Audit on the impact of Community Intervention Team on waiting times for Trial of Void

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Introduction: Acute urinary retention is a common urological emergency. Following bladder decompression and commencement of medical therapy, patients are listed for a trial of void (TOV). This usually occurs in the outpatient setting [1]. Increasing pressure for outpatient appointments can lead excessive waiting times for a TOV.
The Community Intervention Team (CIT) is a specialist nurse-led service, which provides enhanced services and acute interventions to patients in the community. At our centre, we instituted a CIT-led service for TOVs in the community. This resulted in a reduction of waiting times for removal of catheter.
Our audit aims to evaluate the impact of CIT on TOV waiting times since their introduction.
Methods: Outpatient appointments for TOV were collected from prior to the introduction of CIT. Patient notes were examined to determine the referral date and waiting time for TOV. Waiting times were then compared for pre and post CIT-led TOVs.
Results: All patients having a TOV from January to May 2017 were gathered, from these 17 men were included for the audit. Following the introduction of CIT, waiting times for TOV reduced from an average of 36.8 to 6 days.
Conclusion: Introduction of CIT has been associated with a reduction of waiting time for TOV. This has led to a reduction in the length of time these men have had a catheter in situ and helps identify the men who require surgical intervention at an earlier stage.

Reference

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The utility of Stent-On-Strings in clinical practice

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Introduction: Various types of ureteric stents are used in the management of ureteric stones. Stents-on-strings (SOS) are an attractive option as they may be removed without the need for instrumentation. There is some hesitation using SOS due to perceived complications and the risk of premature dislodgement. The aim of this study was to evaluate the utility of SOS compared with the conventional stent (CS).
Methods: A retrospective review was performed on all ureteric stents removed in the urology department over a six month period. Only stents inserted during the endoscopic management of ureteric stones were included in analysis. Patients were contacted to identify the incidence of those seeking medical attention while the stent was in situ or within two weeks of stent removal. A basic cost analysis was performed.
Results: One hundred and sixty cases were identified (98 CS, 62 SOS). No SOS was dislodged prematurely. One SOS was removed cystoscopically due to a broken string. There was no significant difference in the number of patients with SOS seeking medical attention following stent placement compared to those with CS (38.1%(12/51) vs 25.6%(22/86) p = 0.48). There was an estimated cost saving of €24,180 associated with the use of SOS during the study period (€390/case). The use of SOS created additional capacity which was utilized for diagnostic cystoscopy.
Conclusion: The SOS appeared to be well tolerated and showed similar complication rates as the CS. The use of SOS resulted in a significant cost saving and increased the availability of cystoscopy for other indications.

Strategies to maximise patient comfort during extracorporeal shockwave lithotripsy

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Introduction: Distraction techniques can reduce medication side effects and may be equivalent to oral analgesia in improving tolerability of extracorporeal shockwave lithotripsy (ESWL) treatment[1,2]. We aim to assess if distraction techniques improve patient comfort and tolerability of ESWL.
Methods: We carried out a prospective randomised control trial of ESWL-naïve patients attending for treatment. Patients were randomised into three groups and offered oral analgesia as standard of care. Group 1 received stress balls to squeeze during treatment. Group 2 listened to music during treatment. Group 3 received standard of care only. All patients completed a validated health anxiety inventory score prior to treatment. All patients completed a validated pain questionnaire and visual analogue score (VAS) after treatment. Primary outcomes were completion of ESWL treatment and pain score results.
Results: 52 patients attending for ESWL were randomised. There was no significant difference in stone size or position, presence of a stent, height or weight between the groups. One patient in the control group stopped treatment early due to pain. VAS were lower in controls compared to Group 1 (1.93 vs 3.69, p = 0.08). On subgroup analysis of non-anxious patients, pain questionnaire scores were significantly lower in controls compared to Group 1 (2.58 vs 4.77, p = 0.06). VAS were significantly lower in patients who received analgesia alone than in patients who received stress balls alone (1.92 vs 4.07, p = 0.05). Across all subgroups pain scores were lower in the control group compared to the distraction groups, but did not achieve significance.
Conclusions: Distraction techniques should not replace standard of care for analgesia during ESWL.

References

1. Gezginci E. *et al.* Comparison of two different distraction methods affecting the level of pain and anxiety during extracorporeal shock wave lithotripsy: a randomised control trial. *Pain management nursing*. 2018, 19(3); 295–302.
2. Marsdin E. *et al.* Audiovisual distraction reduced pain perception during shockwave lithotripsy. *J Endourol*. 2012;26(5):531–534.