The Psychological Impact of Flexible Cystoscopy

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Introduction: There is minimal research into the psychological impact of flexible cystoscopy, specifically anxiety and patient concerns around same. We aim to evaluate the psychological impact of regular surveillance cystoscopy in patients with bladder cancer and compare this to patients attending for diagnostic cystoscopy and outpatient clinics.
Methods: Patients attending for surveillance flexible cystoscopy were asked to complete an amended version of the validated GAD-7 (General anxiety and depression questionnaire), with additional questions to evaluate for potential contributing factors (time off work, understanding reason for appointment etc). The questionnaire was also completed by patients attending urology outpatient clinics, and diagnostic cystoscopy.
Results: Of 128 results, the GAD-7 score was highest in patients attending for diagnostic cystoscopy (n = 30) with a mean score of 4 (median 3, range 0–21). Patients attending outpatients had a mean score of 2.5 (median 2, range 0–14, n = 60). The lowest GAD-7 scores were seen in the surveillance group with a mean score of 2 (median 1, range 0–14, n = 38). The mean number of previous surveillance cystoscopy was 7.
103 (80.5%) of patients would rather a cystoscopy with immediate results compared to urine cytology with delayed results. 30 (23.4%) of patients disliked having a different doctor at each appointment. 122 (95.1%) understood the need for their appointments.
Conclusions: Patients attending for surveillance flexible cystoscopy score low levels of anxiety, with a good understanding of the need for their procedure. Further data collection will allow statistical analysis between the three patient groups and analysis of potential contributing factors to patient anxiety.

Digital and mechanical characterisation of ureteral stent luminal reduction in response to extrinsic compression forces

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Purpose: To investigate the principles that govern ureteral stent failure by digitally and mechanically characterising their luminal reduction in response to various extrinsic compression forces. To explore the relationship between ureteral stent "material area," "luminal area" and "cross-sectional area (CSA)" for resisting extrinsic compression forces.
Materials and Methods: 4.8 French (Fr, n = 9), 6 Fr (n = 9), and 7 Fr (n = 9) ureteral stents were mechanically investigated to determine parameters that contribute to resisting radial compression forces. Digitalised images of luminal reduction values under incrementally increased reductions of stent outer diameters were obtained (0%, 25%, 50% and 60% of original outer diameter). Forces (N) and percentage (%) luminal reduction that resulted in complete ureteral stent obstruction were determined.
Results: Uniaxial incremental compression in the radial direction demonstrated complete luminal reduction (95–100%) when 58–62% of the outer stent diameter was compressed. 6 Fr ureteral stents demonstrated the greatest resistance to extrinsic compression and the greatest "material area" relative to "cross-sectional area" (CSA, mm^2). The force (Newton, [N]) required for 50% compression of outer stent diameter was 10.44 N, 28.13 N and 25.39 N for 4.8 Fr, 6 Fr and 7 Fr ureteral stents respectively. The "material area"/"CSA" at 50% compression of outer stent diameter was 76%, 86% and 78% for 4.8 Fr, 6 Fr and 7 Fr ureteral stents respectively.
Conclusions: Maintenance of intraluminal stent diameter in the presence of extrinsic compressive forces is primarily dependent on the stent's ratio of "material area" to "cross-sectional area" Urologists should be aware of these findings to decrease the risk of ureteral stent failure when treating extrinsic ureteral obstruction.

Safe and Effective Pathway of Referral and Management of Recurrent Renal Colic. A Single Center Experience

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Introduction: The incidence of urinary stones in Qatar is high.[1] Although indications for active ureteral stone removal were reported (e.g. EAU Guidelines), surgery may be done in emergency setting without clear definition (e.g. renal insufficiency) and many patients undergo unnecessary admission or staged intervention. Aim: safe management using better bed utilization and shift surgical intervention when indicated to Day Care Unit (DCU) whenever possible.
Methods: Patients >14 years with renal colic in ED – AlWakra Hospital during (March 2017 – December 2018) divided into 3 groups after proper pain management and Non-contrast CT. Group A (ureteral stone: urosepsis, solitary kidney or bilateral ureteral obstruction) require an urgent surgical intervention. Group B {ureteral stone: ≥10 mm,[2] S. Creatinine ≥180 Mmol/l[3] or severe hydronephrosis}. Referral to one stop Urology Clinic next working day for same day or next available DCU surgery. Group C (Neither A nor B) regular referral to Urology Clinic. All cases registered in electronic system for quality control.
Results: 442 patients, age (18–83) years, Group A { N = 95: urosepsis (42), bilateral obstruction (42), single kidney obstruction (11)} underwent immediate surgical intervention, Group B referrals {N = 219: stone ≥ 10 mm (190), S. Cr ≥180 Mmol/l (27), severe hydronephrosis (2)} same day or next DCU surgery. Referrals not meeting criteria (128) were managed accordingly. No reported mortality, septic shock, renal failure or ICU admission.
Conclusion: Effective management of colic ensures patient's safety and better use of resources. Education of ED physicians is essential.

References

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