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Complete audit cycle on laboratory handling and reporting of transurethral resection of prostate: a quality improvement activity**L. J. De Silva** ^{*1,2}, W.B.N. Perera^{1,2}, L.S.D. De Silva³, H.D. Wijesinghe^{1,2}, A.A.H. Priyani^{1,2}¹ Department of Pathology, Faculty of Medicine, University of Colombo, Sri Lanka² Centre for Diagnosis and Research in Cancer, University of Colombo, Sri Lanka³ Postgraduate Institute of Medicine, University of Colombo, Sri Lanka

Introduction and objectives: Histological evaluation of transurethral resection of prostate (TURP) specimens is clearly described in Royal College of Pathologists (RCPATH) dataset which is used as the guideline for reporting prostate tissue in our department. This audit cycle was aimed to identify gaps in TURP reporting if any, and to take necessary measures to rectify and to monitor quality improvement through interventions.

Methodology: The initial audit was done on six months of data collected in 2021, following which a proforma was developed to streamline reporting and address the deficiencies identified in gross handling and microscopic reporting. A re-audit was conducted six months after implementing the proforma. Core data items listed in the RCPATH dataset for reporting prostate tissue were used as standards.

Results: A total of 112 and 111 specimens were included in the initial and re-audit respectively. The majority (78.6%, n=88 and 77.5%, n=86) were benign. Type of specimen, tumour type and percentage of the tumour were reported in all cases achieving 100% target in both instances. A significant improvement was observed in providing prostate specific antigen level (36.6% to 67.7%), macroscopic weight (78.6% to 97.3%), Gleason sum score (66.7% to 96%) and grade group (91.7% to 100%).

Discussion and conclusion: Overall, the reporting of TURP specimens was satisfactory. Compared to the baseline findings of the initial audit, improvements were identified in all three (clinical, gross and microscopic) aspects of the audit, although interventions were not implemented targeting the clinical aspects. This audit cycle clearly demonstrates the importance of continuous auditing and interventions to achieve the best quality histopathology service.

Keywords: prostate, transurethral resection, quality improvement

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