repeat biopsies, non T3 on MRI & non-Gleason 3+3 disease were excluded.

RESULTS:

- Mean age, PSA & Likert Score - 69, 9.3 ng/ml & 4 respectively.
- 13% of patients were managed with active surveillance while 74% had either radiotherapy or surgery.
- Post operative histology results: Gleason 3+4 (50%), 4+3 (30%) & 4+5 (20%). None confirmed to be Gleason 3+3.
- 50% of post prostatectomy histology showed pT2 disease consistent with localised prostate cancer despite MRI Reporting T3 disease.

RECOMMENDATION/CONCLUSION: Based on our findings, only a small proportion of patients will present with Gleason 3+3 & T3 disease on MRI. The above demonstrates that these patients are unlikely to have low risk disease, as such, active surveillance may not be the most appropriate management option. Based on available guidelines, the preferred treatment option for both intermediate and high risk disease is either radical surgery or radiotherapy.

9. **Comparative Audit of Radical Nephroureterectomy with and without Prior Ureteroscopy; Implications for timing and Oncological Outcomes**
Authors: S Caratella, S Masood, A Babu
Institution: York

Introduction: Upper tract Urothelial Carcinoma (UTUC) accounts for 5-7% of all urinary tract tumours. Diagnostic or therapeutic Ureteroscopy (URS) prior to Radical Nephroureterectomy (RNU) for UTUC may delay definitive surgery and cause seeding or upstaging. Conversely, URS can spare patients from a nephroureterectomy if biopsy proves benign. We audited our institutional experience with UTUC to compare outcomes of two pathways of management.

Patients and methods: All patients who underwent radical nephroureterectomy for UTUC at our institution from January 2022 to July 2024 were identified retrospectively. Those with a prior history of urothelial carcinoma were excluded. Online medical records were analysed to collect data.

Results: A total of 42 patients were identified. 24 patients (58%) proceeded straight to nephroureterectomy. 18 patients (42%) underwent diagnostic URS with biopsy prior to RNU. Of these, 2 had benign histology at biopsy however, this did not preclude surgery due to high suspicion on imaging. The mean time from diagnostic imaging to RNU in the URS+RNU cohort was ~10 months (313 days) vs. ~2 months (63 days) for the direct RNU pathway. Interestingly, all patients (9) who developed bladder cancer recurrence were in the URS pathway.

Conclusion: Whilst URS is a valuable diagnostic tool in the management of UTUC, in our institution we have found that it causes significant delay to definitive management and may result in a higher incidence of bladder recurrences. Therefore, if imaging is suggestive of UTUC, we should highly consider proceeding directly to RNU following MDT discussion.

10. **Initial Experience of FURS with FANS Technique at DGH**
Authors: Abid Farooq, Md R Islam, Hassan Khan
Institution: Airedale

Purpose The objective was to assess the outcomes of flexible ureterorenoscopy (FURS) with flexible and navigable suction ureteric access sheath (FANS) in adults undergoing retrograde intrarenal surgery (RIRS) at a district general hospital.

Methods We conducted a retrospective review of 33 consecutive patients, who underwent FURS with the FANS technique, between April 2024 and April 2025. Patient demographics, stone size and location, operative time, and postoperative outcomes were analysed. All patients underwent postoperative imaging to evaluate the stone-free rate (SFR). Outcomes were categorized as stone-free (no residual fragments), clinically insignificant residual fragments (≤ 4 mm), or significant residual fragments (>4 mm).

Results Complete stone clearance (0 residual fragments) was achieved in 68% of patients. Residual fragments ≤ 4 mm were observed in 15%, while 5% had residual fragments >4 mm. A second-look procedure was required in 12% of cases. Importantly, no pelvicalyceal or ureteric injuries were reported. None of the patients required hospital readmission for sepsis or ureteric colic within 30 days postoperatively.

Conclusion Our early experience suggests that the use of FURS with FANS is a safe and effective technique

11. Urolift Procedure Audit : Outcome and service evaluation

Authors: Mr. Mohammed Musheer Ahmed, Mr. Nicolas Bryan

Institution: Huddersfield

Urolift is a minimally invasive surgical procedure offering an alternative for selective patients. - In this audit, we compare the results following Urolift and TURP procedure in our centre for the last 1 year.

Design: Retrospective audit , Inclusion period : From April 2024 to April 2025 (1 year)

Selection criteria: Men with obstructive symptoms (Moderate to severe LUTS on IPSS chart, failed medical management, Qmax suggestive of obstruction etc), Prostate volume of 30-80 cc, No obstructive median prostatic lobe.

Exclusion criteria: Not had a pre or post procedural Uroflowmetry with IPSS and QoL, On LTC

Results are in the box below.

Criteria	TURP	Urolift
Avg Drop in IPSS following procedure	8.13	6.62
Avg Improvement in QOL following procedure	1.17	1.49
Avg Improvement in Qmax following procedure	9.38	2.65
Patients with ≥ 3 ASA who underwent procedure	22.22%	31.11%
Patients on blood thinners who underwent procedure	24.44%	33.33% (Did not stop at all)
Patient who had prostate size estimation done prior (TRUS/MRI prostate)	40%	17.78%
Procedures performed under LA	0%	60%
Patients who underwent any other BOO surgery following primary procedure	2.22%	35.56%

Conclusions: 1) Similar improvement in symptoms i.e. QOL and IPSS 2) Very valuable in ASA ≥ 3 patients 3) Performed under Local anesthetic 4) Performed with minimal impact and risk for patient on blood thinners. As 1/3rd of the urolift cohort did not stop them at all with no complications.

We would like to acknowledge the generosity and on-going support offered to this event by the following device and pharmaceutical companies who have had no input into the YUAG agenda or speakers' selection:

