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Extracorporeal Shockwave Lithotripsy – Current practices in the UK
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Purpose: Shock wave lithotripsy (SWL) is currently recommended by the European Association of Urology as first-line treatment for the majority of renal and ureteric stones and SWL is a frequently performed procedure. There is an immediate need to describe the current treatment policies of UK SWL centres within the context of existing international guidelines, and to identify discrepancies to inform future research and assess the potential benefit of UK-based SWL guidelines.

Methods: Fixed-site lithotriptor centres in the UK were identified via the national Therapeutic Interventions for Stones of the Ureter (TISU) study (n=25). Questionnaires were completed regarding current SWL protocols for each centre, including management of anticoagulation, use of antibiotics and analgesia, urine testing, pacemakers and arterial aneurysms. Data was collected regarding service delivery.

Results: Responses were obtained for 21 centres. Most centres use the Storz Modulith (85.7%). Wide variation was observed in clinical contraindications to SWL, with 47.6% centres performing SWL in patients with an abdominal aortic aneurysm, 66.7% performing SWL in patients with a pacemaker, and 66.7% of centres not performing SWL in asymptomatic patients with a urine dipstick positive for nitrites and leucocytes. The management of anticoagulation pre- and post-SWL showed wide variation, with omission of anticoagulation ranging from 0-10 days pre-SWL.

Seventeen distinct analgesia regimens were reported and prophylactic antibiotics are routinely administered in 25.0% of centres. Tamsulosin is prescribed to all patients in 20.0% of centres and a further 15.0% of centres routinely prescribe tamsulosin post-SWL of ureteric stones.

The included centres undertake SWL a median of four days per week and treat a median of six patients per list. Emergency SWL is unavailable in 30.0% of centres.

Conclusion: This study has identified significant disparity in the delivery of SWL throughout the UK, despite high numbers of patients with renal and ureteric stones being treated with this modality. Further studies should address the key areas of controversy and develop national guidelines to ensure a high level of standardized care for SWL patients.

References:


