

P107 Predictors of urosepsis after ureteroscopy (URS): Prospective results from 900 consecutive patients

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Introduction & Objectives: Infectious complications after ureteroscopy (URS) is not uncommon and is a cause of significant morbidity. There is a wide variation on the rates of complications across the literature. We report on a systematic review of literature looking at the post-URS infectious complications and risk factors associated with it.

Materials & Methods: A systematic review was conducted based on Cochrane and PRISMA standards for all studies reporting on post-URS infectious complications from Jan 1990 to Dec 2019. English language articles reporting on >100 patients were reviewed using PubMed, EMBASE, CINAHL, Cochrane library and Google Scholar.

Results: A total of 433 articles were initially identified of which 56 were selected after initial screening and review of titles. A further 40 studies were excluded after review of abstracts and full texts, leaving 16 studies for our review. A total of 27,681 patients were identified with a mean complication rate of 8.9% (range: 3.5%-29%) and an infection complication rate of 5.5% (range: 0.6%-18.3%). Prolonged operative time, pre-stented patients, those with multiple comorbidities and a history of pre-operative UTIs and bacteriuria were identified as risk factors for infectious complications.

Total patients (n)	Urosepsis (n)	ITU admissions (n)	Mean age	Previous UTI	Previous Urosepsis	Mean stone size
900	12(1.3%)	4(0.4%)	73(37-87)	5/12	2/12	12.03 mm (7-20.4)

Stone composition	Pre op stent	OP Time	UAS used	Post op stent	Stone free	Hospital Stay (days)
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CaOx 6; UA 2; MagPH.	8/12	58.2 mins (19-132)	7/12 cases (12Fr)	11/12	11/12	12 (0-64 ; 5 day case
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Conclusions: Based on our literature review, there is a wide variation in the reported post-URS infectious complications. Pre-operative optimisation, treatment of UTIs, shorter operative duration and decreasing the stent dwell time are important factors to minimise them.