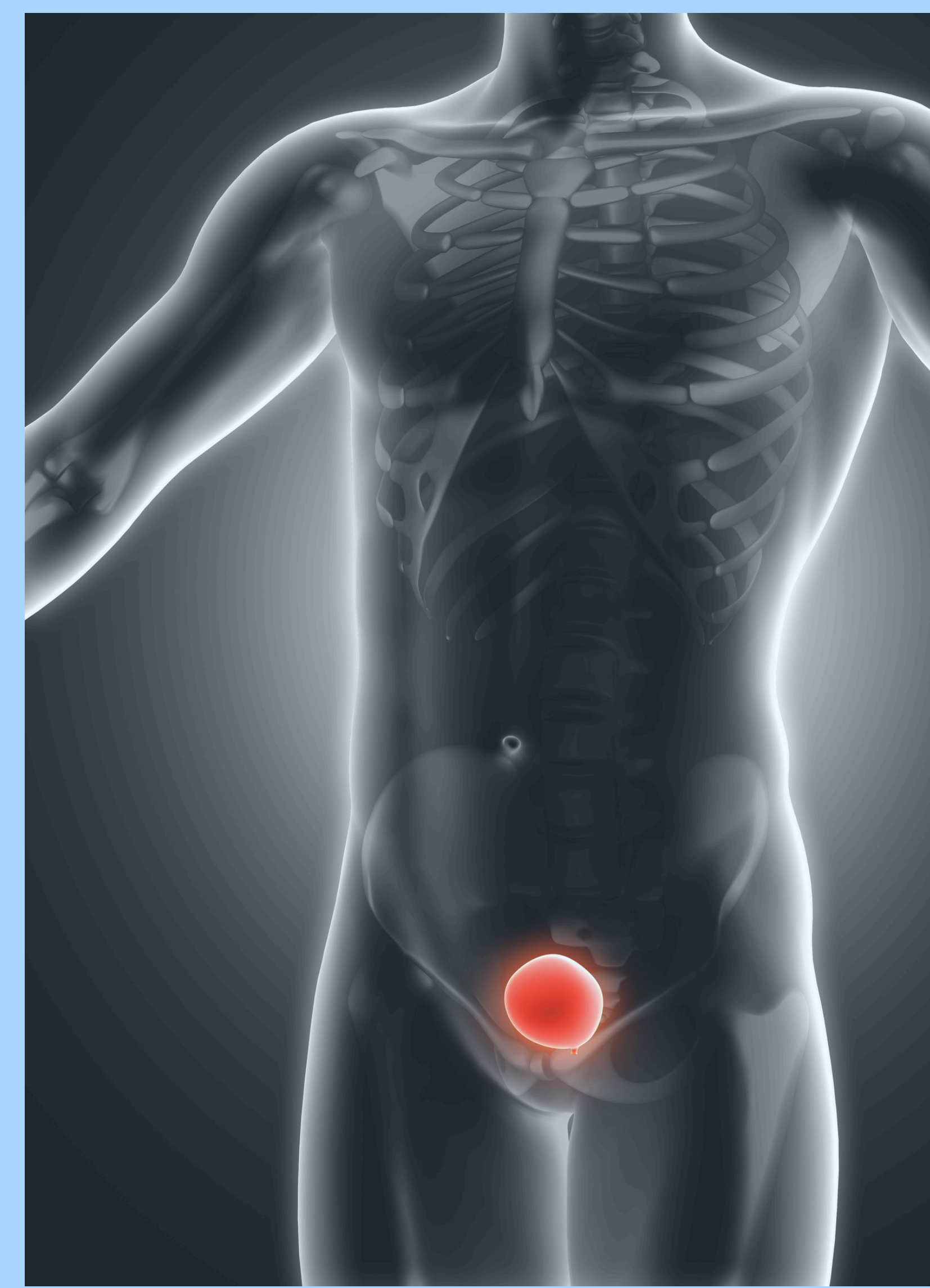


AN ANALYSIS OF THE TREATMENT FOR BLADDER OUTLET OBSTRUCTION; A RETROSPECTIVE STUDY.

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BACKGROUND

The British Association of Urological Surgeons (BAUS) has designated the bladder outlet obstruction (BOO) audit as a critical assessment in the NHS directory of audits. This audit aims to identify inconsistencies in evaluation, treatment, and surgical practices to establish a benchmark for the NHS. In November 2019, we conducted an initial snapshot study that collected data on men treated for BOO within one month. The findings were generally positive and aligned with national averages. However, to ensure the accuracy of these results and achieve broader objectives, a comprehensive systematic audit was necessary.

AIM

Comparing national statistics and established NICE/EAU guidelines with the treatment and care outcomes of all male patients receiving bladder outlet obstruction therapy locally.

METHOD

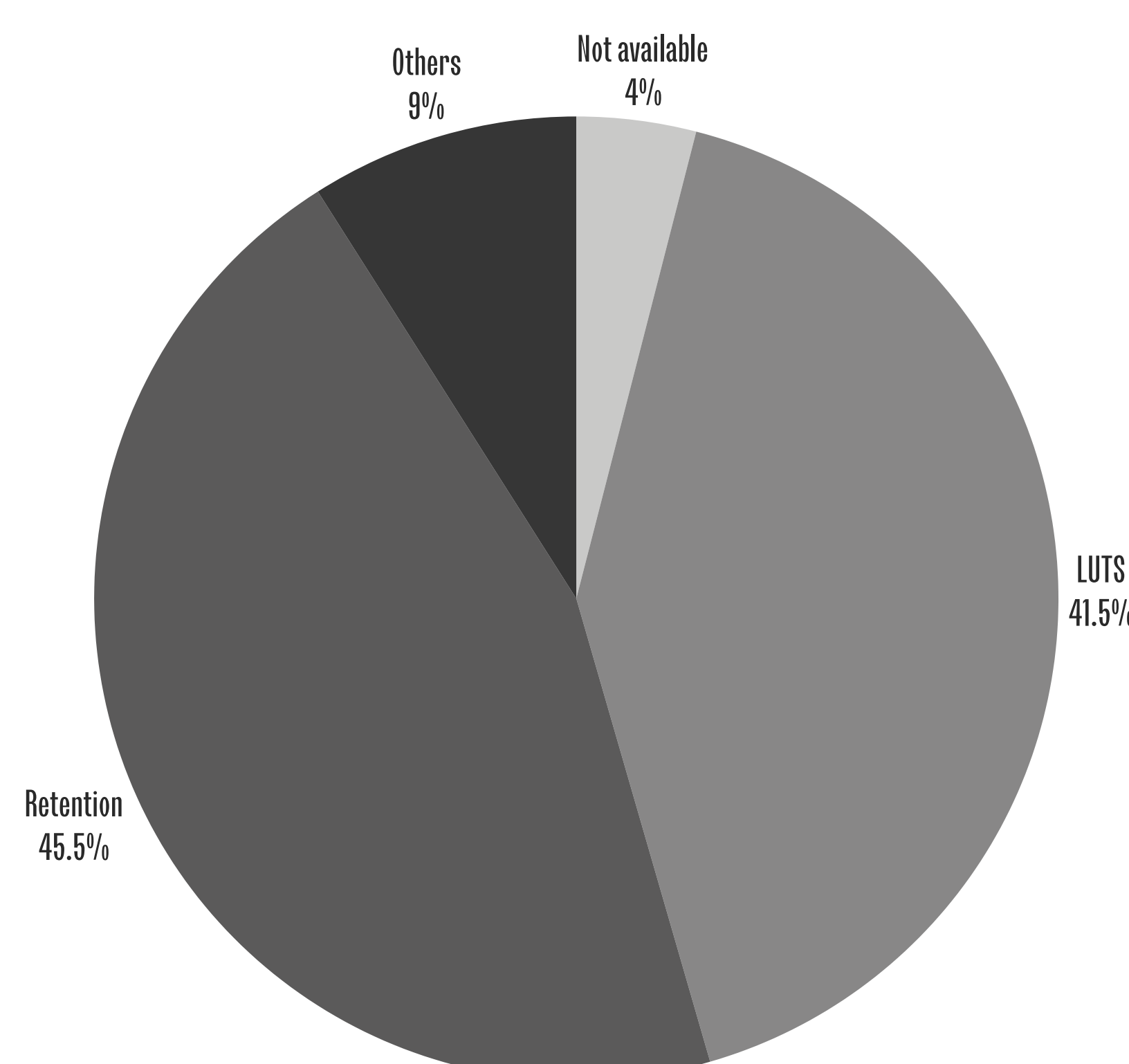
Anonymized unit-level data from patient/operative records, pre/post-operative clinic letters, and the investigation site were used to conduct a descriptive study of all patients with BOO between July 2020 - June 2021.

CONCLUSIONS

Our re-audit revealed that the service was comparable to the national standard in terms of the number of effective TWO at follow-up, perioperative challenges and unexpected 30-day hospital readmissions. While the majority of patients were catheter-free at follow-up, this was lower than the national average. This emphasised the need to reevaluate why patients who were previously catheter-free had one during follow-up care.

RESULTS

45.45% of 77 (of 125) who met eligibility criteria had an in-dwelling catheter as the primary reason for intervention. Despite a one-day median length of stay, the general prevalence of perioperative complications including unsuccessful trial without catheter (TWOC), transfusion, postoperative spread of infection, and return to the operating theatre was 5.19%. Meanwhile, the percentage of failed TWO was 9.09%; lower than the national average of 13.90%. The incidence of postoperative infection was 3.89% which was higher than the national mean. However, our unplanned readmission rate was 6.49%, meeting the GIFT target of 9.60%. Additionally, at follow-up, 82.14% of patients who had previously undergone catheterization and those who had self-catheterized before surgery were catheter free. Also, 14.20% of patients who were not catheterized before surgery had one at follow-up.



INDICATION FOR SURGERY

INDICATION FOR SURGERY	%
Retention	45.45
LUTS	41.55
Not available	3.89
Others (Failed medical therapy, Hematuria)	9.11

RECOMMENDATIONS

Ongoing audit to re-evaluate patient outcomes and procedural compliance.

When treating individuals who do not require a catheter, a comprehensive evaluation should be performed which should include the utilization of a standardized symptom checklist.

RELATED LITERATURE

1. BOO Audit. www.baus.org.uk. [cited 2024 Jan 10].
2. National Institute for Health and Care Excellence. Overview | Lower urinary tract symptoms in men: management | Guidance | Nice.org.uk
3. NICE; 2010.