



YORKSHIRE UROLOGY AUDIT GROUP

YUAG 2026 Abstracts

Annual Meeting

3 November 2026

Hilton Leeds City, Leeds

PODIUM PRESENTATIONS

1. Early mortality after TURBT: should frailty or performance status inform MDT decisions?

Authors: Charlotte Simms, A Hall, M Dooldeniya

Institution: Mid Yorks NHS Teaching Trust

RESEARCH · ONCOLOGY

BACKGROUND

Frailty may provide prognostic information not captured by World Health Organization performance status (WHO PS). The 2026 GIRFT bladder cancer pathway recommends early senior review for patients with Clinical Frailty Scale (CFS) ≥ 6 or advanced age. We compared CFS with WHO PS for prediction of early all-cause mortality after transurethral resection of bladder tumour (TURBT).

METHODS

We retrospectively studied 316 consecutive patients undergoing index TURBT between December 2022 and May 2025. CFS and WHO PS were modelled as linear ordinal variables in multivariable Cox regression adjusted for age, ASA grade 3/4 and tumour stage $\geq T2$. Six-month mortality was the primary outcome; discrimination was compared using Harrell's concordance statistic. A secondary analysis compared CFS 6-7 with CFS 1-5.

RESULTS

Six-month mortality was 38.2% in patients with CFS 6-7 versus 6.0% with CFS 1-5. Each one-point increase in CFS was independently associated with six-month mortality (HR 2.01, 95% CI 1.42-2.85; $p < 0.001$), whereas WHO PS was not (HR 0.87, 95% CI 0.54-1.40; $p = 0.6$). CFS showed greater discrimination than WHO PS (0.714 vs 0.612; difference 0.103, 95% CI 0.031-0.175). CFS 6-7 was associated with a nearly eightfold higher hazard of death than CFS 1-5 (HR 7.78, 95% CI 3.77-16.03; $p < 0.001$).

CONCLUSION

CFS provided prognostic information for early mortality after TURBT beyond WHO PS. The marked mortality difference across the GIRFT CFS ≥ 6 threshold provides outcome data relevant to recommendations for early senior review. Recording CFS at referral could support earlier risk assessment and informed discussion while complementing clinical judgement.

2. Free-Hand Transperineal Prostate Biopsy under Local Anaesthetic: Accuracy, Safety and Cost at York Hospital

Authors: Ayoub Gomati, Gassan Salih, Asrit Babu

Institution: York hospital

SERVICE EVALUATION · ONCOLOGY

BACKGROUND

Transperineal (TP) prostate biopsy under local anaesthetic is increasingly favoured over the transrectal route, but evidence for the free-hand technique without a needle-guide device is limited. We evaluated its diagnostic accuracy, safety and cost at York Hospital.

METHODS

We retrospectively analysed 132 procedures performed in January–February 2026. After excluding 36 repeat biopsies, 96 first biopsies remained. We recorded histology, Gleason grade, MRI targeting, antibiotic prophylaxis and 30-day re-admissions. Findings were compared with the PROMIS and PRECISION trials, and modelled NHS costs were derived from NIHR HTA data.

RESULTS

Cancer was detected in 71.9% (69/96), and 55% had Gleason 3+4 or higher. Targeted cores were positive more than twice as often as systematic cores (58.0% vs 26.6%). Targeted cores identified cancer in 94.5% of patients with a target and cancer, and 95.5% of clinically significant cancers (42/44). In patients with an equivocal (Likert 3) MRI, 55% had cancer and 30% had clinically significant disease. Systematic cores still found cancer in 14 of 18 patients with no MRI target. Half of patients (48/96) received antibiotic prophylaxis; there were no complications or re-admissions in either group. The free-hand approach was the lowest-cost option at about £290 per procedure, against £475–£795 for fusion, device-assisted and template approaches.

CONCLUSIONS

Free-hand TP biopsy under local anaesthetic showed high detection rates, comparable to published benchmarks, with no re-admissions and the lowest modelled cost. These findings support omitting routine antibiotic prophylaxis for primary biopsies, though the retrospective single-centre design warrants prospective validation.

3. Audit of a Specialist Nurse-Led Urological Assessment Clinic Following Cauda Equina Syndrome: A Retrospective Review of Bladder, Bowel and Sexual Dysfunction and Outcomes.

Authors: Dr Arouje Nawaz, N. Boxall, A. Mangera

Institution: Sheffield Teaching Hospitals

AUDIT · FUNCTIONAL & FEMALE

INTRODUCTION

Getting It Right First Time (GIRFT) recommends assessing symptomatic patients post cauda equina syndrome (CES) in spinal injuries centres.

PATIENTS AND METHODS

We audited records of patients who presented with CES between July 2023 and July 2024 and were subsequently referred to the Sheffield Teaching Hospitals nurse-led CES service. Pre-defined audit standards assessed compliance with urological assessment by specialist nurses.

RESULTS

In total, 116 patients were assessed; median age was 46 years and 61% were female. Bladder function was assessed in 100%, with symptoms present in 72%. Post-void residual measurement was missing in 7%. Overactive bladder symptoms were most common, affecting 51%; 20% reported loss of bladder sensation and 37% had difficulty emptying the bladder. Intermittent self-catheterisation (ISC) was taught to 39%. Bowel function was assessed in 98%, with symptoms present in 56%. Sexual function was assessed in 72%, of whom 48% reported symptoms. Renal ultrasound results were available for 56%, with four positive findings (6%). Overall, 28% required consultant input. Ten patients underwent video-urodynamics, with only one demonstrating a poorly compliant bladder with reflux/hydronephrosis.

CONCLUSION

This is the largest study in the literature reporting urological outcomes following CES and the only study reporting beyond two years of follow-up, demonstrating the high burden of bladder, bowel and sexual dysfunction. Consultant input and video-urodynamics were required in less than 30% and 10%, respectively. A nurse-led CES service helps expedite assessment and management. We plan to re-audit following introduction of a proforma to improve baseline ultrasound and sexual function documentation.

4. Predictors of Stricture Recurrence after Bulbar Buccal Mucosal Graft Urethroplasty: A Single-Center Experience

Authors: Sanad Saad, Ihsan Batuhan Demir, Sameh El-Nashrty, Sheung Chit Ho, Naside Mangir, Karl H Pang, Sanad Saad, Christopher R Chapple, Richard D Inman, Nadir I Osman

Institution: Sheffield Teaching Hospitals

RESEARCH · RECONSTRUCTION

INTRODUCTION

Bulbar urethral strictures are the commonest male urethral stricture subtype. Buccal mucosal graft (BMG) urethroplasty remains the standard definitive treatment. Recurrence remains a clinically relevant problem. We aimed to evaluate the long-term surgical outcomes and identify predictors of recurrence following bulbar BMG urethroplasty in a tertiary referral centre.

Materials & Methods

We retrospectively reviewed 124 men who underwent bulbar BMG urethroplasty at a single tertiary centre. Data on patient demographics, stricture characteristics, prior interventions, operative techniques and follow-up were collected. Recurrence was defined as the need to undergo any interventions for stricture. Kaplan-Meier analysis estimated recurrence-free survival (RFS). Univariable and multivariable logistic regressions identified predictors of recurrence ($p < 0.05$).

RESULTS

Recurrence was significantly associated with older age (> 55 years), prior urethroplasty, longer hospital stay (> 7 day) and longer follow-up duration (> 56 months). Lichen Sclerosus, diabetes, smoking, BMI, or stricture length were not statistically significant predictors. In multivariable analysis, age and prior urethroplasty both remained independent predictors of recurrence. RFS was 86.8% at 12 months and 74.7% at 60 months. Recurrences occurred at a median of 10.0 months with ~44% failed < 12 months.

CONCLUSIONS

Bulbar BMG urethroplasty provides durable long-term success, but older age and previous urethroplasty independently predict recurrence, indicating less favourable outcomes in complex or reoperated cases. Most failures occurred within the first postoperative year, emphasizing the need for early surveillance. Overall, BMG urethroplasty remains an effective and durable reconstructive option when performed in experienced centres.

5. Complex Robotic Urinary Tract Reconstruction: Early Experience from a Tertiary Centre

Authors: Fareema Fassihi, Pishia M, Patterson J, Mangera A, Inman RD, Oakley N, Osman NI

Institution: Sheffield Teaching Hospitals (RHH)

AUDIT · RECONSTRUCTION

Background & Aims

Robotic surgery is well established for several urological procedures, including pyeloplasty, but its role in more complex urinary tract reconstruction is less well characterised. We evaluated outcomes of robotic ureteric, bladder and bladder neck reconstruction within a tertiary reconstructive urology service.

METHODS

A retrospective audit of non-oncological robotic procedures undertaken between January 2022 and September 2026 was performed. Routine pyeloplasty was excluded. Complex reconstructions involving the ureter, bladder or bladder neck were identified. Success was defined as resolution of the indication for surgery without further surgical intervention, supported by clinical and/or radiological assessment as appropriate.

RESULTS

There were sixty seven robotic reconstructive cases in this period. Thirteen patients underwent complex robotic reconstruction: nine ureteric reimplantations, three vesicovaginal fistula repairs and one bladder neck reconstruction following radical prostatectomy. Ten cases followed iatrogenic urinary tract injury. Mean age was 47 years (range 25–63) and median BMI 27.5 kg/m² (range 22.4–45.5). Mean length of stay was 2.83 days (range 1–7 days). Four complications occurred: two Clavien-Dindo grade I and two grade II, with no grade III–V complications. Two patients (15%) were readmitted within 30 days. At median follow-up of 4 months, 10/13 patients had successful reconstruction; one procedure was unsuccessful, one outcome remained indeterminate and one was awaiting assessment.

CONCLUSION

Complex robotic urinary tract reconstruction can be undertaken with low perioperative morbidity and encouraging early outcomes. These findings support the feasibility of extending robotic reconstruction beyond established procedures such as pyeloplasty within a specialist reconstructive service.

6. Predictors of outcome following urethral reconstruction for penile urethral strictures and compliance with EAU guidelines: a single-centre experience

Authors: Hai Wen Ho, Ihsan Batuhan Demir, Sameh El-Nashrty, Sheung Chit Ho, Naside Mangir, Karl H Pang, Christopher R Chapple, Richard D Inman, Nadir I Osman

Institution: Sheffield Teaching Hospital

RESEARCH · RECONSTRUCTION

BACKGROUND

Penile urethral strictures are challenging to manage. We evaluated outcomes following penile urethroplasty, factors associated with recurrence, and compliance with relevant European Association of Urology (EAU) guideline recommendations.

METHODS

A retrospective review of men undergoing penile urethroplasty at a tertiary centre was performed. Recurrence was defined as requiring postoperative intervention. Recurrence-free survival was evaluated using Kaplan-Meier analysis. Multivariable Cox regression assessed surgical strategy, lichen sclerosus (LS) and operative stricture length. Practice was assessed against EAU recommendations for augmentation urethroplasty, staged reconstruction interval, avoidance of anastomotic urethroplasty for strictures >1 cm, and avoidance of genital skin in LS.

RESULTS

Overall, 104 men underwent penile urethroplasty: 84 (80.8%) staged and 20 (19.2%) single-stage repairs. Twenty-five (24.0%) developed recurrence requiring intervention at mean follow-up 41.5 ± 25.8 months. Recurrence-free survival differed between staged and single-stage repairs (log-rank $p=0.005$). On multivariable Cox regression, staged repair was associated with lower recurrence hazard (HR 0.35, 95% CI 0.13–0.91; $p=0.031$), while LS (HR 2.28, 95% CI 1.00–5.18; $p=0.050$) and increasing operative stricture length (HR 1.13/cm, 95% CI 1.03–1.24; $p=0.014$) were associated with higher hazard. Compliance was 100% for augmentation urethroplasty, avoidance of anastomotic repair >1 cm and avoidance of genital skin in LS. Second-stage closure occurred ≥ 4 months after first-stage surgery in 98.8%.

CONCLUSION

Penile urethroplasty demonstrated high compliance with EAU recommendations. Recurrence requiring intervention occurred in 24%, with surgical strategy, LS and operative stricture length associated with recurrence.

7. Outpatient transurethral laser ablation (TULA) for bladder lesions: 12-month experience at Leeds Teaching Hospitals NHS Trust (LTHT)

Authors: Mohammed H Memon, M.Memon, Z.Gardham, S.Jain

Institution: Leeds Teaching Hospital

SERVICE EVALUATION · ONCOLOGY

BACKGROUND

Patients with bladder tumours are increasingly elderly and frail, with many high-risk for general anaesthesia. Transurethral laser ablation (TULA) under local anaesthetic is an alternative management . Recent GIRFT guidance advises against routine antibiotic prophylaxis or stopping anticoagulation. We present 12 months of our TULA experience.

METHODS

All TULA procedures at LTHT from April 2025 to March 2026 were retrospectively reviewed. Complications within six months were identified from hospital and GP records.

RESULTS

235 procedures were performed in 192 patients (median age 79; 69% male); 25% were taking anticoagulants. Indications were recurrent NMIBC (57%), red patch evaluation (17%), new suspected tumour (14%), staged completion (4%) and other (8%). Doctors performed 69% of procedures, nurse specialists 31%.

Twenty procedures (8.5%) were partial ablation only and this was more likely with lesions at the bladder neck. TULA had to be stopped in 9 procedures due to discomfort.

Complications occurred after 29 procedures (12%) of which six required admission (2.6%). With adoption of GIRFT guidance, prophylactic antibiotic use fell from 44% to 9% between the first and second six months, with no change in UTI rate. Haematuria was commoner in patients on anticoagulation (24% versus 3%).

Documentation was inconsistent: ablation outcome was stated in 66% of tumour treatments, lesion size accurately measured in 42%, and an anticoagulant plan recorded in 17% of patients taking one.

CONCLUSION

Outpatient TULA is effective in an elderly, comorbid population, with minimal complications and very few readmissions. Documentation can improve; a structured operation-note template is being introduced.

8. From Continence Surgery to Bladder Reconstruction: Initial Perioperative and Functional Outcomes in developing a DGH Robotic Programme

Authors: Shameer Deen, Rosa Mobayen, John Leveckis, Ramanan Rajasundaram, Adeyinka Laoye, Rere Babalola, Francis Thomas, Vivek Kumar

Institution: Doncaster Royal Infirmary

AUDIT · RECONSTRUCTION

BACKGROUND

Robot-assisted surgery offers minimally invasive options for complex functional and reconstructive urology. We report early outcomes following introduction of a robotic reconstructive programme.

METHODS

We prospectively audited 12 procedures performed between April and October 2026. Recorded outcomes included demographics, procedure type, operating time, conversion, postoperative pain, length of stay, complications and readmission. Complications were classified using Clavien-Dindo. Functional outcomes following Burch colposuspension were assessed using paired preoperative and postoperative ICIQ-UI SF scores. Descriptive analysis reported continuous variables as medians and ranges and categorical variables as counts.

RESULTS

Eight women and four men underwent surgery at a median age of 44 years (23–56). Procedures comprised six Burch colposuspensions, two urachal excisions with partial cystectomy, one ureteric reimplantation, one bladder diverticulectomy, one cystectomy with ileal conduit formation and one cystectomy with non-orthotopic neobladder and Mitrofanoff formation. Median operating time was 200 minutes (104–697); median length of stay was 2.5 days (1–6). No procedure required conversion and no patient was readmitted. One patient developed a postoperative urinary tract infection requiring oral antibiotics; no Clavien-Dindo grade III–V complications occurred. Final pain scores were zero in all patients. All six Burch patients had paired ICIQ-UI SF data, with median scores decreasing from 18.5 preoperatively to 4 postoperatively.

CONCLUSION

This experience supports delivery of a broad robotic functional and reconstructive service within a district general hospital, including complex urinary diversion. Perioperative outcomes and improved continence scores support further programme development. Longer follow-up and a larger cohort will help establish whether these outcomes are sustained across the range of procedures offered.

9. From Stent Dependence to Definitive Repair: Robotic Ureteric Re-implantation for Benign Ureteric Strictures: 44 months follow-up

Authors: Alison Carrington, Teele Kuusk, Angus Hull, Sharon Sunil, Conor Devlin, Stephen Prescott, Sanjeev Kotwal

QUALITY IMPROVEMENT · RECONSTRUCTION

BACKGROUND

Benign ureteric obstruction is often managed with indwelling stents exchanged six-monthly, frequently for life. Up to 80% of stented patients report pain and urinary symptoms, often requiring long-term alpha-blockers, antimuscarinics or analgesia, with reduced work capacity and sexual function. We assessed whether robotic ureteric reimplantation (RUR) ends this cycle.

METHODS

Retrospective review of all RUR procedures at a single UK centre (2018–2026). Peri-operative data, stent-free follow-up and long-term complications were recorded. Stent exchanges avoided were counted from surgery to date and projected to UK life expectancy (male 78.8, female 82.8 years), assuming six-monthly exchange per ureter.

RESULTS

Thirteen patients (69% male; median age 50 years, range 21–79) underwent RUR, one bilateral; 11 had a Psoas Hitch, 2 with Boari Flap. Nine (69%) were stent- or nephrostomy-dependent pre-operatively; stented patients had a median 62 months from diagnosis to reconstruction. Median console time was 155 minutes, blood loss 50 mL and length of stay 2 days. There were no intra-operative complications or anastomotic leaks. Stents were removed at a median 7 weeks. Over a median 44 months (range 5–100) since stent removal, no patient developed re-stricture or required re-stenting. In the 11 patients with ureteric obstruction, RUR has already avoided ≈88 stent exchanges (£61,000–£184,000) and is projected to avoid ≈780 over their lifetimes (£0.55–1.67 million).

CONCLUSION

RUR is a safe, durable, one-off reconstruction that replaces a lifetime of stent exchanges with a stent-free life. Long pre-operative stent dependence supports earlier referral for reconstruction rather than long-term stenting.

10. Long-Term Outcomes of Men with PI-RADS 3–5 Lesions and Negative Systematic and Targeted Biopsy: A Contemporary Single-Centre MDT-Reviewed Cohort

Authors: Hesham Arab, S. Gosein, O. Sobowale, H. Wen HO, A. Mallya, A. Kuri, M. Haider, P. Parker, O. Byass, N. Smith, M. Simms

Institution: Hull university teaching hospitals

RESEARCH · ONCOLOGY

BACKGROUND

There are currently no established guidelines for follow-up after a negative prostate biopsy in men with PI-RADS 3–5 lesions on MRI. We evaluated long-term outcomes in this cohort.

METHODS

We retrospectively reviewed patients undergoing prostate MRI within our department between January 2021 and December 2022 who underwent biopsy. Patients with PI-RADS 3–5 lesions and negative systematic and targeted biopsy were identified as Outcome 3 within our departmental MDT pathway. Outcome 3 cases were reviewed at the uro-oncology MDT, where MRI and biopsy findings informed an individualised follow-up plan. Follow-up included serial PSA measurement and MRI and/or repeat biopsy when indicated.

RESULTS

Forty-eight patients met inclusion criteria. PI-RADS 3, 4 and 5 lesions occurred in 13 (27.1%), 19 (39.6%) and 16 (33.3%). Median PSA density was 0.081 ng/mL/cc (IQR 0.060–0.113). Median follow-up was 35 months (IQR 14.5–48). Of 10 patients undergoing repeat MRI (20.8%), 6 improved, 2 remained stable, 1 developed a new lesion (Grade Group 1 prostate cancer [PCa]) and 1 progressed (clinically significant prostate cancer [csPCa]). Repeat biopsy was performed in 9/48 (18.8%). PCa occurred in 5/48 (10.4%), including 3/48 (6.3%) with csPCa. In exploratory analysis, no PCa occurred with PSAD <0.15 and PI-RADS 3 (0/12), compared with 2/8 (25.0%), both csPCa, with PSAD >0.15 and PI-RADS ≥4. No PCa occurred with biopsy inflammation versus 5/29 (17.2%) without.

CONCLUSION

Subsequent csPCa was uncommon but not negligible after negative systematic and targeted biopsy. MDT assessment informed follow-up. Findings regarding PSAD, PI-RADS and biopsy inflammation warrant validation in larger cohorts.

11. Adopting Robotic Retroperitoneal Partial Nephrectomy: A Closed Loop Audit

Authors: Amrita Shergill, Thomas Riley, Angus Hall, Faraz Sharif, Grigorios Kyriazis, Mohammed Aldiwani

Institution: Mid Yorkshire Teaching NHS Trust

AUDIT · ONCOLOGY

BACKGROUND

Robotic retroperitoneal partial nephrectomy (PN) provides direct hilar access while avoiding the peritoneal cavity. We evaluated peri-operative outcomes following adoption of this approach and assessed changes in tumour complexity over time.

METHODS

A retrospective closed-loop audit compared an initial baseline cohort of 31 consecutive transperitoneal robotic PN with a re-audit of a subsequent cohort of 102 consecutive retroperitoneal PN, performed between 2022-2026. Patient demographics, tumour characteristics and peri-operative outcomes were compared to assess the impact of adopting the retroperitoneal approach.

RESULTS

Age, BMI, ASA grade and overall tumour complexity did not differ significantly between cohorts. A trend towards shorter operating times was seen but this did not reach clinical significance (100 vs 120 minutes; $p=0.1$), while mean estimated blood loss remained similar (62 vs 82 mL). Median warm ischaemia time was 16:09 vs 19:43 minutes respectively. Postoperative day-one discharge was more frequent following retroperitoneal surgery (56.9% vs 22.6%; $p<0.001$). One Clavien-Dindo grade $\geq$ III complication occurred in each cohort, with no patients developing urine leak. Positive surgical margins occurred in 14/102 retroperitoneal cases, with one recurrence requiring completion nephrectomy. Median RENAL score increased from 7 in 2022 to 8 in 2025-26. Two cases required conversion to a transperitoneal approach, both early in the programme.

CONCLUSION

Adoption of robotic retroperitoneal partial nephrectomy was associated with increased day-one discharge, and low major complication rates despite increasing tumour complexity. These findings support safe integration of the retroperitoneal approach into renal cancer services, while further review of margin findings and longer oncological follow-up are required.

POSTER PRESENTATIONS

1. Radical Inguinal Versus Sub-Inguinal Orchidectomy: A Ten-Year Comparative Audit/Study

Authors: Mr. Mohammed Musheer Ahmed, Mr. Adeel Anwar

Institution: Calderdale and Huddersfield Foundation Trust

2. Evaluating the early outcomes of TULA at a regional centre

Authors: Soutrik Basu, I. Lam Ching Yew, A. Yousuf, A. Anwar

Institution: Huddersfield Royal Infirmary

3. Robotic Ureteric Reimplantation: An Audit of Perioperative Outcomes and Postoperative Radiological Follow-Up

Authors: Hannah Christie, Sanya Caratella, Mohantha Dooleniya

Institution: Mid Yorks

4. Robotic Diverticulectomy: Leeds Teaching Hospitals Experience

Authors: Angus Hall, Teele Kuusk, Steve Prescott, Sanjeev Kotwal

Institution: Leeds Teaching Hospitals

5. Audit of Ongoing Indication for Bladder Outflow Obstruction Medication in Men Attending Urology for Catheter Changes (NICE CG97)

Authors: Joseph Henley, Dr Rebecca Macleod, Mr Shekhar Biyani

6. Intravesical Genatmicin for Recurrent Urinary Tract Infections

Authors: William Middleton, N. Boxall

Institution: Sheffield Teaching Hospitals

7. Radiotherapy and Radical Prostatectomy Across Cambridge Prognostic Groups: A Retrospective Audit of Treatment Provision

Authors: Shameer Deen, Rosa Mobayen, Jack Corkerry, Rere Babalola, Ramanan Rajasundaram

Institution: Doncaster Royal Infirmary

8. Prostatectomies and Pouches

Authors: Ella Schofield , D. Rosario

Institution: Royal Hallamshire Hospital, Sheffield

9. Audit of postoperative complications following bipolar-scissor only circumcision at Mid Yorkshire Teaching NHS Trust

Authors: Dr Milad Mossanen Parsi, Mr Syed Naqvi

Institution: Pinderfields Hospital, Mid Yorkshire NHS Teaching Trust

10. Improving Compliance with Gentamicin Level Monitoring Following Loading Dose Administration in Patients with Suspected Pyelonephritis

Authors: Emma Buddle, Mr Sabir Adam

Institution: Bradford Teaching Hospitals NHS Foundation Trust

We would like to acknowledge the generosity and on-going support offered to this event by the following device and pharmaceutical companies who have had no input into the YUAG agenda or speakers' selection:

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