referrals urology OPD has led to long waiting lists which can interfere in a timely diagnosis for many patients, with many subsequent consequences. Methods: A urology consultant assesses referrals in a virtual clinic, employing methods such as letters, imaging and bloods results, with charts being reviewed where indicated. Outcomes recorded were: discharged, return for face-to-face OPD, referral to a nurse led lower urinary tracts symptoms (LUTs) clinic, phone review, chart review required or referred to stone surveillance clinic.

Results: There were 2073 patients assessed. The majority of patients had previously been seen by a non-consultant hospital doctor. 727 (35%) of patients were directly discharged with a letter of advice. 405 (19.5%) of patients required further face-to-face OPD review. 267 (13%) were suitable for stone surveillance clinic. 279 (13.5%) were referred to a nurse led LUTs clinic. 65% of these were suitable for discharge.

172 (8%) were suitable for phone review. 223 (11%) of patients had insufficient clinical information and required a chart review.

In total, 1,444 patients were suitable for a virtual review. The potential savings from this form of virtual OPD review was €322,424.

Conclusion: A virtual review clinic is an efficient model to assess and make decisions on patient care. It reduces the numbers of face-to-face reviews and is both clinically and cost effective. Assessment of patient satisfaction with this model of care would be important.

Reference

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Introduction: Fungal colonisation of urine is a frequently encountered entity, but little is published on Candidaemia in a urological setting. We aimed to assess the frequency of Candidaemia in the nosocomial environment and whether an association existed with urology patients.

Methods: A retrospective review from the hospital's laboratory information system between 2015–2019 inclusive was performed. Identification of fungal positive urine and blood cultures was executed and an electronic database was established. A chart review of patients with Candidaemia then recorded data on patients receiving active urological input.

Results: Over the 5-year study period 1,876 and 826 catheter and mid-stream fungal urine specimens were obtained respectively. Ninety-two unique patients with fungal positive blood cultures were identified. Their median age was 70.8. Of these, 54 (58.7%) had synchronous Candiduria. Twenty-one (22.8%) patients with Candidaemia were receiving active urological input and all but 2 of those had synchronous Candiduria. Regarding the most frequent causation in this group; 6 patients had long-term ureteric stents, 5 had nephrostomies or nephro-ureteric stents and 3 had post-operative infections. The most common fungal pathogen identified in blood was Candida albicans (53.3%) and 95.9% of these specimens were sensitive to Fluconazole. Only 26 (28.3%) patients with Candidaemia in the study period had survived at a median follow-up of 47 months.

Conclusion: Candidaemia is an uncommon but significant disease and urology inpatients may be an under-recognised risk group for its development. Prompt identification and consideration of anti-fungal therapies in appropriate patients is recommended.

Reference

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Introduction: The first COVID-19 surge in early 2020 resulted in the cessation of all but the most urgent elective urological cases. This necessitated the enhancing of current facilities and the prioritisation of elective cases, with greater regional collaboration, in order to maximise the number of patients being treated in a timely fashion.

Methods: Our unit established a traffic light system for COVID-19, with a green pathway for elective surgery. An existing Day Procedure Unit was converted into the main elective theatre facility and was complimented by a dedicated inpatient ward for post-operative recovery. Cases were selected by a Regional Prioritisation Committee, according to Royal College of Surgeons guidelines1. This ensured services were delivered on a networked basis based on clinical need.

Results: Since March 2020, 661 patients underwent elective urological procedures via the green pathway, with no outbreak of COVID-19. These included: 27 laparoscopic nephrectomies, 121 TURBTs, 34 TURPs, 71 ureteroscopies, and 113 TP biopsies. Our unit kept red flag and urgent cases up to date, and accepted transfers from other trusts. From the Ards Peninsula to west Fermanagh, patients treated were from a wide geographical area across Northern Ireland.

Conclusion: Our experience of the green elective pathway in urology has been positive, helping to treat high risk patients from across Northern Ireland. Maintaining elective services at the Ulster Hospital has also helped maintain some post-graduate surgical training. The adaptability of resources, robust patient risk assessment and greater inter-trust cooperation have helped ensure the safe resumption of elective operating during these extraordinary times.

Reference

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Introduction: Flexible cystoscopy (FC) is the most common invasive diagnostic urology procedure at St. Vincent's Hospital, with approximately 1000 performed annually. Current guidelines stipulate the inclusion of multiple details in the cystoscopy report1,2. Given the