



## FP28

### Outpatient endoscopic treatment of ureteric stones – 5 years' experience in a self-contained outpatient surgery unit

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**Objective:** To evaluate results of five years experience in outpatient treatment of ureteric stones by ureteroscopic surgery.

**Materials and Methods:** We included 178 patients who underwent a ureteroscopic procedure for ureteric calculi in our outpatient surgery department. The outpatient department is located at the hospital, but it is a self-contained unit physically separated from the inpatient section of the Department of Urology and has its own staff and management. Patients are given a standardized pre- and postoperative analgesic treatment and a single dose of antibiotics.

**Results:** Overall stone free rate (SFR) was 85% and the median stone size was 7 mm. Mean age at surgery was 56.2 years, and 130 (73%) of the patients were males. Median operating time was 53 minutes (inter-quartile range: 35-72 minutes). The median length of stay in the department from arrival to the outpatient department until the patient returned home was 4 hours and 6 minutes (range 3:02 – 5:00). Twenty five percent of the procedures were performed as educational procedures (non-specialists supervised by a urologist specialist).

No serious complications occurred. Four (2%) patients had a mucosal lesion of the ureter and were treated with a JJ-stent. Remaining complications were fever, postoperative urinary retention and hematuria (N=25) of whom 10 required hospital admission. None of the complications required surgical intervention.

It was of no statistical significance if the procedure was performed by a urologist specialist or a junior doctor regarding SFR or rate of complications. There was, however, a tendency towards fewer complications and shorter operating times in procedures performed by specialists.

**Conclusion:** Ureteroscopic removal of ureteral calculi is a safe and efficient procedure that can easily be carried out at an outpatient department, and results regarding stone free rate, operating times, and complications are comparable to inpatient procedures.