Abstract 20

Diagnostic evaluation of acute epididymo-orchitis. Are we compliant with European Association of Urology guidelines?

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Introduction: Acute epididymo-orchitis is a common infectious condition. Correct identification of causative pathogens is essential for treatment and prevention of complications. The aim of this study was to assess compliance with European Association of Urology (EAU) guidelines in the diagnostic evaluation of acute epididymo-orchitis in a tertiary referral centre.

Methods: Case notes of 59 patients attending the emergency department with acute epididymo-orchitis over a 3 month period (November 2020 – January 2021) were reviewed. Emergency department records and laboratory results were examined to determine those with mid-stream urine (MSU) and sexually transmitted infection (STI) screens sent.

Results: 59 patients were included with a mean age of 42 (age range 15–88). An MSU sample was analysed for culture and sensitivity for 40% (24/59) of patients. Urine testing for chlamydia trachomatis and neisseria gonorrhoea was performed for 11.8% (7/59) of patients. Of these patients, 57% (4/7) of STI samples were rejected by the laboratory due to the use of an incorrect sample container. Two of nine patients, who had symptoms of, or exposure to, sexually transmitted infections, had successful STI testing. One patient was referred to an STI clinic for further evaluation.

Conclusion: The diagnostic evaluation of patients with acute epididymo-orchitis complies with EAU guidelines in a minority of cases. Due to frequent movement of junior staff through each department, regular education of staff is required including guidelines for investigation and management of epididymo-orchitis and local information outlining how to conduct STI screening.

References

Abstract 21

A prospective analysis of the patient experience and economic benefit of local anaesthesia transperineal prostate biopsy with the PrecisionPoint™ Transperineal Access System

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Introduction: This study aims to compare data on transperineal template biopsy (TPTB) under general anaesthesia (GA) compared to local anaesthesia (LA) procedures using the PrecisionPoint™ Transperineal Access System (PPTAS) in relation to its tolerability, cancer detection rate and cost.

Methods: This is a prospective cohort study of patients undergoing transperineal biopsy. Patients were excluded if they had concurrent flexible cystoscopy or language barriers to follow-up phone calls. Patients had a choice of GA or LA. A prospective questionnaire on days 0, 1, 7 and 30 was applied. The primary outcome was patient tolerability. Secondary outcomes were cancer detection rate, complication rate, and theatre utilisation time.

Results: This study included 80 patients (40 GATPTB and 40 LA PPTAS). Pain was higher leaving recovery in the GA group, however not significantly (p = 0.055). Median pain score at LA infiltration was 6/10 (IQR4–7), with no difference in pain at day 1, 7 or 30 (p = 0.272, 0.6465 and 0.8184 respectively). For GA vs LA the overall cancer detection rate was 55% vs 55% (p = 1.000) with clinically significant cancer in 22.5% vs 35% (p = 0.217). Acute urinary retention (AUR) occurred in 10% vs 2.5% in GA vs LA (p = 0.359). The GA cohort spent longer in theatre and in recovery with a median of 93.5 minutes vs 57 mins for the LA group (p = <0.0001).

Conclusion: This study demonstrates transperineal prostate biopsy can be safely performed under LA with no difference in relation to the rate of cancer detection or AUR. LA biopsy also consumed less overall theatre and recovery resources.

Abstract 22

Implementation of a virtual stone clinic

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Introduction: Urolithiasis affects up to 10%, is rising, and is a significant clinical burden [1, 2]. Current renal stone surveillance pathways mandate patients receiving an XR KUB and a face to face (F2F) out-patient (OP) review every 6 or 12 months. Streamlining treatment pathways would benefit patients and the healthcare system.

Methods: We identified 538 patients currently on the return F2F OPD waiting list. Median wait time was 4 years (range 18 months to 5 years). We developed a “virtual” pathway consisting of (1). an XR or CTKUB booked locally. (2). a patient postal symptom/history questionnaire to return once imaging was performed. Imaging and questionnaire results were reviewed weekly in a virtual clinic by the urology trainee and consultant. A decision regarding follow up/treatment and letter to patient/GP was generated.

Results: To date, 96 patients have been reviewed with a mean age of 55.4 years old. 42 asymptomatic patients with no/stable tiny (<4 mm) calculi were discharged. 20 patients were booked for ESWL. 15 patients with no visible calculi but ongoing symptoms were booked for CT KUB and review. 12 were booked for repeat x-ray and virtual clinic review. 1 patient was admitted for CTKUB and ureteroscopy. 5 patients had undergone ureteroscopy since their last appointment. 1 patient was booked for cystolitholapaxy. The average virtual clinic review time was below 10 minutes/patient.

Conclusion: The virtual clinic decreased waiting times and expedited discharges. Future plans include a nurse-led stone service. We are currently developing an automated electronic system to streamline the new pathway further.

References