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THE SPINAL UROLOGY MDT: WHAT ADDITIONAL WORK DOES IT GENERATE FOR UROLOGISTS?

Hypothesis / aims of study

Multidisciplinary team meetings are commonplace in modern day urological practice. The oncology and stone MT meetings are well established. The influence of the spinal MDT is less well known. The aims of this study were to examine the impact of the spinal urology MDT on the day to day workload of a department of urology in a district general hospital.

Study design, materials and methods

Over 3 months a record was kept of all cases discussed at a joint spinal injury – urology MDT. A proforma was devised and used to record (a) all cases discussed, (b) all videourodynamic cases discussed, (c) any new procedures under general anaesthesia listed following mdt, (d) any supplementary radiology requested, (e) any local anaesthetic procedures planned including catheter changes and (f) and designated urology outpatient appointments required.

Results

A total of 96 cases were discussed over 3 months of which 80 cases had a videourodynamic case discussion. A total of 22 additional procedures under general anaesthesia were generated as a result of the MDT and 9 additional radiological examinations were requested. Six separate general anaesthetic procedures were included in the 22 requested. Three patients required minor opd based procedures and 13 required a designated urological outpatient appointment. 1 additional patient was referred to a separate MDT. Patients requiring additional videourodynamic assessment were written to following the meeting by the Urology team.

Interpretation of results

Significant additional work is generated for both Urology and radiology departments as result of a designated spinal urology mdt. Procedures requiring general anaesthetic are the most common additional work generated by the mdt followed by outpatient requests and supplementary x-ray requests.

Concluding message

The joint spinal urology MDT is an important part in the management of the neuropathic patient. In order to reduce unnecessary investigations, to justify appropriate videourodynamic assessment and to list patients for the correct operative procedure it is imperative that all spinal urology cases are discussed in a MDT forum.

Disclosures

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