**Abstract 42** Impact of COVID-19 on a one-stop haematuria clinic

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**Introduction:** The One-stop haematuria clinic (OSHc) at Tallaght Hospital has been in situ for over 10 years, allowing multi-modality assessment (flexible cystoscopy and renal ultrasound) of haematuria in a single visit. The recent impact of Covid-19 led to a dramatic reduction in the number of patients seen in our hospitals. We report the impact of service reductions on our haematuria clinic.

**Methods:** A retrospective review of medical notes of patients scheduled to attend the haematuria clinic during the calendar year 2020 were reviewed, comparing a pre-Covid era with the post-Covid era.

**Results:** In the pre-Covid era, 56 patients were offered appointments at the OSHC with 84% attending. 96% had a same day ultrasound and 64% were discharged after a single visit. 10% had subsequent CT urogram scans. No cancers were detected in this cohort.

In the post-Covid setting, 230 patients were offered appointments with 60% attending. Only 56% had a same day ultrasound and only 36% were discharged after a single visit. 10 bladder cancers and 1 renal cancer were detected. There was increased utilisation of same-day CT scanning but also increased use of subsequent CT urograms (18%).

Return visits to outpatients from 21% pre-covid to 46% post-covid. Of these, 25% were to review imaging results.

**Conclusions:** The Covid crisis has led to a decrease in the efficiency of the OSHC. Attempts to minimise patients potential exposure to Covid-19 has had the unintended effect of increasing the number of visits required to get a diagnosis.

**Reference**

**Abstract 44** Distal urethral carcinoma: Contemporary management with phallus preserving techniques

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**Introduction:** Primary urethral carcinoma is a rare clinical entity with an incidence of 1 case per million in the United Kingdom. Cancers of the distal urethra are most commonly of squamous subtype and often associated with Human Papilloma Virus infection. Penile preserving techniques are recommended in tumours of the pendulous urethra with a number of surgical approaches described. Herein, we describe the surgical management of 7 patients presenting with primary urethral carcinoma.

**Methods:** Seven patients diagnosed with primary urethral carcinoma of the distal urethra were identified using a prospectively maintained penile cancer database at our institution from May 2017 to November 2020.

**Results:** The mean age at presentation was 56.5 (33–80) years. Presenting symptoms included visible lesion, LUTs and a groin mass. Three patients had lesions located within the glanular urethra and had a distal urethrectomy and primary closure. Two patients with lesions extending proximal to the glanular urethra and into or beyond the fossa navicularis had a distal urethrectomy with a hypospadic neomeatus formation. One patient with tumour extending into the glans penis underwent distal urethrectomy and partial glansectomy with split thickness skin graft. A partial penectomy was performed for one patient with urethral tumour invading the corporal heads. Mean follow-up was 23.4 (±17.0) months. There have been no recurrences recorded to date.

**Conclusion:** Penile preserving techniques are feasible in patients with tumours of the pendulous urethra and do not appear to compromise local control.

**Reference**