

Parallel Session 1(A): General Urology/Endourology

Abstract Titles

- Definitive ureteroscopy waiting times – Are these benign “urgent” cases being neglected in the face of cancer targets?
- Audit on the impact of Community Intervention Team on waiting times for Trial of Void
- The utility of Stent-On-Strings in clinical practice
- Strategies to maximise patient comfort during extracorporeal shockwave lithotripsy
- The Psychological Impact of Flexible Cystoscopy
- Digital and mechanical characterisation of ureteral stent luminal reduction in response to extrinsic compression forces
- Safe and Effective Pathway of Referral and Management of Recurrent Renal Colic. A Single Center Experience
- Urosepsis and the Urologist!
- Development of the RUHFI-Q Questionnaire to Quantify the Impact of Recurrent Urinary Tract Infections on Quality of Life
- Improvement in the accuracy of acute stone referrals following the introduction of a standardised referral proforma
- Trends in Uropathogen Culture and Resistance Patterns over a 15-Year Period in Mid-West Ireland
- What Does Your Pelvic Floor Do For You?: Knowledge of the Pelvic Floor in Female University Students
- 5-year retrospective review of waiting times for patients diagnosed with bladder cancer at a single institution in an effort to improve the patient pathway
- A case series of antegrade ureteric stent insertion using a novel technique

Definitive ureteroscopy waiting times – Are these benign “urgent” cases being neglected in the face of cancer targets?

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Introduction: NICE guidelines state ureteric stones should be treated with an elective surgical procedure in 4–6 weeks, but the practice can vary and is influenced by service availability. The 2018 GIRFT report recommended improving secondary care pathway for patients with urinary stones. Cancer referral, diagnosis and treatment are guided by stringent targets allowing them to be prioritised over benign disease. We audited our waiting times (WT) for definitive ureteroscopy (URS) for patients with stone disease.

Methods: We reviewed our WT for patients needing definitive URS in December 2018 (subject to increase if surgery date not available).

Results: Seventy-nine patients were awaiting definitive URS, 18 patients with non-obstructing renal stones were excluded, 24 (57%) had ureteric stones with an average 19 week WT (3.2–45 weeks). There was a 18 week (1.9–45 weeks) WT for 37 patients with indwelling stents (45%), 11 patients (30%) contacted their GP and 5 (8%) were admitted with sepsis or stent symptoms with a 15 day length of stay. The 3 patients who underwent definitive URS (mean WT 26 weeks) had impacted stents, resulting in longer more complex surgery. Emergency URS was not available due to lack of resources at multiple levels- laser, fluoroscopy and emergency theatre access. Electively these patients are not being prioritised over cancer patients.

Conclusion: Prolonged obstruction and long stent dwell time result in morbidity, cost and significant consequences. We propose more stringent guidelines for stone patients similar for cancer patients to allow better access to elective and emergency definitive surgery.