Of these, 236 (72%) were deceased donors and 83 (25%) were living related donors (LRD). The most common cause of ESRD was congenital (28%) followed by chronic progressive nephropathy (23%). Overall graft survival was 85% at 1 year, 60% at 10 years and 35% at 20 years. On analysis by eras, the 5 year overall graft survival was 93% versus 45% for 2011–2020 (era 5) and 1969–1981 (era 1), respectively. The log-rank test for equality of graft failure showed a clinically significant reduction in overall graft failure in the most recent eras (485) (p < 0.0001). HLA mismatch was found to be an increased risk of graft failure (HR 1.22, 95% CI), while LRD transplants were found to reduce risk of graft failure (HR 0.6171, 95% CI).

Conclusion: Renal transplant graft survival has improved over time.

Reference

Abstract 36 COVID-19: The impact on urology in-patient length of stay in a single centre

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Introduction: COVID-19 has significantly impacted all areas of healthcare including access to theatre, beds and imaging2. Risks to patients with COVID-19 who require surgery are well studied and reported2. We aimed to assess the impact of COVID-19 on length of stay for urology patients admitted with ureteric stones, haematuria and bladder cancer in Tallaght University Hospital.

Methods: HIPE data was acquired and analysed for two matched 10-month periods 01/04/2019–28/02/2020 (Pre-COVID) and 01/04/2020–28/02/2021 (COVID) for patients. The principle diagnoses assessed included ureteric calculi, haematuria and malignant neoplasm of the bladder. The length of stay (LoS) was compared for each patient group using Welch’s unpaired t-test. All statistical analysis was performed using GraphPad QuickCalculators. A p-value of < 0.05 was considered statistically significant.

Results: There were 414 urolithiasis admissions during the pre-COVID time period compared to 251 during the COVID period, the average LoS were 3.07 days, 3.24 days respectively (p = 0.6434). In the pre-COVID period, there were 57 admissions with unspecified haematuria, compared to 61 admissions during COVID, with an average LoS of 8.77 and 6.82 days respectively (p = 0.4475). 84 patients with bladder cancer were admitted pre-COVID compared to 57 admissions during COVID with an average LoS of 11.15 and 8.05 days respectively (p = 0.2727).

Conclusion: There was a significant reduction in in-patient admissions for both urolithiasis and bladder cancers during the COVID period compared to pre-COVID. The mean LoS of patients admitted with haematuria and malignant neoplasms of the bladder was reduced during the COVID period but not statistically significantly.

References

Abstract 37 Introduction of a haematuria clinic in a Model 4 hospital - Adapting models of care

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Introduction: Visible haematuria (VH) is a common urological complaint that can be the first symptom of an underlying malignancy. Investigation of unexplained VH includes a CT Urogram and a cystoscopy. In January 2019 in Beaumont hospital, a nurse-lead haematuria clinic (HC) was instituted, allowing for triage of patients with VH. These patients were offered a CT Urogram and flexible cystoscopy, without first being seen in a consultant-led clinic. We aim to review the impact on pathways of care since the introduction of the HC.

Methods: We performed a retrospective cohort analysis, comparing patients referred in 2018 to 2019, the year before and after the introduction of the HC. Data analysed included dates and nature of referrals, investigations, diagnosis, treatments and discharges. Statistical analysis was performed using SPSS software with Pearson chi squared and Independent sample t-tests.

Results: In the first year of the HC, 175 patients were referred; 120 male, 55 female with an average age of 66 years old. 18 patients were excluded as they failed to attend their appointments. Time to completion of investigation decreased from over 150 to 58 days (2018:2019; p < 0.01). Discharge rate increased from 19% to 48% (2018:2019; p < 0.01). In the first year of the HC, 12 urinary tract malignancies were diagnosed including two small cell carcinomas and ten transition cell carcinomas. These patients had rigid cystoscopies an average of 70 days after referral.

Conclusion: Introduction of a haematuria clinic has reduced the workload on consultant-led clinics while reducing wait times to get fully investigated for urothelial malignancies.

Abstract 38 The natural history of untreated renal calculi

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Introduction: Nephrolithiasis affects an estimated 8.8% of our population. Many patients are managed conservatively, with an accepted 20% conversion to operative management in a 5-year period. In the context of increasing waiting times, outpatient appointments are precious, and novel review pathways are required. Accurate Irish data on the natural history of renal calculi may inform the development of nephrolithiasis surveillance guidelines. We present our early review data on the natural history of untreated stones.

Methods: Some 338 patients were identified awaiting outpatient nephrolithiasis review. Patients attended for up-to-date x-ray, and were also sent a questionnaire regarding symptoms, stone passage, and interval intervention. Questionnaire and imaging were reviewed by a consultant and trainee urologist.

Results: One hundred patients both returned the questionnaire and underwent interval re-imaging. Mean age was 53.1 years. Time since last appointment ranged from 18 to 60 months. Forty-six patients remained asymptomatic. Of the 54 (54%) patients who reported symptoms, 48 (48%) reported flank pain, 15 (15%) reported haematuria, and 9 (9%) reported recurrent urinary infections.
Since last review, ten patients had attended the Emergency Department, with 3 requiring ureteroscopy. Overall, 69 (69%) patients had renal calculi that were visible on follow-up x-ray.

Thirty-two patients were both asymptomatic and without visible calculi, and were discharged. Sixteen patients were referred for extracorporeal shockwave lithotripsy, 14 for CT imaging, and 38 for continued surveillance.

Conclusion: Although many patients described intermittent stone symptoms, emergent operative management was rare. On review, one third of patients now had no symptoms or radiopaque calculi.

References