Conclusion: The introduction of a referral proforma has improved the quality of acute stone referrals to our department. The proforma is also a useful tool for audit and could be adapted to create an electronic referral system.

Trends in Uropathogen Culture and Resistance Patterns over a 15-Year Period in Mid-West Ireland

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Introduction: Awareness of microbiological epidemiology regarding sensitivity patterns is essential to guide urologists in appropriate antibiotic selection for both prophylaxis and treatment. This is particularly important given global concerns regarding levels of resistant organisms.
Methods: We retrospectively reviewed an electronic database, identifying mid-stream urine (MSU) specimens processed in a tertiary centre's microbiology laboratory over 15 years (2004–2018). We included MSUs showing pure growth of a typical uropathogen in a symptomatic patient or pure growth of an atypical uropathogen with a colony count >100,000 cfu/ml and microscopic pyuria. We analysed 24,345 sensitivity results. We reviewed data for trends in organism predominancce and resistance patterns.
Results: Of 1,778 pure growths studied, the most common uropathogens overall were *E.coli* spp. (58.94%), *Klebsiella* spp. (8.89%), *Enterococcus* spp. (7.76%), *Proteus* spp. (6.3%) and *Pseudomonas* spp. (4.5%). *Eschericia coli* species were consistently the most common isolate, accounting for 52.2–69.8% of isolates per studied year. ESBL producers formed 1.6% of MSU *E.coli* spp. in 2010, with a stepwise increase to 14.5% in 2018. Across the study time-frame, significant but relatively stable overall resistance patterns, where tested, were noted for Cephalexin (~24%), Trimethoprim (~34%) and Ciprofloxacin (~22%). Increasing resistance of uropathogens overall (2004/2006–2018) was noted for Augmentin (17.8% to 23.8%), Nitrofurantoin (11.2 to 16.6%) and Gentamicin (8.9% to 10.5%).
Conclusions: Significant levels of resistance exist amongst uropathogens to commonly-prescribed antibiotics. This highlights the importance of culture results and of adherence to prinicples of antimicrobial stewardship. Locally, Gentamicin monotherapy may be insufficient peri-operative prophylaxis for urological procedures.

What Does Your Pelvic Floor Do For You?: Knowledge of the Pelvic Floor in Female University Students

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Background: Pelvic floor dysfunction (PFD) is a healthcare and economic burden. Engagement in pelvic floor muscle exercises (PFMEs) can both prevent and treat PFD [1,2]. Knowledge of the pelvic floor in women guides health seeking behaviour, prevention and treatment [3]. Assessing the current level of knowledge in young women will inform healthcare strategies for effective management and prevention pelvic floor dysfunction. [1,2,3]
Aim: To assess the knowledge of the pelvic floor in female university students.
Methods: We carried out a cross sectional study in the form of an online questionnaire. The survey was based on the validated Prolapse and Incontinence Knowledge Questionnaire (PIKQ) and was extended to meet the objectives of this study.
Results: 938 responses were received. 72.9% (n = 663) of students had never received information on the pelvic floor. 66% of respondents (n = 564) said they understood what was meant by PFMEs, however 72.5% (n = 621) incorrectly identified how to perform PFMEs. Of the 43.1% (n = 225) who reported exercising their pelvic floor, 61% (n = 138) incorrectly identified how to perform PFMEs. There was statistically significant difference ($p < 0.001$) in the overall knowledge between students in the School of Medicine and Health (n = 307, Mean = 11.8, SD = 2.35) and Other Schools (n = 529, Mean = 9.39, SD 2.88).
Conclusion: Low levels of knowledge of the pelvic floor are associated with a high prevalence of PFD. By simply increasing awareness of the pelvic floor and PFMEs, we can reduce symptoms of PFD and thus improve quality of life [3]. Further studies are required to improve knowledge of the pelvic floor and encourage PFMEs in young women.

References

1. Hagen S, Glazener C, McClurg D, Macarthur C, Elders A, Herbison P, Wilson D, Toozs-Hobson P, Hemming C, Hay-Smith J, Collins M. Pelvic floor muscle training for secondary prevention of pelvic organ prolapse (PREVPROL): a multicentre randomised controlled trial. *The Lancet*. 2017 Jan 28;389(10067):393–402.
2. Dumoulin C, Hay-Smith J, Habée-Séguin GM, Mercier J. Pelvic floor muscle training versus no treatment, or inactive control treatments, for urinary incontinence in women: A short version Cochrane systematic review with meta-analysis. *Neurourology and urodynamics*. 2015 Apr 1;34(4):300–308.
3. Berzuk K, Shay B. Effect of increasing awareness of pelvic floor muscle function on pelvic floor dysfunction: a randomized controlled trial. *International Urogynecology Journal*. 2015 Jun 1;26 (6):837–844.

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

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Background: Delay in the diagnosis of bladder cancer increases the risk of death from disease independent of tumor grade and or disease stage.
Current NICE guidelines recommend that patients with a suspicion of bladder cancer to be seen in clinic within two weeks.
We assessed waiting times for patients diagnosed with bladder cancer and evaluated impact on patient outcomes with a view to improving the patient pathway.
Methods: The Pathology department provided details of patients with a diagnosis of urothelial cancer in last 5 years. Time from receipt of referral to initial review, investigations and TURBT was recorded. Mode of presentation, pathology stage and grade were evaluated.
Results: Of the 89 cases of bladder cancer, 51 and 5 were referred with visible haematuria and non-visible haematuria respectively. 27 had incidental findings on imaging, 6 were admitted through the emergency department. The overall mean time from referral to first appointment was 63.57 days and 130.64 days from referral to TURBT. 46 (76.66%) patients presented with non-muscle invasive bladder cancer and 14 (23.33%) with T2 or greater.

Discussion: No patients was seen within the time limits set by the NICE guidelines. Patient pathway for bladder cancer patients is inadequate and in need of resource allocation to meet with best practice.

A case series of antegrade ureteric stent insertion using a novel technique

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Introduction: The antegrade insertion of ureteric stents is a commonly performed procedure for cases of obstructive uropathy. Incorrect stent placement remains an issue. Stent migration at the time of insertion can result in the proximal coil resting within the proximal ureter or renal parenchyma. We describe a novel technique of ensuring correct stent placement through repositioning the string of the stent.

Methods: Our technique is performed using standard ureteric double J stents, modified by the operating surgeon and independent of industry. The method involves repositioning the string placement of the proximal end to immediately distal to the proximal coil. We present a short animation video of this technique.

Results: Between September 2013 and March 2016, 23 antegrade ureteric stents were inserted using the above technique. Post-operative cross-sectional imaging was used to confirm stent position. Incorrect placement was avoided in all cases, and no cases required further stent manipulation.

Conclusions: Although similarly designed stents are now available on the market, the above technique, which has not been previously reported, provides a simple method of ensuring proper antegrade stent position using all standard double J stents.