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A cross sectional survey on the physician knowledge for urolithiasis management and prevention conducted at a urology conference in Pakistan

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Introduction: Studies suggest that Urolithiasis is prevalent all across Pakistan. High prevalence of urinary tract stones has been observed in Southern Punjab (71%), Northeast Punjab (30%). About 11% of hospital admissions are reported due to urinary tract stones in Southern Sindh. The aim of this survey was to assess the knowledge of physicians in management and prevention of urolithiasis based on a small survey conducted in a local urology conference.

Methods: A questionnaire based survey was conducted during Urocon held in March 2014 organized by Pakistan Society of Urological Surgeons. A total 100 forms were circulated and 77 were returned by physicians. The data was analyzed by SPSS v.20.

Results: Among surveyed physicians, 75 (97.4%) were males and 2 (2.6%) females. In terms of procedures per month on average each physician had performed 16 ± 27.2 (Range 1-99) Pyelolithotomies, 26 ± 31.4 (Range 1-100) Ureterolithotomies, 25 ± 32.25 (Range 1-100) Percutaneous nephrolithotomies and 28 ± 29.8 (Range 1-100) Ureteroscopic lithotripsies. The commonest stone analysis was Calcium Oxalate (79.2%). Metabolic screening for recurrent stone formers is recommended by 62 (80.5%) physicians out of which most commonly prescribed tests were 24hr Urinary Citrate (71.4%), Serum Calcium (70.1%), Serum Uric Acid (67.5%), Serum Phosphate (49.4%), 24hr Urinary Calcium (48.1%), 24hr Urinary Oxalate (44.2%), 24hr Urinary Sodium (28%), 24 hr Urinary Magnesium (24.7%) and 24hr Urinary Potassium (18.2%). When physicians were asked about prescribing metaphylaxis therapy to urolithiasis patients, 44 (57.1%) physicians prescribed metaphylaxis therapy to ≤50% of urolithiasis patients and 22 (28.6%) physicians prescribed >50% of their patients. 11 (14.3%) physicians didn’t respond to this question.

Conclusion: The survey reflects that the physicians have adequate knowledge on urolithiasis management but prevention of the disease is not their priority. A larger sample size is required for better generalizability of the results.

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