

# URETERAL STENTS DO NOT INCREASE EMERGENCY ROOM VISITS AFTER URETEROSCOPY

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May 18, 2005



## Background

- Evidence against routine stenting post “uncomplicated” URS
  - *Jeong et al* BJU Int, 2004
  - *Lingeman et al* J Urol, 2003
  - *Chen et al* J Urol, 2002
  - *Prodromos et al* J Urol, 2001
  - *Hollenbeck et al* Urology, 2001

## Background

- Demonstrated benefits of non-stenting
  - Less analgesic usage
  - Less irritative voiding symptoms
  - Less readmission
  - Equal stone-free rate
  - Less Cost

## Background

- Potential risks of non-stenting
  - May require urgent stenting if complications arise
  - No definition of “uncomplicated” URS
- Purpose
  - To determine whether stenting is related to ER admissions post-URS

## Methods

- Consecutive patients undergoing outpatient URS
  - Flexible, semi-rigid or combination
  - Ureteral access sheath in some
  - Ureteral balloon dilation in some
- Discharged with analgesia, antibiotics

## Methods

- Stent placed if
  - Mucosal injury
  - Ureteral edema
  - Contrast extravasation
  - Prolonged procedure
- 6 Fr 24 – 26 cm double-J stents
- Stents removed 2-3 days post-URS

## Methods

- Outcome measures
  - Primary: ER visits within 30 days
  - Secondary: Reason for visit
- Statistical Analysis
  - Controlled for age, sex, stone burden
  - Subgroup analyses
    - Unilateral vs bilateral
    - Ureteral access sheath

## Results

- 79 consecutive ureteroscopy patients
- Mean age 53 years (29 – 79 yrs)
- 52 men : 27 women
- Stone Location
  - Kidney 38%
  - Proximal Ureter 46%
  - Distal Ureter 16%
- Median stone diameter 9mm (2-25mm)
- 71% stented post-URS

## Results

	Stent (n=56)	No Stent (n=22)	P-value
Mean Age	54 yrs	52 yrs	0.54
Sex (%M:%F)	71:70	29:30	0.94
Median Stone Diameter	9mm	9mm	0.89
Access Sheath Use	70%	53%	0.10
ER visits	25%	17%	0.46

## Results

- Subgroup Analyses
  - Bilateral URS in 18%
  - Balloon dilatation in 16%
  - Access sheath in 65%
  - Stone location
- No Significant Differences in ER Admissions

## Results

- Reason for ER Visit

	<b>Stent (n=14)</b>	<b>No Stent (n=4)</b>
<b>LUTS +/- Hematuria</b>	36%	50%
<b>UTI</b>	21%	25%
<b>Renal Colic</b>	42%	25%

## Discussion

- 23% of patients present to ER post-URS
- Stenting did not decrease ER admission
- Identification of uncomplicated URS is difficult
- Decision to stent should be individualized