ANNUAL MEETING OF THE IRISH SOCIETY of UROLOGY (ISU)

Friday 20 and Saturday 21 September 2024

Fitzpatrick Castle Hotel, Killiney, Co. Dublin

CPD Accreditation
Friday 20 September 2024: 6 CPD Credits
Saturday 21 September 2024: 6 CPD Credits

Message of Welcome

Dear Friends and Colleagues,

Welcome to our Annual General meeting of the Irish Society of Urology in Fitzpatrick's Castle Hotel, Killiney.

Unfortunately, not all abstracts could be accepted but we have a wide and varied programme including oral and poster presentations and two video sessions. This meeting could not happen and be the success it is without contributions from the trainees and consultant colleagues who work so hard to produce the abstracts.

As well as our local presenters, we are honored to have Professor Benjamin Breyer from the University of California San Francisco, Professor Keith Rourke from the University of Alberta and the EUA lecture which will be presented by Professor Alberto Briganti from the San Raffaele University Milan.

Reflecting on the year, we had a successful Charter Day, the highlight of which was Professor Hashim Ahmed's presentation of focal therapy for prostate cancer. Barry Jones represented us at the AUA and Hibernian meeting which again was a great success.

Mr Hubert Gallagher, current vice president, will take over as President of the Irish Society of Urology for the year 2024/25. There has been much discussion regarding the process of election of the President and this again will be an agenda item at the ISU AGM.

Finally, I would like to thank Terri Reynolds from the Royal College of Surgeons in Ireland Events Department who has been invaluable in organizing the programme and venue and without whom this meeting would not have taken place.

Mr Robert Flynn
President of the Irish Society of Urology 2023/2024

Programme at a Glance

SCIENTIFIC Programme

FRIDAY 20 SEPTEMBER 2024	
07.30 - 08.20	Registration
08.30 - 08.35	Start and Welcome
08.35 - 10.05	Benign Urology
10.05 - 10.25	Guest Speaker – Mr Michel DeWildt
10.25 - 11.00	Refreshments and Sponsors' Exhibition
11.00 - 12.25	Oncological and Robotic Surgery
12.25 - 12.35	In Memoriam: Mr Brian Kelly
12.35 - 13.45	Lunch and Sponsors' Exhibition
13.45 - 15.10	Stone Disease
15.10 - 15.35	Refreshments and Sponsors' Exhibition
15.35 - 16.40	Prostate Cancer
16.40 - 17.50	Video Session One - Upper Tract
17.50	End

SATURDAY 21 SEPTEMBER 2024	
07.45 - 08.20	Registration
08.30 - 09.30	Male Genital Surgery and Transplantation
09.30 - 10.15	Guest Speaker – Professor Keith Rourke
10.15 - 11.00	Guest Speaker – Professor Benjamin Breyer
11.00 - 11.30	Refreshments and Sponsors' Exhibition
11.30 - 13.00	Trainees Corner (parallel break-out sessions) & ISU AGM
13.00 - 14.20	Lunch and Sponsors' Exhibition
14.20 - 14.55	Paediatric and Adolescent Urology
14.55 - 16.20	Video Session Two - Lower Tract
16.20 - 16.40	Refreshments and Sponsors' Exhibition
16.40 - 17.10	Guest Speaker, EAU Lecture – Professor Alberto Briganti
17.10 - 17.30	Closing Ceremony Including the Presentation of Prizes, Presentation of the Irish Society of Urology Annual Medal passing of the Presidential Chain of Office and meeting close
17.30	End

PLEASE NOTE:
CPD credits are awarded per day. You must sign in at the registration desk on each day of the meeting to receive that days credits. CPD credits cannot be awarded without a signature.

Programme at a Glance

SOCIAL Programme

FRIDAY 20 SEPTEMBER 2024

Irish Society of Urology Annual Meeting Supper

19.30	Drinks Reception, The Terrace (Weather permitting)
20.00	Dinner, Prince Regent Dress code: Informal

SATURDAY 21 SEPTEMBER 2024

Irish Society of Urology Annual Dinner

19.30	Drinks Reception, Bresson, Monkstown
20.00	Dinner, Bresson, Monkstown Dress code: Informal

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irishsocietyofurology.ie

Irish Society of Urology (ISU) Scientific Meeting

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PLEASE NOTE:
Sponsorship assists towards the scientific meeting only.
No funding received for exhibition space at this meeting is used towards the social aspects of the programme.

FRIDAY 20 SEPTEMBER 2024

07.30 - 08.20	REGISTRATION Venue: Foyer outside Albert & Behan Suite
08.30 - 08.35	Start and Welcome, Mr Robert Flynn, President, ISU Venue: Prince Regent Suite

BENIGN UROLOGY

08.35 - 10.05	**Co Chair: Professor Killian Walsh** **Co Chair: Professor Rustom Manecksha** **Venue: Prince Regent Suite**
08.35 - 08.42	Outcomes For Percutaneous Versus Surgical Peritoneal Dialysis Catheter Insertion: A 10-Year Single Centre Analysis
08.42 - 08.49	Management of lower urinary tract dysfunction in the diabetic population: Endocrinologists knowledge base and clinical practice patterns
08.49 - 08.56	What would you do Doctor? Variation in preferred treatment choices in endourology as doctor or doctor-patient
08.56 - 09.03	Robotic-Assisted Laparoscopic Pyeloplasty: A 6 year experience and outcomes in a “high complexity” surgical unit in London, England
09.03 - 09.10	Urology directed management of high grade renal trauma is associated with a low rate of emergency nephrectomy/renorrhaphy
09.10 - 09.17	Lifecycle of a JJ stent at a tertiary referral centre – are we hitting the mark?
09.17 - 09.21	Effect of Telephone Review on Trial without Catheter Outcomes
09.21 - 09.25	Outcome of post-prostatectomy incontinence surgery in men with preoperative idiopathic detrusor overactivity
09.25 - 09.29	Nephrostomy cultures: 5 year trend in antibiotic resistance across the South-Eastern Trust in Northern Ireland
09.29 - 09.33	Using artificial intelligence to generate medical literature for urology patients: A comparison of three different large language models
09.33 - 09.37	Challenging convention in Laparoscopic Pyeloplasty: A prospective analysis on the successful application of knotless continuous barbed suture
09.37 - 09.41	Changes in Information Seeking Patterns of Medical Students in the Social Media and Artificial Intelligence Age: The implications for Urology undergraduate teaching
09.41 - 09.45	Place of mentorship programme in urology training
09.45 - 09.49	Healthcare utilisation in patients with spina bifida
09.49 - 09.53	The introduction of digital care records improves completion of Urology consent forms
09.53 - 09.57	What energy crisis? The use of low-power holmium laser for enucleation of the prostate
09.57 - 10.01	Improving waste management in urology theatre: The impact of introducing a “Green Moment” in daily surgical practice

GUEST SPEAKER: A DECADE OF HOLMIUM LASER ENUCLEATION OF THE PROSTATE: MY DUTCH AND IRISH HOLEP EXPERIENCE

10.05 - 10.25	**Mr Michel DeWildt** **MD PhD MBA, Consultant Urological Surgeon, Beacon Hospital** **Venue: Prince Regent Suite**
10.25 - 11.00	**REFRESHMENTS AND SPONSORS’ EXHIBITION** Venue: Albert & Behan Suite

FRIDAY 20 SEPTEMBER 2024

ONCOLOGICAL AND ROBOTIC SURGERY

11.00 - 12.25

Co Chair: Mr Greg Nason
Co Chair: Ms Catherine Dowling

Venue: Prince Regent Suite

11.00 - 11.07	Neobladder reconstruction after cystectomy: contemporary experience in a single-centre series
11.07 - 11.14	Robotic Cystectomy Program- the initial two years' experience
11.14 - 11.21	Image guided energy-based ablation of T1 renal cell cancer: A ten-year single centre experience
11.21 - 11.28	LAParoscopic entry technique in REnal Surgery: a randomised controlled trial comparing open (Hasson) versus closed (Veress) techniques (LAPRES).
11.28 - 11.35	Minimally invasive partial nephrectomy – perioperative outcomes from a ten year prospective database
11.35 - 11.42	Radical nephrectomy with venal caval thrombectomy-insights from 50 cases
11.42 - 11.49	Investigation of non-visible haematuria in a tertiary urology service: Can we see the reward?
11.49 - 11.53	Potential impact of pembrolizumab in the adjuvant setting for intermediate-high risk and high risk kidney cancer
11.53 - 11.57	Open, Laparoscopic and Robotic-Assisted Nephroureterectomy: A Network Meta-Analysis Comparing Outcomes
11.57 - 12.01	Survivorship Post Retroperitoneal Lymph Node Dissection for Metastatic Testicular Cancer: A Systematic Review
12.01 - 12.05	Introduction of an Advanced Nurse Practitioner (ANP) led Non-muscle invasive bladder cancer (NMIBC) treatment and surveillance clinic in Tallaght University Hospital (TUH)
12.05 - 12.09	Assessing the quality of transurethral resection of bladder tumour (TURBT) operation notes in line with EAU guidelines
12.09 - 12.13	Efficacy and Outcomes from A Nurse-Integrated Haematuria Clinic at a Tertiary Care Centre
12.13 - 12.17	Robot-assisted radical cystoprostatectomy: outcomes of initial series in Beaumont hospital
12.17 - 12.21	Hidden Cost; the outcomes and collateral workload created by a haematuria clinic
12.21 - 12.25	A Prospective Study on Surgical Outcomes in Octogenarians undergoing major upper genitourinary tract surgeries: A Comprehensive Assessment of Safety and Efficacy
12.25 - 12.35	In Memoriam: Mr Brian Kelly MD, FRCSI Urology, Consultant Urological Surgeon Eulogy: on behalf of the Irish Urological Community Professor Kilian Walsh FRCSI Urology
12.35 - 13.45	**LUNCH AND SPONSORS' EXHIBITION** Venue: PJ Macs - Lunch main course Albert & Behan Suite - Dessert with Teas/coffees

FRIDAY 20 SEPTEMBER 2024

STONE DISEASE

13.45 - 15.10

Co Chair: Ms Cliodhna Browne
Co Chair: Professor Niall Davis
Venue: Prince Regent Suite

13.45 - 13. 52	The subspecialty management of complex kidney stones. Improving outcomes for patients and changing practice in Ireland
13.52 - 13.59	Outcomes of ureteroscopy and laser lithotripsy with and without ureteral access sheaths for the treatment of renal calculi: A systematic review and meta-analysis.
13. 59 - 14.06	Factors Affecting Radiation Exposure In Patients Undergoing Urolithiasis Treatment at An Irish Tertiary Centre
14.06 - 14.13	Conservative Stone Pathway Audit
14.13 - 14.20	Role of silodosin pre-ureteroscopy: A systematic review and meta-analysis of randomised controlled trials
14.20 - 14.24	Emergency Department Presentation Post Emergency Ureteroscopy and JJ stent insertion: A Retrospective Study in an Irish University Hospital
14.24 - 14.28	Perceptions, experiences, and reflections of urologists on Stent Insertion after Stone Treatment (PERSIST): A Systematic Review
14.28 - 14.32	'Out of scope'- Operative challenges in ureteric stone management for patient with abnormal ureteric anatomy post multiple urinary diversion procedures for posterior urethral valves.
14.32 - 14.36	What patients with kidney stones believe about their condition
14.36 - 14.40	Systematic Review & Meta-Analysis: Urolithiasis in Hyperparathyroidism Patients
14.40 - 14.44	Psychological impact of living with Kidney Stones
14.44 - 14.48	Knowledge, attitudes, and practice patterns among general practitioners in the prevention of recurrent kidney stones; with a focus on dietary modulation
14.48 - 14.52	Inadequate Evidence: A Critical Evaluation of Herbal Remedies for Treating Kidney Stones
14.52 - 14.56	Fear of Kidney Stone recurrence - an unexamined factor in patients with kidney stones
14.56 - 15.00	Exploring the quality of kidney stone Information on YouTube and TikTok: a comprehensive investigation
15.00 - 15.04	Development of an Electronic Stent Patient Information Leaflet: A Quality Improvement Project to Enhance Patient Education and Reduce the Risk of Retained Ureteric Stents
15.04 - 15.08	Early ureteroscopy and laser lithotripsy in the management of obstructing urolithiasis with associated urosepsis – A prospective multi-institutional study
15.10 - 15.35	**REFRESHMENTS AND SPONSORS' EXHIBITION** Venue: Albert & Behan Suite

FRIDAY 20 SEPTEMBER 2024

PROSTATE CANCER

15.35 - 16.40

Co Chair: Mr Kiaran O'Malley
Co Chair: Mr Arun Thomas
Venue: Prince Regent Suite

15.35 - 15.42	Urology-led trans-perineal biopsies: results from University Hospital Waterford
15.42 - 15.49	Is there a role for routine histological analysis of the prostatic anterior fat pad at the time of robotic assisted racial prostatectomy?
15.49 - 15.56	Focal therapy for prostate cancer in Ireland; Addressing the national objective and subjective needs
15.56 - 16.03	The evolving use of PSMA in the management of patients with prostate cancer-a single centre experience
16.03 - 16.07	Robotic prostatectomy learning curve over the initial 200 cases of a single surgeon
16.07 - 16.11	Prostate cancer stratified self-managed follow up (SSMFU): our pilot experience
16.11 - 16.15	Post-operative analgesia following caudal epidural in robotic prostatectomy
16.15 - 16.19	The use of MRI based risk calculators in prostate cancer diagnosis: A systematic review
16.19 - 16.23	Investigation and Assessment of Returning Patient Visits to Rapid Access Prostate Clinics in Beaumont Hospital
16.23 - 16.27	Gleason Grade Restaging after Prostatectomy in Irish Hospitals
16.27 - 16.31	Implementation of Rectal Iodine Preparation in Transrectal US (TRUS) Prostate Biopsies: A Quality Improvement Project Based on EAU Guidelines
16.31 - 16.35	Utilisation of pelvic lymph node dissection in patients undergoing radical prostatectomy for prostate cancer: results from the Irish prostate cancer outcomes research (IPCOR) study
16.35 - 16.39	Utilisation of nitrous oxide during prostate biopsies: A meta-analysis of randomized controlled trials

VIDEO SESSION ONE - UPPER TRACT

16.40 - 17.50

Co Chair: Professor Barry Maguire
Co Chair: Professor Stephen Connolly
Venue: Prince Regent Suite

16.40 - 17.00	Modern Management of ureteric strictures
17.07 - 17.14	Robotic-Assisted Pyelolithotomy: An emerging approach to the management of large intrarenal calculi
17.14 - 17.21	Laparoscopic Pyelolithotomy In a Horseshoe Duplex Kidney
17.21 - 17.28	Robotic assisted Pyelolithotomy
17.28 - 17.35	Robotic partial nephrectomy in polycystic kidneys: technical aspects
17.35 - 17.42	Establishment of pneumoperitoneum for renal surgery using the Kii Fios First Entry system: Early experience and case series
17.42 - 17.49	Robotic retroperitoneal partial nephrectomy: understanding the retro-peritoneal anatomy is the key to success

SATURDAY 21 SEPTEMBER 2024

07.45 - 08.20	REGISTRATION Venue: Foyer outside Albert & Behan Suite

MALE GENITAL SURGERY AND TRANSPLANTATION

08.30 - 09.30	**Co Chair: Mr Richard Power** **Co Chair: Mr Ivor Cullen** **Venue: Prince Regent Suite**
08.30 - 08.37	Ex-vivo IPP implantation in cadaveric human penis with paired in silico model
08.37 - 08.44	Urethroplasty and the subsequent development of SCC urethra – an emerging clinical entity?
08.44 - 08.51	The insertion of an erectile device in the neophallus of individuals assigned female at birth: illustrated tips and tricks from a centre of expertise
08.51 - 08.58	Outcomes of staged Urethroplasty for distal urethral BXO: The Whiston Hospital experience
08.58 - 09.02	Right vs Left Living Donor Nephrectomy: A Systematic Review and Meta-Analysis of Donor and Recipient Outcomes
09.02 - 09.06	Outcomes after pelvic lymph node dissection for penile cancer: 14-year sample from a single-centre series
09.06 - 09.10	Urethroplasty for bulbar and penile stricture disease in Northern Ireland: A single operator experience with long term follow-up (4-15 years)
09.10 - 09.14	Dynamic Sentinel Lymph Node Biopsy and Penile Cancer: An Epidemiological Study
09.14 - 09.18	Evaluation and management of adult acquired buried penis – a single surgeons experience
09.18 - 09.22	Comparative Analysis of Inguinoscrotal Orchidopexy with and without formal patent processus vaginalis ligation in Pediatric Patients: A Matched Cohort Study
09.22 - 09.26	Use of a dedicated questionnaire to assess Buccal Mucosal Graft morbidity in Urethral reconstruction

GUEST SPEAKER: A NUTS AND BOLTS GUIDE TO GENTIAL RECONSTRUCTION AND TRAUMA

09.30 - 10.15	**Professor Keith Rourke** **MD, FRCSC, Professor - Division of Urology, University of Alberta** **Venue: Prince Regent Suite**

GUEST SPEAKER: TREATMENT OF MALE STRESS URINARY INCONTINENCE: PRESENT AND FUTURE

10.15 - 11.00	**Professor Benjamin Breyer** **Taube Family Distinguished Professor and Chair of Urology** **Professor of Urology, Epidemiology and Biostatistics** **University of California – San Francisco** **Venue: Prince Regent Suite**
11.00 - 11.30	**REFRESHMENTS & SPONSORS' EXHIBITION** Venue: Albert & Behan Suite

SATURDAY 21 SEPTEMBER 2024

TRAINEES CORNER (parallel break-out sessions) & ISU AGM

11.30 - 13.00	**Session A:** Professor Ben Breyer Venue: W.B Yeats **Session B:** Professor Keith Rourke Venue: W.B Yeats	**AGM** Venue: Prince Regent Suite
13.00 - 14.20	**LUNCH & SPONSORS' EXHIBITION** Venue: PJ Macs - Lunch main course Albert & Behan Suite - Dessert with Teas/coffees	

PAEDIATRIC AND ADOLESCENT UROLOGY

14.20 - 14.55	**Co Chair: Ms Elaine Redmond** **Co Chair: Mr Fardod O'Kelly** **Venue: Prince Regent Suite**
14.20 - 14.27	Functional Outcomes in Untreated Hypospadias
14.27 - 14.34	The Impact of Circumcision on Children with Autism Spectrum Disorder: A Matched Cohort Study
14.34 - 14.41	Efficacy of Bowel and Bladder Regimens with Biofeedback in Adolescent Posterior Urethritis: A Prospective Cohort Study
14.41 - 14.45	Formation of a dedicated urology transition clinic for adolescent patients: a single-centre experience
14.45 - 14.49	Establishing a Standard Operating Procedure for Fertility Preservation in Adolescent and Young Adult Male Survivors of Childhood Cancers: Addressing a Gap in Care in the Republic of Ireland
14.49 - 14.53	Male gamete cryopreservation for adolescent fertility preservation: Our experience to date

VIDEO SESSION TWO: Lower Tract

14.55 - 16.20	**Co Chair: Ms Louise McLoughlin** **Co Chair: Mr Mark Broe** **Venue: Prince Regent Suite**
14.55 - 15.02	First case of robot-assisted radical cysto-prostatectomy and intracorporeal orthotopic neobladder reconstruction for the treatment of bladder cancer in Ireland: step-by-step description of operative technique
15.02 - 15.09	Video demonstration of step- by-step technique of Bipolar Transurethral Resection of Prostate as: an educational tool for residents
15.09 - 15.16	Open Re-do Ureteric Re-implantation with Psoas Hitch
15.16 - 15.23	Cystoscopic Laser Beam Assisted Laparoscopic Excision of Complex Urachal Cyst and Partial Cystectomy
15.23 - 15.30	Repair of a severe penile fracture and associated urethral injury
15.30 -15.37	Overcoming challenges in radical cystectomy post prostatectomy

SATURDAY 23 SEPTEMBER 2024

15.37 - 15.44	Penoscrotal decompression: a new paradigm for managing prolonged ischemic priapism
15.44 - 15.51	Robotic psoas hitch, ureteric reconstruction and re-implantation for a distal ureteric stricture using the Medtronic Hugo™ RAS system
15.51 - 15.58	Robotic Assisted Bladder Diverticulectomy: a video case series
15.58 - 16.05	The Management of Panurethral Strictures – The Kulkarni Technique
16.05 - 16.12	Perineal Urethrostomy
16.12 - 16.19	Key Steps in avoiding problems during placement of an Artificial Urinary Sphincter
16.20 - 16.40	**REFRESHMENTS AND SPONSORS' EXHIBITION** Venue: Albert & Behan Suite

GUEST SPEAKER: EAU LECTURE, THE ROLE OF PSMA PET AND LYMPH NODE DISSECTION IN HIGH RISK PROSTATE CANCER

16.40 - 17.10

Professor Alberto Briganti
MD, PhD, Professor of Urology, Vita-Salute San Raffaele University,
Deputy Director of Urological Research Institute, Scientific Institute, San Raffaele
Editor-in-Chief European Urology 2023 IF: 25.3

Venue: Prince Regent Suite

PRIZE PRESENTATIONS

17.10 - 17.30

ISU Annual Meeting Best Poster Presentation
ISU Annual Meeting Best Video Presentation
ISU Annual Meeting Best Oral Presentation
ISU Essay Competition Winner
Presentation of the ISU Medal passing of the Presidential Chain of Office

MEETING CLOSE

Venue: Prince Regent Suite

Irish Society of Urology (ISU) Annual Meeting

GUEST SPEAKERS

PROFESSOR BENJAMIN BREYER

MD, MAS, FACS

Taube Family Distinguished Professor and Chair of Urology

Professor of Urology, Epidemiology and Biostatistics

University of California – San Francisco

Benjamin N. Breyer is the Taube Family Distinguished Professor and Chair of Urology at the University of California San Francisco. He is also a Professor of Epidemiology and Biostatistics. Dr. Breyer has spent the last 20 years at UCSF, first as a resident, then a fellow training under Dr. Jack McAninch in reconstructive urology, and later as a faculty member under Dr. Peter Carroll. In 2023, Dr. Breyer became Chair of the Department.

Breyer is a clinical expert in performing complex urethral and penile reconstruction for urethral stricture and cosmetic disfigurement, male incontinence, male fistula, and the surgical treatment for erectile dysfunction. He is the Director of the UCSF Genitourinary Reconstructive Society Male Genitourinary Reconstruction Fellowship. The fellowship program has a long track record of training academic reconstructive urologists.

Breyer's research group is focused on outcomes in reconstructive urology, prostate cancer survivorship, radiation injury, urotrauma and how to improve urinary and sexual wellness. He has authored over 400 peer-reviewed articles and scholarly works with an H-index of 59 and over 13000 citations. His work has been supported by the NIH, DOD, California Institute of Regenerative Medicine, foundation grants, intramural funding, industry, and grateful patients. Breyer is the Past President of the Trauma and Urinary Reconstructive Network of Surgeons (TURNS - http://turnsresearch.org). UCSF is one of 16 centers that collaborate in the study of patients treated for a variety of conditions in reconstructive urology, prostate cancer survivorship and trauma.

PROFESSOR ALBERTO BRIGANTI

MD, PhD

Professor of Urology, Vita-Salute San Raffaele University,

Deputy Director of Urological Research Institute, Scientific Institute, San Raffaele

Editor-in-Chief European Urology 2023 IF: 25.3

Alberto Briganti is Full Professor of Urology at Vita-Salute University San Raffaele, Milan, Italy where he also acts as deputy director of the Urological Research Institute (URI) and responsible for the Robotic Program in Urology. He is the Chair of the Prostate Cancer Clinical and Research program at Vita-Salute University, San Raffaele Hospital. He earned his MD in 2002 at Vita-Salute University where he also pursued residency. He completed uro-oncological fellowship at the Cancer Prognostics and Health Outcomes Unit, University of Montreal in 2006.

In 2016 he obtained his Ph.D in Clinical and Experimental Biotechnology in Urology. He is a member of the Scientific Congress Office of the EAU and current Editor in Chief of European Urology (2023 IF: 25.3). He is also a member of the Scientific Committee of the European Multidisciplinary Meeting on Urological Cancer (EMUC). He is a fellow of the European Board of Urology (EBU) and a Faculty member of the European School of Urology (ESU). He is the 2016 EAU Crystal Matula Award winner. He has published more than 1,500 peer-reviewed publications. His main area of interests include urological oncology.

Irish Society of Urology (ISU) Annual Meeting

GUEST SPEAKERS

MR MICHEL DeWILDT

MD PHD MBA

Consultant Urological Surgeon, Beacon Hospital

Michel de Wildt began his urological career in 1993 after earning his MD from Radboud University in Nijmegen, the Netherlands. He conducted PhD research at the same institution, completing a doctoral thesis in 1996 on Transurethral Microwave Thermotherapy (TUMT) under Professor Jean de la Rosette.

From 1996 to 2002 he did his surgical and urological training in the same institution under Professor Frans Debruyne.

From 2002 to 2020, he worked as a Consultant Urologist at Catherina Hospital Eindhoven, where he specialised in endourological stone treatments, minimally invasive therapies for BPH, brachytherapy of the prostate, and pediatric urology. During this time, he also served as Medical Director of the Clinical Trials Office.

He was the Director of a yearly hands-on endo-urology course from 2006 to 2015 and an Upfront introductory urology course from 2010 to 2015, both of which were mandatory for all Dutch urology residents.

In 2015, he introduced HoLEP (Holmium Laser Enucleation of the Prostate) to the Netherlands.

In September 2020 he relocated to Ireland, joining his Irish wife and children who already had moved to the West of Ireland, two years before.

He established a private practice at Beacon Hospital and started performing HoLEP procedures in Ireland since 2021.

PROFESSOR KEITH ROURKE

MD, FRCSC

Professor - Division of Urology, University of Alberta

Dr. Rourke provides state-of-the-art care to patients requiring reconstruction of the genitourinary tract, treatment of complications after prostate cancer therapy, and complex surgery for male sexual dysfunction. Dr. Rourke has over 120 peer reviewed publications and has been invited to lecture nationally and internationally on topics related to reconstructive urology. Dr. Rourke also has broad expertise in surgical education garnered from experiences as residency program director, surgical clerkship coordinator, fellowship director, and faculty course coordinator at the University of Alberta.

He has received over 25 teaching awards. Dr. Rourke has chaired several national and international professional committees, including Chair of the Royal College of Physicians Surgeons of Canada Specialty Committee in Urology, Chair of the Canadian Urological Association Post-Graduate Training Committee, Co-Chair of the Canadian Urological Association Scientific Committee, Chair of the Society of Genitourinary Reconstructive Surgeons Fellowship Committee, and past-Chair of the Canadian Undergraduate Urology Committee (CanUUC). He is currently President of the Society of Genitourinary Reconstructive Surgeons (GURS).

ABSTRACTS

Friday 20 September

BENIGN UROLOGY

TIME: 08.35 – 10.05

ORAL 7

Outcomes For Percutaneous Versus Surgical Peritoneal Dialysis Catheter Insertion: A 10-Year Single Centre Analysis

Diarmuid D. Sugrue[a], Sorcha O'Brien[a], Julio L. Chevarria[a], Rowan G. Casey[a]
[a]Tallaght University Hospital, Tallaght, Dublin 24, Ireland

Introduction: Percutaneous peritoneal dialysis (PD) catheter insertion is a safe insertion technique with similar catheter survival rates to surgical insertion [1,2]. Benefits of percutaneous PD catheter insertion include avoidance of general anesthesia, bedside intervention and faster recovery. Our objective was to compare PD catheter out- comes in patients who underwent percutaneous insertion compared with surgical placement in our center, and assess reasons for PD failure.

Methods: A retrospective review of patients who under- went PD catheter insertion between January 2013 and December 2022 was undertaken. Descriptive and inferential statistics were carried out comparing the surgical and per- cutaneous groups. Data were analysed using R statistics.

Results: N = 236 patients were included for analysis. Of these n = 122 (52%) underwent percutaneous insertion. Median age at insertion was 53 years (IQR 41–65). Patients who underwent previous surgery or had polycystic kidneys were more likely to undergo surgical insertion (OR 0.08 95% CI 0.04–0.16 and OR 0.11 95% CI 0.02–0.49, $p < 0.01$). The rate of PD catheter failure was similar between the two groups (35% percutaneous vs 43% surgical). There was a low rate of complications with n = 16 (0.07%) experiencing grade 3 or greater adverse effects across both groups.

Conclusion: Percutaneous PD catheter insertion is a safe alternative to surgical insertion in selected patients with comparative survival and complication rates. Percutaneous insertion should be considered in eligible patients.

References

[1]Boujelbane L, Fu N, Chapla K, Melnick D, Redfield RR, Waheed S, et al. Percutaneous versus surgical insertion of Pd catheters in dialysis patients: a meta-analysis. J Vascular Access 2015;16:498–505.
[2] Medani S, Hussein W, Shantier M, Flynn R, Wall C, Mellotte G. Comparison of percutaneous and open surgical techniques for first- time peritoneal dialysis catheter placement in the unbreached peritoneum. Perit Dial Int 2015;35(5):576–85. https://doi.org/10.3747/pdi.2013.00003.

ORAL 12

Management of lower urinary tract dysfunction in the diabetic population: Endocrinologists knowledge base and clinical practice patterns

J.S.A. Khan[a], K. Keane[a], R. Keenan[a], M.Z. Ahmed[a], R. Dalton[a], K. Bowers[b], N. Phelan[b], L. Owens[b], R.P. Manecksha[a], J.F. Sullivan[a]
[a]Department of Urology, St James Hospital, James St, Dublin 8, Ireland
[b]Department of Endocrinology, St James Hospital, James St, Dublin 8, Ireland

Introduction: Diabetic patients are at increased risk of lower urinary tract dysfunction/symptoms (LUTS) com- pared to non-diabetics. Multiple etiologies contribute including autonomic, detrusor and urothelial dysfunction, microvascular ischemic changes and glycosuria. With a move towards more holistic management approaches in diabetes, we examined if urinary dysfunction is routinely addressed in the outpatient setting and if endocrinologists feel adequately equipped in managing this common pathology.

Methods: A 10-question multiple choice survey was created and emailed to all current Irish Endocrine Society (IES) members and nurse specialists nationally. Responses to questions regarding treatment options were answered by ranking the list of utilised therapies by preference. Data was aggregated and mean values for each category com- piled. Subgroup analyses compared responses between consultants, trainees and nurse specialists.

Results: Responses were received from 30 IES members and nurse specialists, with greater than 80% aware that diabetic patients experience more bothersome LUTS than a non-diabetic population. Despite this, only 16% routinely asked about urinary dysfunction in clinic. Approximately 60% of respondents prescribed pharmacotherapy for LUTS with alpha blockers most commonly offered. Over 80% of respondents felt the most significant barrier to assessing LUTS was clinic time constraints. Sixty percent of respondents felt endocrinologists do not have enough expertise in the management of urinary dysfunctions.

Conclusion: Although endocrinologists are aware that diabetic patients experience bothersome LUTS, these are not routinely assessed or managed in the diabetic outpatient setting. Clinic time constraints and a lack of knowledge on LUTs management were identified as contributing factors.

BENIGN UROLOGY

ORAL 16

What would you do Doctor? Variation in preferred treatment choices in endourology as doctor or doctor-patient

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Introduction: Many non-clinical factors influence surgeons' decision making and preferred treatment options. Studies have shown that when confronted with a clinical scenario as the patient, a doctors preferred treatment option may vary [1,2,3]. Several factors may be implicated, both personal and resource based. Any divergence between what we, as surgeons, would choose for ourselves over that for our patients warrants consideration and is the aim of this study.

Methods: Survey recipients were randomised to one of two Google Forms surveys. The survey was distributed to both consultants and trainees. The recipients were blinded to randomisation. Information was collected relating to basic demographics, experience and resource availability in each surgeon's centre. Identical common clinical scenarios were presented and recipients asked to choose their preferred treatment option out of a single option multiple choice question, with role randomisation to either doctor or doctor-patient.

Results: A total of 28 respondents were from Ireland. Five common clinical scenarios were presented. For a proximal ureteric stone < 1 cm, no respondent chose primary extra- corporeal shockwave lithotripsy (ESWL) over ureteroscopy as the preferred option for their patient (n = 0/13). However, 33% (n = 11/15) preferred this option for themselves. In the doctor-patient group, 73% (n = 11/15) chose a stent-on- string over other stent options after a primary ureteroscopy. However, in the patient group, only 40% (n = 6/13) choose this option.

Conclusion: Clear divergence exists in some treatment choices between the two groups, with a trend towards more conservative treatment in the doctor-patient group. Several factors may influence this which warrant interrogation and reflection.

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ORAL 18

Robotic-Assisted Laparoscopic Pyeloplasty: A 6 year experience and outcomes in a "high complexity" surgical unit in London, England

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Introduction: Robotic assisted pyeloplasty is now widely practiced in Europe and considered the gold standard in the treatment of patients with ureteropelvic junction obstruction [1,2]. We present our experience and outcomes at a single robotic centre of robotic-assisted laparoscopic dismembered pyeloplasty for the treatment of pelvi-ureteric junction obstruction (PUJO).

Methods: We retrospectively reviewed data outcomes from robotic assisted pyeloplasty over 6 years (January 2018– March 2024). 116 robotic-assisted transperitoneal laparoscopic pyeloplasties were performed by two surgeons. Data was obtained from patient case notes, patient charts, and radiographic reports. Outcomes were measured based on complications, symptomatic results and post-operative MAG3 scan.

Results: We demonstrate a 1% complication rate, and no patients were re-admitted within 30 days or surgery. Of the symptomatic patients, 91% noticed improvement and were asymptomatic post operatively. 97% of patients had a stable or improved split function following the MAG3 renogram 3 months post-surgery.

Conclusions: Our results demonstrate low rates of morbidity, symptomatic improvement, and a stable or improved split function post-operatively was seen in the majority of our patients. We aim to expand and continue to work on our data set over the next 12 months

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BENIGN UROLOGY

ORAL 27

Urology directed management of high grade renal trauma is associated with a low rate of emergency nephrectomy/ renorrhaphy

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Introduction: Major trauma care in Ireland is managed through a multidisciplinary approach between trauma surgeons and organ subspecialists e.g. urologists, irrespective of the injury grade or other organ involvement. This contrasts with the management of trauma care in other jurisdictions e. g United States, where most cases are managed by trauma surgeons, with subspecialities consulted as required. One US study found high rates of nephrectomy whether renal trauma was managed with or without urology consultation (36.4% vs 78.8%) [1]. We hypothesised that urology directed care of renal injuries in Ireland would be associated with comparatively lower rates of intervention/ nephrectomy. The aim of our study was to evaluate the management of renal trauma in Ireland using data derived from the Irish Major Trauma Audit.

Methods: The database was used to identify all cases of significant renal trauma presenting to the 26 trauma receiving hospitals in Ireland between 2014 and 2020. Demographic data, mechanism of injury, injury characteristics, management and patient outcomes were analysed.

Results: There were 426 renal trauma cases recorded, of which 305 patients had a high grade renal injury. The majority of patients were male (241 (79%)). The median age was 28 years (0.3–93.9 years). There were 276 cases of blunt renal trauma (90%) and 29 cases of penetrating trauma (10%). Seven patients underwent emergency nephrectomy or renorraphy (2%).

Conclusion: Emergency nephrectomy for high grade renal trauma is exceedingly rare in Ireland. We conclude that an integrated approach to trauma care results in a higher likelihood of avoiding intervention.

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ORAL 28

Lifecycle of a JJ stent at a tertiary referral centre – are we hitting the mark?

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Introduction: Ureteric (JJ) stenting in the management of obstructing ureteric calculi is common practice. Complications associated with the prolonged presence of ureteric stents include calcification, encrustation, migration and stricture. Stent symptoms present significant morbidity, with the burden of care falling on the general practitioner and emergency department.

Method: A closed-loop audit recording stent insertion and time to flexible ureterorenoscopy (FURS) was conducted over a six-month period. 3-month retrospective data (May–July) and 3-month prospective data (August–October) were collected. Clinical location within St. Vincent's Hospital Group (SVHG) was recorded. Stent insertion was electronically recorded. In the prospective phase suitability for stent removal at a level 3 or 4 hospital was triaged by a designated senior house officer (SHO). Patients deemed suitable for management in level 3 centres were identified and prioritised.

Results: 50 patients were included. May: 50% treated < 6 weeks. June: 25% treated < 6 weeks. July: 16% treated < 6 weeks. August: 85% treated < 6 weeks, 66% in level 3.September: 80% treated < 6 weeks, 50% in level 3 October:66% treated < 6 weeks, 33% in level 3. Urology model of care guidelines state ureteric stents should be exchanged or removed within 4 weeks. BAUS guidelines [1] state stents should remain in situ 4–6 weeks after ureteric injury.

Conclusion: Data demonstrates delay in care at changeover. The design of the distribution system currently in practice within SVHG represents a feasible treatment method, utilising level 3 centres, in keeping with health regions integrated care pathway of the Health Service [2].

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POSTER 2

Effect of Telephone Review on Trial without Catheter Outcomes

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Introduction: Traditional Trial Without Catheter (TWOC) clinics rely on face to face (F2F) review, including bladder scan, to assess voiding after catheter removal [1]. Within our unit, social distancing during the COVID-19 pandemic prompted a shift towards a telephone review (TR) model. We aimed to assess the effect this change had on the rate of successful TWOCs and the proportion of patients remaining catheter free.

Methods: We conducted a retrospective review of 100 men who underwent a TWOC, prior to the pandemic, after their first episode of acute urinary retention. Baseline demographics were collected. The rate of successful TWOCs on the day and episodes of re-catheterisation within 6 months were noted. The review was then repeated for a further 100 men after the TR model was adopted.

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Results: Median age in years (75 vs 74) and proportion of patients on medical therapy for prostate (60% vs 62%) was similar between the F2F and TR clinics. For the F2F clinics, successful TWOCs were 46/100 vs 60/100 in the TR clinics, (p = 0.05). At 2 weeks, the proportion of catheter free patients in the F2F group was 40/46 (87%) vs 41/60 (68.3%) in the TR group, (p = 0.03). At 6 months, 38/46 (82.6%) of F2F clinic patients were catheter free compared with 39/60 (65%) of the TR clinic patients, (p = 0.04).

Conclusion: While TR clinics seem to have a higher initial TWOC success rate, more patients from this group return early for re-catheterisation. This suggests F2F review, including post void bladder scan, is important.

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POSTER 3

Outcome of post-prostatectomy incontinence surgery in men with preoperative idiopathic detrusor overactivity

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Background: Urodynamic evidence of storage dysfunction such as detrusor overactivity (DO) and/or poor compliance are present in up to 30–40% of patients after Radical Prostatectomy (RP) and may contribute to Postprostatectomy incontinence (PPI). However, the impact of this storage dysfunction on symptoms and management of PPI is not fully understood.

Methods: We performed a systematic search of the literature including articles on patients undergoing stress urinary incontinence (SUI) surgery after prostatectomy with preoperative DO between January 2003 and May 2023 to ensure contemporaneous data was obtained.

Results: We identified 11 eligible publications with a total of 792 patients. On Urodynamics, 29% (n = 229) patients had DO prior to SUI surgery. Overall 69% patients had a successful outcome after SUI surgery while 26% (132/499) failed. 34% (32/95) patients who had proven DO preoperatively failed SUI surgery. A wide variation was seen in the statistical analyses conducted to calculate the effect of pre- operative DO on surgical outcomes in SUI surgery.

Conclusions: The current optimal management of men with DO on preoperative urodynamics prior to male SUI surgery is not known. Our systematic review could not pro- vide conclusive evidence due to the variability in outcome reporting, methods of analysis and the quality of available studies. On account of inconclusive evidence, patients with DO on preoperative urodynamics who are eligible for male SUI surgery should not be denied surgery but should be counselled appropriately to manage expectations.

POSTER 11

Nephrostomy cultures: 5 year trend in antibiotic resistance across the South-Eastern Trust in Northern Ireland

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Introduction: Nephrostomies are a common surgical intervention which provides a temporary or permanent pathway for obstructed kidneys. With increasing concerns regarding antimicrobial resistance, we investigated the trend of antibiotic resistance in common organisms cultured from nephrostomy samples and compared antimicrobial pre- scribing choice recommended by the Trust's Adult Antibiotics Guidelines.

Methods: Nephrostomy culture data (this included organ- isms isolated and sensitivities) were collected from January 2019 to October 2023. The data was then divided into groups determined by the year of collection. Prevalence of organisms grown and their resistance to different antibiotics was tallied.

Results: 679 cultures were identified from January 2019 to October 2023. Prevalence of Extended Spectrum Beta-Lactamase Enterobacteriaceae (ESBL), Gentamicin/Vancomycin Resistant Enterococcus (GRE/VRE) and Methicillin-sensitive Staphylococcus aureus (MSSA) were low across the 5 years with ranges of 6–11, 1–4 and 4–9 respectively. There were no Carbapenemase-producing Enterobacterales (CPE) or Methicillin-resistant Staphylococcus aureus (MRSA) organ- isms identified. Resistance profiles of E. coli, Pseudomonas and Enterococcus did not show any significant trends against common antibiotics recommended in our Trust Guidelines.

Conclusions: Across the 5 years, the antibiotic resistance trends for the 3 most common bacteria, E. coli, Pseudomonas and Enterococcus, have remained relatively similar with low prevalence of resistance. Surprisingly there has been no MRSA isolated during these 5 years. This may be attributable to routine pre-operative screening and decolonisation, but this theory is contradicted by the prevalence of MSSA which shares the same management. Audit results confirm that current trust antibiotic guidelines for this area are appropriate.

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POSTER 22

Using artificial intelligence to generate medical literature for urology patients: A comparison of three different large language models

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Introduction: Large language models (LLMs) are a form of artificial intelligence (AI) that uses deep learning techniques to understand, summarise and generate content. The potential benefits of LLMs in healthcare is predicted to be immense. This study aimed to examine the quality of patient information leaflets (PILs) produced by 3 LLMs on urological topics.

Methods: Prompts were created to generate PILs from 3 LLMs: ChatGPT-4, PaLM 2 (Google Bard) and Llama 2 (Meta) across four urology topics (circumcision, nephrectomy, overactive bladder syndrome, and transurethral resection of the prostate). PILs were evaluated using a quality assessment checklist. The Average Reading Level Consensus Calculator assessed PIL readability.

Results: PILs generated by PaLM 2 had the highest overall average quality score (3.58), followed by Llama 2 (3.34) and ChatGPT-4 (3.08). PaLM 2 generated PILs were of the highest quality in all topics except TURP and was the only LLM to include images. Medical inaccuracies were present in all generated content, including instances of significant error. Readability analysis identified PaLM 2 generated PILs as the simplest (age 14–15 average reading level). Llama 2 PILs were the most difficult (age 16–17 average).

Conclusion: While LLMs can generate PILs that may help reduce healthcare professional workload, generated content requires clinician input for accuracy and inclusion of health literacy aids, such as images. LLM-generated PILs were above the average reading level for adults, necessitating improved LLM algorithms and/or prompt design. How satisfied patients are to LLM-generated PILs remains to be evaluated.

POSTER 24

Challenging convention in Laparoscopic Pyeloplasty: A prospective analysis on the successful application of knotless continuous barbed suture

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Introduction: One of the significant technical challenges in Laparoscopic pyeloplasty (LP) is intracorporeal knot-tying. Self-anchoring sutures offers a different approach to tissue approximation. This report details our experience with a series of consecutive cases undergoing laparoscopic pyeloplasty using knotless barbed sutures.

Methods: An analysis of a prospectively maintained LP data- base was performed. This technique used a 3–0 running barbed suture after apical approximation with a 3.0 Vicrly suture. Patients had JJ stents for six weeks and underwent nuclear medicine renograms at 12 weeks post-procedure. Primary outcomes included suture technique used and PUJO recurrence. Secondary outcomes are conversion to open rates and complications.

Results: Twenty-six patients underwent LP, of whom 3 underwent LP with pyelolithotomy. Thirteen patients (52%) underwent surgery on the left side. Four cases (15%) were converted to open surgery. The indication for conversion was the inability to laparoscopically speculate the ureter in 2 cases and retro-peritoneal fibrosis in 2 cases. Twenty-two (85%) patients had completed LP surgery with a knotless continuous barbed suture. The mean length of stay was 48 hours. The complication rate for LP was 15%. Among these, 3% were classified as Clavien Dindo grade II, 3% as grade 3a, and 8% as grade 3b. No patient who under- went LP developed a PUJO recurrence or anastomotic leak. All patients had improvement of symptoms.

Conclusion: In this study, successful outcomes of LP using barbed sutures were demonstrated. LP with barbed suture is an alternative to other suturing methods.

POSTER 26

Changes in Information Seeking Patterns of Medical Students in the Social Media and Artificial Intelligence Age: The implications for Urology undergraduate teaching

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Background: Non-traditional and novel online sources of medical information, such as social media and video-sharing platforms, provide medical students with opportunities for innovative learning. This cross-sectional study assesses current trends in use of these resources among medical students.

Methods: A prospective, cross-sectional, observational and descriptive study using an online questionnaire was utilised. Data collected included platform used, frequency of use, references, perceived benefits and challenges associated with the use of these tools in the learning experiences of medical students.

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Results: 273 medical students consented and completed the survey. 217 (79.1%) of students used social media or online video sharing platforms for educational purposes, mainly to supplement or replace course materials. The three reported benefits of using social media for educational purposes were: (I) accessing medical knowledge quickly and easily (87.7%), (II) accessing short duration compressed videos (70.8%), and (III) accessing infographics and visually appealing resources (67.5%). 143 (52.2%) of students have used Chat GPT or other LLMs. Of these, 54.7% have used LLMs for educational purposes (33% weekly and 44.3% monthly), and report using them mainly as resource when completing assignments, homework, or essays. 73.2% expressed concerns regarding unreliable medical information on social media, whereas only 54.8% expressed concerns with LLMs.

Conclusion: The survey results demonstrate that medical students are frequently seeking medical knowledge outside of core course materials. Medical educators and urologists must become aware of these changing trends. Guidance should be provided to medical students regarding the relative risks and benefits of these resources.

POSTER 38

Place of mentorship programme in urology training

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Introduction: The importance of mentorship in trainee development is well recognised, it directly promotes self- learning, confidence and ultimately leads to better career progression. Mentorship involves coaching, empathy, willingness and most of all generosity of time. Despite numerous publications, an ideal mentorship program is yet to be identified [1,2].

Methods: We created a questionnaire focused on the current mentorship status in Urology training in Ireland. The questionnaire was distributed to Specialist Urology, ESR and parallel trainees. The data was collected anonymously. The primary aim was to assess demand for mentorship prior to establishing formal mentorship programme. We recorded data on trainees in all stages of training.

Results: Data was collected on 24 trainees (41.7% female, 58.3% male). 54% of trainees currently have a mentor assigned, of which only 30.8% have formal mentorship arrangements in place and no trainees have scheduled meetings with their mentor. 72% of trainees would like to meet/ speak to their mentor formally every 6 months. Most trainees wish to have mentor for assistance in career progression. The majority of responders have no preference on mentor gender, age or sub-specialty but would like to rotate mentors during training. All trainees without a mentor would be interested in a formal mentorship.

Conclusion: In recent years, mentorship incorporation into specialized training has been attempted with various success. The opinion on ideal degree of supervision and amount of mentorship varies. It is clear from our survey the demand is present in all stages of training across specialized and parallel training programs.

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POSTER 39

Healthcare utilisation in patients with spina bifida

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Introduction: The paediatric spina bifida clinic in Temple Street Hospital, provides patients with structured, multidisciplinary healthcare from diagnosis to adulthood. At present there is no equivalent service for adult patients, leading to a lack of designated healthcare resources for this cohort. This is of particular concern when studies show that patients who fail to transition to adult specialist services are more likely to require unscheduled care [1]. The primary aim of this study is to assess the healthcare utilization of adult patients with spina bifida in the Munster region.

Method: An electronic questionnaire was distributed via spina bifida advocacy groups, to adult members with a diagnosis of spina bifida living in Munster. Thirty-six participants were surveyed regarding their baseline demographics, bowel and bladder function and hospital attendances. They were also invited to comment on barriers to care and areas for service improvement.

Results: Twenty-eight respondents had engaged with adult urology outpatient services (77.8%). Most emptied their bladder by intermittent self-catheterisation (72.2%, 26/36). Sixteen regularly used medications or intervention to man- age their bowel function (44.4%). Twenty-two patients (61%) reported an emergency department attendance in the past 5 years. Fourteen presentations were urological in origin (58.3%). Most felt that a multidisciplinary approach to their care in the form of a dedicated clinic would be beneficial. Several highlighted inadequate wheelchair access as barrier to care.

Conclusion: Most respondents have successfully transitioned to adult urological services. However, there was a strong desire for greater coordination of care to reduce the number of unplanned hospital attendances.

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POSTER 40

The introduction of digital care records improves completion of Urology consent forms

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Introduction: Ensuring consent is thorough is crucial in surgical care. A good marker for this is accurate completion of consent forms [1]. We assessed consent forms for urological procedures in the South Eastern Trust before and after the much anticipated Introduction of Encompass in November 2023. Encompass is a programme run by Epic, a health- care system widely used in the USA providing a completely digital record for every patient. Our trust was the first to introduce this system, which will be completely rolled out in Northern Ireland over the next 2 years.

Methods: Consent forms for urological procedures were audited – 15 before Encompass introduced (paper forms), and 15 following implementation (online forms signed on tablets). Information audited included patient details, consultant, side listed (if appropriate), complications, leaflet given, consenter signature, legibility and whether copy was given to patient.

Results: Several parameters were well completed through- out (patient details, procedure name and side). Introducing digital forms improved completion of responsible consultant, anaesthetic type and most notably complication lists. Documentation of whether an information leaflet was given was lower on electronic forms. The most poorly completed part throughout was whether a copy of consent form was given to patient.

Conclusions: The digital platform allows automatic population with several parameters, improving efficiency. A complication list can be added easily using pre-completed lists from BAUS patient leaflets. In the future consent forms will automatically be sent to patients, which will improve digital consenting further.

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POSTER 41

What energy crisis? The use of low-power holmium laser for enucleation of the prostate

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Introduction: Holmium laser enucleation of the prostate (HoLEP) is an established treatment modality for patients with symptomatic bladder outlet obstruction and is an excellent alternative to transurethral resection or open prostatectomy. Most HoLEPs are performed with high powered lasers (100/120 W) however, many agree that comparable outcomes can be achieved at lower power. We present our single-center data from 1096 HoLEPs performed using a 50W laser.

Methods: A prospective database was maintained of patients undergoing HoLEP procedures at our institution. A 50 W Ho:YAG laser (Auriga XL) was used at 39.6 W (2.2J, 18 Hz). Pre- and post-operative data was collected including IPSS scores, prostate volume, enucleated weight, and operation time. Patients were reviewed three months post-operatively.

Results: Over a seven-year period 1096 HoLEP procedures were performed. The mean patient age was 71.5 years with a median prostate volume of 77cc. 374 had prostate volumes greater than 80cc. The mean total operating time (enucleation and morcellation) was 72 minutes, with a mean enucleation weight of 54.1 g. The majority of patients were discharged home on the same day with a mean length of stay of 0.88 days. Post-operatively mean IPSS scores improved by 14.2 ($p < 0.001$) and Qmax improved by 11.6 ml/s ($p < 0.001$). Complications included a post-operative stricture rate of 2.9% and a bladder neck contracture rate of 3.1%. Six patients (0.55%) required a return to theatre post-operatively. There was a proven sphincter injury in two cases (0.18%)

Conclusion: Low-power HoLEP has excellent patient out- comes. It is a technically feasible and effective option for the treatment of bladder outlet obstruction which can be delivered safely as a daycase procedure.

POSTER 48

Improving waste management in urology theatre: The impact of introducing a “Green Moment” in daily surgical practice

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Introduction: Healthcare services contribute to 4–5% of total carbon emissions globally [1]. In acute hospitals, operating theatres account for approximately 70% of general waste and 20% of healthcare risk waste [1,2]. Ensuring proper waste segregation in theatres is crucial for efficient and environmentally sustainable waste disposal.

Methods: We conducted a closed-loop audit in urology theatres and anaesthetic rooms in our centre, focusing on the correct disposal of recyclable waste according to Environ- mental Protection Agency (EPA) guidelines2. Data was collected before and after implementing a ‘‘Green Moment’’ during our daily multidisciplinary planning meeting and during each case’s ‘‘Time Out’’ process. This involved reiterating the

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importance and correct procedure for waste disposal to theatre staff and is in line with the Intercollegiate Green Theatre Checklist[1]. Additional variables recorded include the procedure performed and the case's position on the operating list.

Results: We analysed data from n = 20 cases both before and after the implementation of a 'Green Moment'. Prior to the intervention, 68.1% of recyclable waste in the anaesthetic room (AR) and 56.0% in the operating theatre (OT) was incorrectly placed in general waste bins. Following the intervention, the rate of incorrectly disposed waste in the AR remained consistent at 71.8%. However, in the OT, there was a significant decrease in mismanaged waste to 31% ($p = 0.029$). There was no significant correlation between the type of procedure performed or the position of the case on the operating list and the correctness of waste disposal ($p = 0.34$; $p = 0.61$).

Conclusion: Encouraging proper waste disposal practices by incorporating recycling awareness into daily surgical practice can lead to improved recycling behaviours. This initiative marks a significant step towards establishing a more environmentally friendly urology theatre at our centre.

References

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ONCOLOGY AND ROBOTIC SURGERY

TIME: 11.00 – 12.25

ORAL 3

Neobladder reconstruction after cystectomy: contemporary experience in a single-centre series

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Introduction: Some 80–100 patients require cystectomy each year in Ireland, but only a minority are suitable for orthotopic neobladder reconstruction. Adequate physical dexterity and cognitive capacity are required to adhere to a strict post-operative neobladder care regimen. The aim of this study was to review our contemporary experience with this super-selected group of patients.

Methods: Consecutive patients undergoing cystectomy with neobladder reconstruction from 2005 to 2024 were retrospectively identified from a prospectively maintained cancer database. Clinicopathological characteristics, operative details, and outcomes were recorded.

Results: Fourteen patients were included, with mean age 54.6 years. All patients had bladder cancer, three with high-risk, non-muscles-invasive disease, and the remainder with ≥T2 disease. Ten Studer and 1 Mainz II pouch were formed for 11 male patients [1,2]. Three female patients underwent Indiana pouch reconstruction [3]. Mean length of stay was 17 days. Mean follow-up was 62.8 months. Three patients (21.4%) had a documented admission with urosepsis during this period. Three of 11 (27.3%) patients with Studer pouches self catheterise, with the remainder voiding voluntarily. No significant decrease in renal function over time was noted. One patient developed pancreatic cancer and died. Notably, all other patients remain alive and free of recurrence. This partially reflects their index fitness and favourable clinicopathologic characteristics.

Conclusion: Even when performed infrequently, this series demonstrates the long-term success of neobladder reconstruction. The favourable oncologic and functional out- comes in this cohort partially reflect the highly selected nature of the group. Neobladder reconstruction should remain an option for bladder cancer patients in Ireland.

References

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[2]Studer UE, Ackermann D, Casanova GA, Zingg EJ. Three years' experience with an ileal low pressure bladder substitute. Br J Urol 1989;63:43–52.
[3]Rowland RG, Mitchell ME, Bihrle R, Kahnoski RJ, Piser JE. Indiana continent urinary reservoir. J Urol 1987;137:1136–9.

ORAL 10

Robotic Cystectomy Program- the initial two years' experience

G. Keane[a], C. O'Connell[a], S.S. Connolly[a,b], K.J. O'Malley[a,b], D. Galvin[a,b], N. Hegarty[a,b], G.J. Nason[a,b]
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Introduction: Radical cystectomy is standard of care for patients with muscle invasive bladder cancer and an option for patients with high and very high risk non muscle invasive bladder cancer. The iROC study demonstrated with level 1 evidence that robot assisted radical cystectomy (RARC) in high volumes centres is associated with a lower complication rate. This study aims to report the initial two-year experience of RARC in a single centre.

Methods: The first RARC was performed in our unit in February 2022. All cystectomies since have been performed robotically. A review of the prospective bladder cancer database was performed.

Results: To date, 43 RARCs have been performed. The median age was 72.2 years (Range 52–82). 36 (83.7%) patients were male. The median BMI was 28 (Range 14–36). The median operative time (skin to skin) was 400 mins (280– 600 mins). The median blood loss was 200mls (Range 50– 1000 mls). The median length of stay was 7 days (Range 4–28). All bar one patient (n = 42) underwent an intracorporeal reconstruction. No patient required an intraoperative transfusion. Two (4.7%) patients developed Clavien-Dindo >3 complications within 30 days one (2.3%) of whom died within 30 days. Nine (20.9%) patients developed late complications- 5 (11.6%) ureteric strictures, 2 (4.7%) incisional hernias, 1 (2.3%) parastomal hernia and 1 (2.3%) stoma stenosis.

Conclusion: Herein, we report the successful Introduction of a robotic cystectomy program.

ORAL 15

Image guided energy-based ablation of T1 renal cell cancer: A ten-year single centre experience

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Introduction: Image-guided energy-based tumour ablation (IGTA) with radiofrequency ablation (RFA), microwave ablation (MWA) and cryotherapy are curative local therapies for T1 renal cell carcinoma (RCC). We aim to evaluate ten-year oncological outcomes and survival following IGTA of T1 RCC in our unit.

Methods: We retrospectively reviewed all patients with biopsy proven RCC who underwent IGTA of a T1 tumour between March 2013 and June 2023. Data collected included: patient demographics, tumour size and histology, pre and post procedure creatinine, ablation technique, complications, efficacy, disease free survival and overall survival (OS).

Results: 50 IGTAs were performed on 46 RCC (mean diameter 2.6 cm) in 45 patients. Complications occurred in 8% of procedures (n = 4/50). Median clinical follow-up was 27.5 months (range 3–88). There was no significant change in creatinine due to IGTA. Primary efficacy of ablation was 94% (43/46 tumours). MWA had a lower primary efficacy

than RFA (82% (14/17) vs 100% (28/28) respectively, (p = 0.02)). Larger median RCC diameter was associated with failed primary efficacy in the MWA group (3.8 cm vs 2.4 cm respectively, p = 0.045). OS was 97.4%, 88.5% and 88.5% at 1, 3 and 5 years respectively. Local tumour progression free survival was 100%, 95.2% and 95.2% at 1, 3 and 5 years respectively. Cancer specific survival at 5 years was 100%.

Conclusion: IGTA provides an effective durable treatment option for patients with T1 RCCs. Primary efficacy was greater with RFA than MWA. Primary efficacy failure in the MWA group is associated with greater median RCC diameters.

ORAL 17

LAParoscopic entry technique in REnal Surgery: a randomised controlled trial comparing open (Hasson) versus closed (Veress) techniques (LAPRES).

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Introduction: Primary port site entry in laparoscopic and robotic renal surgery can be associated with iatrogenic injury and morbidity [1]. There are no randomized con- trolled trials to date comparing the open (Hasson) technique to the closed (Veress) technique of primary port site insertion [2,3].

Methods: The LAPRES trial was a non-inferiority, open- label, single center, prospective randomized controlled trial conducted in our institution by three surgeons over 6 years from September 2017, comparing the open (Hasson) to the closed (Veress) technique for primary port placement. Data was collected in a prospectively maintained central database. We used Chi-square and regression analysis as a statistical tool. The primary endpoint of this study was to com- pare major and minor complications of the Hassan technique and the Veress technique.

Results: Data was collated on 223 patients (Hasson 48,3%; Veress 51,6%). We recorded patient gender (F 102, M 119), age (median 57), BMI (median 28.8), and surgical complications such as difficulty in primary entry (n = 12, p = 0.28), failure to create pneumoperitoneum (n = 6, p = 0.01). There were no significant complications in either group. BMI showed effect on choosen approach in favor of Hassan (p = 0,001, 95% CI —0,107 to —0,025), age and time on the other hand failed to show any significance.

Conclusion: This study demonstrated no statistical differences between the two groups except BMI. We suggest a personalized approach to each patient taking into account factors such as body habitus and surgeon experience.

References

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[2]Angioli R, Terranova C, De Cicco NC, Cafa EV, Damiani P, Portuesi R, et al. A comparison of three different entry techniques in gynecological laparoscopic surgery: a randomized prospective trial. Eur J Obstet Gynecol Reprod Biol 2013;171(2):339–42.

[3]Ahmad G, O'Flynn H, Duffy JM, Phillips K, Watson A. Laparoscopic entry techniques. The Cochrane database of systematic reviews. 2012(2):Cd006583.

ORAL 20

Minimally invasive partial nephrectomy – perioperative outcomes from a ten year prospective database

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Introduction: Partial nephrectomy is the standard of care for small renal masses in patients fit for operative management. The aim of this study was to assess perioperative out- comes in an Irish cohort of patients undergoing minimally invasive (MI) partial nephrectomy.

Methods: A retrospective review of a prospectively maintained database was conducted. Statistical analysis was carried out using Excel v16.80.

Results: Between October 2015 and March 2024 312 MI partial nephrectomies were performed. Robot-assisted partial nephrectomies accounted for 237 (75.9%) of the study group, laparoscopic 24.1%. The transperitoneal approached was used in 294 (94.2%) of patients, retroperitoneal 5.8%. The average patient age was 57.1 years (range 24.5–81.6, standard deviation (SD) 12.65). Male patients accounted for 60.6% of the study group. Pre-operative biopsy was per- formed in 79 patients (25.3% of patients). Average blood loss was 190mls (range 10–1600 mls). Mean clamp time was 24.5 minutes (standard deviation 9.1 minutes). Twenty procedures were converted to radical nephrectomy. The aver- age length of stay was 3.9 days (SD 2.8 days). Ten patients required post-operative blood transfusion (3.2%). Clavien- Dindo grade 3 or higher complications occurred in 11 patients (3.5%). Mean tumour size was 33.3 mm (range 3.3–100 mm, SD 15.7 mm). Twenty-seven lesions (8.7%) were benign on histological analysis. The most common malignant tumour type on final histology was clear cell carcinoma, accounting for 186 tumours (59.6%).

Conclusion: This study outlines the perioperative outcomes in a large contemporary Irish cohort undergoing MI partial nephrectomy. Complication and transfusion rates compare favourably with large international series [1].

References

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ONCOLOGY AND ROBOTIC SURGERY

ORAL 22

Radical nephrectomy with venal caval thrombectomy-insights from 50 cases

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Introduction: Up to 10% cases of renal cell carcinoma (RCC) are associated with inferior vena cava (IVC) thrombus [1]. We aimed to report our centre's multidisciplinary experience of the surgical management of locally advanced kidney can with IVC thrombus.

Methods: Consecutive patients undergoing nephrectomy with IVC thrombectomy from 2016–2024 were identified from a prospectively maintained retrospective database. Patients with 30-day follow up were included. Patient demographics, tumour characteristics and operative out- comes were recorded.

Results: 50 patients were included, with a mean age 65.6 years. 19 patients were female (38%). 39 patients had right sided tumours (78%). Mean (±SD) maximum tumour diameter was 9.7 cm (±3.5 cm). Level 1, 2, 3, and 4 thrombus was resected in 15, 23, 7 and 5 patients respectively. 5 cases were performed in the cytoreductive setting. One patient under- went unplanned sternotomy for intra-operative thrombus migration to the right main pulmonary artery. 7 patients underwent multi-visceral resection either for T4 disease or for a separate primary. 2 patients required IVC reconstruction with graft. Median (IQR) length of stay was 10.5 (8.25) days. Two patients died unexpectedly in hospital. The majority of tumours were clear cell in origin (78%). Of the patients treated with curative intent, recurrence occurred in 19, with a median time to recurrence of 9 months (±9.5).

Conclusion: This series reflects the importance of a multi- disciplinary surgical approach to locally advanced kidney cancer, in particular the need for input from hepatobiliary and cardiothoracic services.

References

[1] Nouh MA, Inui M, Kakehi Y. Renal cell carcinoma with IVC thrombi; current concepts and future perspectives. Clin Med Oncol 2008;2: CMO-S46

ORAL 23

Investigation of non-visible haematuria in a tertiary urology service: Can we see the reward?

C. O'Mahony[a], O.E. Lynch[a], K. Daly[a], F. D'arcy[a], C. Dowling[a]
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Introduction: Non-visible haematuria (NVH) is a common reason for referral to urology outpatients. There is ambiguity in current guidelines internationally regarding investigation of NVH, which differ regarding definitions, age thresholds and patient factors [1,2]. The aim of this study is to investigation the rate of detection and resource burden of NVH referrals placed on a tertiary urology service.

Methods: A retrospective chart review was performed which identified patients who were investigated for isolated NVH from July 2023 to February 2024. Data was collected on patient demographics, indication and result of flexible cystoscopy, type of radiological imaging and result. Information regarding costing was also collected.

Results: A total of 718 flexible cystoscopies were reviewed. Of which, 74 (10%) had recorded NVH as the sole indication. Three studies were subsequently excluded due to concurrent indications. Two studies identified an erythematous area warranting biopsy, both of which were benign. Imaging identified three patients with findings requiring follow up imaging. Cost of flexible cystoscopy is estimated at €609, ultrasound imaging €102, CT imaging €170, and outpatient clinic appointment €150. This equates to minimum cost of €861 for investigation of NVH.

Conclusion: NVH has a detection rate of 6% for urological malignancy identification in recent large volume studies [2,3]. Investigation contributes to a significant resource bur- den to urology services. In addition, the risk to patient including infection, radiation exposure and the invasive nature of investigations must also be considered. Clear and universal terminology and guidelines must be established to give safe management.

References

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[2]Bolenz C, Schröppel B, Eisenhardt A, Schmitz-Dräger BJ, Grimm MO. The investigation of hematuria. Deutsches Ärzteblatt Int 2018;115 (48):801.3.
[3]Tan WS, Feber A, Sarpong R, Khetrapal P, Rodney S, Jalil R, et al. Who should be investigated for haematuria? Results of a contemporary prospective observational study of 3556 patients. Eur Urol 2018;74 (1):10–4.

POSTER 5

Potential impact of pembrolizumab in the adjuvant setting for intermediate-high risk and high risk kidney cancer

Colton Bohonos[a], Muheilan[a], Kiaran O'Malley[a], Nicholas Hegarty[a], David Galvin[a], Gregory Nason[a], Steven Connolly[a]
[a] Department of Urology, Mater misericordiae university hospital, Dublin, Ireland

Introduction: Patients diagnosed with clear cell renal-cell carcinoma who undergo nephrectomy lack effective adjuvant therapy options supported by substantial evidence.

Methods: We analysed our data of all the nephrectomies from January 2019 to December 2023, then compared our outcomes to the Keynote 564 trial results. In their study, they found a 32% reduced recurrence or death with pembrolizumab as adjuvant treatment compared to placebo [1]. Our primary end point was disease-free survival. Over- all survival was a secondary end point.

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Results: A total of 160 patients were followed at the pre- specified interim analysis. 49 patients were matching the Keynote 564 trial inclusion criteria, but only 45 were included as they had local follow up. The median follow up was 15 months (range 2–58). 13 patients (28.9%) had mets and 32 (71.1%) were free of mets during the follow up period. 10 (76.9%) of those with mets had salvage treatment, while none of the included patients had adjuvant treatment. In those who had mets, 2 (15.3%) passed away – both had received salvage treatment. There was 1 (2.9%) death in those without mets. In total, 14 (31.1%) people went on to develop disease recurrence and/ or pass away. The median time to developing a mets was 12.5 months from surgery (range of 2–38). The overall survival was 93% (42/45).

Conclusion: As nearly one third of patients had a recurrence during their follow up, the Introduction of pembrolizumab as an adjuvant treatment in the Irish population could have a significant impact in improving disease specific and overall survival

Reference

[1] Choueiri TK, Tomczak, et al. Adjuvant pembrolizumab after nephrectomy in renal-cell carcinoma. N Engl J Med 2021;385:683–94.

POSTER 9

Open, Laparoscopic and Robotic-Assisted Nephroureterectomy: A Network Meta-Analysis Comparing Outcomes

Gavin Calpin[a], Sorcha O'Meara[a], Fintan Ryan[a], Cian Hehir[a], Barry McGuire[a]
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Introduction: Total nephroureterectomy is considered as a management option for upper tract urothelial carcinoma. We aimed to perform a systematic review and network meta-analysis (NMA) to determine the advantages and dis- advantages of open (ONU), laparoscopic (LNU), and robotic- assisted nephroureterectomy (RANU) with particular attention to intra-operative, immediate post-operative, as well as longer term functional and oncologic outcomes.

Methods: A systematic review and network meta-analysis was performed as per PRISMA-NMA guidelines. Binary data was compared using odds ratios (ORs). Mean differences (MDs) were used for continuous variables. ORs and MDs were extracted from the articles to compare the efficacy of the various surgical approaches.

Results: In total, there were 10 studies included with a combined 6,837 patients. Of these, 21.2% underwent ONU, 44.9% underwent LNU while 34.0% had RANU. There was no difference for either LNU or RANU as compared to ONU in intra-operative complications, blood transfusion rates, and 5-year overall survival. Operative time was significantly longer in RANU. Rates of conversion to open surgery were comparable in LNU and RANU. RANU had significantly fewer post-operative complications compared to open and laparoscopic surgery. Length of stay was significantly shorter following LNU and RANU compared to ONU.

Conclusion: Minimally-invasive surgery has better perioperative outcomes compared to ONU without compromising oncologic outcomes.

POSTER 10

Survivorship Post Retroperitoneal Lymph Node Dissection for Metastatic Testicular Cancer: A Systematic Review

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Introduction: Retroperitoneal lymph node dissection (RPLND) may be considered in patients with metastatic testicular cancer. We aimed to perform a systematic review to analyse outcomes in survivors across the domains of sexual, physical, and psychological function.

Methods: A systematic review was performed as per PRISMA guidelines. Outcomes were extracted from studies meeting the inclusion criteria and were analysed.

Results: In total, there were 11 studies included with 1,086 patients. Of these, 80.5% had stage 1 disease and 63.1% had nerve-sparing surgery. Clavien-Dindo 1–2 post-operative complications were reported in 14.1% of cases and Clavien-Dindo 3–5 in 4.5%. There was a 7.0% recurrence rate. Sexual impairment including hypospermia, dry ejaculation, and erectile dysfunction were more prevalent among patients who had non-nerve sparing procedures. Robotic surgery was reported to decrease the systemic chemotherapy burden in patients. Physical, emotional, social functioning and global quality of life were significantly better in minimally-invasive surgery compared to open RPLND.

Conclusion: RPLND is a viable treatment approach and may be considered at multidisciplinary discussions for patients with metastatic testicular cancer. Minimally-invasive surgery appears to have better sexual, physical, and psychological outcomes compared to open surgery with low rates of peri-operative complications and acceptable early oncologic outcomes. However, sexual dysfunction is a possible com- plication and patients should be thoroughly counselled about the risks and benefits of RPLND.

POSTER 12

Introduction of an Advanced Nurse Practitioner (ANP) led Non-muscle invasive bladder cancer (NMIBC) treatment and surveillance clinic in Tallaght University Hospital (TUH)

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Introduction: Bladder cancer is the 8th most commonly diagnosed cancer in Ireland [1] with approximately 75% of cases representing non-muscle invasive disease. The National Cancer Strategy 2017–2026 specifies the requirement for service planning and delivery to meet the future health care needs of the population, emphasising an increased role for ANPs in urology [2]. With this in mind an ANP was trained in performing flexible cystoscopy and introduced a treatment and surveillance clinic for all patients with NMIBC.

Methods: All patients undergoing BCG or epirubicin treatment were transferred to the ANP service. Other patients were referred from MDT. The ANP validated the flexible cystoscopy list patient by patient through electronic reports and charts.

Results: List validation was carried out from Jan 2019 to April 2023 and 186 patients identified with NMIBC were re-routed through the ANP service resulting in surveillance being offered in line with EAU guidelines. In the first year of this service the ANP performed 348 flexible cystoscopies, freeing up equivalent space on Consultants lists. 264 bladder instillations were also delivered in this clinic on time in accordance with EAU guidelines. In the first 12 months of this clinic one patient requested their care to continue through a Consultants clinic, further reflecting the success of the ANP led service. During this period the ANP gained competency performing bladder biopsies, diathermy and removing ureteric stents.

Conclusion: With close collaboration and support between the Consultants and the ANP, the Introduction of an ANP led NMIBC treatment and surveillance clinic in TUH has proven successful in providing timely and safe patient care. Additional important patient benefits include; continuity of care, the provision of psychological support and health promotion.

References

[1]https://www.ncri.ie/sites/ncri/files/atlas/old_atlas/10.%20Bladder%20cancer.pdf.
[2]Department of Health. National Cancer Strategy 2017–2026. Dublin, Ireland: Stationery Office; 2017.

POSTER 36

Assessing the quality of transurethral resection of bladder tumour (TURBT) operation notes in line with EAU guidelines

J. Kenny[a], C.J. O'Connor[a], C. O'Connell a, W. Pedro[a], G. Keane[a], D. Galvin[a], N. Hegarty[a], S. Connolly[a], K.J. O'Malley[a], G.J. Nason[a]
[a] Department of Urology, Mater Misercordiae University Hospital Dublin, Ireland

Introduction: Recurrence and progression of bladder cancer varies highly based on well-defined prognostic variables. Many of these variables are noted at the time of Transurethral Resection of Bladder Tumour (TURBT) and form the basis of the European Association of Urology non-muscle invasive bladder cancer (NMIBC) risk calculator which is the current gold standard for staging and diagnosis of disease. The use of standardised surgical checklist for recording operative findings is well supported in the literature and has been shown to enhance the quality of TURBT as well as oncological outcomes [1,2].

Aim: To review the current compliance of recording TURBT operative findings according to the EAU 2023 guidelines.

Methods: A retrospective review was conducted of TURBT operation notes which were carried out in a single urological centre between 2020 and 2022. The recording of 16 different variables was documented according to EAU recommendations.

Results: TURBT documentation of 164 cases were reviewed via an electronic patient record. The median age at the time of surgery was 72 years. Bimanual examination was recorded in 58 (35%) of patients. The macroscopic appearance of the tumour was recorded in 91 (55%) of cases. Tumour size was documented in 52 cases (32%) and the number of identified tumours in 102 (62%) of cases. Tumour location was described in 120 (73%) of cases. Macroscopic completion of the resection was recorded in 67 (41%) of cases.

Conclusion: This review demonstrates a non-compliance relating to expected standards in TURBT reporting. A standardised TURBT operation checklist may overcome this issue.

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[1]Pan D, Soloway MS. The importance of transurethral resection in managing patients with urothelial cancer in the bladder: proposal for a transurethral resection of bladder tumor checklist. Eur Urol 2012;61(6):1199–203. https://doi.org/10.1016/j.eururo.2012.03.018.
[2]Anderson C et al. A 10-item checklist improves reporting of critical procedural elements during transurethral resection of bladder tumour. J Urol 2016;196(4):1014–20. https://doi.org/10.1016/j. juro.2016.03.151.

POSTER 37

Efficacy and Outcomes from A Nurse-Integrated Haematuria Clinic at a Tertiary Care Centre

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Introduction: The utilization of Advanced-Nurse- Practitioners (ANPs) in performing flexible cystoscopy(FC) has emerged as a viable approach, with comparable competency to urology doctors [1,2]. A multidisciplinary model holds promise for enhancing the provision of urology care in Ireland, aiming to improving patient access and outcomes. We aim to assess the efficacy of a novel ANP-integrated haematuria clinic in a tertiary referral centre.

Methods: We carried out a retrospective analysis on data from our one-stop ANP-integrated haematuria clinic at Tallaght University Hospital between 2022 and 2023. Clinical history, cystoscopic and radiological findings, clinic out- comes and transurethral resection of bladder (TURBT) pathology were recorded for analysis.

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Results: 139 patients were seen in the clinic over 18 months, with n = 134 (96%) referred with visible-haematuria and the remainder non-visible haematuria. The median referral-to-FC time was 106 days (IQR 76–126). Bladder tumours were identified in n = 16 (12%) of cases. Approximately 40% (n = 54) of patients were discharged on the day of clinic, while 37% (n = 52) required further investigation and follow-up. TURBT was performed in 11% (n = 15) of cases, with Ta tumours observed in n = 11 (79%) of cases. The remaining n = 16 (12%) cases underwent other urological procedures.

Conclusion: Our study underscores the value of ANP-integrated haematuria clinics in modern urology care, demonstrating their effectiveness in timely diagnosis and management of bladder tumours. The successful outcomes and discharge rates highlight the importance of implementing collaborative care models to optimize patient outcomes and alleviate current healthcare burdens. Further research and implementation of collaborative models may yield greater benefits and ultimately improve patient care and outcomes in urology.

References

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POSTER 47

Robot-assisted radical cystoprostatectomy: outcomes of initial series in Beaumont hospital

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Introduction: Radical cystectomy is the gold standard in patients with muscle invasive bladder cancer and in very high risk and BCG refractory non-muscle invasive bladder cancer. The recent iROC study revealed that the robotic approach, compared to open surgery, resulted in shorter hospital stays, decreased blood loss, and enhanced post- operative quality of life [1].

Methods: We retrospectively reviewed the initial outcomes of the robotic approach to radical cystoprostatectomy per- formed by a single surgeon between November 2023 and February 2024.

Results: 10 robotic radical cystectomies were performed during this study period. The median age was 72 years. 7 patients were male and 3 were female. All patients had intracorporal ileal conduit diversions created. The median console time was 300 mins. Median blood loss was 200 ml, no patients required a blood transfusion. All patients were admitted on the day of surgery and given pre-operative carbohydrate drinks to minimise fasting times. All patients were commenced on an Enhanced Recovery After Surgery (ERAS) path- way. Median time to semi-solid diet was 1 day, median time to flatus was 3 days and to bowel motion was 3.5 days. One patient had a mild ileus. The median hospital stay was 8.5 days. There was one Clavien-Dindo complication ≥ grade 3 of a port site hernia. Two patients were readmitted within 30-day post-op period.

Conclusion: This case series demonstrates the effective adoption of robot-assisted radical cystectomy surgery within our institution and shows early return of gut function likely attributable to this minimally invasive technique and excellent adherence to the ERAS pathway.

Reference

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POSTER 49

Hidden Cost; the outcomes and collateral workload created by a haematuria clinic

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[a] Beaumont University Hospital, Ireland

Introduction: The visible haematuria clinic (VHC) is an integral part of the effective diagnosis and management of bladder cancer. NICE guidelines recommend that patients with visible haematuria should be seen in VHC within 2 weeks [1]. We aimed to access the percentage of bladder cancers diagnosed in the VHC in Beaumont Hospital over a 5 year period. In addition, we wish to assess the additional workload and resources used to manage patients attending the VHC without bladder cancer, which is not resourced as part of the screening programme.

Methods: A detailed prospective database of patients who attended the VHC in Beaumont Hospital from Jan 2019 to Dec 2023 was analysed. All patients who attended the clinic during this time were included. Descriptive statistics were performed to assess the number of bladder cancers, upper tract urothelial cancer and renal cancer that were diagnosed during this time. The number of outpatient appointments, other surgeries and other imaging, booked during assessment, was analysed.

Results: Over a five year period Jan 2019–Dec 2023; 1123 patients attended the VHC in Beaumont Hospital, 110 (9.8%) bladder cancers were diagnosed, 343(30%) patients were discharged, 507(45%) required an outpatient clinic appointment, 104(9.3%) had an appointment in the urodynamics department, 79(7%) had other imaging and 137 (12.2%) underwent other procedures; surgery and diagnostics.

Conclusion: The number of bladder, kidney and upper tract urothelial malignancies diagnosed at the VHC was significantly lower than the 17–20% of patients with visible haematuria reported extensively in the literature [2]. The additional workload created was significant and this requires adequate allocation of resources and funding.

ONCOLOGY AND ROBOTIC SURGERY

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POSTER 50

A Prospective Study on Surgical Outcomes in Octogenarians undergoing major upper genitourinary tract surgeries: A Comprehensive Assessment of Safety and Efficacy

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Introduction: We undertook a prospective clinical trial in order to evaluate the safety and efficacy of laparoscopic, robotic and percutaneous urological surgery in octogenarians, with a focus on postoperative complications, functional outcomes, quality of life, and long-term survival. We aim to provide evidence-based guidelines for surgical decision- making in this elderly population for upper urinary tract surgery.

Methods: A prospective, observational cohort study was undertaken; patients in their 80th year and above, scheduled for elective or semi-elective major upper urinary tract procedures were included. Length of stay, post-operative survival and post-operative complications, functional out- comes, quality of life, and long-term survival were all assessed.

Results: 27 patients underwent major upper tract procedure over a 5 year period from 2019 to 2024. 15 underwent laparoscopic nephrectomy, 7 laparoscopic nephroureterectomy, 3 Percutaneous nephrolithotomy, 1 robotic nephrectomy and 1 robotic partial nephrectomy. All (100%) patients were alive at 30 and 90 days post-operatively. The average length of stay was 5.7 days (min 2, max 16). 16 patients had an uncomplicated post-operative course, 4 patients had a Clavien-Dindo (CD) 1 complication, 5 had CD 2, while 1 had CD 3b and 1 CD 4a.

Conclusion: Major upper tract urinary surgery is safe and effective in an older population, complication rates are low and long-term survival outcomes are positive.

STONE DISEASE

TIME: 13.45 – 15.10

ORAL 2

The subspecialty management of complex kidney stones. Improving outcomes for patients and changing practice in Ireland

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Introduction: Large, complex kidney stones cause significant morbidity. In the modern era, subspecialty management of stone disease has advanced significantly in Ireland, improving outcomes for patients. We report on the first three years of the complex kidney stone service at the Mercy University Hospital and the introduction of the modified supine percutaneous nephrolithotomy (PCNL) approach.

Methods: A prospective database of all patients undergoing modified supine PCNL was maintained. Data was collected at the time of surgery by the operating surgeon. Patients were then followed for a minimum of 90 days for complications and 365 days for stone recurrence.

Results: One-hundred-and-eight modified supine PCNLs were performed in 99 patients. Six had bilateral procedures. Sixty-five patients were male and 43 were female. Average age was 53 (4 to 88) years. Forty-seven patients (43.5%) had significant comorbidities (ASA ≥3). Percutaneous renal access was performed by the surgeon in all cases. Endoscopic combined intrarenal surgery (ECIRS) was performed in 50 (49.5%) cases. Mean operative time was 105 minutes, with stone clearance rate of 94%. Mean blood loss was 75 ml, with average length of stay <48 hrs. The complication rate was 11.1%, a majority of which were post-operative urinary tract infections. Two patients (1.8%) required transfusion, and there was one post-operative mortality.

Conclusion: Modified supine PCNL with in-theatre renal puncture facilitates easy retrograde access for ECIRS, leading to higher clearance rates than in traditional quoted series [1]. Through proctorships, the technique described here has now been adopted by urologists in three other HSE regions.

References

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ORAL 4

Outcomes of ureteroscopy and laser lithotripsy with and without ureteral access sheaths for the treatment of renal calculi: A systematic review and meta-analysis.

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Introduction: The use of ureteral access sheaths (UASs) is an issue of contention among urologists, with their efficacy unclear in retrograde intrarenal surgery (RIRS). Therefore, we performed a systematic review and meta-analysis to assess RIRS with laser lithotripsy for the treatment of urolithiasis with and without the use of UAS.

Method: A systematic literature search was conducted in July 2023 using MEDLINE, EMBASE and the Cochrane library. The quality of the included studies was assessed using the Newcastle-Ottawa scale [1] and Cochrane collaboration risk of bias tool [2]. Primary outcomes assess were stone-free rate (SFR), and post-operative complications. Secondary outcomes were operation duration, length of stay in hospital (LOS) and ureteral injuries. Effect sizes were calculated by pooled risk ratios (RRs) and standardised mean differences (SMDs) with confidence intervals (CIs).

Results: In total 16 studies met the inclusion criteria. There were 3123 participants who had RIRS with a UAS and 1478 without. Pooled analysis reveal no significant difference between groups in SFR (RR = 1.02 95%CI 1, 1.05), complication rate (RR = 1.1 95%CI 0.84, 1.35), ureteral injuries (RR = 0.97 95%CI 0.73, 1.21) or LOS (SMD = —0.01 95%CI —0.08, 0.11). Operation duration was significantly longer in the UAS group (SMD = 0.35 95%CI 0.01, 0.7).

Conclusion: For carefully selected patients with urolithiasis, UASs have no benefit in terms of operative success or preventing post-operative complications, but may result in a longer operation duration. Evidence from this meta-analysis indicates that RIRS and laser lithotripsy for urolithiasis can be performed effectively and safely without the use of a UAS.

References

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ORAL 6

Factors Affecting Radiation Exposure In Patients Undergoing Urolithiasis Treatment at An Irish Tertiary Centre

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Introduction and Objectives: Imaging techniques such as CT and fluoroscopy are essential in diagnosis and treatment of urolithiasis. There is increasing concern about radiation exposure owing to medical imaging. The objective of this study is to assess radiation exposure in patients undergoing endoscopic management of urolithiasis, and identify factors associated with increased exposure.

STONE DISEASE

Materials and Methods: A retrospective analysis was per- formed for all consecutive endoscopic urolithiasis cases over a two-year period in a tertiary referral centre. Patients managed non-operatively, with PCNL, or requiring interventional radiology were excluded. The effective radiation dose was calculated per stone episode. Multivariate linear regression was performed to determine the association between effective radiation dose and patient, stone and procedural characteristics.

Results: Between January 2020 and December 2021, n = 250 patients underwent endoscopic intervention for urolithiasis, of whom 71% (n = 178) were male with a median age of 48 years (IQR 35–59). Median stone size was 6mm (IQR 5– 8 mm). The median effective dose received per stone episode was 3.9 mSv (IQR 2.9–7 mSv). On multivariate analysis, BMI, number of CT scans performed, CT protocol used and under- going repeated procedures strongly predicted increased effective dose ($p < 0.01$). Age, stone size and volume, the type of procedure and comorbidities were not risk factors for higher exposure.

Conclusion: Urologists should consider cumulative radiation dosage in patients with urolithiasis. Patients with raised BMI and undergoing repeated investigations and procedures are at increased risk. Strategies to minimize expo- sure such as avoiding re-imaging, low dose CTs, and collimation of region of interest should be considered.

ORAL 19

Conservative Stone Pathway Audit

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Introduction: International guidelines suggest a role for conservative management of obstructing urinary tract calculi in those without sepsis, normal renal function and con- trolled pain scores, although exact cut off sizes aren't provided [1]. A Conservative Stone Pathway was introduced in St. Vincent's University Hospital as an interdepartmental initiative between the Urology and Emergency Departments. We audited this pathway to assess success of conservative management.

Method: A retrospective review of a prospectively maintained database of patients on the pathway between March 2023–December 2023 was undertaken. Patient and stone characteristics were collected including stone size, location, laboratory results and co-morbidities. Patient follow-up was analysed, assessing re-admission rates and time to out-patient review. These were compared against the guideline.

Results: A total of 132 patients progressed along the path- way over the 10 month period, 108 with obstructing calculi were analysed (1 mm–6 mm). Mean age was 43 years (20– 75). Gender split was 95 males and 37 females. With regards to stone size, 58% were 4 mm or less (n = 63), 42% being over 4 mm (n = 45). Majority were located in the distal ureter (n = 77), followed by proximal (n = 23) and mid- ureter (n = 8). Assessing laboratory results, 55 patients had abnormal inflammatory or renal markers. During the pilot 9 patients were re-admitted (6.8%). Of these, 5 had complete stone clearance, 1 demonstrated stone passage on re-imaging and 2 required ureteric stenting. Outpatient appointment time fell outside our desired 4 week interval.

Conclusion: Successful implementation of the Conservative Stone Pathway with 99 patients avoiding operative procedures. An acute stone clinic has been implemented to com- bat outpatient wait times.

References

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ORAL 29

Role of silodosin pre-ureteroscopy: A systematic review and meta-analysis of randomised controlled trials

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Introduction: Ureteroscopy (URS) is a urologic procedure commonly performed for the management of upper urinary tract stones. However, URS can be challenging due to potential ureteral ''tightness'' and associated difficulty with instrument passage. Silodosin, an alpha-1 adrenergic receptor antagonist, may facilitate access by relaxing ureteral smooth muscle leading to an improvement in URS outcomes.

Objective: To systematically evaluate the current evidence on the efficacy and safety of silodosin use before URS for stone management.

Methods: After registration on PROSPERO (CRD42024529135), A comprehensive search using PRISMA guidelines of Medline, Cochrane library of systematic reviews and Embase was undertaken. Randomised controlled trials (RCTs) evaluating the effect of silodosin on URS outcomes compared to placebo or no intervention were included. Data on stone-free rate, ureteral access rates, procedure time, and adverse events were extracted and analysed via Review Manager 5.4V.

Results: Eight RCTs with 892 patients (416 in silodosin group and 476 in the control group) were included in the study. Pooled results demonstrated silodosin improved access rates (OR:4.37, p = 0.0004), stone free rates (OR:2.11, p = 0.0006), while reducing operative time by 16 minutes ($P < 0.00001$), reduced overall complications (OR:0.41, $P < 0.00001$) and reduced complications of Clavien-dindo grade 2 or higher (OR:0.34, p = 0.003).

Conclusion: The current literature suggests that silodosin improves access rates and stone free rates, while reducing operative time and complications. However, ideally these findings should be validated by high quality multicentred double blind RCTs.

STONE DISEASE

POSTER 1

Emergency Department Presentation Post Emergency Ureteroscopy and JJ stent insertion: A Retrospective Study in an Irish University Hospital

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Introduction: Ureteroscopy is gaining popularity as a treatment modality for conditions such as urolithiasis, upper urinary tract urothelial carcinoma, and a spectrum of other urological conditions, indicating its expanding role in medical practice. According to a previous study, the majority of emergency department (ED) visits after ureteroscopy are due to pain [1]. Our aim in this study is to identify the causes of ED presentation post-emergency ureteroscopy and JJ stent insertion and to provide suggestions on how to solve this problem.

Methods: Our prospectively collected database was reviewed retrospectively between July 2023 and March 2024.

Results: A total of 243 patients had emergency ureteroscopy and JJ stent insertion during the study period. Sixty-four patients had JJ stent insertion only as an emergency procedure. Forty-one patients (13.3%) were re-presented to the ED with stent symptoms. Out of the 41 patients, 31 patients had pain (75.6%), 23 patients had LUTS (56%), 15 patients had hematuria (36.5%) and only 2 patients had urinary tract infection (4.8%). Also, it was noted that 32 patients were using Alpha-blockers (78%).

Conclusion: Some measures must be applied to decrease the frequency of unplanned ED presentations such as proper counseling about stent symptoms and offering patients information leaflets (BAUS leaflets for example) in addition to creating a direct contact channel between the urology department and patients. Finally, prescribing adequate analgesia and medical explosive therapy [2].

References

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POSTER 4

Perceptions, experiences, and reflections of urologists on Stent Insertion after Stone Treatment (PERSIST): A Systematic Review

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Introduction and Objectives: EAU & NICE guidelines recommend against the routine use of ureteric stents following uncomplicated ureteroscopy (UU), yet 92% of surgeons insert stents in these circumstances. We systematically reviewed qualitative studies examining the motivations for this, and the associated patient experience.

Materials and Methods: A systematic review of standard databases followed the PRISMA guidelines. Randomised controlled trials and observational studies on management of patients undergoing ureteroscopy for stone disease were included. A risk of bias assessment was performed using the CASP Qualitative Checklist tool.

Results: The search yielded 1,287 results. 824 unique records were identified, and 39 full texts screened. Only one study explored reasons why surgeons insert stents – an international survey of 468 surgeons reported stenting for ureteric oedema (77%) and residual fragments (43%). The complexity of the case (90%) and the length of the procedure (46%) were the most common factors influencing the decision for ureteric drainage. Two patient experience papers reported on a qualitative study embedded within the STENTs study (STudy to Enhance uNderstanding of sTent-associated Symptoms). Covering 40 participants, almost all (n = 31) focused on pain during cystoscopic removal. Patient-reported pain scores peaked at 2 days post stent-insertion. Several patients reported that those symptoms interfered with their daily lives to various degrees, impacting their mood, with some patients even experiencing limitations in their employment.

Conclusions: There is a need for further research in this area to understand motivating factors of surgeons and develop potential strategies to reduce unnecessary stenting.

POSTER 19

'Out of scope'- Operative challenges in ureteric stone management for patient with abnormal ureteric anatomy post multiple urinary diversion procedures for posterior urethral valves.

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Introduction: Posterior urethral valves (PUV) are a congenital abnormality that frequently needs early intervention to preserve renal function. We report the case of a male patient who presented with right proximal ureteric stones and a history of loop ureterostomies followed by double barrel ureterostomies.

Method: A 44-year-old male with a history of PUV presented with recurrent urinary infections. A 14mm right proximal ureteric stone was diagnosed on renal imaging. No medical notes on his childhood surgeries were available. An incontinent urostomy was observed in left iliac fossa (LIF).

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We deduced that our patient first had bilateral loop ureterostomies in his flanks, followed by subsequent closure and Y-ureteroureterostomy formation. The resulting ureteric anatomy has an extremely tortuous path.

Results: Through accompanying operative pictures, we show our approach to this anatomically challenging case. Retrograde access was first attempted with flexible cystoscopy via the urostomy. Various wires aided navigation through the aberrant ureter. A flexible ureteroscope was inserted over the wire but failed to reach the stone. The patient was repositioned to supine with a 15-degree tilt. Percutaneous antegrade access of the renal pelvis with a 10Fh sheath was achieved. A flexible ureteroscope was successfully navigated to stone, and lithotripsy was completed using a Thulium LASER fibre. To improve flow and prevent displacement of stone fragments, the cystoscope was also advanced retrogradely.

Conclusion: In patients with abnormal and tortuous ureteric anatomy, combined antegrade and retrograde ureteroscopy can achieve sufficient access for stone treatment.

POSTER 21

What patients with kidney stones believe about their condition

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Objective: Patients beliefs about their illness are of central importance in understanding how a person adjusts to their condition and adheres to self-management recommendations. The aim of this study was to quantitatively examine the Illness beliefs held by patients with kidney stones (KS).

Methods: 112 patients with radiological confirmation of KS (59% male, mean age 50.1 years [sd 14.15 years], 50.5% previous surgical treatment) attending for clinical consultation completed the Brief-Illness Perception Questionnaire (B- IPQ) alongside a range of demographic and illness related variables. Template analysis was undertaken on the free text responses of patients' beliefs about what had caused their KS.

Results: Almost a third (31%) of patients reported not knowing what had caused their KS. Of the patients who cited a cause, dietary factors, fluid intake, medical risk factors (e.g. Inflammatory bowel disease, obesity, pregnancy), genetics, and psychological factors were ranked as the most important. Patients generally believed they had a reasonable understanding of KS (6.32, [sd 3.21]), but reported poor levels of personal control over their KS (2.90 [sd 2.93]) and very high confidence in the effectiveness of treatments (8.64 [sd 1.90]). Patients with a recurrence believed KS had a significantly greater impact on their life ($z = -2.56$, $p = 0.01$), would last a longer time ($z = -3.40$, $p < 0.01$), and had greater emotional consequences (-2.77, $p < 0.01$).

Conclusion: Perceptions of poor personal control over KS and a strong belief in medical/surgical treatment regardless of first or recurrent stone, gender, age, previous surgical management of KS or time since diagnosis, highlights the need to actively address personal agency in the management and prevention of KS.

POSTER 23

Systematic Review & Meta-Analysis: Urolithiasis in Hyperparathyroidism Patients

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Introduction: The relationship between the risks of kidney stone development in patients with primary hyperparathyroidism has been examined because of the chronic hypercalciuria these patients have. However, the exact incidence of nephrolithiasis in PHPT patients is unknown. This systematic review aims to understand better the true impact of PHPT on the development of renal stones.

Methods: A search was conducted in using the databases PubMed, Web of Science, Embase, and Cochrane using a shared search strategy. Eligible study designs include cohort studies, case-control studies, and cross-sectional studies. Studies that did not meet the listed search criteria were excluded. Studies including pediatric patients that didn't list prevalence and those without full text were excluded. ROBINS-E criteria were employed to evaluate the risk of bias for the included studies. Proportional meta-analysis was performed using metaXL.

Results: We identified 490 references. After the screening process, 28 were eligible for this review. Prevalence of urolithiasis in PHPT patients was 20.73% (95% CI 20.71– 20.744). The relative risk of patients PHPT patients developing renal stones was 0.328 (95% CI 0.316–0.341). The mean weighted age was 55.04 years (95% CI 53.276–56.804). The average serum PTH level of the study was 92.84 pg/mL (95% CI 92.52–93.17). Most studies found a strong association of raised PTH having an impact on stone formation. Examining the differences between normocalcemic and hypercalcemic variants of PHPT yielded no significant difference in the impact on stone development.

Conclusion: These results will inform clinical practice and healthcare policy, potentially reducing the economic burden associated with this condition and improving patient outcomes.

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POSTER 25

Psychological impact of living with Kidney Stones

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Introduction: Increasing evidence suggests that kidney stones (KS) can have a negative impact on the health-related quality of life of sufferers, with individuals noting deleterious outcomes in a variety of areas. This study was the first to comprehensively assess the psychological impact of living with KS in the Republic of Ireland.

Methods: 112 patients with radiological confirmation of KS (59% male, mean age 50.1 years [sd 14.15 years], 50.5% previous surgical treatment; 84% current KS) attending for clinical consultation completed the Hospital Anxiety and Depression Scale and Cambridge Renal Stone PROM (CReSP), in addition to assessments of KS symptom burden, demographic and disease-related variables.

Results: Twenty-nine per cent of patients had scores suggestive of a probable case of anxiety and 15% a probable case of depression. Females had significantly higher HADS anxiety scores than men ($p < 0.01$). Gender was not associated with likelihood of caseness for anxiety or depression (p's > 0.05). There were no gender differences in terms of CReSP scores. There were no differences between levels of psychological distress or CReSP and presence or absence of a current KS. However, patients who reported greater symptom burden had more symptoms of anxiety and depression ($p < 0.01$).

Conclusion: Significant levels of anxiety and depression in patients with KS were identified. Psychological distress was significantly associated with KS symptom burden but not with the presence of a current KS. Given the increasing prevalence of KS, further exploration of the psychological impact is required to elucidate the mechanisms leading to psychological distress and possible methods to manage this in patients with KS.

POSTER 27

Knowledge, attitudes, and practice patterns among general practitioners in the prevention of recurrent kidney stones; with a focus on dietary modulation

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Introduction: Nephrolithiasis (Kidney stones) is an increasingly common and significant public health concern. It significantly affects the quality of life of sufferers. Despite this, its pathogenesis remains poorly understood, contributing to challenges in prevention and management. This study explores general practitioners' understanding and application of dietary modulation as a preventative strategy.

Methods: Data was collected through a web-based survey distributed to Irish general practitioners. This focused on three domains: GPs' knowledge, attitudes, and practice pat- terns in preventing recurrent kidney stones.

Results: A significant majority (81.5%) identify dietary modification as an effective prevention strategy. Despite this, the majority do not investigate patients' diets. The majority of cite a lack of understanding of the role of diet, despite acknowledging its importance. There is general agreement among GPs on the importance of fluid intake for prevention. A high proportion provided didn't identify the optimal answer on clinical questions, such as the effects of calcium intake and protein consumption. A high proportion reported uncertainty. The responders were split based on experience and no difference in response pattern was identified between inexperienced and experienced practitioners.

Conclusion: The study identified gaps in knowledge, uncertainty, and conflicting advice in general practitioners' approach to diet in the prevention of kidney stones. This indicates that a focused information campaign could improve practices in this area.

POSTER 28

Inadequate Evidence: A Critical Evaluation of Herbal Remedies for Treating Kidney Stones

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Introduction: The current lifetime prevalence of kidney stone disease (KSD) is approximately 12–14%. As with all common conditions, a herbal medicine and natural remedy over-the-counter industry has developed as an alternative to traditional treatments. This study aims to review the supplements promoted to prevent and treat kidney stones and determine if there are any positive effects.

Methods: Data was gathered by a comprehensive online literature search and company inquiries for kidney stone prevention supplements on the Amazon store website. Twenty- nine products were included. The primary outcome of interest was to expose these ineffective products in managing KSD. Eligibility criteria are the explicit claim to prevent or break kidney stones. We collected data on the product's name, type, form, active ingredient, laboratory studies, clinical trials, price, targeted stones and the need for a prescription.

Results: The search identified seventy-two (72) different products, of which twenty-nine (29) met the criteria for this study. The most common ingredient is Phyllanthus niruri (72.4%), no active ingredient listed (6.9%), dandelion (6.9%), stone root (6.9%), Hygrophilia auriculata (3.4%), Collinsonia canadensis (6.9%). No product was assessed in a

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randomised controlled trial. No product was approved by any medical licensing body and is not stone-specific. They cost from €7.7 to €85 per item and an average price of €93 per regimen. All supplements were found to be readily available online.

Conclusion: There are multiple products available on the internet that claim to prevent or dissolve kidney stones. Only three studies report the use of Phyllanthus niruri, and these are of low quality. No other product is assessed clinically. Based on the findings in this study, urologists should tell their patients to avoid these products.

POSTER 29

Fear of Kidney Stone recurrence - an unexamined factor in patients with kidney stones

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Introduction: Increasing evidence suggests that kidney stones (KS) are associated with the experience of psychological distress [1]. Given the symptoms associated with KS and the fact that around 50% of individuals will experience a recurrence within 5 years, fear of KS recurrence (FKSR) would seem to be an important factor in the experience of distress for patients. The objective of the study was to quantitatively examine FKSR.

Methods: One hundred patients with radiological confirmation of KS (60% men, mean age 50 years [sd 14.43 years], 82% current KS) attending for clinical consultation completed the FKSR Scale, a 4-item scale adapted with permission from the Fear of Cancer Recurrence scale [2]. In addition, assessments of symptom burden and demographic and disease-related variables were undertaken. Results: More than half of patients (51%) reported that they feared their KS would return, with 25% reporting strong feelings about the KS returning 'all of the time' and 43% worrying 'a lot' or 'all of the time' about their KS recurring. There were no significant differences between men and women, nor was there any presence or absence of a current KS or previous surgical management and FKSR. Self-report of symptom burden was significantly associated with FKSR ($p < 0.01$).

Conclusion: Significant levels of fear associated with KS recurrence were identified. The exploration of the relationship between FKSR and behavioural factors, including whether FKSR drives or prevents engagement in self-management recommendations, would be well placed.

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POSTER 30

Exploring the quality of kidney stone Information on YouTube and TikTok: a comprehensive investigation

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Introduction: YouTube and TikTok combined have 3.2 billion monthly users [1,2]. Fifty-six percent of EU citizens have sought health information online [3]. These video plat- forms are a potential source of health-related information. The quality of this information is unknown and unregulated. The goal of this study is to assess the quality of kidney stone information on these platforms.

Methods: A search of the top 50 videos related to kidney stones on YouTube and TikTok was performed. Each video was reviewed by a: consultant urologist, urology trainee, medical student, and a non-clinical research team member. The videos were assessed for general information, epidemiology, symptoms/ presentation, treatment, and prevention, and scored using Likert-scales, rating 0–5.

Results: The median number of views on YouTube and TikTok was respectively 125,000 and 31,000 and the median numbers of likes was 1200 and 552. Videos were mostly educational in terms of genre, 98% on YouTube, 84% on TikTok. 90% of YouTube videos were uploaded/ presented by healthcare professionals or accredited healthcare organisations. Only 58% of TikTok videos were uploaded/ presented by healthcare professionals. In most categories, YouTube scored higher than TikTok; general information ($z = -6.124$ $p < 0.001$), epidemiology ($z = -5.996$ $p < 0.001$), symptoms/ presentation ($z = -6.914$ $p < 0.001$) and treatment ($z = -7.660$ $p < 0.001$). No significant differences in prevention ratings were found between the platforms. No YouTube video contained blatantly false information. How- ever, some TikTok videos contained false information.

Conclusion: YouTube videos had significantly higher quality kidney stone information on average compared to TikTok. It is important that healthcare providers and the general public are aware that neither platform can guarantee fully trustworthy information.

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STONE DISEASE

POSTER 34

Development of an Electronic Stent Patient Information Leaflet: A Quality Improvement Project to Enhance Patient Education and Reduce the Risk of Retained Ureteric Stents

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Introduction: Ureteric stents are commonly used in managing urological conditions but can lead to complications such as migration, fragmentation, and encrustation when left indwelling. Stent-related symptoms, affecting over 80% of patients, often result in multiple hospital re- presentations, inappropriate medical treatments, and time off of work, impacting patients' quality of life [1]. Patient education on stent-related symptoms has been shown to reduce morbidity [2]. We developed an electronic patient information leaflet (ePIL) to provide comprehensive information on ureteric stents, enhance patient education and reduce the frequency of retained stents.

Methods: The ePIL was developed and integrated into patients' electronic medical records (EMR) and provided to all patients undergoing ureteric stent insertion. It contained written and pictorial information on stent purpose, type, removal date, common symptoms and their management, and contact details for urology nurse specialists. Over 3 months following development of the proforma, 40 patients had JJ stents inserted with no ED presentations for stent symptoms.

Results: Implementation of the ePIL ensured widespread access to accurate information on ureteric stents for patients. By providing guidance on symptom management and contact information for specialist support, the leaflet aims to reduce unnecessary hospital visits and inappropriate treatment. By incorporating the ePIL into the patients EMR, there is permanent documentation of the patient having received the information which may be important medicolegally in the case of a retained or forgotten stent in future.

Conclusion: The development of an electronic stent PIL represents a significant advancement in patient education and quality improvement in urological care. By enhancing patient understanding and promoting appropriate symptom management, this initiative aims to reduce the risk of retained ureteric stents and improve patient outcomes.

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POSTER 42

Early ureteroscopy and laser lithotripsy in the management of obstructing urolithiasis with associated urosepsis – A prospective multi-institutional study

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Introduction: There is a lack of strong evidence to recommend the timing of stone removal in cases of obstructing urolithiasis with associated urinary tract infection (UTI) or urosepsis.
The aim of this study is to assess the outcomes of patients managed with early ureteroscopy and lithotripsy in this setting.

Methods: A prospective multi-institution study of patients presenting with obstructing urolithiasis and urosepsis that were treated with early ureteroscopy and lithotripsy was performed. All patients were started on empiric intravenous antimicrobials and urgent decompression was arranged. In certain cases (clinically stable patients undergoing retro- grade drainage) the stone was treated primarily without an initial period of interval decompression. Primary end- points included stone free rates and post-operative complications.

Results: Thirty-three patients were treated with early ureteroscopy and laser lithotripsy. Median age was 58 (IQR 43.5–73) years. Twenty-four (72%) patients had positive urine cultures. Six (18%) had positive blood cultures. Thirty (91%) patients were pyrexic at presentation. Mean white cell count and c-reactive protein at presentation was 15.6 (±3.8) 109/L and 152.3(±134.1) mg/L respectively. Mean stone size was 8.8(±4.6) mm. Ureteric stone location was distal in 8 (24.2%), mid in 2 (6%) and proximal in 22 (68.8%) of cases. Ten (31.3%) patients had upper tract drainage prior to definitive surgery. Complete stone clearance was achieved in 26 (81.2%) of patients. Four (12.5%) patients developed a post-operative complication including 2 cases of urosepsis which resolved with intravenous antimicrobials and fluids at ward level.

Conclusion: Early ureteroscopy and laser lithotripsy appears to be a safe option in selected cases of obstructing urolithiasis with associated urinary tract infection.

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TIME: 15.35 – 16.40

ORAL 5

Urology-led trans-perineal biopsies: results from University Hospital Waterford

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Introduction: Trans-perineal (TP) biopsies are the gold standard technique for diagnosing prostate cancer. In 2021, a Urology-led TP biopsy service was introduced at University Hospital Waterford, alongside the introduction of routine pre-biopsy magnetic resonance imaging (MRI). This replaced a Radiology-led trans-rectal ultrasound-guided (TRUS) biopsy service. We aim to audit our rates of sepsis and cancer detection between the services.

Methods: We compared data from TRUS biopsies per- formed in 2017–2021 to TP biopsies performed in 2021–2023. We examined number of biopsies performed, rates of sepsis, and biopsy outcomes.

Results: 1253 TRUS biopsies were compared to 889 TP biopsies. Fluoroquinolone based antibiotics were used routinely for all TRUS biopsies, and for the initial TP biopsies performed in 2021 and 2022. Co-amoxiclav is still used by one of the four consultants prior to biopsies. 38 cases of TRUS- induced sepsis were noted compared to zero cases of TP sepsis (3% vs 0%, $p < 0.01$). Rates of benign biopsies were 29% for TRUS biopsies, and 24% for TP biopsies. Rates of ISUP grade group 1 prostate cancer was 23% for TRUS biopsies compared to 25% for TP biopsies. Rates of ISUP grade group 2 or greater was 47% for TRUS biopsies, and 51% for TP biopsies ($p = 0.02$).

Conclusions: TP biopsies are shown to be a safer alternative to TRUS biopsies. They can be performed without the use of antibiotic cover. Prostate cancer was more likely to be detected with the use of TP biopsies and pre-biopsy MRI compared to TRUS biopsy alone.

ORAL 8

Is there a role for routine histological analysis of the prostatic anterior fat pad at the time of robotic assisted racial prostatectomy?

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Introduction: The anterior fat pad (AFP) of the prostate is excised during robotic assisted radical prostatectomy (RARP) to allow visualisation of the prostatic apex and bladder neck. The anterior fat pad has not been traditionally included in pelvic lymph node templates. In this study we evaluate the prevalence of lymph nodes in the AFP and the proportion of these that harbour metastatic disease.

Methods: In a prospectively maintained database between September 2021 and December 2023, we evaluated 120 consecutive patients undergoing RARP for clinically localized prostate cancer by a single surgeon. The AFP was sent for histological analysis in all cases. We evaluated the prevalence of lymphoid tissue in the AFP pad and the rate of malignancy in this tissue.

Results: Lymph nodes were present in the AFP in 11/120 (9.1%) of specimens. Metastatic prostate adenocarcinoma was found in 2/120(1.6%) of patients. The mean number of lymph nodes found was 1.3 (range from 1 to 3). Peri-prostatic lymph node metastasis were found in all cases to be associated with other adverse pathological features.

Conclusions: The AFP of the prostate contains lymph node tissue in 5–10% of cases. It is a rare site of metastasis and not normally included in pelvic lymph node dissection templates. The peri-prostatic fat is invariable excised as part of RARP and not associated with any morbidity. Routine histological analysis of the AFP can aid staging in high risk disease but may not be required in low and intermediate risk prostate cancer.

ORAL 11

Focal therapy for prostate cancer in Ireland; Addressing the national objective and subjective needs

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Introduction: Focal therapy has been approved by both NICE and EAU for localised prostate cancer treatment as part of a prospective registry however is not yet available in Ireland. This study aims to assess the proportion of patients with prostate cancer who are suitable for this treatment and to assess attitudes amongst specialists in Ireland.

Methods: All patients with a new prostate cancer diagnosis in a tertiary-referral unit within a 12-month period had their radiological and clinicopathological parameters examined by an expert in delivery of focal therapy to assess their suitability for treatment. Secondly, a questionnaire addressing current knowledge and attitudes was sent to all consultant urologists and trainees nationally.

Results: 207 patients were seen in a prostate cancer diagnosis clinic in 2023. Following exclusions, of the 191 patients with clinically localised disease, 50% (n = 96: 8% GG1; 71% GG2, 16% GG3, 3% GG4) are technically suitable and 27% (n = 52: 6% GG1; 69% GG2, 19% GG3, 6% GG4) are ideal candidates for focal therapy. 23/28 trainees & 25/72 consultants responded to the survey (48%). 94% routinely deal with prostate cancer diagnoses however almost 90% do not inform patients focal therapy is a treatment option. 44% of trainees and half of consultant prostatectomists are interested in learning focal treatment.

Conclusion: Although there is a lack of exposure amongst Irish urologists there is considerable interest in introducing focal therapy nationally. Up to half of patients with new prostate cancer diagnoses may be suitable for treatment highlighting the potential for developing this service in Ireland.

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ORAL 21

The evolving use of PSMA in the management of patients with prostate cancer-a single centre experience

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Introduction: Prostate-specific membrane antigen positron emission tomography (PSMA PET) has changed the landscape of prostate cancer management. Changes in management based on PSMA results have been reported in 54% cases [1]. We aimed to report data from the first two years of performing PSMA in our centre.

Methods: A review of all PSMA scans performed in our centre was performed. Data recorded included patient demographics, PSA level, histology, use of conventional imaging, and treatment history.

Results: 183 PSMA-PET scans were performed from 01/01/ 2022–31/12/2023. Complete data were available for 147 patients. Mean (±SD) age was 67 (±8). Mean wait time for PSMA was 55 days. 52 scans were performed for initial staging of prostate cancer. Mean PSA in patients with prostate- confined disease was 12.16 ng/ml (±7.8) compared to 30.54 ng/ml (±24.5) for patients with metastatic disease ($p < 0.005$). 60 scans were performed for biochemical recurrence after treatment (41 surgery, 19 radiation). Median PSA was 0.55 ng/ml (±1.45). 29 scans were performed for patients with metastatic prostate cancer. Median PSA was 19.5 ng/ml (±55.4), with a range of 0.7–1646.3 ng/ml. Of the 52 patients who underwent PSMA for staging at initial diagnosis, 41 also underwent conventional staging imaging. 20 of these patients had metastases detected on PSMA that were not evident on conventional imaging. 11 patients had areas of suspicion for metastases on conventional imaging with no correlate on PSMA; treatment altered in 31 patients (75%).

Conclusion: PSMA PET altered management in a significant proportion of patients in our centre. Efforts are needed to increase access to PSMA for all patients nationally.

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POSTER 6

Robotic prostatectomy learning curve over the initial 200 cases of a single surgeon

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Introduction: Operative time, blood loss and surgical mar- gin status are the key factors reported in the learning curve of robotic prostatectomy. There is a wide variation in reported number of cases in the learning curve. The aim of this study was to assess the initial learning curve of a single surgeon's experience of robotic prostatectomy.

Methods: A review of a prospective prostate cancer data- base was performed. All procedures were performed using a da Vinci Xi surgical system.

Results: Between July 2021 and March 2024, 200 RARP were performed by a single surgeon. The median operative time was 140 mins (Range 80–240), with the median operative time reducing from 150 mins in the first 50 cases to 100 mins in the last 50 cases. The median blood loss was 150 mls (Range 50–600), with the median blood loss reducing from 150 mls in the first 50 cases to 100 mls in the last 50 cases. The overall positive surgical margin rate was 16% (8.9% for T2 and 26% for ≥T3), margin rates were similar throughout the series. The median positive margin length was 2 mm (Range 0.1–16). Most (83%) of the positive mar- gins were focal (<3 mm).

Conclusion: This study shows there are longitudinal improvements in primary surgical outcomes over the learning curve.

POSTER 7

Prostate cancer stratified self-managed follow up (SSMFU): our pilot experience

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Introduction and Methods: Nearly 4,000 men are diagnosed with prostate cancer in Ireland each year [1]. Consequently, urology clinics see a large volume of prostate cancer patients daily. The stratified self-managed follow up (SSMFU) pathway, devised by the National Cancer Control Programme, aims to change the way patients are followed after radical prostatectomy. Through careful selection and education, this pathway empowers patients to lead their own post-operative care. They are given information on symptoms to look for, surveillance tests, and who to contact for questions or concerns. Required tests and questionnaires are then reviewed by a Patient Support Worker (PSW) and designated nursing staff. As one of the national pilot sites, we present our data from its inception in March 2023 to March 2024.

Results: 180 patients were successfully recruited to the pathway. 3 (1.7%) were discontinued, all for disease recurrence. The main issues raised by patients were related to ED in 53 (29.4%), LUTS in 18 (10%), and emotional issues in 7 (3.9%). The median distress level according to the dis- tress thermometer (DT) index were 0 (Range of 0–7) for ED, 0 (range of 0–8) for LUTS, and 4 (range of 0–7) for emotional concerns.

Conclusion: Our pilot program has shown that stratified self-managed follow up is a reasonable alternative to the traditional hospital based follow up in this cohort. As over 98% of patients continued on the pathway, disseminating SSMFU throughout the country could not only

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help to personalize patient care, but also help to address the significant national outpatient waitlists.

Reference

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POSTER 14

Post-operative analgesia following caudal epidural in robotic prostatectomy

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Introduction: Caudal epidural blockade is a technique of regional anaesthesia and has attained notable success in children [1]. In addition, it is an option for adults undergoing sub-umbilical procedures, with a high success rate and a low risk of complications [2]. This may reduce the need for opioid-based analgesia. This study aimed to assess the analgesic effect of caudal epidural blockade in robotic-assisted radical prostatectomy.

Methods: 70 adult males undergoing elective robotic prostatectomy were recruited and randomised into two groups: one receiving protocol-driven multimodal analgesia (35 subjects) and another receiving the same analgesic protocol and a caudal epidural block (35 subjects). Caudal epidural block using levobupivacaine 0.25% 30 cc was performed at the end of the procedure. Cumulative analgesia requirements were recorded on the operative day and the following day. Pain visual analogue scale scores (VAS) and Richmond Agitation Sedation Scores (RASS) were recorded. Each subject was given an opioid equivalency score describing each subject's burden of narcotic analgesic intake.

Results: There was no significant difference between groups in pain VAS scores or RASS scores at any timepoint. Similarly, there was no significant difference between groups regarding cumulative opioid usage or opioid equivalency score.

Conclusion: Further work is required to clarify potential benefits of caudal epidural block in robotic prostatectomy. This work should have adequate statistical power, and an ultrasound-guided caudal block may offer greater accuracy and higher success rate.

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POSTER 15

The use of MRI based risk calculators in prostate cancer diagnosis: A systematic review

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Introduction: Research on the diagnosis of prostate cancer (PCa) using MRI based risk calculators (RC) is rapidly increasing requiring an up-to-date systematic review on this topic. To address this, we are undertaking a systematic review, registered with PROSPERO [1], on the current evidence which exists on the potential role of MRI in risk calculators in the detection of PCa.

Methods: Searches were conducted on MEDLINE, Embase, Scopus, Web of Science and Cochrane Trial Registry. No date range restrictions were applied, and language was restricted to English. Publication types were restricted to include peer reviewed journals. Studies were included if the performance of an MRI-based RC was compared to a non-MRI RC. Additional discrimination ability of MRI for PCa diagnosis is measured through the change in Area under the Curve. Results: This systematic review is currently in progress at the stage of screening and piloting data extraction. Searches identified 2,049 articles published from 2001 to 2023. After duplicate removal 1,039 articles were screened. To date, 28 articles published from 2016 to 2023 proceeded to full text review.

Conclusion: Preliminary review of data extraction has shown an additional discriminate ability and net benefit of MRI-based RCs over ones solely based on clinical information.

Reference

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POSTER 17

Investigation and Assessment of Returning Patient Visits to Rapid Access Prostate Clinics in Beaumont Hospital

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Introduction: Prostate cancer (PCa) is the second most common cancer in men in Ireland, with 1 in 7 diagnosed every year [1]. Referral guidelines for primary care centres to Rapid Access Prostate Clinics (RAPCs) have contributed to the success of the National Cancer Control Programme, with RAPCs often filled to capacity. Our study aims to investigate methods to optimise efficiency of this service, focusing on assessing the cohort of patients with repeated return visits to RAPCs.

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Methods: Retrospective data of patients who attended the RAPC in Beaumont Hospital between January 2023 and March 2023 were studied. Outpatient letters from the clinics were analysed. Patients with >1 visit were selected to compile a database of returning patients.

Results: 559 patients were found to have attended the RAPC. Of these, 66% had >1 return visit (n = 371). Within the returning patients, 54 were excluded leaving 317 for analysis. Amongst these returning patients, there were those with 1, 2, 3 and >3 return visits. The most common reason for return to the clinic was PSA surveillance (n = 113). 65.5% of these patients had ≥3 visits. The next most common reason for return attendance was active surveillance; 78% of whom had ≥3 visits. More than half of returning patients (53%) had ≥3 visits.

Conclusion: The most common reasons for return appointment to RAPC in Beaumont hospital are PSA surveillance (without PCa diagnosis) and active surveillance. Addition- ally, more than half of all patients returning to clinics were doing so ≥3 times.

Reference

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POSTER 18

Gleason Grade Restaging after Prostatectomy in Irish Hospitals

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Introduction: Prostate cancer remains the most common cancer detected in Irish men and the third most common cause of cancer death. Gleason grading remains the gold standard for prostate cancer staging globally. There can be discrepancies observed between the initial biopsy Gleason grade and the pathological Gleason grade. This study aims to evaluate the consistency of Gleason grade assessments between biopsy and post-prostatectomy evaluations in the IPCOR patient cohort across different hospitals, biopsy techniques and diagnostic approaches.

Methods: Using data from the IPCOR study, we examined all prostatectomy specimens of patients operated up to 6 months following their biopsy. We calculated the discrepancy between the Gleason grading assessed at the biopsy and the Gleason grade assessed following prostatectomy as a percent of all prostatectomy cases. The data was examined from each hospital and per year throughout the study (2016–2020).

Results: Out of 6816 patients registered in the IPCOR study, 1660 underwent prostatectomy. 1210 patients were included in the analysis, having a baseline Gleason score, a prostatectomy Gleason score and having undergone prostatectomy less than six months following the biopsy. Upgrading was observed in 27.4% (n = 331), and downgrading was observed in 16.7% (n = 202). Upgrading ranged from 16.1% to 53.8% across hospitals, and downgrading ranged from 0% to 28.7%. In Gleason 3 + 3 patients, upgrading was assessed in 67% (n = 136) of cases.

Discussion: Our study highlights significant inconsistencies in Gleason grading between biopsy and post-prostatectomy evaluations, underlining the challenges in accurate prostate cancer diagnosis. Disparities across different hospitals point to the impact of institutional practices and medical staff on grading precision. Grade discrepancies have considerable repercussions, influencing treatment decisions and patient outcomes. Over or underestimation of Gleason grade can lead to inappropriate treatment strategies. Thus, enhancing biopsy accuracy is crucial for better patient management.

POSTER 35

Implementation of Rectal Iodine Preparation in Transrectal US (TRUS) Prostate Biopsies: A Quality Improvement Project Based on EAU Guidelines

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Introduction: Current EAU Guidelines recommend per- forming prostate biopsy using the transperineal (TP) approach due to the lower risk of infectious complications. Despite this, transrectal ultrasound (TRUS)-guided prostate biopsy is still a more commonly performed procedure worldwide. Infection complications, though rare, remain the most modifiable and concerning. International guidelines recommend antimicrobial prophylaxis, yet a trend of increasing infection rates persists. Recent evidence suggests that rectal iodine preparation, in addition to prophylaxis, significantly reduces infection rates by half [1]. EAU guidelines strongly recommend rectal cleansing with povidone- iodine before TRUS biopsy [2].

Methods: We conducted an audit to assess TRUS sepsis rates in our institution, compared results to international standards, and implemented rectal iodine preparation in accordance with EAU guidelines. Data on infectious complications post-TRUS biopsy over nine months were collected, including patient demographics, biopsy indications, pathology results, and sepsis incidence. Patient charts were accessed from the electronic patient record (EPR) database.

Results: The TRUS sepsis rate during the audit period was 3.9% (14/358 patients). There was no significant difference in infectious complications in biopsies performed by radiology or urology (p = 0.7). A protocol for implementation of rectal iodine preparation was designed and initiated as a quality improvement project (QIP) for systematic and target

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biopsies. A re-audit of infectious complications is being per- formed to assess improvements.

Conclusion: Our study underscores the importance of infection prevention in TRUS prostate biopsies. While departments are transitioning to TP biopsies, implementation of rectal iodine preparation aligns with EAU guidelines and aims to mitigate infection risks. Continuous monitoring and re-evaluation of infection rates post-intervention will ensure ongoing quality improvement in urological care.

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POSTER 43

Utilisation of pelvic lymph node dissection in patients undergoing radical prostatectomy for prostate cancer: results from the Irish prostate cancer outcomes research (IPCOR) study

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Introduction: The role of pelvic lymph node dissection (PLND) in prostate cancer remains a controversial topic. The aim of this study was to assess the utilisation of PLND in patients undergoing radical prostatectomy in Ireland.

Methods: Data was collected from the IPCOR prostate cancer registry on all patients diagnosed with prostate cancer from February 2016 to December 2018. All patients that underwent radical prostatectomy (RP) were included for analysis. We assessed baseline patient and disease characteristics including patient age, year of surgery, PSA, clinical T stage, histological grade group, CAPRA score, operative technique (Open/Robotic/ Laparoscopic), final TNM stage. Primary end-points included rate and predictors of PLND utilisation. Secondary endpoints included rates and predictors of positive lymph nodes.

Results: There were 6,816 men diagnosed with prostate cancer over the study period. Of this group, 1,638 (24%) underwent RP. PLND was performed in 468 (35%) of cases. The mean age of patients undergoing RP ± PLND was 61.7 years. The mean PSA of men undergoing PLND was 12.4 (±36.45) compared to 7.5 (±12.4) in those who did not. Of patients undergoing PLND, 9.8% had ISUP grade group (GG) 1, 23.9% had GG2, 23.9% had GG3, 23.9% had GG4 and 15.0% had GG5 disease. This compared to 26.0%, 51.7%, 15.2%, 4.3% and 0.8% respectively in patients who did not undergo PLND. Regarding surgical technique, 48.5% of patients undergoing open RP had PLND compared to 16% undergoing robotic RP. Sixty-nine (14.7%) of patients undergoing PLND had positive nodes.

Conclusion: This study provides interesting information regarding the utilisation PLND at radical prostatectomy in Ireland.

POSTER 51

Use of nitrous oxide during prostate biopsies: A meta-analysis of randomized controlled trials

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Introduction: Prostate biopsy (PB) is a common diagnostic procedure, typically performed transperineally or transrectally under ultrasound guidance. PB is frequently performed under local anaesthetic in a clinic setting but is associated with significant pain and anxiety for some patients. Nitrous oxide (N2O) is an effective, rapidly acting analgesic and anxiolytic, which is routinely used during other clinical procedures. The aim of this study was to conduct a meta-analysis of randomized controlled trials (RCTs) comparing N2O to placebo for pain and anxiety management during PB.

Methods: The study was registered on PROSPERO. A systematic search of PubMed, Web of Science, and ClinicalTrials.gov was conducted to identify RCTs comparing N2O to placebo for pain and anxiety management during prostate biopsy. Studies were included if they were RCTs of N2O versus placebo for pain and anxiety management during PB in adults. The primary outcome was visual analogue scale – pain (VAS-P) after the biopsy. Secondary outcomes included anxiety score and adverse events.

Results: Five RCTs with 514 participants were included in the meta-analysis. 253 patients were in the N2O arm and 261 patients in the placebo arm. All five meta-analysis included prostate biopsies via the transrectal approach. On risk of bias assessment, two studies were deemed to have a high risk of bias. Pooled analysis suggested that N2O significantly reduced VAS-P score compared to placebo (mean difference —1.69, 95% CI —3.20 to —0.18, P = 0.03). There was no significant difference in the risk of adverse events between N2O and placebo.

Conclusion: The current literature suggests N20 is an effective and safe agent for pain and anxiety management during PB. The use of N2O can significantly reduce pain during this procedure, without an increase in significant adverse effects, and may have a positive impact on the overall quality of care. However, factors such as cost analysis and N2O use for trans-perineal approach need to be studied.

VIDEO SESSION ONE - UPPER TRACT

TIME: 16.40 – 17.45

VIDEO 7

Robotic-Assisted Pyelolithotomy: An emerging approach to the management of large intrarenal calculi

Orla Cullivan[a], Clare O'Connell[a], Colton Bohonos[a], Nicholas Hegarty[a]
[a] Department of Urology, Mater Misericordiae University Hospital, Ireland

Introduction: Robotic-assisted surgery for urological conditions has become more prominent, though its use for urolithiasis is rare. Recently, robotic-assisted pyelolithotomy has been recognised as an option for management of complex intrarenal calculi, with comparable stone free rates and a favourable safety profile when compared with PCNL [1,2].

Case History: A 36 year old female patient, with no significant past medical history, was transferred from a peripheral hospital with a 2.5 cm obstructing left proximal ureteric stone. She was clinically well and blood parameters were normal. She underwent left ureteric stent insertion under general anaesthetic. Post operative imaging demonstrated retropulsion of the stone into the renal pelvis. The patient was deemed an appropriate candidate for robotic-assisted pyelolithotomy. She was admitted electively to undergo this operation, three weeks post initial discharge. The procedure is demonstrated in the accompanying video. She had an uneventful postoperative course and was discharged postop day two.

Conclusion: This video demonstrates the steps involved in performing a successful robotic-assisted pyelolithotomy. While rarely used due to the availability of endourological techniques, this procedure can be a safe and effective method to achieve stone free rates in appropriately selected patients.

References

[1]Schulster ML, Sidhom DA, Sturgeon K, Borin JF, Bjurlin MA. Outcomes and peri-operative complications of robotic pyelolithotomy. J Robot Surg 2020;14(3):401–7.

[2]Müller PF, Schlager D, Hein S, Bach C, Miernik A, Schoeb DS. Robotic stone surgery – current state and future prospects: a systematic review. Arab J Urol 2018;16(3):357–64.

VIDEO 8

Laparoscopic Pyelolithotomy In a Horseshoe Duplex Kidney

Diarmuid D. Sugrue[a], Fintan Ryan[a], Ashraf Sharfi[a], Rustom P. Manecksha[a,b], Rowan G. Casey[a]
[a] Tallaght University Hospital, Tallaght, Dublin 24, Ireland
[b] Dept of Surgery, Trinity College, Dublin, Ireland

Introduction: Staghorn calculi in a congenital renal anomaly is a challenging operative scenario. Laparoscopic pyelolithotomy is a minimally invasive technique approach which may be used in such complex cases.

Methods: In this video we describe our technique for right sided laparoscopic pyelolithotomy in a horseshoe kidney with bilateral duplex collecting systems. Two double-J ureteric stents are placed in a retrograde fashion. The patient is then placed in the left lateral decubitus position. Four laparoscopic ports are placed, and pneumoperitoneum at 15 mmHg achieved.

Results: Our patient is a 33 year-old male with cysteine stones. He had multiple percutaneous nephrolithotomies and an open pyelolithotomy in childhood. PCNL was deemed high risk due to colonic adhesions. The left kidney was poorly functioning at 27% on DMSA imaging. Right sided ureterolysis was performed and the lower moiety ureter opened with preservation of the gonadal vessels. The renal pelvis was dissected and renal vessels identified and preserved. The lower moiety pelvis was opened with sharp dissection and a large staghorn calculus identified and removed. The pelvis was closed primarily with a 3–0 V-Loc over a 6 × 24 cm JJ stent. There were no intraoperative or post-operative complications, and he was discharged on postoperative day 3. Ureteric stent removal occurred at 4 weeks post procedure.

Conclusion: We demonstrate the technique of laparoscopic pyelolithotomy in a horseshoe kidney with duplex collecting systems. This is a feasible and safe procedure for such patients.

VIDEO 9

Robotic assisted Pyelolithotomy

Killian Daly[a], Olwyn Lynch[a], Colin O'Mahony[a], Garrett Durkan[a], Paddy O'Malley[a], Catherine Dowling[a], Frank D'Arcy[a]
[a] University Hospital Galway, Galway, Ireland

Introduction: The majority of renal stone are managed via either endoscopic approaches or extracorporeal shock wave lithotripsy (ESWL). However there is a role laparoscopic or robotic surgery [1]. We present a case of a 2.2 cm left renal pelvis stone with multiple failed treatment attempts via retrograde ureteroscopy and describe the steps and technique of a robotic assisted pyelolithotomy.

Methods: A 49 year old recurrent stone former was referred to our institution with left flank pain. A CT KUB demonstrated a 2.2 cm left renal pelvis stone. She had a previously unsuccessful stone clearance with retrograde flexible ureteroscopy and significant intolerance to ureteric stents. In light of this we elected to proceed with a robotic assisted pyelolithotomy.

Results: The patient was positioned in the left lateral position. Following standard port placement the Da Vinci Xi robotic system was docked. The left ascending colon was mobilized to identify the ureter and renal pelvic. A left pyelolithotomy was performed with antegrade JJ stent insertion and closure of the renal pelvis. The patient's stone was fully cleared. The abdominal drain and urinary catheter were removed on day one post operatively. The patient was discharged on post operative day 2. The JJ stent was removed on day 11 post operatively.

VIDEO SESSION ONE - UPPER TRACT

Conclusion: Despite the continued development of endoscopic equipment there is a role for robotic surgery in the treatment of renal and ureteric stones in carefully selected cases. It is particularly advantageous in cases with prior unsuccessful endoscopic management and when dealing with variant anatomy.

Reference

[1] Müller PF, Schlager D, Hein S, et al. Robotic stone surgery – current state and future prospects: a systematic review. Arab J Urol 2018;16:357–64.

VIDEO 15

Robotic partial nephrectomy in polycystic kidneys: technical aspects

Z. Penny[a], J. O'Kelly[a], K.J. Breen[a], B.B. McGuire[a]
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Introduction: Nephron sparing surgery is the treatment of choice in T1 renal tumours [1,2]. Robotic-assisted partial nephrectomy (RAPN) in a polycystic kidney represents a complex technically challenging minimally invasive procedure given the presence of innumerable cysts and abnormal anatomy. We report our technique for RAPN in a patient with adult polycystic kidney disease (APCKD).

Methods: A 36-year-old male, referred from the emergency department with a 7-day history of left flank pain and non- visible haematuria. He was noted to be hypertensive, with no prior medical or surgical history. A CTKUB revealed bilateral polycystic kidneys and subsequent triphasic CT and MRI kidney showed a 5,5cm lesion in the upper pole of his right kidney. Ultrasound-guided renal biopsy confirmed papillary renal cell carcinoma (RCC). He proceeded to have a RAPN using the Da Vinci Xi System (Intuitive, CA, United States).

Results: The patient was positioned in the lateral decubitus position. Pneumoperitoneum was achieved using a veress needle followed by 12mm visual port entry. Four 8mm robotic ports and a 5mm lateral port for Airseal® insufflation were inserted (Conmed, NY, United States). Kidney mobilisation and hilar dissection were completed in a standard fashion. Intracorporeal ultrasound was utilised to assess tumour borders, depth of invasion and relationship to surrounding cysts and hilar structures. Following hilar clamping the tumour was enucleated using sharp dissection. The renorrhaphy was completed using a running 2-0 v-lok suture which were secured with hem-o-lok® clips. Ischaemia time was 35 minutes and estimated blood loss was 100mls. Final histology of the mass confirmed RCC papillary type 1, pT1bN0R0.

Conclusion: RAPN in polycystic kidneys is feasible, effective, and safe following key principles of robotic surgery for standard RAPN.

References

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[2]Merseburger AS, Herrmann TR, Shariat SF, Kyriazis I, Nagele U, Traxer O, et al. European association of urology. EAU guidelines on robotic and single-site surgery in urology. Eur Urol. 2013;64(2):277–91. https://doi.org/10.1016/j.eururo.2013.05.034, Epub 2013 May 25. PMID: 23764016.

VIDEO 18

Establishment of pneumoperitoneum for renal surgery using the Kii Fios First Entry system: Early experience and case series

Patrick M Collin[a], Lucy O'Gorman[a], Derek Hennessey[a]
[a] Mercy University Hospital, Grenville Place, Cork, Ireland

Introduction: The ideal technique for establishing pneumoperitoneum for renal laparoscopic surgery is unknown. Veress and Hasson methods have been commonly employed, but the use of a direct vision entry port is less widely described. The aim of this study was to assess the success, safety, and efficiency of this technique in our first 60 cases.

Methods: The Kii Fios First Entry system was used in all cases. The camera is placed in the trocar and this is advanced under vision, with simultaneous insufflation. Patient BMI, time to pneumoperitoneum, complications, and subsequent hernia rates were recorded.

Results: Sixty patients were included with mean body mass index 31.5 kg/m2. All patients were placed in the lateral position for surgery. The entry port was placed between umbilicus and costal margin. A 10 mm port was used for the first 10 cases, with a 5 mm port and smaller calibre camera used for the remaining 50. Twenty-six (43.3%) patients underwent pyeloplasty, 26 (43.3%) underwent nephrectomy or nephroureterectomy, and 8 (13.4%) other surgeries. Mean time to establishment of pneumoperitonem was 28 seconds, with the shortest recorded time being 10 seconds. No patient suffered a visceral or vascular injury. The 10mm port sites were closed formally, but 5mm sites were not. No patient has developed a port-site hernia. The First Entry port costs €39 per item.

Conclusion: The Kii Fios First Entry system represents a safe, easy, and inexpensive alternative for establishing pneumoperitoneum in laparoscopic renal surgery, with very short entry times in this series.

VIDEO 3

Robotic retroperitoneal partial nephrectomy: understanding the retro-peritoneal anatomy is the key to success

Ahmed Ahmed[a], Mohamed Zeid[a], Adrian Cham[a], Shamik Giri[a], Thomas Jacob[a], Mamoun Abdelrahman[a], Subhasis Giri[a]
[a] University Hospital Limerick, Department of Urology, Saint Nessan's Road, Limerick, V94 F858, Ireland

Background: Partial nephrectomy (PN) stands as a pivotal surgical procedure in the management of renal tumors, balancing oncological control with renal preservation. Robotic PN (RPN) is being increasingly adopted world-wide, however vast majority of RPN are performed via trans-peritoneal approach. Retro-

VIDEO SESSION ONE - UPPER TRACT

peritoneal RPN (RRPN) is technically difficult because of smaller working space, unfamiliar anatomical space and landmarks for dissection. Thus, this video focuses on the retroperitoneal approach for RPN, offering a detailed perspective on this less common yet very important technique, as performed at the University Hospital Limerick (UHL).

Methods: All 40 patients who underwent RRPN were dis- cussed at our multi-disciplinary meeting prior to surgical planning using CT reconstructed 3-D computer models. The video meticulously documents a real-life case of RRPN. It covers patient positioning, docking and the step-by-step surgical procedure. Key steps like the retro-peritoneal space creation, para-renal fat management, renal hilar dissection, ultrasound guided tumour localisation, tumor excision, and renal reconstruction are demonstrated in detail. The surgical team's commentary provides insights into decision- making processes and technique optimization.

Results: There were no Clavien grade 3 or above complications in this series. The video elucidates the effective execution of a RRPN, showcasing aspects such as minimal invasiveness, optimal tumor access, and reduced risk of intra-abdominal organ injury. Postoperative outcomes, emphasizing renal function preservation and patient recovery, are briefly discussed.

Conclusions: This educational video from UHL serves as a valuable resource for urologists and surgical trainees, enhancing understanding of the retroperitoneal anatomy during partial nephrectomy. It underlines the approach's viability and effectiveness, particularly in specific clinical scenarios, thereby contributing to broader surgical knowledge and patient care in the field of surgery.

ABSTRACTS

Saturday 21 September

MALE GENITAL SURGERY AND TRANSPLANTATION

TIME: 08.30 – 09.30

ORAL 1

Ex-vivo IPP implantation in cadaveric human penis with paired in silico model

Majid Akbarzadeh Khorshidi [a,b,c], Shirsha Bose [a,b,c], Ivor Cullen [d,e], John Sullivan [f], Robert Johnston [a,b,c], Kenneth Patterson [d], Brian Watschke [g], Evania Mareena [h], Caitriona Lally [a,b,c]

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Introduction: Erectile dysfunction affects approximately 52% of males over 40 [1,2]. Implantation of an inflatable penile prosthesis (IPP) is the most common treatment for patients who do not respond well to pharmacological treatments [3]. Preclinical models seek to evaluate penile prostheses' performance and behaviour within penile tissues, improving understanding of post-implantation complications and long-term issues. This study introduces a novel preclinical testing procedure by implanting an IPP device into a cadaveric human penis and developing a paired computational model of the procedure.

Methods: Utilising an AMS 700 IPP, a benchtop ex-vivo implantation procedures was replicated in a human cadaveric penis, incorporating the glans and approximately 15 cm of the penile shaft. The cylinders were inserted into the corpora, with the pump and reservoir positioned externally, maintaining connectivity as a closed system. Using ultra- sound imaging, an inflation test setup was established to visually track cylinder inflation, supplemented by pressure measurements using a digital barometer. Ultrasound imaging facilitated measurement of the cylinder diameter throughout inflation. Subsequently, the 3D geometry of the penile shaft was approximated through sectional analysis post-inflation. An in silico finite element-based model was developed to replicate the ex-vivo inflation test, incorporating realistic mechanical properties of the IPP cylinder and penile tissue layers.

Results: Comparative analysis showed that the computational model can accurately simulate the experimental IPP inflation test.

Conclusion: This research will enable ex-vivo and in silico development and testing of penile prostheses and ultimately improve clinical outcomes in the field of urology.

References

[1]Ayta et al. BJU Int 1999;84:50–6.
[2]Feldman et al. J Urol 1994;151:54–61.
[3]Salonia et al. Eur Urol 2021;80:333–57.

ORAL 13

Urethroplasty and the subsequent development of SCC urethra – an emerging clinical entity?

Orla Kneafsey [a], Eva Browne [a], Karl Ringrose [a], Ivor Cullen [a]

[a] Department of Urology, Beaumont Hospital, Ireland

Introduction: Primary urethral carcinoma is a rare and challenging genitourinary malignancy. Squamous cell carcinoma (SCC) accounts for 16–22% of all cases. Male risk factors include urethral strictures, chronic irritation resulting from intermittent catheterisation or urethroplasty, radiation therapy, inflammation or urethritis post STI and lichen sclerosis.

Methods: Here we present two cases of patients with a history of multiple surgeries for urethral stricture disease presenting with urethral SCC requiring radical treatment.

Results: The first 49 year old gentleman had a urethroplasty using buccal mucosa in 2002 who required subsequent dilatations/urethrotomies and self catheterisation for recurrent strictures. He presented with a periurethral mass. Radical penectomy and bilateral radical inguinal lymphadenectomy showed pT2N0 poorly differentiated SCC urethra. The second 53 year old gentleman had a history of urethral issues stemming from a hypospadias repair and subsequent urethroplasty with buccal graft. He presented with a fixed right groin and penile mass and underwent radical penectomy, urethrectomy and right inguinal lymphadenectomy. The urethra was completely replaced by tumour precluding formation of a perineal urethrostomy. Histology confirmed a pT3N3 SCC. Both patients required adjuvant chemoradiotherapy.

MALE GENITAL SURGERY AND TRANSPLANTATION

Conclusion: Urethral carcinoma usually presents with symptoms associated with locally advanced disease T3-T4: [1], as seen in this case. Multimodal therapy in primary urethral carcinoma consists of definitive surgery plus adjuvant chemoradiotherapy. These cases demonstrate the aggressive nature of urethral carcinoma and the challenges in managing such advanced disease. Given the significant implications of this on such young patients we should consider vigilant surveillance in patients with a history of urethroplasty.

References

[1] EAU Guidelines. Edn. presented at the EAU Annual Congress Paris 2024. ISBN 978-94-92671-23-3.

ORAL 14

The insertion of an erectile device in the neophallus of individuals assigned female at birth: illustrated tips and tricks from a centre of expertise

A.T. Looney[a], G. Chiriaco[a], D.J. Ralph[a,b], A.N. Christopher[a,b],W.G. Lee[a,b]
[a] University College London Hospital, London, United Kingdom
[b] St. Peter's Andrology, London, United Kingdom

Introduction: The number of individuals assigned female at birth (AFAB) seeking genital gender affirmation surgery (gGAS) for gender incongruence has increased dramatically in recent decades [1]. Although surgical approaches to erectile device insertion are well described in the literature, little is published internationally on the description of this procedure in individuals with phalloplasties who were AFAB. We aimed to describe in detail the operative nuances to this surgically challenging cohort.

Methods: Following a literature review and extraction of expert opinion, we composed a narrative review outlining pertinent surgical steps. Relevant clinical photography to aid description of surgical steps was obtained with patient consent.

Results: We outline the pre-operative, intra-operative and post-operative management of patients AFAB undergoing erectile device insertion. Anatomical considerations are highlighted. Erectile device selection is discussed and illustrated surgical steps are presented.

Conclusion: Implanting an erectile device following phalloplasty for gGAS is technically challenging and should be undertaken at high volume centres by experienced prosthetic surgeons. Surgical outcomes are poorer in this patient cohort when compared to individuals assigned male at birth [2] and so striving to improve patient outcomes is crucial and timely.

References

[1]Wiepjes CM et al. The Amsterdam cohort of gender dysphoria study (1972–2015): trends in prevalence, treatment, and regrets. J Sex Med 2018;15(4):582–90.

[2]Garaffa G, Christopher NA, Ralph DJ. Total phallic reconstruction in female-to-male transsexuals. Eur Urol 2010;57:715–22.

ORAL 26

Outcomes of staged Urethroplasty for distal urethral BXO: The Whiston Hospital experience

I.M. Pina[a], M.S. Floyd Jr[a]
[a] Department of Reconstructive Urology, St. Helens & Knowsley Hospital NHS Trust, Whiston Hospital, Merseyside, L35 5Dr, United Kingdom

Introduction: Distal urethral disease due to balanitis xerotica obliterans is managed by staged urethroplasty. The first stage involves urethrectomy and replacement of the diseased urethral plate with a buccal graft. The second stage involves tubularisation and reconstructing the urethra. The purpose of this study was to analyse the final outcomes of staged urethroplasty.

Methods: All second stage graft urethroplasties undertaken by a single surgeon were included. Preoperative symptoms at referral and at 3 months post operatively were recorded using validated questionnaires. Intermediate revision rates, complications and length of time between first and second stages were recorded.

Results: A total of 10 second stage urethroplasties were performed with a mean age of 38 years (range 24–52). All underwent prior buccal graft substitution with 1 additional lingual graft. Only 2 patients required intermediate revision BUMG graft post first stage. Mean preoperative IPSS and Qaly Scores were 13 and 5 reducing to 3 and 1 respectively 3-months post operatively. Mean Preoperative IIEF 5 scores were 22 and 25 postoperatively. Mean preoperative UPROM scores were 14 reducing to 3 post operatively. A total of 90% stood to void post operatively. Histology confirmed BXO in all cases with one case of PEIN. The mean time to urethral closure was 17 months (range 9–31). One patient required a meatal revision at 6 months. One patient had a UTI post catheter removal and one wound infection was detected. No fistulae occurred.

Conclusion: Staged graft urethroplasty for BXO has been successfully established with encouraging results.

POSTER 8

Right vs Left Living Donor Nephrectomy: A Systematic Review and Meta-Analysis of Donor and Recipient Outcomes

Gavin Calpin[a], Cian Hehir[a], Niall Davis[a]
[a] Department of Urology, Beaumont Hospital, Dublin 9, Ireland

Introduction: Historically, the left kidney was used in living donor nephrectomy (LDN). We assessed the safety and efficacy of right versus left LDN in terms of peri-operative outcomes in both donor and recipients as well as graft survival.

Methods: A systematic review and meta-analysis was per- formed as per PRISMA guidelines. Outcomes of interest were extracted from studies meeting the inclusion criteria and were analysed. Binary data was compared using odds ratios (ORs). Mean differences (MDs) were used for continuous variables.

Results: In total, there were 30 studies included with a combined 79,816 transplants. Open, hand-assisted, laparoscopic, retroperitoneoscopic,

and robotic nephrectomies were included in this cohort. The left kidney was transplanted in 70.8% of cases while the right kidney was used in 29.2%. In terms of donor outcomes, operative time, ischaemia time, blood loss, transfusion requirements, post-operative complications, length of stay and renal function were comparable in both groups. Recipient perioperative outcomes were also comparable in both groups. Graft outcomes showed a higher incidence of thrombosis (OR 1.07; 95% CI 0.40–2.87; P = 0.9) and lymphocoele (OR 1.02; 95% CI 0.63–1.65; P = 0.95) and reduced graft survival (OR 1.49; 95% CI 0.71–3.11; P = 0.29) in the right LDN group but none of these were significant at meta-analysis.

Conclusion: Right LDN is a viable option and has comparable donor, recipient and graft outcomes to that of left LDN. Minimally invasive surgery potentially offers improved outcomes but further large-scale studies are required to confirm this.

POSTER 13

Outcomes after pelvic lymph node dissection for penile cancer: 14-year sample from a single-centre series

Patrick M Collins[a], Lucy O'Gorman[a], Paul Sweeney[a]
[a] Department of Urology, Mercy University Hospital, Grenville Place, Cork, Ireland

Introduction: Comprising <1% of all cancers in men, penile cancer is rare. One third of cases will have metastases to inguinopelvic lymph nodes, and this is prognostic for mortality. The optimal combination and sequence of pelvic lymph node dissection (PLND), chemotherapy and radiotherapy for pN2/3 disease remains unclear. We aim to review our contemporary experience with pelvic lymph node dissection in this cohort.

Methods: Consecutive patients undergoing pelvic lymph node dissection for penis cancer from 2010 to 2024 were retrospectively identified from a prospectively maintained database. Clinicopathological characteristics, operative details, and outcomes were recorded.

Results: Seventeen men were included, with mean age 62.9 years. Mean length of stay was 9 days. Most patients (79%) had ≥T2 disease, with all patients having positive inguinal nodes. A proportion of patients received chemotherapy (39%) and radiotherapy (31%) as part of a multimodal treatment strategy. Four patients were re-admitted with infection-related complications. Mean duration of follow up was 68 months. During this time, two included patients (11.7%) have died.

Conclusion: Nodal management holds the key to survival in penile cancer. Those with locoregional disease represent a diverse cohort, with a disparate comorbidity profile, and this in part explains the heterogeneity in treatment modalities and strategy. Nonetheless, medium-term survival is achievable, with most patients in the study group still alive today.

POSTER 16

Urethroplasty for bulbar and penile stricture disease in Northern Ireland: A single operator experience with long term follow-up (4-15 years)

Samara Fleville[a], Brian Duggan[a]
[a] South Eastern Health and Social Care Trust, Northern Ireland, United Kingdom

Introduction: We aimed to retrospectively review a single operator's outcomes for bulbar and penile urethroplasty performed between 2008 and 2019 in Northern Ireland (follow-up: 4–15 years).

Patients and Methods: 81 patients underwent urethroplasty. Retrospective review of electronic care records was performed for stricture length, location, previous intervention, type of urethroplasty performed and follow-up (using clinic letters, operation notes and re-referrals). Techniques included anastomotic, single- and two-stage mucosal graft urethroplasty and flap grafts. Success was voiding without further dilatation or urethroplasty.

Results: Median age was 38 years old (14–69 years). Stricture length varied from 1cm to pan-urethral disease. Stricture aetiology included 21% BXO, 14.8% hypospadias (prior reconstruction), 18.5% urethral trauma and remainder unknown cause. 97.5% had prior intervention for stricture disease, of which 24% had previous urethral reconstruction surgery. 72.8% success rate was observed. 27.2% patients required further intervention for disease recurrence (5 patients required redo urethroplasty and 2 proceeded to perineal urethrostomy). Overall complications included urinary tract infection (2.5%), urethrocutaneous fistula (10%), wound dehiscence (3.7%), urine leak (3.7%), wound infection (4.9%), Fournier's gangrene (1.2%) over the 15 year follow-up period. Complications post-procedure was observed in 4/19 (21.1%) anastomotic bulbar urethroplasties, 15/28 (53.6%) bulbar graft urethroplasties, 10/20 (50%) penile graft urethroplasties and 9/14 (64.3%) complex urethroplasties (pan-urethral, combination of techniques or flaps used).

Conclusion: Short bulbar strictures with anastomotic repair had better long term success rates and lesser complications compared to bulbar mucosal urethroplasty. More complex techniques and longer strictures were associated with higher failure rates and complications when followed-up over 15 years.

POSTER 20

Dynamic Sentinel Lymph Node Biopsy and Penile Cancer: An Epidemiological Study

Cian M. Hehir[a], Lorraine Scanlon[a], Gavin Calpin[a], Ivor M. Cullen[a]
[a] Department of Transplant Urology Nephrology, Beaumont Hospital, Dublin, Ireland

Introduction: Penile cancer (PeCa) is a rare but aggressive malignancy with growing global incidence [1]. The most influential prognostic factor in PeCa is the presence of nodal metastasis [2]. Current imaging modalities lack the diagnostic accuracy to reliably detect micro-metastasis in PeCa [3]. Since 2015, Dynamic Sentinel Lymph Node Biopsy (DSNB) emerged as a means of accurately detecting nodal metastases in

PeCa whilst minimising exposure of node negative patients to extensive morbidity incurring surgery. The impact of DSNB on overall and cancer-specific survival years remains to be established in the Irish population.

Methods: Population based data was obtained from The National Cancer Registry of Ireland (NCRI) on all patients diagnosed with PeCa between 1994 and 2021. Log-rank Mantel-Cox analysis was applied to assess survival benefit associated with DSNB.

Results: 866 patients were diagnosed with PeCa in Ireland between 1994 and 2021 with incidence incrementing from 20.2 to 52.3 cases/year during this period. The most com- mon histological subtype was squamous cell carcinoma (92.8%) followed by melanoma (2.7%), basal cell carcinoma (0.7%). Surgical excision constituted standard treatment (86.2%). DSNB was performed in 8% of cases of which 13% had node positive disease. Those who underwent DSNB were found to have a statistically significant increase in overall survival rate, v2(1) = 4.067, p = 0.044. Cancer specific survival rate correlated positively in those who underwent DSNB also, but this did not reach statistical significance.

Conclusion: PeCa has growing incidence in Ireland. DSNB offers a means of accurately assessing presence of nodal metastasis whilst incurring minimal morbidity and providing significant advantages in overall survival rates.

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[3]Heyns CF, Mendoza-Valdés A, Pompeo AC. Diagnosis and staging of penile cancer. Urology 2010;76(2 Suppl 1):S15–23.

POSTER 44

Evaluation and management of adult acquired buried penis – a single surgeons experience

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Introduction: Adult acquired buried penis (AABP) refers to the manifestation of a wide spectrum of penile and scrotal pathology secondary to a variety of aetiologies [1]. It can be related to obesity, phimosis, lichen sclerosis, complications from previous penoscrotal surgery, penile and scrotal lymphoedema, or hidradenitis suppurativa [2]. Buried penis can be associated with poor cosmesis and hygiene, voiding difficulties, dermatological complications and sexual dysfunction.

Methods: We describe a single surgeons experience and outcomes in managing these reconstructive surgeries.

Results: A retrospective pictorial analysis of 10 cases of buried penis are discussed including pre and post operative imaging, voiding and sexual outcomes and overall patient satisfaction where relevant.

Conclusion: AABP is a not uncommon presentation to general urologist practice particularly in this era of raised BMI, and also secondary to contemporary oncological management of penile cancer. Understanding the principles and relatively simple operative techniques can lead to a tremendous improvement in quality of life for these patients.

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POSTER 45

Comparative Analysis of Inguinoscrotal Orchidopexy with and without formal patent processus vaginalis ligation in Pediatric Patients: A Matched Cohort Study

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Introduction: Undescended testis (UDT) is a common congenital anomaly affecting paediatric patients, necessitating surgical intervention to prevent complications, reduce oncological risk, and to preserve fertility [1]. Inguinoscrotal orchidopexy is a standard surgical procedure for UDT, usually performed with formal patent processus vaginalis (PPV) ligation. However, the necessity of PPV remains debated [1–3]. This study aims to compare the outcomes of inguinoscrotal orchidopexy with and without formal PPV ligation in paediatric patients with UDT.

Methods: A retrospective matched cohort study was conducted, involving 200 paediatric patients who underwent unilateral inguinoscrotal orchidopexy without formal PPV ligation (Group A) and 200 age-matched patients who underwent the same procedure with formal PPV ligation (Group B). Matching criteria included age, location of the UDT, and surgical technique. Exclusion criteria included the presence of a hernial sac, an impalpable testis, or pre-existing hydrocoele. Patient records were reviewed for post- operative outcomes, including testicular re-ascent, and complication rates including hydrocoele or hernia formation.

Results: There were no significant differences in postoperative outcomes between groups. Both groups

demonstrated comparable rates of success. Complication rates, including wound infection and hematoma were also similar between the two groups, however the Group A had significantly shorter operative times (17 mins vs 32 mins; $p < 0.01$). In addition, a scrotal approach was associated with a faster return to recovery and better cosmesis compared to an inguinal approach.

Conclusion: Inguinoscrotal orchidopexy without formal PPV ligation yields comparable outcomes to the procedure with formal PPV ligation in paediatric patients with UDT in those without a widely patent PPV.

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POSTER 46

Use of a dedicated questionnaire to assess Buccal Mucosal Graft morbidity in Urethral reconstruction

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Introduction: Buccal mucosa grafts (BUMG) are used in urethral reconstruction. Although 1st described in 1894 it has only become popular since the early 90s. It easy to harvest with ideal graft properties. Potential complications associated with donor site harvest include oral numbness, delayed mouth opening and pain.

Methods: All urethral reconstruction patients undergoing grafting were assessed on day 10 post operatively. Mean graft size and specific urethral procedure were recorded. All followed a strict post operative donor site protocol. A dedicated questionnaire was used to assess post full mouth opening, post operative pain, resumption of diet and numbness.

Results: A total of 40 graft procedures were harvested by a single surgeon. Buccal mucosal grafts were taken in all cases. A total of 39 donor site were closed primarily. A total of 5 patients required bilateral BUMG harvests of which 2 were done as a single procedure. Operations recorded included 15 bulbar urethroplasties, 3 augmented graft urethrostomies, 17 staged graft urethroplasties, 3 asopa urethroplasties and 2 meatoplasties. Cumulative mean graft size was 3. 5 cm. Mean post operative full mouth opening was on day 2. Mean post operative pain score out of 10 was 0.4. All patients resumed full diet on the 1st post operative day. A total of 6 patients reported post operative numbness on day 10. When questioned all patients stated that they would undergo BUMG harvesting again.

Conclusion: BUMG harvesting is successfully undertaken in our unit with minimal morbidity during urethral reconstruction. Use of a questionnaire helps data capture post operatively.

PAEDIATRIC AND ADOLESCENT UROLOGY

TIME: 14.20 - 14.55

ORAL 9

Functional Outcomes in Untreated Hypospadias

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Introduction: Hypospadias is a congenital condition in which the urinary meatus is located ectopically [1,2]. Most cases are surgically corrected in early childhood. Milder variants of hypospadias may be managed non-operatively. Very little is known about the long-term outcomes of not operating on this cohort of patients. The aim of our study is to evaluate the urinary and sexual function of men with untreated hypospadias diagnosed in childhood.

Methods: Patients seen with a diagnosis of hypospadias in the paediatric urology outpatient department of Cork University Hospital, were identified from hospital records. Of the 152 patients assessed in infancy, 40 were diagnosed with mild hypospadias (distal/orthotopic meatus, no chordee) and managed conservatively. This cohort of 40 patients were invited to complete an online questionnaire.

Results: Sixteen patients participated in the survey. Twelve reported undergoing delayed surgical correction (75%). Six patients reported having a meatus which was not in the terminal position (43%), 4 patients (33%) from the corrected group and 2 patients (100%) from the uncorrected group [question answered by 14/16]. One patient in each group reported a mild degree of chordee. Patients in the corrected group were more likely to be satisfied with their urethral opening. Patients in the uncorrected group and those with an ectopic meatus were more likely to be dissatisfied with their urinary function.

Conclusion: A significant proportion of patients required correction of hypospadias following a period of conservative management. Patients with an ectopic meatus were more likely to experience adverse outcomes and may benefit from hypospadias repair.

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ORAL 24

The Impact of Circumcision on Children with Autism Spectrum Disorder: A Matched Cohort Study

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Introduction: Autism Spectrum Disorder (ASD) is characterized by a spectrum of developmental challenges affecting social interaction, communication, and behavior: [1]. Recent studies suggest a potential association between ASD and genitourinary abnormalities, prompting investigations into interventions such as circumcision: [2,3]. Associations have also been made between routine infant circumcision and the development of subsequent autism: [2,3]. This study aims to assess the benefit of circumcision in children with ASD compared to a matched cohort.

Methods: We conducted a retrospective matched cohort study involving 25 boys with formally diagnosed with ASD who received circumcision for bothersome phimosis, and compared them to a matched cohort of 25 boys with ASD who underwent topical steroid treatment. Matching criteria included age (5–15 y), and baseline genitourinary health. Data on behavioural outcomes, urinary symptoms, and quality of life (Par-DD-QoL) were collected at baseline and at 6-month intervals post-circumcision.

Results: Children with ASD who underwent circumcision exhibited significant improvements in behavioural symptoms, including decreased irritability, sensory irritation and repetitive behaviours compared to the non-circumcised cohort, of which 14 proceeded to circumcision. Additionally, urinary symptoms such as pain, urgency, and nocturia were significantly reduced in the circumcision group. Quality of life scores also showed improvement post-circumcision.

Conclusion: Circumcision appears to confer benefits in children with ASD, including improvements in behavioural symptoms and urinary function. These findings suggest a potential role for circumcision as an adjunctive therapy in managing sensory-related foreskin difficulties in ASD. Further prospective studies are warranted to validate these findings and elucidate the underlying mechanisms of improvement.

References

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PAEDIATRIC AND ADOLESCENT UROLOGY

ORAL 25

Efficacy of Bowel and Bladder Regimens with Biofeedback in Adolescent Posterior Urethritis: A Prospective Cohort Study

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Introduction: Posterior urethritis is an uncommon adolescent complaint characterised by terminal haematuria and dysuria: [1]. Individuals can remain symptomatic for several years, without any universally effective treatment: [2,3]. We hypothesised that posterior urethritis may be potentiated by underlying voiding dysfunction.

Methods: We reviewed the records of children diagnosed with posterior urethritis (2020–2023). In total, 23 males (10–16yo) were included. Exclusion criteria included a neurogenic bladder, vesicoureteral reflux, and urethral trauma. Evaluation included history/ physical/laboratory examination, symptom scores (DVSS), urinalysis, urinary tract ultra- sound, uroflow/ electromyogram/post-void residual volume, and cystoscopy. Participants were divided into 2 cohorts. The first (group 1, 8 patients) was treated with using antibiotics and/or anticholinergics. The second (group 2, 15 patients) was treated by bowel and bladder regimens +/- laxatives and/or biofeedback when necessary.

Results: In group 1, 1 patient (12%) had a full response, 4 (50%) had a partial response and 3 (38%) failed to respond. In group 2, 12 (80%) had a full response, and 3 (20%) had a partial response. It took on average 12 months to respond fully in group 1, with an average of 4 months in group 2. Of those who crossed over from group 1 to group 2, all had a full response within 6 months. No patient developed a urethral stricture after cystoscopy. 13/23 patients (56%) had evidence of a raised urinary calcium/ creatinine ratio. Mean DVSS scores were 15 (pre) and 8 (post) bladder retraining.

Conclusion: Our data suggest a higher cure rate when adolescents with posterior urethritis are treated EAU voiding dysfunction guidelines.

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POSTER 31

Formation of a dedicated urology transition clinic for adolescent patients: a single-centre experience

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Introduction: Ongoing specialist input is necessary for many paediatric patients with congenital urological conditions. As modern patients live longer, increasing numbers are faced with the process of transferring from paediatric to adult urology services. Despite published guidance from expert centres on the management of urological transition, loss of patients to ongoing follow-up and later representation with major complications remain a significant problem. In 2013, a dedicated urology transition clinic (UTC) was established between the Royal Children's Hospital (RCH), Victoria, and the Royal Melbourne Hospital (RMH). The local UTC involves three monthly collaborative clinics attended by general and paediatric urology providers. A dedicated handover meeting to discuss all patients proposed for transition is held annually and attended by local paediatric and general urology, continence medicine, renal and allied health. We report the single-centre experience of the RMH-RCH UTC after ten years of operation.

Methods: A retrospective analysis of the prospective local UTC database was performed. Additional data on demographics, diagnostics, treatment, ED presentation and complications were extracted from appropriate medical records for descriptive analysis.

Results: Since 2013, 109 patients have successfully undergone transition. All patients referred for transition were reviewed at UTC. The most common indications for ongoing care were spina bifida (45.9%), posterior urethral valves (8.3%) and bladder exstrophy (7.3%). Regarding surgical interventions, 38.5% (n = 42) underwent bladder augmentation while no patients underwent urinary diversion. Since transition, 20.2% had presented to ED with an acute urological issue and 10.1% had required a period of haemodialysis. 96.3% (n = 105) of UTC patients remain in active specialist follow-up or had been discharged to primary care. Three patients (2.8%) declined to attend ongoing follow-up. A single death was recorded in the population due to a non-urological cause.

Conclusion: The formation of the RMH-RCH UTC has success- fully facilitated continuous and efficient care for local paediatric patients requiring ongoing specialist management.

PAEDIATRIC AND ADOLESCENT UROLOGY

POSTER 32

Establishing a Standard Operating Procedure for Fertility Preservation in Adolescent and Young Adult Male Survivors of Childhood Cancers: Addressing a Gap in Care in the Republic of Ireland.

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Introduction: In the Republic of Ireland (ROI), there's a gap in providing and state funding of fertility preservation (FP) programmes for children, adolescents, and young adults (CAYAs), deviating from international standards. Despite the global emphasis on late effects management for childhood cancer survivors, ROI lacks a formal programme incorporating survivorship care. Our aim was to develop a national Standard Operating Procedure (SOP) to offer fertility care to survivors of gonadotoxic treatment.

Methods: A literature review using PubMed, MEDLINE, EMBASE, and Web of Science was conducted, focusing on studies examining semen analysis parameters after cancer treatment published from 1996 to 2023. Search terms included 'male infertility,' 'cancer treatment,' 'fertility preservation,' 'sperm bank,' 'cryopreservation,' 'semen analysis,' 'spermatogenesis,' 'childhood cancer survivor,' and 'survivorship.' Collaborative partnerships were formed with specialists in male reproductive health, oncological and haematological care, and patient advocacy groups to establish the SOP for male survivors.

Results: We identified 16 studies focusing on sperm quality in survivorship, notably fewer than studies on female fertility post-cancer treatment. The long-term recovery of spermatogenesis varies depending on diagnosis and treatment regimen, with reproductive ability recovery ranging from months to 12 years after treatment [1]. International consensus on the best model of fertility care for male survivors of cancer remains poor.

Conclusion: Establishing a fertility care pathway and SOP for AYA male survivors of childhood cancer is crucial for addressing a significant gap in ROI healthcare. Implementing and refining this pathway will enhance access to fertility services and improve reproductive health outcomes.

References

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POSTER 33

Male gamete cryopreservation for adolescent fertility preservation: Our experience to date.

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Introduction: Advancements in oncological care for adolescents in Ireland has resulted in survival rates beyond 80%. The Childhood Cancer Fertility Project is the country's sole provider of fertility preservation services for adolescents, addressing potential subfertility post gonadotoxic treatment. We analyse outcomes from post-pubertal male gamete preservation.

Methods: Data was recorded prospectively. Demographics and semen parameters were analysed for oncological and non-oncological patients due to receive gonadotoxic treatments. Semen analyses were performed in accordance with international guidelines.

Results: Over the 66-month study period, 88 referrals were received. Their median age at time of referral was 15 years (range: 17–12 years). Eight (9%) patients had demised at the time of data analysis. Of the 88 referrals, 72 (82%) had an oncological diagnosis, including 28 Lymphoma (39%), 15 Sarcoma (21%), 11 Leukaemia (15%), and 18 others (25%). Of these, 52 (72%) patients produced at least one semen sample for cryopreservation. All had successful cryopreservation of at least 1 vial, and the median number of vials cryopreserved was 5 (range: 0–22). Sixteen patients had a non-oncological diagnosis. Their diagnoses included 7 haematological (44%), and 3 each (19%) of immune, benign testicular and other conditions. Nine of these 16 (56%) patients produced a sample; 2 of these had azoospermia with no cryopreservation. Of the remaining 7, the median number of vials cryopreserved was 5 (range 0–11).

Conclusion: The Childhood Cancer Fertility Project provides an essential service to adolescents at risk of infertility. Further development is needed to expand the service to include long-term follow-up, pre-pubertal tissue cryopreservation and survivorship care.

VIDEO SESSION TWO – LOWER TRACT

TIME: 14.55 – 16.20

VIDEO 1

First case of robot-assisted radical cysto-prostatectomy and intracorporeal orthotopic neobladder reconstruction for the treatment of bladder cancer in Ireland: step-by-step description of operative technique

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Background and objective: Robotic radical cysto-prostatectomy (RRCP) and intracorporeal orthotopic neobladder (IONB) reconstruction urinary diversion for muscle invasive bladder cancer (MIBC) have been developed with the aim of reducing surgical morbidity. Although increasing number of RRCP and IONB being performed world-wide, the number of urologists offering INOB reconstruction remain limited due to the complex nature of the procedure. Objective is to describe our step-by-step technique for RRCP, pelvic lymph-node dissection (PLND) and IONB reconstruction.

Methods: In January 2023, a 64 year old man with MIBC opted for RRCP and IONB urinary diversion for his MIBC. The presented movie is an analysis of recorded video from RRCP and INOB with focus on the description of the step- by-step technique used in this case. Surgical steps are divided into patient positioning, port placement, docking of robot, template bilateral pelvic lymph node dissection, ureteral dissection, posterior dissection, lateral dissection, apical dissection, ileal loop isolation, side-to-side ileo-ileal anastomosis, initial ileo-urethral anastomosis, ileal detubularisation, construction of Gaston type neobladder, completion of urethro-ileal anastomosis and uretero-neobladder anastomosis.

Results: RRCP and INOB reconstruction was successfully completed without any intra-operative complications. Total console time was 7.5 hours including time for IONBR of 3 hours. Blood loss was 250 ml. Apart from transient post-operative ileus, there were no high grade post-operative complications. Patient was discharged home 14 days post- operatively. Post-operative cystogram demonstrated good capacity neobladder. At 6 months follow-up, the patient remains continent and voiding spontaneously without the use of intermittent self-catheter and remains cancer free.

Conclusions: RRCP and ONB reconstruction is a complex procedure with multiple composite steps but technically feasible and safe in presence of a highly motivated robotic team. To our knowledge this was the first case of RRCP and ONB performed in Ireland. The procedure has advantages of minimally invasive surgery although longer theatre utilisation time is a challenge.

VIDEO 2

Video demonstration of step-by-step technique of Bipolar Transurethral Resection of Prostate as: an educational tool for residents

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Background: Transurethral resection of the prostate (TURP) is a common surgical procedure to treat benign prostatic hyperplasia (BPH). TURP has a significant learning curve for residents especially with decreasing number being per- formed. Good quality educational video can help to reduce the learning curve for trainees. We present a video demonstrating step by step technique of bipolar TURP.

Methods: There are several critical steps during TURP such as cystoscopy, identifying important landmarks, resection of median lobes and lateral lobes. Perception of depth of resection and differentiation of prostate adenoma and capsule are important to minimise complication while optimising outcome. We will present our video highlighting these aspects.

Results: 75 year old man with bothersome severe lower urinary tract symptoms refractory to medical therapy under- went bipolar TURP after appropriate counselling. Appropriate consent was taken for video recording with special consideration to GDPR. The video will explain the details of equipment used, steps of prostate tissue resection and provide tips and tricks to minimize complications.

Conclusions: Observation and analysis of video recordings of TURP procedures have potential to shorten learning curve for residents and in turn better patient outcome.

VIDEO 4

Open Re-do Ureteric Re-implantation with Psoas Hitch

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Introduction: The technique of ureteric re-implantation with psoas bladder hitch has belonged to the armamentarium of reconstructive urologic surgery for over a century and is considered an excellent method to restore the urinary tract continuity in patients presenting defects of the lower ureter of different etiologies [1]. Primary obstructive megaureter presents with flank pain, recurrent UTIs, hematuria, urolithiasis, and even loss of renal function. Open ureteric re-implantation has shown an excellent success rate of nearly 90% and remained the gold standard treatment for symptomatic obstructive megaureter. [2] However, redo reconstructive surgery has always represented a challenge due to various reasons.

VIDEO SESSION TWO – LOWER TRACT

Methods: In this video, we are demonstrating step-by-step open left ureteric re-implantation with psoas hitch and adhesionolysis for a patient who had the primary procedure done as a child and presented again in his thirties with symptoms. Investigations confirmed ureteric obstruction and deteriorated kidney split function. We aim to show the challenges that may arise in these cases, like adhesions and distorted pelvic anatomy, and how to deal with them.

Results: Ureteral re-implantation is to excise the narrow ureteral segment with or without tailoring the ureter to the appropriate size by tapering or plication and to anastomose the distal ureter to the bladder with an anti-reflux submucosal tunnel or ureteral nipple [2].

Conclusion: This video is a valuable teaching resource, that can help the trainees to understand ureteric re-implantation, extraperitoneal approach, and the difficulties which may arise, which can aid the learning process and the patients' experience.

References

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VIDEO 5

Cystoscopic Laser Beam Assisted Laparoscopic Excision of Complex Urachal Cyst and Partial Cystectomy

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Introduction: The urachus and the urachal remnants represent a failure in the obliteration of the allantois at birth that connects the bladder to the umbilicus. After birth, it obliterates and presents as the midline umbilical ligament. Among urachal anomalies, the incidence of urachal cysts is 30% to 54%. The incidence in the adult population is of about 1:5,000 while in pediatrics of about 1:150,000. Complete excision is indicated both in case of persistent symptomatic remnants (umbilical discharge, recurrent infection, abdominal pain, urinary symptoms) and when asymptomatic with associated risk of malignant transformation [1].

Methods: In this video, we are demonstrating cystoscopic laser beam-assisted laparoscopic partial cystectomy for complex urachal cysts. Our aim is to show the tips that may improve the outcome of laparoscopic excision of urachal cyst/partial cystectomy, namely using cystoscopy and intra-vesical laser beam to outline the area of interest and assist in marking the safety margins intra-abdominally.

Results: The main challenge when performing such surgery is to identify the margins clearly and to achieve complete excision. Using cystoscopy and laser beam on the table will help in urachal cyst identification, as it is always more prominent intra-vesically than intra-abdominally, especially in the setting of decreased tactile feedback in laparoscopic surgery.

Conclusion: This is an educational video that can help urologists overcome the challenges associated with this type of surgery and improve the outcome.

References

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VIDEO 6

Repair of a severe penile fracture and associated urethral injury

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Introduction: Penile fracture refers to a rupture of the tunica albuginea of the penis during erection. This results in a popping sound, immediate detumescence, pain, swelling and bruising. This is 2 mm thick when the penis is in a flaccid state, but 0.25 mm thick when erect [1]. This vulnerability is most evident at the ventral base of the penis where there is loss of the outer layer of the tunica albuginea. Penile fractures can also be associated with urethral injury and the incidence of this is quoted as between 1% and 38% [2].

Methods: Here we present the case of a 47 year old male who felt a painful pop, followed by immediate detumescence during sexual intercourse. The patient was also unable to void following this. Also seen here is the pattern of bruising associated with rupture of Buck's fascia and the presence of blood at the meatus.

Results: Several techniques for repair of penile fracture have been described. The most commonly used technique is degloving of the penis but this can have some disadvantages such as significant dissection of Buck's fascia, need for circumcision and the possibility of neurovascular injury.

Conclusion: This video demonstrates a longitudinal penoscrotal approach to penile fracture repair which avoids mobilisation of the neurovascular bundle, allows easy access to base of both corpora where the fracture is statistically most likely to be and access to urethra in case of urethral injuries.

VIDEO SESSION TWO – LOWER TRACT

References

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VIDEO 10

Overcoming challenges in radical cystectomy post prostatectomy

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Introduction: Radical cystoprostatectomy is a morbid operation with a significant proportion of patients experiencing perioperative complications. Up to 2% will experience inavertent rectal injury during the posterior bladder and prostate dissection although this risk may be higher in men who have previously been treated for prostate cancer. We aim to present our experience in a patient undergoing a robotic radical cystectomy several years post prostatectomy.

Methods: A 70-year-old gentleman with a history of an open radical prostatectomy for pT2 prostate cancer in 2014 was diagnosed with pT2 urothelial carcinoma of the bladder in 2023 following upgrade of non-muscle invasive bladder cancer. He was treated with neoadjuvant gemcitabine/cisplatin and proceeded to undergo a robotic radical cystectomy. To mitigate the potential for rectal injury during the procedure, a combined urology and colorectal surgery approach was used.

Results: A daVinci Xi robotic platform was utilised for the case. The rectum was noted to be densely adherent to the bladder as expected following the prior prostatectomy. Following dissection of both ureters, the anterior rectal peritoneum was incised and a plane between the rectum and bladder was developed using combined techniques from urology and colorectal surgery as well as a simultaneous proctoscopy, integrated into the vision cart for maximal visualization and control. Leak test following cystectomy confirmed rectal integrity. A bilateral pelvic lymph node dissection and standard urinary diversion was performed with an uneventful recovery.

Conclusion: We have demonstrated that careful planning, bespoke surgical techniques and interspeciality collaboration can safely overcome potentially significant complications during radical cystectomy.

VIDEO 11

Penoscrotal decompression: a new paradigm for managing prolonged ischemic priapism

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Introduction: Outcomes of men with delayed presentation of ischemic priapism (>24 hours) are poor. Management options include forming a proximal corporal shunt (poor evidence of efficacy) or immediate penile prosthesis placement with the associated increased risk of erosion and infection. Penoscrotal decompression (PSD) is thought to relieve the acute compartment syndrome of prolonged ischemic priapism (PIP) and restores perfusion. Experience is currently limited to 31 reported cases from several centers in North America. We aimed to further assess the role and efficacy of PSD for PIP.

Methods: A prospective surgical study is underway in our center to assess outcomes of patients who present with prolonged ischaemic priapism. Patient consent for videography was obtained.

Results: We describe relevant surgical steps for penoscrotal decompression in this setting and outline our outcomes to date. In the first study outside of North America, PSD successfully relieved priapism in all patients with good pain relief for most (n = 12, 92%). Six men developed refractory erectile dysfunction while 3 had recurrent priapism due to SCD (n = 2) and cocaine abuse (n = 1). Lack of fresh corporal bleeding following PSD is a risk factor for failure and suggests an immediate penile prosthesis could be considered.

Conclusion: PSD averted the need for penile prosthesis insertion in 54% of men. PSD should be considered as a viable option for PIP.

VIDEO 12

Robotic psoas hitch, ureteric reconstruction and re-implantation for a distal ureteric stricture using the Medtronic Hugo™ RAS system

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Introduction: Robot-assisted reconstruction techniques for benign ureteric strictures are well described [1,2]. Reconstructive options for distal ureteric strictures include uretero-ureterostomy, uretero-vesicostomy (end-end or side- side) or appendiceal bypass [1,2]. We present a interesting case of a distal ureteric stricture with associated severe hydroureteronephrosis that underwent psoas hitch with reconstruction of the distal ureter prior to re-implantation.

Method: A 41-year-old male presented with incidental left hydronephrosis on ultrasound abdomen. CT urogram demonstrated severe hydroureteronephrosis to the level of the vesico-ureteric junction. Isotope renogram showed 32% function of the effected kidney. Endoscopic evaluation and retrograde studies revealed stenosis of the intramural distal ureter. A trial of ureteric stenting was unsuccessful and we proceeded with a robot-assisted distal ureteric reimplantation using the Medtronic HugoTM RAS system (Dublin, Ireland).

Result: The patient was positioned supine and in the steep trendelenburg position. The descending colon was mobilised medially and dissection of the ureter was continued into the pelvis to the level of the stricture. The ureter

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was divided proximal to the stricture and the grossly dilated ureter was then reconstructed over a 16ch catheter. A psoas hitch was performed to ensure a tension-free anastomosis. A uretero-vesical anastomosis was completed over a ureteric stent. A urethral catheter was removed on the first post-operative day and the ureteric stent was removed after 4 weeks.

Conclusion: This video demonstrates a minimally invasive technique for the management of distal ureteric stricture using a psoas hitch with reconstruction and re-implantation of the ureter using the Medtronic HugoTM RAS system.

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VIDEO 13

Robotic Assisted Bladder Diverticulectomy: a video case series

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Introduction: Acquired bladder diverticula from bladder outflow obstruction can cause significant morbidity in the form of urinary retention, recurrent urinary tract infections (UTI), bladder calculi and malignancy. [1] Traditional treatment involves open surgical excision. With the advent of modern technologies, this procedure can be performed minimally invasively. [2] There are limited case series describing this technique. [1–3] In this video series we demonstrate our technique of robot-assisted bladder diverticulectomy (RBD).

Method: We present a single surgeon case series of three patients with bladder diverticula secondary to chronic bladder outflow obstruction between June 2023 and February 2024. Each patient presented with sequelae of chronic retention and underwent work up including renal function, uroflow studies, flexible cystoscopy and when indicated upper tract imaging and MRI prostate. Patients pre-operative work up, intraoperative technique and functional outcomes are described.

Results: Two patients underwent combined Robotic Assisted Simple Prostatectomy and Bladder Diverticulectomy for bladder outlet obstruction with associated chronic urinary retention, both had a large bladder diverticulum. One patient underwent Transurethral Resection of Prostate for bladder outlet obstruction but had ongoing UTIs in the presence of a large bladder diverticulum. He proceeded to RBD and his UTI's resolved. No post-operative complications were recorded and patients were discharged on post-operative day 2. All patients underwent successful trial without catheter on post-operative day 7.

Conclusion: RBD is an effective alternative procedure to open diverticulectomy for the management of acquired bladder diverticula from bladder outflow obstruction and can be safely combined with bladder outlet procedures such as robotic assisted simple prostatectomy when required.

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VIDEO 14

The Management of Panurethral Strictures – The Kulkarni Technique

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Introduction: The management of long-segment urethral strictures is challenging. A classic 2 stage method developed by Johanson has been in use since the 1950s. Various flap methods then came into vogue. In the 1990s, the penile urethra was approached through a circumcision incision and the bulbar urethra through a perineal incision. The penoscrotal junction was an area with very limited accessibility. Kulkarni developed a penile invagination technique for treating panurethral strictures through a perineal incision. [1]

Results: A video demonstration of the Kulkarni Technique with penile inversion and one-sided dissection technique, meatotomy and double buccal mucosal graft insertion for treatment of a panurethral stricture.

Conclusion: The Kulkarni technique for panurethral urethroplasty is minimally invasive with excellent postoperative and functional outcomes.

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VIDEO 16

Perineal Urethrostomy

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Introduction: Perineal urethrostomy represents an excellent option for patients with pan urethral stricture disease who are unfit for major reconstruction.

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Methods: With the scrotum sewn up, the base and ischial tuberosities are marked. Methylene blue is injected and massaged down the urethra. An inverted U-shaped incision is made along the perineal raphe incorporating 2 lateral flaps. Care is taken to ensure that the apical flap is well vascularised. Bulbospongiosus is divided ensuring a waistcoat of muscle and a ring retractor inserted permitting maximum urethral exposure. With a mean arterial pressure of 55, the urethra is clamped with Babcock's forceps and incised in the midline until the lumen is visible. Two stay sutures are inserted. The midline incision is developed distally and proximally along the ventral aspect of the urethra with scissors to ensure a urethrostomy of 5 cm. Flexible cystoscopy is performed to assess the stricture, external sphincter and bladder. An 18 fr catheter is passed to gauge patency proximally. The apical flap is sutured directly into the urethral edge with 3'0 vicryl. The distal end is approximated and lateral flaps are then closed incorporating skin, adventitia and urethral edge in an interrupted fashion. The remainder of the urethrostomy is closed and the lateral flap edges closed continuously with 5'0 Monocryl. An 18 fr catheter with bactigras is inserted and the catheter taped to the abdomen.

Results: After 2 weeks the patient returns for a TWOC.

Conclusion: The patient is assessed at 3 months with repeat symptom scores.

VIDEO 17

Key Steps in avoiding problems during placement of an Artificial Urinary Sphincter

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Introduction: We believe that the surgical placement of an artificial urinary sphincter requires a number of key steps and manoeuvres to help achieve the best outcome for the patient. Adhering to a recognised standardised surgical technique can help reduce the complications of infection, device failure, erosion and haematoma.

Methods: Our patient is a 65 year old male whom and underwent a robotic radical prostatectomy for organ confined Gleason 7 prostate cancer with a PSA of 8 two years previously. He complained of Urinary Incontinence post operatively and has been wearing 5 pads a day, has a 24 hour pad weight test of 950 mls, stable detrusor on urodynamics and no bladder neck stricture. Following informed consent he has opted for placement of an artificial urinary sphincter to regain continence.

Results: The patient is placed in lithotomy position, a perineal incision is utilised and the bulbar urethra dissected and exposed. A right iliac fossa incision is made and an extraperitoneal cavity created below rectus sheath. Cuff, balloon and pump components of the sphincter are prepared and implanted in the appropriate area. We illustrate the key tips and tricks to help achieve success. The Sphincter is deactivated.

Conclusion: This video demonstrates and explains the reason behind key steps in the process of sphincter implantation that should help reduce the common pitfalls and complications of the procedure.