Abstract 1  Predictors for undergoing orchidectomy following testicular torsion in Ireland: A 10-year retrospective analysis using a national inpatient database

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Introduction: Testicular Torsion (TT) is a urological emergency. Sociodemographic factors such as age, ethnicity, income and insurance status have been associated with a higher risk of orchidectomy following TT. The aim of this study was to evaluate whether sociodemographic characteristics predict treatment decisions for TT in Ireland. We summarise the surgical modalities used to treat TT in Ireland. We summarise the surgical modalities used to treat TT in Ireland.

Methods: Hospital In-Patient Enquiry data, encompassing all public hospital admissions in Ireland, were used to identify cases of TT nationally between 2009 – 2018. Descriptive analyses were carried out regarding demographic and clinical parameters. A multivariate logistic regression model delineated patient factors associated with orchidectomy.

Results: Between 2009 and 2018, 1,746 males under 25 years were treated for TT in Ireland. 16% of patients (n = 281) underwent orchidectomy. Transfer between hospitals (OR 5.86, 95% CI 2.57–13.40, p < 0.01) and age 0–4 years (OR 2.52, 95% CI 1.27–5) were strongly associated orchidectomy on multivariate analysis. Patients without private insurance were more likely to undergo orchidectomy (OR 1.35, 95% CI 1.10–1.81, p = 0.05). The orchidectomy rate varied significantly between provinces; Ireland’s most rural provinces, Ulster and Connaught, had the highest and lowest orchidectomy rates respectively (23% vs 10%, OR 2.58, 95% CI 1.31–5.08, p < 0.01).

Conclusion: The source of referral affects treatment outcomes in TT. Local expertise and resources impacts the surgical modality chosen. Educating families and removing barriers to care may reduce time to presentation and improve testicular salvage rates.
evaluate the impact of Covid-19 on prostate cancer diagnosis in a Spanish setting.

Methods: A retrospective review of patients referred for a prostate biopsy at a Spanish tertiary hospital was conducted. A 12-month period before and after the eruption of coronavirus in March–2020 was considered for analysis.

Results: 752 prostate biopsies were done during two years, 471 (62.6%) from March-2019 to February-2020 and 281 (37.4%) from March-2020 to February-2021. A 40% decrease was observed between periods. Precovid median PSA level was 27.80 ng/ml and postcovid was 15.07 ng/ml (p = 0.065). Before Covid-19, first prostate biopsies represented 82.16% of biopsies; during the pandemic it was just 71.53% (p = 0.001). The proportion of patients pre-biopsy MRI increased from 37.79% to 56.23% (p = 8.68E-7). Transperineal fusion biopsies, remained stable (62 vs 75). A significant decrease was observed regarding transrectal biopsies at the clinic, with a fall from 409 to 206 procedures (p = 0.000003). Prostate cancer diagnosis represented was approximately 50% of all biopsies in both periods. Treatment strategies remained unchanged during both periods.

Conclusions: Pandemic limitations to accessing healthcare has caused a decrease in the number of primary prostate biopsies, an increase in pre biopsy MRI and a significant loss of patients diagnosed early with prostate cancer which will have a profound effect on delivery of prostate cancer treatment over the next number of years.

Abstract 4  Tumour bearing kidneys as potential transplant (TAPER) donors; A UK national online survey

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Introduction: According to the UK annual kidney-transplant report in March 2018, 4,757 adult patients are on the UK kidney-transplant list, with only 3,272 transplants performed. 1200 patients died while waiting for transplant.

More than 7000 nephrectomy operations were recorded at the British Association of Urological Surgeons (BAUS) audit outcome for 2014. 2900 nephrectomy procedures were performed for cT1 renal cancer. We re-explore the acceptability of utilizing small tumour-bearing kidneys as potential organ donors, after ex-vivo tumour removal and pathology confirming benign pathology or low risk cancer with clear margins.

Methods: An online survey was carried out across UK urologists with special interest in renal surgery, transplant surgeons and nephrologists, between November and December 2018. Respondents were asked whether they would consider such kidney for transplantation in selected group of dialysis dependent patients.

Results: 110 urologists, 70 nephrologists and 50 transplant surgeons were approached. 60 (55%) urologists, 41 (58.5%) nephrologists and 28 (56%) transplant surgeons responded. 43 (72%), 18 (54%) and 26 (93%) of the urologists, nephrologists, transplant surgeons respectively supported the concept of using these kidneys for selected transplant recipients.

Conclusion: There is general acceptance for using those kidneys for transplantation in the UK. This concept has its ethical and logistical challenges, though it’s been performed before. However, this survey will encourage starting a trial that addresses the critical unmet need of kidneys for transplantation.

Abstract 5  Day-case Transurethral Resection of Bladder Tumour (TURBT): A feasible approach in selected patients

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Introduction: Day-case Transurethral Resection of Bladder Tumour (TURBT) is currently only performed in 18% cases across the United Kingdom [1]. The objective of this study is to determine 30-day readmission rate and morbidity after day-case TURBT in a district general hospital (DGH) and to report patient demographics, quality of TURBT and early recurrence rate as well as patient feedback after day-case TURBT.

Methods: A retrospective audit of day-case TURBTs over a three-year pre-COVID19 (2017–20) was performed. We only included patients who underwent a TURBT and excluded any cystoscopy and biopsy or fulguration. A day-case TURBT pathway is in place in this centre. Feedback was obtained using hospital patient feedback forms.

Results: We included 77 patients who underwent TURBT in the day-case theatre, of these 5 patients required in-patient stay after the surgery. Of the remaining 72 discharged on the same day, 8 were readmitted (11%) for Clavien-Dindo I complications. The readmission/failed discharge group had a higher rate of older patients, with higher ASA scores and longer operative times, however resection quality and tumour characteristics were not different from the day-case TURBTs. All patients reported an overall positive experience (good or very good).

Conclusion: In the first of its kind audit reporting patient feedback after day-case TURBT, the data obtained can provide us and other centres adopting day-case TURBTs guidance to employ better patient selection to reduce readmission rates. Hence, day-case TURBT can be a feasible option in appropriately selected patients, with a suitable pathway in place.

Reference

Abstract 6  Analysing cause of death during follow up for non-muscle invasive bladder cancer: Is there a role for watchful waiting?

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Introduction: Most patients with bladder cancer have non-muscle-invasive disease (NMIBC), requiring multiple invasive procedures during follow-up. Surveillance guidelines do not adjust for increasing age or frailty. We aim to evaluate the influence of frailty on the natural history of NMIBC.

Method: Patients who died between 1/1/2017–1/1/2020 with bladder cancer and underwent a flexible cystoscopy within 2 years were identified via clinical coding. Notes were reviewed to establish relevant clinical parameters and follow-up procedures. Frailty was